2020 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2020 KidzPartners Formulary. This formulary covers members under the KidzPartners (Children's Health Insurance Program) plan. The drugs listed in the KidzPartners 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 KidzPartners 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 KidzPartners 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 KidzPartners 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 KidzPartners 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 5:00 P.M., Monday through Friday.

In the event of an immediate need after business hours, the call should be made to KidzPartners 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 KidzPartners 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 KidzPartners 2020 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
901 Market Street, Suite 500
Philadelphia, PA 19107
Phone: 215-991-4300
Internet: www.healthpartnersplans.com

Notice

The information contained in the KidzPartners Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers. 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.

LIST OF COVERED PRESCRIPTION MEDICATIONS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
adult aspirin regimen 81 mg tab dr	Preferred	QL 4 / 1 days
ADVIL 200 MG TAB *ibuprofen*	Non-Preferred	
all day pain relief 220 mg tab	Preferred	QL 3 / 1 days
all day relief 220 mg tab	Preferred	QL 3 / 1 days
ARTHROTEC *diclofenac w/ misoprostol*	Non-Preferred	
aspir-low 81 mg tab dr	Preferred	QL 4 / 1 days
aspirin 300 mg suppos	Preferred	
aspirin 600 mg suppos	Preferred	
ASPIRIN 300 MG SUPPOS *aspirin*	Preferred	
aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
aspirin 81 mg tab dr	Preferred	QL 4 / 1 days
aspirin 325 mg tab	Preferred	QL 4 / 1 days
ASPIRIN 600 MG SUPPOS *aspirin*	Preferred	
aspirin 325 mg tab dr	Preferred	QL 4 / 1 days
aspirin 81 81 mg tab dr	Preferred	QL 4 / 1 days
aspirin adult 325 mg tab	Preferred	QL 4 / 1 days
aspirin adult low dose 81 mg tab dr	Preferred	QL 4 / 1 days
aspirin adult low strength 81 mg chew tab	Preferred	QL 4 / 1 days
aspirin ec 325 mg tab dr	Preferred	QL 4 / 1 days
aspirin ec low dose 81 mg tab dr	Preferred	QL 4 / 1 days
aspirin low dose 81 mg chew tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aspirin low dose adult 81 mg chew tab	Preferred	QL 4 / 1 days
aspirin regimen low dose adult 81 mg tab dr	Preferred	QL 4 / 1 days
butalbital-aspirin-caffeine 50-325-40 mg cap	Preferred	PA QLC Max 18 tabs/caps per month
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB *butalbital-aspirin-caffeine*	Preferred	PA QLC Max 18 tabs/caps per month
CAMBIA *diclofenac potassium (migraine)*	Non-Preferred	
CELEBREX 200 MG CAP *celecoxib*	Non-Preferred	QL 2 / 1 days
CELEBREX 100 MG CAP *celecoxib*	Non-Preferred	QL 2 / 1 days
CELEBREX 50 MG CAP *celecoxib*	Non-Preferred	QL 2 / 1 days
CELEBREX 400 MG CAP *celecoxib*	Non-Preferred	QL 1 / 1 days
celecoxib 400 mg cap	Preferred	QL 1 / 1 days
celecoxib 100 mg cap	Preferred	QL 2 / 1 days
celecoxib 200 mg cap	Preferred	QL 2 / 1 days
celecoxib 50 mg cap	Preferred	QL 2 / 1 days
childrens aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
childrens aspirin low strength 81 mg chew tab	Preferred	QL 4 / 1 days
childrens ibuprofen 100 mg/5ml suspension	Preferred	QLC 30 mL/day
cvs ibuprofen childrens 100 mg/5ml suspension	Preferred	
cvs naproxen sodium 220 mg tab	Preferred	
DAYPRO *oxaprozin*	Non-Preferred	QL 3 / 1 days
DICLOFENAC EPOLAMINE *diclofenac epolamine*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diclofenac potassium	Non-Preferred	QL 4 / 1 days
diclofenac sodium 1.5 % solution	Preferred	
diclofenac sodium 75 mg tab dr	Preferred	QL 2 / 1 days
diclofenac sodium 1 % gel	Preferred	QL 500 / 30 days
diclofenac sodium 50 mg tab dr	Preferred	QL 4 / 1 days
diclofenac sodium 25 mg tab dr	Preferred	QL 4 / 1 days
diclofenac sodium er	Non-Preferred	QL 2 / 1 days
diclofenac-misoprostol	Non-Preferred	
diflunisal 500 mg tab	Non-Preferred	QL 3 / 1 days
DUEXIS *ibuprofen-famotidine*	Non-Preferred	
ec-naproxen	Non-Preferred	QL 2 / 1 days
ecpirin 325 mg tab dr	Preferred	QL 4 / 1 days
eq aspirin 325 mg tab dr	Preferred	QL 4 / 1 days
etodolac 300 mg cap	Non-Preferred	QL 3 / 1 days
etodolac 200 mg cap	Non-Preferred	QL 5 / 1 days
etodolac 400 mg tab	Preferred	QL 60 / 30 days
etodolac 500 mg tab	Non-Preferred	QL 2 / 1 days
etodolac er	Non-Preferred	
FELDENE *piroxicam*	Non-Preferred	QL 1 / 1 days
fenoprofen calcium 600 mg tab	Non-Preferred	QL 5 / 1 days
fenoprofen calcium 400 mg cap	Non-Preferred	
FLECTOR *diclofenac epolamine*	Non-Preferred	
flurbiprofen 100 mg tab	Preferred	QL 3 / 1 days
flurbiprofen 50 mg tab	Preferred	QL 3 / 1 days
gnp adult aspirin low strength 81 mg chew tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp all day pain relief 220 mg tab	Preferred	QL 3 / 1 days
gnp aspirin 325 mg tab	Preferred	QL 4 / 1 days
gnp aspirin low dose 81 mg tab dr	Preferred	QL 4 / 1 days
gnp childrens ibuprofen 100 mg/5ml suspension	Preferred	QLC 30 mL/day
gnp ibuprofen 200 mg tab	Preferred	QL 12 / 1 days
gnp ibuprofen 200 mg cap	Preferred	
gnp ibuprofen infants 50 mg/1.25ml suspension	Preferred	QL 8 / 1 days
gnp ibuprofen junior strength 100 mg chew tab	Preferred	
gnp naproxen sodium 220 mg tab	Preferred	QL 3 / 1 days
gnp naproxen sodium 220 mg cap	Preferred	
goodsense aspirin 325 mg tab	Preferred	QL 4 / 1 days
goodsense aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
goodsense aspirin adult low st 81 mg chew tab	Preferred	QL 4 / 1 days
goodsense ibuprofen 200 mg tab	Preferred	QL 12 / 1 days
goodsense ibuprofen childrens 100 mg/5ml suspension	Preferred	QL 30 / 1 days QLC 30 mL/day
goodsense ibuprofen infants 50 mg/1.25ml suspension	Preferred	QL 8 / 1 days
goodsense ibuprofen junior st 100 mg chew tab	Preferred	
goodsense naproxen sodium 220 mg tab	Preferred	QL 3 / 1 days
hm aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
hm aspirin 325 mg tab	Preferred	QL 4 / 1 days
hm aspirin ec 325 mg tab dr	Preferred	QL 4 / 1 days
hm aspirin ec low dose 81 mg tab dr	Preferred	QL 4 / 1 days
hm ibuprofen 200 mg cap	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm ibuprofen 200 mg tab	Preferred	QL 12 / 1 days
hm ibuprofen 100 mg chew tab	Preferred	
hm ibuprofen childrens 100 mg/5ml suspension	Preferred	QL 30 / 1 days
hm ibuprofen ib 100 mg chew tab	Preferred	
hm ibuprofen ib 200 mg tab	Preferred	QL 12 / 1 days
hm ibuprofen infants 50 mg/1.25ml suspension	Preferred	QL 15 / 7 days
hm naproxen sodium 220 mg tab	Preferred	QL 3 / 1 days
hm naproxen sodium 220 mg cap	Preferred	
ibu 600 mg tab	Preferred	QL 5 / 1 days
ibu 400 mg tab	Preferred	QL 6 / 1 days
ibu 800 mg tab	Preferred	QL 4 / 1 days
ibu-200 200 mg tab	Preferred	QL 12 / 1 days
ibuprofen 800 mg tab	Preferred	QL 4 / 1 days
ibuprofen 100 mg/5ml suspension	Preferred	QLC 30 mL/day
ibuprofen 200 mg cap	Preferred	
ibuprofen 400 mg tab	Preferred	QL 6 / 1 days
ibuprofen 600 mg tab	Preferred	QL 5 / 1 days
ibuprofen 200 mg tab	Preferred	QL 12 / 1 days
ibuprofen childrens 100 mg/5ml suspension	Preferred	QLC 30 mL/day
ibuprofen infants 50 mg/1.25ml suspension	Preferred	QL 8 / 1 days
ibuprofen infants drops 50 mg/1.25ml suspension	Preferred	QL 8 / 1 days
ibuprofen junior strength 100 mg chew tab	Preferred	
INDOCIN *indomethacin*	Non-Preferred	
INDOMETHACIN 20 MG CAP *indomethacin*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
indomethacin 25 mg cap	Preferred	QL 4 / 1 days
indomethacin 50 mg cap	Preferred	QL 4 / 1 days
indomethacin er	Preferred	QL 3 / 1 days
infants ibuprofen 50 mg/1.25ml suspension	Preferred	QL 8 / 1 days
KETOPROFEN 75 MG CAP *ketoprofen*	Non-Preferred	
KETOPROFEN 50 MG CAP *ketoprofen*	Non-Preferred	
KETOPROFEN 25 MG CAP *ketoprofen*	Non-Preferred	
ketoprofen er	Non-Preferred	QL 1 / 1 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION *ketorolac tromethamine*	Non-Preferred	
ketorolac tromethamine 10 mg tab	Preferred	QLC 20 tablets per 90 days
LICART *diclofenac epolamine*	Non-Preferred	
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 7.5 mg tab	Preferred	QL 2 / 1 days
meloxicam 15 mg tab	Preferred	QL 1 / 1 days
miniprin low dose 81 mg tab dr	Preferred	QL 4 / 1 days
MOBIC 7.5 MG TAB *meloxicam*	Non-Preferred	QL 2 / 1 days
MOBIC 15 MG TAB *meloxicam*	Non-Preferred	QL 1 / 1 days
nabumetone 750 mg tab	Preferred	QL 2 / 1 days
nabumetone 500 mg tab	Preferred	QL 4 / 1 days
NALFON *fenoprofen calcium*	Non-Preferred	
NAPRELAN *naproxen sodium*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
naproxen 375 mg tab	Preferred	QL 4 / 1 days
naproxen 500 mg tab	Preferred	QL 3 / 1 days
naproxen 125 mg/5ml suspension	Preferred	QL 1800 / 30 days
naproxen 250 mg tab	Preferred	QL 3 / 1 days
naproxen dr	Preferred	QL 2 / 1 days
naproxen sodium 550 mg tab	Non-Preferred	QL 3 / 1 days
naproxen sodium 220 mg tab	Preferred	QL 3 / 1 days
naproxen sodium 220 mg cap	Preferred	
naproxen sodium 275 mg tab	Non-Preferred	QL 3 / 1 days
naproxen sodium er	Non-Preferred	
naproxen-esomeprazole	Non-Preferred	
oxaprozin	Non-Preferred	QL 3 / 1 days
PENNSAID *diclofenac sodium (topical)*	Non-Preferred	
piroxicam 10 mg cap	Preferred	QL 1 / 1 days
piroxicam 20 mg cap	Preferred	QL 1 / 1 days
provil 200 mg tab	Preferred	QL 12 / 1 days
qc aspirin 325 mg tab	Preferred	QL 4 / 1 days
qc aspirin low dose 81 mg chew tab	Preferred	QL 4 / 1 days
qc childrens aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
qc childrens ibuprofen 100 mg/5ml suspension	Preferred	QL 120 / 7 days QLC 30 mL/day
qc enteric aspirin 325 mg tab dr	Preferred	QL 4 / 1 days
qc ibuprofen 200 mg tab	Preferred	QL 12 / 1 days
qc ibuprofen ib 200 mg tab	Preferred	QL 12 / 1 days
qc ibuprofen infants 50 mg/1.25ml suspension	Preferred	
qc naproxen sodium 220 mg tab	Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QMIIZ ODT *meloxicam*	Non-Preferred	
relafen	Non-Preferred	
RELAFEN DS *nabumetone*	Non-Preferred	
salsalate 750 mg tab	Preferred	QL 4 / 1 days
salsalate 500 mg tab	Preferred	QL 6 / 1 days
sb aspirin 325 mg tab	Preferred	QL 4 / 1 days
sb aspirin adult low strength 81 mg tab dr	Preferred	QL 4 / 1 days
sb aspirin ec 325 mg tab dr	Preferred	QL 4 / 1 days
sb childrens aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
sb low dose asa ec 81 mg tab dr	Preferred	QL 4 / 1 days
sm aspirin 325 mg tab	Preferred	QL 4 / 1 days
sm aspirin adult low strength 81 mg chew tab	Preferred	QL 4 / 1 days
sm aspirin ec 325 mg tab dr	Preferred	QL 4 / 1 days
sm aspirin ec low strength 81 mg tab dr	Preferred	QL 4 / 1 days
sm aspirin low dose 81 mg chew tab	Preferred	QL 4 / 1 days
sm childrens aspirin 81 mg chew tab	Preferred	QL 4 / 1 days
sm childrens ibuprofen 100 mg/5ml suspension	Preferred	QLC 30 mL/day
sm ibuprofen 200 mg tab	Preferred	QL 12 / 1 days
sm ibuprofen 200 mg cap	Preferred	
sm ibuprofen ib 200 mg tab	Preferred	QL 12 / 1 days
sm ibuprofen ib 100 mg chew tab	Preferred	
sm infants ibuprofen 50 mg/1.25ml suspension	Preferred	QL 15 / 7 days
sm naproxen sodium 220 mg tab	Preferred	QL 3 / 1 days
SPRIX *ketorolac tromethamine*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
st joseph low dose 81 mg chew tab	Preferred	QL 4 / 1 days
sulindac 150 mg tab	Preferred	QL 2 / 1 days
sulindac 200 mg tab	Preferred	QL 2 / 1 days
TIVORBEX *indomethacin*	Non-Preferred	
TOLMETIN SODIUM 200 MG TAB *tolmetin sodium*	Non-Preferred	QL 4 / 1 days
tolmetin sodium 600 mg tab	Non-Preferred	QL 3 / 1 days
tolmetin sodium 400 mg cap	Non-Preferred	QL 4 / 1 days
VIMOVO *naproxen-esomeprazole magnesium*	Non-Preferred	
VIVLODEX *meloxicam*	Non-Preferred	
VOLTAREN *diclofenac sodium (topical)*	Non-Preferred	QL 500 / 30 days
ZIPSOR *diclofenac potassium*	Non-Preferred	
ZORVOLEX *diclofenac*	Non-Preferred	
OPIOID ANALGESICS, LONG-ACTING		
ARYMO ER 60 MG TBER DETER *morphine sulfate*	Non-Preferred	QL 60 / 30 days PA
ARYMO ER 15 MG TBER DETER *morphine sulfate*	Non-Preferred	QL 90 / 30 days PA
ARYMO ER 30 MG TBER DETER *morphine sulfate*	Non-Preferred	QL 60 / 30 days PA
BELBUCA *buprenorphine hcl*	Non-Preferred	PA
BUPRENORPHINE 20 MCG/HR PATCH WK *buprenorphine*	Non-Preferred	QL 4 / 28 days PA
buprenorphine 20 mcg/hr patch wk	Non-Preferred	QL 4 / 28 days PA
BUPRENORPHINE 15 MCG/HR PATCH WK *buprenorphine*	Non-Preferred	QL 4 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buprenorphine 10 mcg/hr patch wk	Non-Preferred	QL 4 / 28 days PA
buprenorphine 7.5 mcg/hr patch wk	Non-Preferred	QL 4 / 28 days PA
buprenorphine 5 mcg/hr patch wk	Non-Preferred	QL 4 / 28 days PA
buprenorphine 15 mcg/hr patch wk	Non-Preferred	QL 4 / 28 days PA
BUPRENORPHINE 10 MCG/HR PATCH WK *buprenorphine*	Non-Preferred	QL 4 / 28 days PA
BUTRANS *buprenorphine*	Preferred	QL 4 / 28 days PA
CONZIP *tramadol hcl*	Non-Preferred	PA
DOLOPHINE *methadone hcl*	Non-Preferred	PA
DURAGESIC-100 *fentanyl*	Non-Preferred	PA
DURAGESIC-12 *fentanyl*	Non-Preferred	PA
DURAGESIC-25 *fentanyl*	Non-Preferred	PA
DURAGESIC-50 *fentanyl*	Non-Preferred	PA
DURAGESIC-75 *fentanyl*	Non-Preferred	PA
EXALGO *hydromorphone hcl*	Non-Preferred	PA
fentanyl 12 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 75 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 37.5 mcg/hr patch 72hr	Non-Preferred	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fentanyl 62.5 mcg/hr patch 72hr	Non-Preferred	QL 10 / 30 days PA
fentanyl 87.5 mcg/hr patch 72hr	Non-Preferred	QL 10 / 30 days PA
fentanyl 100 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 50 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
fentanyl 25 mcg/hr patch 72hr	Preferred	QL 10 / 30 days PA
hydrocodone bitartrate er	Non-Preferred	PA
hydromorphone hcl er	Non-Preferred	PA
HYSINGLA ER *hydrocodone bitartrate*	Non-Preferred	PA
KADIAN 80 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA
KADIAN 100 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA
KADIAN 40 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA
KADIAN 30 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA
KADIAN 50 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA
KADIAN 10 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 60 / 30 days PA
KADIAN 200 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA
KADIAN 60 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KADIAN 20 MG CAP ER 24H *morphine sulfate*	Non-Preferred	QL 60 / 30 days PA
methadone hcl 10 mg/ml conc	Non-Preferred	PA
methadone hcl 10 mg tab	Non-Preferred	PA
methadone hcl 5 mg/5ml solution	Non-Preferred	PA
methadone hcl 10 mg/5ml solution	Non-Preferred	PA
methadone hcl 5 mg tab	Non-Preferred	PA
methadone hcl intensol	Non-Preferred	PA
METHADOSE 10 MG/ML CONC *methadone hcl*	Non-Preferred	PA
METHADOSE SUGAR-FREE *methadone hcl*	Non-Preferred	PA
MORPHABOND ER *morphine sulfate*	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 40 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 30 mg tab er	Preferred	QL 3 / 1 days PA
morphine sulfate er 60 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 80 mg cap er 24h	Preferred	QL 30 / 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 15 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 20 mg cap er 24h	Preferred	QL 60 / 30 days PA
morphine sulfate er 100 mg tab er	Preferred	QL 3 / 1 days PA
MORPHINE SULFATE ER BEADS *morphine sulfate beads*	Non-Preferred	QL 30 / 30 days PA
MS CONTIN *morphine sulfate*	Non-Preferred	QL 3 / 1 days PA
NUCYNTA ER *tapentadol hcl*	Non-Preferred	PA
OPANA ER *oxymorphone hcl*	Non-Preferred	PA
OXYCODONE HCL ER 20 MG TB12 DETER *oxycodone hcl*	Non-Preferred	QL 2 / 1 days PA
OXYCODONE HCL ER 40 MG TB12 DETER *oxycodone hcl*	Non-Preferred	QL 2 / 1 days PA
oxycodone hcl er	Non-Preferred	QL 2 / 1 days PA
OXYCODONE HCL ER 10 MG TB12 DETER *oxycodone hcl*	Non-Preferred	QL 2 / 1 days PA
OXYCONTIN *oxycodone hcl*	Non-Preferred	QL 2 / 1 days PA
oxymorphone hcl er	Non-Preferred	PA
tramadol hcl er 300 mg tab er 24h	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tramadol hcl er 200 mg cap er 24h	Non-Preferred	PA
tramadol hcl er 100 mg cap er 24h	Non-Preferred	PA
tramadol hcl er 300 mg cap er 24h	Non-Preferred	PA
tramadol hcl er 200 mg tab er 24h	Non-Preferred	PA
tramadol hcl er 100 mg tab er 24h	Non-Preferred	PA
tramadol hcl er (biphasic)	Non-Preferred	PA
XTAMPZA ER *oxycodone*	Non-Preferred	PA
ZOHYDRO ER *hydrocodone bitartrate*	Non-Preferred	PA
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL *fentanyl citrate*	Non-Preferred	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
acetaminophen-codeine 300-30 mg tab	Preferred	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
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 #2	Preferred	QL 13 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine #3	Preferred	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetaminophen-codeine #4	Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ACTIQ 400 MCG LOZ HANDLE *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
ACTIQ 800 MCG LOZ HANDLE *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
ACTIQ 200 MCG LOZ HANDLE *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
ACTIQ 1600 MCG LOZ HANDLE *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
ACTIQ 600 MCG LOZ HANDLE *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
ACTIQ 1200 MCG LOZ HANDLE *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
APADAZ *benzhydrocodone hcl-acetaminophen*	Non-Preferred	C Opioid safety limits apply
APAP-CAFF-DIHYDROCODEINE 320.5-30-16 MG CAP *acetaminophen-caff-dihydrocod*	Non-Preferred	C Opioid safety limits apply
apap-caff-dihydrocodeine 325-30-16 mg tab	Non-Preferred	
ascomp-codeine	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN *benzhydrocodone hcl-acetaminophen*	Non-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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
butorphanol tartrate 10 mg/ml solution	Non-Preferred	C Opioid safety limits apply
CARISOPRODOL-ASPIRIN-CODEINE *carisoprodol w/ aspirin & codeine*	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
carisoprodol-aspirin-codeine	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
codeine sulfate 60 mg tab	Non-Preferred	C Opioid safety limits apply
CODEINE SULFATE *codeine sulfate*	Non-Preferred	C Opioid safety limits apply
codeine sulfate 30 mg tab	Non-Preferred	C Opioid safety limits apply
DEMEROL 100 MG TAB *meperidine hcl*	Non-Preferred	C Opioid safety limits apply
DILAUDID 2 MG TAB *hydromorphone hcl*	Non-Preferred	C Opioid safety limits apply
DILAUDID 1 MG/ML LIQUID *hydromorphone hcl*	Non-Preferred	C Opioid safety limits apply
DILAUDID 8 MG TAB *hydromorphone hcl*	Non-Preferred	C Opioid safety limits apply
DILAUDID 4 MG TAB *hydromorphone hcl*	Non-Preferred	C Opioid safety limits apply
DSUVIA *sufentanil citrate*	Non-Preferred	C Opioid safety limits apply
dvorah	Non-Preferred	C Opioid safety limits apply
endocet 10-325 mg tab	Preferred	C Opioid safety limits apply
endocet 7.5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
endocet 5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
FENTANYL CITRATE 600 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fentanyl citrate 1200 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 200 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 600 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 *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 800 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 100 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
fentanyl citrate 200 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 800 mcg loz handle	Non-Preferred	C Opioid safety limits apply
FENTORA 200 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FENTORA 400 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FENTORA 600 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FENTORA 100 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FENTORA 800 MCG TAB *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
FIORINAL *butalbital-aspirin-caffeine*	Non-Preferred	QLC Max 18 tabs/caps per month
FIORINAL/CODEINE #3 *butalbital-aspirin-caffeine w/cod*	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
hydrocodone-acetaminophen 10-325 mg tab	Preferred	QL 6 / 1 days C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocodone-acetaminophen 7.5-325 mg tab	Preferred	QL 8 / 1 days C Opioid safety limits apply
hydrocodone-acetaminophen 10-300 mg tab	Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-300 mg tab	Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 5-217 mg/10ml solution	Non-Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 2.5-325 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 5-300 mg tab	Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 2.5-108 mg/5ml solution	Non-Preferred	C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-325 mg/15ml solution	Non-Preferred	C Opioid safety limits apply
hydrocodone-ibuprofen 10-200 mg tab	Preferred	C Opioid safety limits apply
hydrocodone-ibuprofen 7.5-200 mg tab	Preferred	QL 5 / 1 days C Opioid safety limits apply
hydrocodone-ibuprofen 5-200 mg tab	Preferred	C Opioid safety limits apply
hydromorphone hcl 4 mg tab	Non-Preferred	C Opioid safety limits apply
HYDROMORPHONE HCL 3 MG SUPPOS *hydromorphone hcl*	Non-Preferred	C Opioid safety limits apply
hydromorphone hcl 8 mg tab	Non-Preferred	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
ibudone 5-200 mg tab	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IBUDONE 10-200 MG TAB *hydrocodone-ibuprofen*	Non-Preferred	C Opioid safety limits apply
LAZANDA 100 MCG/ACT SOLUTION *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
LAZANDA 400 MCG/ACT SOLUTION *fentanyl citrate*	Non-Preferred	C Opioid safety limits apply
levorphanol tartrate 2 mg tab	Non-Preferred	C Opioid safety limits apply
LEVORPHANOL TARTRATE 3 MG TAB *levorphanol tartrate*	Non-Preferred	C Opioid safety limits apply
lorcet	Non-Preferred	C Opioid safety limits apply
lorcet hd	Non-Preferred	QL 6 / 1 days C Opioid safety limits apply
lorcet plus	Non-Preferred	C Opioid safety limits apply
LORTAB *hydrocodone-acetaminophen*	Non-Preferred	C Opioid safety limits apply
MEPERIDINE HCL 50 MG TAB *meperidine hcl*	Non-Preferred	C Opioid safety limits apply
meperidine hcl 100 mg tab	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 *meperidine hcl*	Non-Preferred	C Opioid safety limits apply
MEPERIDINE HCL 100 MG TAB *meperidine hcl*	Non-Preferred	C Opioid safety limits apply
morphine sulfate 15 mg tab	Preferred	C Opioid safety limits apply
MORPHINE SULFATE 20 MG SUPPOS *morphine sulfate*	Non-Preferred	C Opioid safety limits apply
morphine sulfate 30 mg tab	Preferred	C Opioid safety limits apply
morphine sulfate 20 mg/5ml solution	Preferred	C Opioid safety limits apply
morphine sulfate 10 mg/5ml solution	Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE 5 MG SUPPOS *morphine sulfate*	Non-Preferred	C Opioid safety limits apply
MORPHINE SULFATE 10 MG SUPPOS *morphine sulfate*	Non-Preferred	C Opioid safety limits apply
MORPHINE SULFATE 30 MG SUPPOS *morphine sulfate*	Non-Preferred	C Opioid safety limits apply
morphine sulfate (concentrate)	Preferred	C Opioid safety limits apply
NALOCET *oxycodone w/ acetaminophen*	Non-Preferred	C Opioid safety limits apply
NORCO 10-325 MG TAB *hydrocodone-acetaminophen*	Non-Preferred	QL 6 / 1 days C Opioid safety limits apply
NORCO 5-325 MG TAB *hydrocodone-acetaminophen*	Non-Preferred	C Opioid safety limits apply
NORCO 7.5-325 MG TAB *hydrocodone-acetaminophen*	Non-Preferred	C Opioid safety limits apply
NUCYNTA *tapentadol hcl*	Non-Preferred	C Opioid safety limits apply
OPANA 10 MG TAB *oxymorphone hcl*	Non-Preferred	C Opioid safety limits apply
OPANA 5 MG TAB *oxymorphone hcl*	Non-Preferred	C Opioid safety limits apply
OXAYDO *oxycodone hcl*	Non-Preferred	C Opioid safety limits apply
oxycodone hcl 5 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 20 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 100 mg/5ml conc	Non-Preferred	C Opioid safety limits apply
oxycodone hcl 5 mg cap	Non-Preferred	C Opioid safety limits apply
oxycodone hcl 10 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 15 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 30 mg tab	Preferred	C Opioid safety limits apply
oxycodone hcl 5 mg/5ml solution	Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB *oxycodone w/ acetaminophen*	Non-Preferred	C Opioid safety limits apply
oxycodone-acetaminophen 10-325 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 2.5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
oxycodone-acetaminophen 7.5-325 mg tab	Preferred	QL 12 / 1 days C Opioid safety limits apply
oxycodone-aspirin	Non-Preferred	C Opioid safety limits apply
oxycodone-ibuprofen	Non-Preferred	C Opioid safety limits apply
oxymorphone hcl	Non-Preferred	C Opioid safety limits apply
pentazocine-naloxone hcl	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 7.5-325 MG TAB *oxycodone w/ acetaminophen*	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 2.5-325 MG TAB *oxycodone w/ acetaminophen*	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 5-325 MG TAB *oxycodone w/ acetaminophen*	Non-Preferred	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 10-325 MG TAB *oxycodone w/ acetaminophen*	Non-Preferred	C Opioid safety limits apply
PRIMLEV *oxycodone w/ acetaminophen*	Non-Preferred	C Opioid safety limits apply
PROLATE *oxycodone w/ acetaminophen*	Non-Preferred	C Opioid safety limits apply
ROXICODONE *oxycodone hcl*	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUBSYS *fentanyl*	Non-Preferred	C Opioid safety limits apply
tramadol hcl 50 mg tab	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl 100 mg tab	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol-acetaminophen	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
TYLENOL WITH CODEINE #3 *acetaminophen w/ codeine*	Non-Preferred	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
TYLENOL WITH CODEINE #4 *acetaminophen w/ codeine*	Non-Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRACET *tramadol-acetaminophen*	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRAM *tramadol hcl*	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
vicodin	Non-Preferred	C Opioid safety limits apply
vicodin es	Non-Preferred	C Opioid safety limits apply
vicodin hp	Non-Preferred	C Opioid safety limits apply
ANESTHETICS LOCAL ANESTHETICS		
agoneaze	Non-Preferred	
anodyne lpt	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
APRIZIO PAK *lidocaine-prilocaine-transparent dressing*	Non-Preferred	
APRIZIO PAK II *lidocaine-prilocaine-transparent dressing*	Non-Preferred	
ARTHRITIS PAIN RELIEVING 0.075 % CREAM *capsaicin*	Preferred	
aspercreme w/lidocaine 4 % cream	Preferred	
capsaicin 0.1 % cream	Preferred	
capsaicin 0.025 % cream	Preferred	QL 60 / 20 days
capsaicin hp 0.1 % cream	Preferred	
CAPZASIN-HP 0.1 % CREAM *capsaicin*	Preferred	
cvs capsaicin hp 0.1 % cream	Preferred	
cvs lidocaine maximum strength 4 % cream	Preferred	
cvs pain relief 4 % cream	Preferred	
dermacinrx empricaine	Non-Preferred	
dermacinrx penetral 0.025 % cream	Non-Preferred	
dermacinrx prizopak	Non-Preferred	
EMPRICAINE-II *lidocaine-prilocaine-transparent dressing*	Non-Preferred	
glydo	Preferred	AL1 At least 3 yrs old
leva set/occlusive dressing	Non-Preferred	
lido-k	Non-Preferred	
lido-prilo caine pack	Non-Preferred	
lidocaine 5 % ointment	Preferred	QL 35.4 / 30 days
lidocaine 5 % patch	Preferred	QL 30 / 30 days
lidocaine 4 % cream	Preferred	
lidocaine hcl 1 % solution	Preferred	
lidocaine hcl 4 % solution	Preferred	
lidocaine hcl 3.88 % cream	Preferred	
lidocaine hcl 4 % cream	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lidocaine hcl 3 % cream	Preferred	
LIDOCAINE HCL 4 % SOLUTION *lidocaine hcl (mouth-throat)*	Preferred	
lidocaine hcl (pf) 1 % solution	Preferred	
lidocaine hcl urethral/mucosal	Preferred	AL1 At least 3 yrs old
lidocaine pak	Preferred	QL 35.4 / 30 days
lidocaine plus 4 % cream	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 7-7 % CREAM *lidocaine-tetracaine*	Non-Preferred	
LIDODERM *lidocaine*	Non-Preferred	QL 1 / 1 days
lidopril	Non-Preferred	
lidopril xr	Non-Preferred	
LIDOTRAL *lidocaine hcl*	Non-Preferred	
lidozion	Non-Preferred	
liprozonepak	Non-Preferred	
livixil pak	Non-Preferred	
medolor pak	Non-Preferred	
midazolam hcl 2 mg/ml syrup	Non-Preferred	
pain relieving 4 % cream	Preferred	
PLIAGLIS *lidocaine-tetracaine*	Non-Preferred	
prikaan	Non-Preferred	
prikaan lite	Non-Preferred	
prilolid	Non-Preferred	
prilovix	Non-Preferred	
prilovix lite	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prilovix lite plus	Non-Preferred	
prilovix plus	Non-Preferred	
PRILOVIXIL *lidocaine-prilocaine-transparent dressing*	Non-Preferred	
PRIZOPAK II *lidocaine-prilocaine-transparent dressing*	Non-Preferred	
QUTENZA *capsaicin & cleansing gel*	Non-Preferred	
QUTENZA (2 PATCH) *capsaicin & cleansing gel*	Non-Preferred	
relador pak	Non-Preferred	
relador pak plus	Non-Preferred	
SYNERA *lidocaine-tetracaine*	Preferred	
zionodil	Non-Preferred	
zionodil 100	Non-Preferred	
zostrix hp 0.1 % cream	Preferred	
ZTLIDO *lidocaine*	Non-Preferred	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	Preferred	QL 6 / 1 days
disulfiram 250 mg tab	Preferred	QL 1 / 1 days
disulfiram 500 mg tab	Preferred	QL 1 / 1 days
naltrexone hcl 50 mg tab	Preferred	
VIVITROL *naltrexone*	Preferred	QL 1 / 28 days
OPIOID DEPENDENCE TREATMENTS		
BUNAVAIL *buprenorphine hcl-naloxone hcl dihydrate*	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
buprenorphine hcl 8 mg sl tab	Preferred	PA C Maximum 24 mg/day (total buprenorphine equivalents)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buprenorphine hcl 2 mg sl tab	Preferred	PA C Maximum 24 mg/day (total buprenorphine equivalents)
buprenorphine hcl-naloxone hcl	Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
LUCEMYRA *lofexidine hcl*	Non-Preferred	QL 16 / 1 days
PROBUPHINE IMPLANT KIT *buprenorphine hcl*	Non-Preferred	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR *buprenorphine*	Preferred	QLC 0.02 mL/day
SUBLOCADE 300 MG/1.5ML SOLN PRSYR *buprenorphine*	Preferred	QLC 0.06 mL/day
SUBOXONE *buprenorphine hcl-naloxone hcl dihydrate*	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
ZUBSOLV *buprenorphine hcl-naloxone hcl dihydrate*	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
OPIOID REVERSAL AGENTS		
naloxone hcl 0.4 mg/ml soln cart	Preferred	
NALOXONE HCL 2 MG/0.4ML SOLN A-INJ *naloxone hcl*	Preferred	
naloxone hcl 2 mg/2ml soln prsyr	Preferred	
naloxone hcl 4 mg/10ml solution	Preferred	
naloxone hcl 0.4 mg/ml solution	Preferred	
NARCAN *naloxone hcl*	Preferred	
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	Preferred	QL 60 / 30 days
CHANTIX *varenicline tartrate*	Preferred	QL 2 / 1 days C Max 180 tablets per 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHANTIX STARTING MONTH PAK *varenicline tartrate*	Preferred	QL 2 / 1 days C Max 1 fill every 180 days
cvs nicotine polacrilex 2 mg lozenge	Preferred	
cvs nicotine polacrilex 4 mg lozenge	Preferred	
gnp nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
gnp nicotine mini 2 mg lozenge	Preferred	QL 24 / 1 days
gnp nicotine polacrilex 2 mg gum	Preferred	QL 24 / 1 days
goodsense nicotine 4 mg lozenge	Preferred	
goodsense nicotine 2 mg gum	Preferred	
goodsense nicotine 4 mg gum	Preferred	QL 24 / 1 days
goodsense nicotine 2 mg lozenge	Preferred	
hm nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
hm nicotine polacrilex 2 mg gum	Preferred	QL 24 / 1 days
kls quit2 2 mg lozenge	Preferred	
kls quit4 4 mg lozenge	Preferred	
NICODERM CQ 14 MG/24HR PATCH 24HR *nicotine*	Non-Preferred	QL 1 / 1 days
nicorelief 2 mg gum	Preferred	QL 24 / 1 days
NICORETTE 2 MG GUM *nicotine polacrilex*	Non-Preferred	
NICORETTE MINI 2 MG LOZENGE *nicotine polacrilex*	Non-Preferred	
NICORETTE STARTER KIT 2 MG GUM *nicotine polacrilex*	Non-Preferred	
NICOTINE 21-14-7 MG/24HR KIT *nicotine*	Non-Preferred	QL 1 / 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 7 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
nicotine mini 2 mg lozenge	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nicotine polacrilex 4 mg lozenge	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 step 1 21 mg/24hr patch 24hr	Preferred	QL 28 / 28 days
nicotine step 2 14 mg/24hr patch 24hr	Preferred	QL 28 / 28 days
nicotine step 3 7 mg/24hr patch 24hr	Preferred	QL 28 / 28 days
NICOTROL *nicotine*	Non-Preferred	QL 168 / 30 days
NICOTROL NS *nicotine*	Non-Preferred	QL 60 / 30 days
sm nicotine 2 mg lozenge	Preferred	QL 24 / 1 days
sm nicotine 14 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
sm nicotine 7 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
sm nicotine 4 mg gum	Preferred	QL 24 / 1 days
sm nicotine 21 mg/24hr patch 24hr	Preferred	QL 1 / 1 days
sm nicotine polacrilex 2 mg gum	Preferred	QL 24 / 1 days
ZYBAN *bupropion hcl (smoking deterrent)*	Non-Preferred	QL 60 / 30 days
ANTIBACTERIALS AMINOGLYCOSIDES		
ARIKAYCE *amikacin sulfate liposome*	Non-Preferred	QLC 8.4 mL/day
gentak	Preferred	QL 7 / 18 days
gentamicin sulfate 0.1 % cream	Preferred	
gentamicin sulfate 0.1 % ointment	Preferred	
gentamicin sulfate 0.3 % solution	Preferred	QL 15 / 18 days
neomycin sulfate 500 mg tab	Preferred	QL 8 / 1 days
paromomycin sulfate 250 mg cap	Non-Preferred	QL 16 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tobramycin 0.3 % solution	Preferred	QL 5 / 18 days
TOBREX 0.3 % SOLUTION *tobramycin (ophth)*	Non-Preferred	
TOBREX 0.3 % OINTMENT *tobramycin (ophth)*	Non-Preferred	QL 3.5 / 18 days
ANTIBACTERIALS, OTHER		
bacitracin 500 unit/gm ointment	Preferred	QL 30 / 10 days
BACITRACIN OPHTH OINT 500 UNIT/GM	Non-Preferred	QLC 7 grams per fill
bacitracin zinc 500 unit/gm ointment	Preferred	
BENZAMYCIN *benzoyl peroxide-erythromycin*	Non-Preferred	
benzoyl peroxide-erythromycin	Preferred	
CENTANY *mupirocin*	Non-Preferred	
CENTANY AT *mupirocin*	Non-Preferred	
CLEOCIN 100 MG SUPPOS *clindamycin phosphate vaginal*	Preferred	
CLEOCIN 2 % CREAM *clindamycin phosphate vaginal*	Non-Preferred	
CLEOCIN-T 1 % SWAB *clindamycin phosphate (topical)*	Non-Preferred	
CLEOCIN-T 1 % GEL *clindamycin phosphate (topical)*	Non-Preferred	
CLEOCIN-T 1 % LOTION *clindamycin phosphate (topical)*	Non-Preferred	
clindacin etz 1 % swab	Non-Preferred	
CLINDACIN ETZ 1 % KIT *clindamycin phosphate & cleanser*	Non-Preferred	
CLINDACIN PAC *clindamycin phosphate & cleanser*	Non-Preferred	
clindacin-p	Non-Preferred	
CLINDAGEL *clindamycin phosphate (topical)*	Non-Preferred	
clindamycin hcl 75 mg cap	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clindamycin hcl 150 mg cap	Preferred	QL 12 / 1 days
clindamycin hcl 300 mg cap	Preferred	QL 6 / 1 days
clindamycin palmitate hcl	Preferred	QL 120 / 1 days
clindamycin phosphate 1 % swab	Preferred	
clindamycin phosphate 1 % gel	Preferred	
clindamycin phosphate 1 % solution	Preferred	
clindamycin phosphate 2 % cream	Preferred	
clindamycin phosphate 1 % lotion	Preferred	
CLINDESSE *clindamycin phosphate (one dose)*	Preferred	
double antibiotic 500-10000 unit/gm ointment	Preferred	
first aid antibiotic 3.5-400-5000 mg-unit ointment	Preferred	
FIRVANQ *vancomycin hcl*	Preferred	
FLAGYL *metronidazole*	Non-Preferred	
FURADANTIN *nitrofurantoin*	Non-Preferred	QL 90 / 1 days
gnp bacitracin zinc 500 unit/gm ointment	Preferred	
gnp triple antibiotic ointment	Preferred	QL 30 / 10 days
gnp triple antibiotic plus 1 % ointment	Preferred	QL 30 / 10 days
HIPREX *methenamine hippurate*	Non-Preferred	
hm bacitracin zinc 500 unit/gm ointment	Preferred	
hm double antibiotic 500-10000 unit/gm ointment	Preferred	
hm triple antibiotic 3.5-400-5000 ointment	Preferred	QL 30 / 10 days
hm triple antibiotic max st 1 % ointment	Preferred	QL 30 / 10 days
MACROBID *nitrofurantoin monohyd macro*	Non-Preferred	QL 2 / 1 days
MACRODANTIN 25 MG CAP *nitrofurantoin macrocrystal*	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MACRODANTIN 50 MG CAP *nitrofurantoin macrocrystal*	Non-Preferred	
MACRODANTIN 100 MG CAP *nitrofurantoin macrocrystal*	Non-Preferred	
me/naphos/mb/hyo1	Non-Preferred	
methenamine hippurate	Preferred	
methenamine mandelate 0.5 gm tab	Non-Preferred	
methenamine mandelate 1 gm tab	Non-Preferred	
METROGEL-VAGINAL *metronidazole vaginal*	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
metronidazole 0.75 % gel	Preferred	QL 45 / 26 days
MONUROL *fosfomycin tromethamine*	Non-Preferred	
mupirocin 2 % ointment	Preferred	
mupirocin calcium	Non-Preferred	
nitrofurantoin	Preferred	QL 90 / 1 days
nitrofurantoin macrocrystal 25 mg cap	Preferred	QL 2 / 1 days
nitrofurantoin macrocrystal 100 mg cap	Preferred	QL 4 / 1 days
nitrofurantoin macrocrystal 50 mg cap	Preferred	QL 4 / 1 days
nitrofurantoin monohyd macro	Preferred	QL 2 / 1 days
NUVESSA *metronidazole vaginal*	Non-Preferred	
phosphasal	Non-Preferred	
poly bacitracin 500-10000 unit/gm ointment	Preferred	
qc triple antibiotic max st 1 % ointment	Preferred	
sm antibiotic 500 unit/gm ointment	Preferred	
sm antibiotic plus pain relief 3.5-10000-10 cream	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm double antibiotic 500-10000 unit/gm ointment	Preferred	QL 30 / 10 days
sm triple antibiotic 3.5-400-5000 ointment	Preferred	QL 30 / 10 days
sm triple antibiotic max st 1 % ointment	Preferred	QL 30 / 10 days
sm triple antibiotic original 3.5-400-5000 ointment	Preferred	QL 30 / 10 days
SOLOSEC *secnidazole*	Non-Preferred	
TINDAMAX *tinidazole*	Non-Preferred	
tinidazole 250 mg tab	Non-Preferred	QL 4 / 1 days
tinidazole 500 mg tab	Non-Preferred	QL 4 / 1 days
triple antibiotic 5-400-5000 ointment	Preferred	QL 30 / 10 days
triple antibiotic 3.5-400-5000 ointment	Preferred	QL 30 / 10 days
triple antibiotic first aid 3.5-400-5000 ointment	Preferred	
triple antibiotic plus 1 % ointment	Preferred	QL 30 / 10 days
triple antibiotic+pain relief 1 % ointment	Preferred	
urelle	Non-Preferred	
uretron d/s	Non-Preferred	
URIMAR-T *methenamine-hyosc-methylene blue-sod phos-phenyl sal*	Non-Preferred	
urin ds	Non-Preferred	
uro-458	Non-Preferred	
UROGESIC-BLUE *methenamine-hyoscamine-methylene blue-sodium phosphate*	Non-Preferred	
uryl	Non-Preferred	
utira-c	Non-Preferred	
VANCOCIN *vancomycin hcl*	Non-Preferred	
VANCOCIN HCL *vancomycin hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANCOMYCIN HCL 250 MG/5ML RECON SOLN *vancomycin hcl*	Non-Preferred	
vancomycin hcl 125 mg cap	Preferred	QL 4 / 1 days
vancomycin hcl 250 mg cap	Preferred	QL 8 / 1 days
vandazole	Non-Preferred	QL 70 / days
vilevev mb	Non-Preferred	
XIFAXAN *rifaximin*	Non-Preferred	
ZINPLAVA *bezlotoxumab*	Non-Preferred	
BETA-LACTAM, CEPHALOSPORINS		
cefaclor 500 mg cap	Non-Preferred	QL 4 / 1 days
CEFACLOR 250 MG/5ML RECON SUSP *cefaclor*	Non-Preferred	
CEFACLOR 375 MG/5ML RECON SUSP *cefaclor*	Non-Preferred	
CEFACLOR 125 MG/5ML RECON SUSP *cefaclor*	Non-Preferred	
cefaclor 250 mg cap	Non-Preferred	QL 4 / 1 days
CEFACLOR ER *cefaclor monohydrate*	Non-Preferred	QL 2 / 1 days
cefadroxil 1 gm tab	Non-Preferred	QL 2 / 1 days
cefadroxil 500 mg cap	Preferred	QL 8 / 1 days
cefadroxil 250 mg/5ml recon susp	Preferred	QLC 10 mL/day
cefadroxil 500 mg/5ml recon susp	Preferred	QLC 20 mL/day
cefdinir 250 mg/5ml recon susp	Preferred	QL 12 / 1 days
cefdinir 300 mg cap	Preferred	QL 2 / 1 days
cefdinir 125 mg/5ml recon susp	Preferred	QL 12 / 1 days
cefixime	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cefpodoxime proxetil 100 mg/5ml recon susp	Non-Preferred	QL 40 / 1 days
cefpodoxime proxetil 100 mg tab	Preferred	QL 3 / 1 days
cefpodoxime proxetil 50 mg/5ml recon susp	Non-Preferred	QL 40 / 1 days
cefpodoxime proxetil 200 mg tab	Preferred	QL 4 / 1 days
cefprozil 250 mg tab	Preferred	QL 1 / 1 days
cefprozil 125 mg/5ml recon susp	Preferred	QL 10 / 1 days
cefprozil 500 mg tab	Preferred	QL 1 / 1 days
cefprozil 250 mg/5ml recon susp	Preferred	QL 10 / 1 days
CEFTIN 250 MG/5ML RECON SUSP *cefuroxime axetil*	Preferred	
CEFTIN 125 MG/5ML RECON SUSP *cefuroxime axetil*	Preferred	
ceftriaxone sodium 1 gm recon soln	Preferred	QL 2 / 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
ceftriaxone sodium 10 gm recon soln	Preferred	QL 1 / 1 days
cefuroxime axetil	Preferred	QL 2 / 1 days
CEPHALEXIN 250 MG TAB *cephalexin*	Non-Preferred	
CEPHALEXIN 500 MG TAB *cephalexin*	Non-Preferred	
cephalexin 125 mg/5ml recon susp	Preferred	QL 80 / 1 days
cephalexin 750 mg cap	Non-Preferred	
cephalexin 250 mg cap	Preferred	QL 8 / 1 days
cephalexin 500 mg cap	Preferred	QL 8 / 1 days
cephalexin 250 mg/5ml recon susp	Preferred	QL 80 / 1 days
KEFLEX *cephalexin*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUPRAX *cefixime*	Non-Preferred	
BETA-LACTAM, PENICILLINS		
amoxicillin 200 mg/5ml recon susp	Preferred	QL 25 / 1 days
amoxicillin 500 mg cap	Preferred	QL 4 / 1 days
amoxicillin 250 mg chew tab	Preferred	QL 4 / 1 days
amoxicillin 500 mg tab	Preferred	QL 8 / 1 days
amoxicillin 875 mg tab	Preferred	QL 4 / 1 days
amoxicillin 400 mg/5ml recon susp	Preferred	QL 25 / 1 days
amoxicillin 125 mg/5ml recon susp	Preferred	QL 25 / 1 days
amoxicillin 125 mg chew tab	Preferred	QL 4 / 1 days
amoxicillin 250 mg cap	Preferred	QL 4 / 1 days
amoxicillin 250 mg/5ml recon susp	Preferred	QL 25 / 1 days
amoxicillin-pot clavulanate 200-28.5 mg chew tab	Non-Preferred	QL 2 / 1 days
amoxicillin-pot clavulanate 250-125 mg tab	Preferred	QL 3 / 1 days
amoxicillin-pot clavulanate 500-125 mg tab	Preferred	QL 3 / 1 days
amoxicillin-pot clavulanate 400-57 mg/5ml recon susp	Preferred	QL 25 / 1 days
amoxicillin-pot clavulanate 875-125 mg tab	Preferred	QL 2 / 1 days
amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp	Preferred	QL 25 / 1 days
amoxicillin-pot clavulanate 400-57 mg chew tab	Non-Preferred	QL 2 / 1 days
amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp	Preferred	QL 30 / 1 days
amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp	Preferred	QL 750 / 30 days
amoxicillin-pot clavulanate er	Non-Preferred	
ampicillin 500 mg cap	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUGMENTIN 250-62.5 MG/5ML RECON SUSP *amoxicillin & pot clavulanate*	Non-Preferred	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP *amoxicillin & pot clavulanate*	Non-Preferred	
AUGMENTIN XR *amoxicillin & pot clavulanate*	Non-Preferred	
BICILLIN L-A 1200000 UNIT/2ML SUSPENSION *penicillin g benzathine*	Preferred	QL 4 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSPENSION *penicillin g benzathine*	Preferred	
BICILLIN L-A 2400000 UNIT/4ML SUSPENSION *penicillin g benzathine*	Preferred	QL 12 / 365 days
dicloxacillin sodium	Preferred	QL 8 / 1 days
MOXATAG *amoxicillin*	Non-Preferred	
penicillin g potassium	Preferred	
penicillin g sodium	Preferred	
penicillin v potassium 125 mg/5ml recon soln	Preferred	QL 40 / 1 days
penicillin v potassium 500 mg tab	Preferred	QL 4 / 1 days
penicillin v potassium 250 mg/5ml recon soln	Preferred	QL 40 / 1 days
penicillin v potassium 250 mg tab	Preferred	QL 4 / 1 days
pfizerpen	Preferred	
MACROLIDES		
AZASITE *azithromycin (ophth)*	Non-Preferred	
azithromycin 100 mg/5ml recon susp	Preferred	QL 25 / 1 days
azithromycin 1 gm packet	Preferred	QL 3 / 1 days
azithromycin 250 mg tab	Preferred	QL 4 / 1 days C Max 5 day supply per fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
azithromycin 600 mg tab	Preferred	QL 2 / 1 days
azithromycin 500 mg tab	Preferred	QL 10 / 23 days
azithromycin 200 mg/5ml recon susp	Preferred	QL 25 / 1 days
clarithromycin 250 mg/5ml recon susp	Preferred	QL 20 / 1 days
clarithromycin 250 mg tab	Preferred	QL 2 / 1 days
clarithromycin 125 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 *fidaxomicin*	Non-Preferred	
e.e.s. 400	Non-Preferred	
E.E.S. GRANULES *erythromycin ethylsuccinate*	Preferred	
ery	Preferred	
ery-tab	Non-Preferred	
ERYGEL *erythromycin (acne aid)*	Non-Preferred	
ERYPED 200 *erythromycin ethylsuccinate*	Preferred	
ERYPED 400 *erythromycin ethylsuccinate*	Preferred	
ERYTHROCIN STEARATE *erythromycin stearate*	Non-Preferred	
erythromycin 2 % pad	Preferred	
erythromycin 333 mg tab dr	Non-Preferred	
erythromycin 2 % gel	Non-Preferred	
erythromycin 5 mg/gm ointment	Preferred	QL 7 / 18 days
erythromycin 500 mg tab dr	Non-Preferred	
erythromycin 250 mg tab dr	Non-Preferred	
erythromycin 2 % solution	Preferred	
erythromycin base 500 mg tab dr	Non-Preferred	
ERYTHROMYCIN BASE 250 MG CP DR PART *erythromycin base*	Non-Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
erythromycin base 250 mg tab dr	Non-Preferred	
erythromycin base 250 mg cp dr part	Non-Preferred	QL 8 / 1 days
erythromycin base 333 mg tab dr	Non-Preferred	
erythromycin base 500 mg tab	Non-Preferred	QL 8 / 1 days
erythromycin base 250 mg tab	Non-Preferred	QL 8 / 1 days
erythromycin ethylsuccinate 400 mg tab	Non-Preferred	QL 10 / 1 days
erythromycin ethylsuccinate 400 mg/5ml recon susp	Non-Preferred	
erythromycin ethylsuccinate 200 mg/5ml recon susp	Non-Preferred	
ZITHROMAX 200 MG/5ML RECON SUSP *azithromycin*	Non-Preferred	
ZITHROMAX 250 MG TAB *azithromycin*	Non-Preferred	C Max 5 day supply per fill
ZITHROMAX 500 MG TAB *azithromycin*	Non-Preferred	
ZITHROMAX 1 GM PACKET *azithromycin*	Non-Preferred	
ZITHROMAX 100 MG/5ML RECON SUSP *azithromycin*	Non-Preferred	
ZITHROMAX TRI-PAK *azithromycin*	Non-Preferred	
ZITHROMAX Z-PAK *azithromycin*	Non-Preferred	C Max 5 day supply per fill
QUINOLONES		
AVELOX 400 MG TAB *moxifloxacin hcl*	Non-Preferred	QL 14 / 30 days
BAXDELA 450 MG TAB *delafloxacin meglumine*	Non-Preferred	
BESIVANCE *besifloxacin hcl*	Non-Preferred	
CILOXAN *ciprofloxacin hcl (ophth)*	Non-Preferred	
CIPRO 250 MG TAB *ciprofloxacin hcl*	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CIPRO 250 MG/5ML (5%) RECON SUSP *ciprofloxacin*	Preferred	QL 15 / 1 days
CIPRO 500 MG/5ML (10%) RECON SUSP *ciprofloxacin*	Preferred	QL 15 / 1 days
CIPRO 500 MG TAB *ciprofloxacin hcl*	Non-Preferred	QL 2 / 1 days
ciprofloxacin 500 mg/5ml (10%) recon susp	Non-Preferred	QL 15 / 1 days
ciprofloxacin 250 mg/5ml (5%) recon susp	Non-Preferred	QL 15 / 1 days
ciprofloxacin hcl 100 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
ciprofloxacin hcl 0.3 % solution	Preferred	QL 5 / 18 days
ciprofloxacin hcl 0.2 % solution	Non-Preferred	
ciprofloxacin hcl 250 mg tab	Preferred	QL 2 / 1 days
CIPROFLOXACIN-CIPROFLOX HCL ER 500 MG TAB ER 24H *ciprofloxacin-ciprofloxacin hcl*	Non-Preferred	
gatifloxacin 0.5 % solution	Non-Preferred	
LEVAQUIN 750 MG TAB *levofloxacin*	Non-Preferred	QL 1 / 1 days
LEVAQUIN 500 MG TAB *levofloxacin*	Non-Preferred	QL 1 / 1 days
levofloxacin 500 mg tab	Preferred	QL 1 / 1 days
levofloxacin 250 mg tab	Preferred	QL 1 / 1 days
levofloxacin 25 mg/ml solution	Non-Preferred	QL 30 / 1 days
levofloxacin 750 mg tab	Preferred	QL 1 / 1 days
levofloxacin 0.5 % solution	Non-Preferred	
MOXEZA *moxifloxacin hcl (ophth)*	Preferred	
moxifloxacin hcl 0.5 % solution	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
moxifloxacin hcl 400 mg tab	Non-Preferred	QL 14 / 30 days
moxifloxacin hcl (2x day)	Non-Preferred	
OCUFLOX *ofloxacin (ophth)*	Non-Preferred	
ofloxacin 300 mg tab	Non-Preferred	QL 28 / 26 days
ofloxacin 400 mg tab	Non-Preferred	QL 28 / 26 days
ofloxacin 0.3 % solution	Preferred	QL 10 / 7 days
OTIPRIO *ciprofloxacin (otic)*	Non-Preferred	
VIGAMOX *moxifloxacin hcl (ophth)*	Non-Preferred	
ZYMAXID *gatifloxacin (ophth)*	Non-Preferred	
SULFONAMIDES		
AVC VAGINAL *sulfanilamide vaginal*	Non-Preferred	
BLEPH-10 *sulfacetamide sodium (ophth)*	Non-Preferred	QL 15 / 18 days
KLARON *sulfacetamide sodium (acne)*	Non-Preferred	
silver sulfadiazine 1 % cream	Preferred	
ssd	Preferred	
sulfacetamide sodium 10 % solution	Preferred	QL 15 / 18 days
sulfacetamide sodium 10 % ointment	Non-Preferred	
sulfacetamide sodium (acne)	Preferred	
SULFADIAZINE 500 MG TAB *sulfadiazine*	Preferred	QL 8 / 1 days
sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension	Preferred	
sulfamethoxazole-trimethoprim 400-80 mg tab	Preferred	
sulfamethoxazole-trimethoprim 800-160 mg tab	Preferred	
sulfatrim pediatric	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TETRACYCLINES		
AMZEEQ *minocycline hcl micronized (acne)*	Non-Preferred	
demeclocycline hcl	Non-Preferred	
DORYX *doxycycline hyclate*	Non-Preferred	
DORYX MPC *doxycycline hyclate*	Non-Preferred	
DOXYCYCLINE *doxycycline (rosacea)*	Non-Preferred	
doxycycline hyclate 75 mg tab dr	Non-Preferred	
doxycycline hyclate 100 mg tab	Preferred	QL 60 / 30 days
doxycycline hyclate 100 mg cap	Preferred	QL 60 / 30 days
doxycycline hyclate 150 mg tab dr	Non-Preferred	
doxycycline hyclate 20 mg tab	Preferred	
doxycycline hyclate 100 mg tab dr	Non-Preferred	
doxycycline hyclate 50 mg cap	Preferred	QL 60 / 30 days
doxycycline hyclate 200 mg tab dr	Non-Preferred	
doxycycline hyclate 150 mg tab	Non-Preferred	
doxycycline hyclate 75 mg tab	Non-Preferred	
doxycycline hyclate 50 mg tab dr	Non-Preferred	
DOXYCYCLINE HYCLATE 80 MG TAB DR *doxycycline hyclate*	Non-Preferred	
doxycycline monohydrate 100 mg tab	Preferred	QL 2 / 1 days
doxycycline monohydrate 50 mg cap	Preferred	
doxycycline monohydrate 75 mg cap	Non-Preferred	
doxycycline monohydrate 50 mg tab	Preferred	QL 1 / 1 days
doxycycline monohydrate 25 mg/5ml recon susp	Preferred	
doxycycline monohydrate 75 mg tab	Preferred	QL 2 / 1 days
doxycycline monohydrate 150 mg tab	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxycycline monohydrate 150 mg cap	Non-Preferred	
doxycycline monohydrate 100 mg cap	Preferred	
MINOCIN 50 MG CAP *minocycline hcl*	Non-Preferred	QL 2 / 1 days
minocycline hcl 50 mg cap	Preferred	QL 2 / 1 days
minocycline hcl 100 mg tab	Non-Preferred	
minocycline hcl 100 mg cap	Preferred	QL 2 / 1 days
minocycline hcl 75 mg tab	Non-Preferred	
minocycline hcl 75 mg cap	Preferred	QL 2 / 1 days
minocycline hcl 50 mg tab	Non-Preferred	
MINOCYCLINE HCL ER 45 MG CAP ER 24H *minocycline hcl*	Non-Preferred	
minocycline hcl er 90 mg tab er 24h	Non-Preferred	
minocycline hcl er 135 mg tab er 24h	Non-Preferred	
MINOCYCLINE HCL ER 90 MG CAP ER 24H *minocycline hcl*	Non-Preferred	
minocycline hcl er 80 mg tab er 24h	Non-Preferred	
minocycline hcl er 55 mg tab er 24h	Non-Preferred	
minocycline hcl er 115 mg tab er 24h	Non-Preferred	
MINOCYCLINE HCL ER 135 MG CAP ER 24H *minocycline hcl*	Non-Preferred	
minocycline hcl er 45 mg tab er 24h	Non-Preferred	
minocycline hcl er 105 mg tab er 24h	Non-Preferred	
minocycline hcl er 65 mg tab er 24h	Non-Preferred	
MINOLIRA *minocycline hcl*	Non-Preferred	
morgidox 100 mg cap	Non-Preferred	QL 60 / 30 days
MORGIDOX 2 X 100 MG KIT *doxycycline hyclate w/ cleanser*	Non-Preferred	
MORGIDOX 1 X 100 MG KIT *doxycycline hyclate w/ cleanser*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
morgidox 50 mg cap	Non-Preferred	QL 60 / 30 days
MORGIDOX 1 X 50 MG KIT *doxycycline hyclate w/ cleanser*	Non-Preferred	
NUZYRA 150 MG TAB *omadacycline tosylate*	Non-Preferred	
ORACEA *doxycycline (rosacea)*	Non-Preferred	
SOLODYN *minocycline hcl*	Non-Preferred	
tetracycline hcl 500 mg cap	Preferred	QL 120 / 30 days
tetracycline hcl 250 mg cap	Preferred	QL 120 / 30 days
VIBRAMYCIN 25 MG/5ML RECON SUSP *doxycycline (monohydrate)*	Non-Preferred	
VIBRAMYCIN 100 MG CAP *doxycycline hyclate*	Non-Preferred	QL 60 / 30 days
VIBRAMYCIN 50 MG/5ML SYRUP *doxycycline calcium*	Non-Preferred	
XIMINO *minocycline hcl*	Non-Preferred	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 100 MG TAB *brivaracetam*	Non-Preferred	QL 2 / 1 days
BRIVIACT 25 MG TAB *brivaracetam*	Non-Preferred	QL 2 / 1 days
BRIVIACT 75 MG TAB *brivaracetam*	Non-Preferred	QL 2 / 1 days
BRIVIACT 10 MG/ML SOLUTION *brivaracetam*	Non-Preferred	
BRIVIACT 10 MG TAB *brivaracetam*	Non-Preferred	QL 2 / 1 days
BRIVIACT 50 MG TAB *brivaracetam*	Non-Preferred	QL 2 / 1 days
DIACOMIT *stiripentol*	Non-Preferred	
EPIDIOLEX *cannabidiol*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FINTEPLA *fenfluramine hcl (anticonvulsant)*	Non-Preferred	
KEPPRA 500 MG TAB *levetiracetam*	Non-Preferred	
KEPPRA 1000 MG TAB *levetiracetam*	Non-Preferred	
KEPPRA 250 MG TAB *levetiracetam*	Non-Preferred	
KEPPRA 750 MG TAB *levetiracetam*	Non-Preferred	
KEPPRA 100 MG/ML SOLUTION *levetiracetam*	Non-Preferred	
KEPPRA XR *levetiracetam*	Non-Preferred	
levetiracetam 250 mg tab	Preferred	QL 4 / 1 days
levetiracetam 500 mg tab	Preferred	QL 4 / 1 days
levetiracetam 1000 mg tab	Preferred	QL 4 / 1 days
levetiracetam 750 mg tab	Preferred	QL 4 / 1 days
levetiracetam 100 mg/ml solution	Preferred	QL 30 / 1 days
levetiracetam er 750 mg tab er 24h	Preferred	QL 4 / 1 days
levetiracetam er 500 mg tab er 24h	Preferred	QL 6 / 1 days
NAYZILAM *midazolam (anticonvulsant)*	Non-Preferred	
POTIGA 50 MG TAB *ezogabine*	Non-Preferred	
POTIGA 200 MG TAB *ezogabine*	Non-Preferred	
roweepra	Preferred	
roweepra xr	Preferred	
SPRITAM *levetiracetam*	Non-Preferred	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN *methsuximide*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ethosuximide 250 mg/5ml solution	Preferred	QL 30 / 1 days
ethosuximide 250 mg cap	Preferred	QL 6 / 1 days
ZARONTIN *ethosuximide*	Non-Preferred	
zonisamide 25 mg cap	Preferred	QL 4 / 1 days
zonisamide 100 mg cap	Preferred	QL 6 / 1 days
zonisamide 50 mg cap	Preferred	QL 4 / 1 days
GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS		
clobazam	Preferred	
DEPAKENE 250 MG CAP *valproic acid*	Non-Preferred	
DEPAKENE 250 MG/5ML SOLUTION *valproate sodium*	Non-Preferred	
DEPAKOTE *divalproex sodium*	Non-Preferred	
DEPAKOTE ER *divalproex sodium*	Non-Preferred	
DEPAKOTE SPRINKLES *divalproex sodium*	Non-Preferred	
DIASTAT ACUDIAL *diazepam (anticonvulsant)*	Non-Preferred	
DIASTAT PEDIATRIC *diazepam (anticonvulsant)*	Non-Preferred	
diazepam 10 mg gel	Preferred	QL 2 / 30 days
diazepam 20 mg gel	Preferred	QL 2 / 30 days
diazepam 2.5 mg gel	Preferred	QL 2 / 30 days
divalproex sodium 125 mg tab dr	Preferred	
divalproex sodium 500 mg tab dr	Preferred	
divalproex sodium 250 mg tab dr	Preferred	
divalproex sodium 125 mg cap dr	Preferred	
divalproex sodium er	Preferred	
GABAPAL *gabapentin-lidocaine-silicone*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gabapentin 300 mg cap	Preferred	QL 6 / 1 days
gabapentin 100 mg cap	Preferred	QL 6 / 1 days
gabapentin 250 mg/5ml solution	Preferred	
gabapentin 400 mg cap	Preferred	QL 6 / 1 days
gabapentin 300 mg/6ml solution	Preferred	
gabapentin 800 mg tab	Preferred	QL 4 / 1 days
gabapentin 600 mg tab	Preferred	QL 6 / 1 days
GABITRIL 16 MG TAB *tiagabine hcl*	Non-Preferred	QL 3 / 1 days
GABITRIL 2 MG TAB *tiagabine hcl*	Non-Preferred	QL 14 / 1 days
GABITRIL 4 MG TAB *tiagabine hcl*	Non-Preferred	QL 14 / 1 days
GABITRIL 12 MG TAB *tiagabine hcl*	Non-Preferred	QL 4 / 1 days
GRALISE *gabapentin (once-daily)*	Non-Preferred	
LIDOTIN *gabapentin-lidocaine-silicone*	Non-Preferred	
LIPRITIN *gabapentin & lidocaine-prilocaine & transparent dressing*	Non-Preferred	
MYSOLINE *primidone*	Non-Preferred	
NEURONTIN *gabapentin*	Non-Preferred	
ONFI *clobazam*	Non-Preferred	
PENTICAN *gabapentin & lidocaine*	Non-Preferred	
phenobarbital 20 mg/5ml solution	Preferred	
phenobarbital 15 mg tab	Preferred	
phenobarbital 100 mg tab	Preferred	
phenobarbital 64.8 mg tab	Preferred	
phenobarbital 20 mg/5ml elixir	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
phenobarbital 32.4 mg tab	Preferred	
phenobarbital 97.2 mg tab	Preferred	
phenobarbital 30 mg tab	Preferred	
phenobarbital 60 mg tab	Preferred	
phenobarbital 16.2 mg tab	Preferred	
primidone 50 mg tab	Preferred	QL 8 / 1 days
primidone 250 mg tab	Preferred	QL 8 / 1 days
SABRIL 500 MG TAB *vigabatrin*	Non-Preferred	
SABRIL 500 MG PACKET *vigabatrin*	Non-Preferred	QL 120 / 30 days
SYMPAZAN *clobazam*	Non-Preferred	
tiagabine hcl 4 mg tab	Non-Preferred	QL 14 / 1 days
tiagabine hcl 16 mg tab	Non-Preferred	QL 3 / 1 days
tiagabine hcl 12 mg tab	Non-Preferred	QL 4 / 1 days
tiagabine hcl 2 mg tab	Non-Preferred	QL 14 / 1 days
valproate sodium 250 mg/5ml solution	Preferred	
valproic acid 250 mg cap	Preferred	
valproic acid 250 mg/5ml solution	Preferred	
VALTOCO 10 MG DOSE *diazepam (anticonvulsant)*	Non-Preferred	
VALTOCO 15 MG DOSE *diazepam (anticonvulsant)*	Non-Preferred	
VALTOCO 20 MG DOSE *diazepam (anticonvulsant)*	Non-Preferred	
VALTOCO 5 MG DOSE *diazepam (anticonvulsant)*	Non-Preferred	
vigabatrin 500 mg packet	Non-Preferred	QL 120 / 30 days
vigabatrin 500 mg tab	Non-Preferred	
vigadrone	Non-Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUTAMATE REDUCING AGENTS		
felbamate 600 mg/5ml suspension	Non-Preferred	QL 30 / 1 days
felbamate 400 mg tab	Non-Preferred	QL 9 / 1 days
felbamate 600 mg tab	Non-Preferred	QL 6 / 1 days
FELBATOL *felbamate*	Non-Preferred	
FYCOMPA *perampanel*	Non-Preferred	
LAMICTAL 100 MG TAB *lamotrigine*	Non-Preferred	
LAMICTAL 200 MG TAB *lamotrigine*	Non-Preferred	QL 3 / 1 days
LAMICTAL 5 MG CHEW TAB *lamotrigine*	Non-Preferred	
LAMICTAL 25 MG CHEW TAB *lamotrigine*	Non-Preferred	
LAMICTAL 25 MG TAB *lamotrigine*	Non-Preferred	
LAMICTAL 150 MG TAB *lamotrigine*	Non-Preferred	QL 3 / 1 days
LAMICTAL ODT *lamotrigine*	Non-Preferred	
LAMICTAL STARTER *lamotrigine*	Non-Preferred	
LAMICTAL XR *lamotrigine*	Non-Preferred	
lamotrigine 100 mg tab disp	Non-Preferred	
lamotrigine 25 mg tab	Preferred	
lamotrigine 200 mg tab disp	Non-Preferred	
lamotrigine 25 mg tab disp	Non-Preferred	
lamotrigine 25 (21)-50 (7) mg kit	Non-Preferred	
lamotrigine 5 mg chew tab	Non-Preferred	
lamotrigine 150 mg tab	Preferred	QL 3 / 1 days
lamotrigine 100 mg tab	Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lamotrigine 50 mg tab disp	Non-Preferred	
lamotrigine 25 & 50 & 100 mg kit	Non-Preferred	
lamotrigine 25 mg chew tab	Non-Preferred	
lamotrigine 50 (42)-100(14) mg kit	Non-Preferred	
lamotrigine 200 mg tab	Preferred	QL 3 / 1 days
lamotrigine er	Non-Preferred	
lamotrigine starter kit-blue	Non-Preferred	
lamotrigine starter kit-green	Non-Preferred	
lamotrigine starter kit-orange	Non-Preferred	
QUDEXY XR *topiramate*	Non-Preferred	
subvenite 200 mg tab	Preferred	QL 3 / 1 days
subvenite 100 mg tab	Preferred	
subvenite 25 mg tab	Preferred	
subvenite 150 mg tab	Preferred	QL 3 / 1 days
subvenite starter kit-blue	Non-Preferred	
subvenite starter kit-green	Non-Preferred	
subvenite starter kit-orange	Non-Preferred	
TOPAMAX *topiramate*	Non-Preferred	
TOPAMAX SPRINKLE *topiramate*	Non-Preferred	
topiramate 15 mg cap sprink	Preferred	QL 4 / 1 days
topiramate 25 mg cap sprink	Preferred	QL 4 / 1 days
topiramate 50 mg tab	Preferred	QL 4 / 1 days
topiramate 100 mg tab	Preferred	QL 4 / 1 days
topiramate 200 mg tab	Preferred	QL 4 / 1 days
topiramate 25 mg tab	Preferred	QL 4 / 1 days
topiramate er	Preferred	
TROKENDI XR 100 MG CAP ER 24H *topiramate*	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TROKENDI XR 50 MG CAP ER 24H *topiramate*	Non-Preferred	QL 60 / 30 days
TROKENDI XR 200 MG CAP ER 24H *topiramate*	Non-Preferred	QL 60 / 30 days
TROKENDI XR 25 MG CAP ER 24H *topiramate*	Non-Preferred	QL 120 / 30 days
XCOPRI *cenobamate*	Non-Preferred	
XCOPRI (250 MG DAILY DOSE) *cenobamate*	Non-Preferred	
XCOPRI (350 MG DAILY DOSE) *cenobamate*	Non-Preferred	
SODIUM CHANNEL AGENTS		
APTIOM *eslicarbazepine acetate*	Non-Preferred	
BANZEL *rufinamide*	Non-Preferred	
carbamazepine 100 mg/5ml suspension	Preferred	QL 80 / 1 days
carbamazepine 100 mg chew tab	Preferred	QL 8 / 1 days
carbamazepine 200 mg tab	Preferred	QL 8 / 1 days
carbamazepine er	Preferred	QL 4 / 1 days
CARBATROL *carbamazepine*	Non-Preferred	
DILANTIN 125 MG/5ML SUSPENSION *phenytoin*	Non-Preferred	
DILANTIN 100 MG CAP *phenytoin sodium extended*	Preferred	QL 12 / 1 days
DILANTIN 30 MG CAP *phenytoin sodium extended*	Preferred	QL 9 / 1 days
DILANTIN INFATABS *phenytoin*	Non-Preferred	QL 8 / 1 days
epitol	Preferred	
oxcarbazepine 600 mg tab	Preferred	QL 4 / 1 days
oxcarbazepine 300 mg/5ml suspension	Preferred	QL 40 / 1 days
oxcarbazepine 150 mg tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxcarbazepine 300 mg tab	Preferred	QL 4 / 1 days
OXTELLAR XR *oxcarbazepine*	Non-Preferred	
PEGANONE *ethotoin*	Non-Preferred	
PHENYTEK 300 MG CAP *phenytoin sodium extended*	Non-Preferred	QL 1 / 1 days
PHENYTEK 200 MG CAP *phenytoin sodium extended*	Non-Preferred	QL 2 / 1 days
phenytoin 125 mg/5ml suspension	Preferred	QL 15 / 1 days
phenytoin 100 mg/4ml suspension	Preferred	
phenytoin 50 mg chew tab	Preferred	QL 8 / 1 days
phenytoin infatabs	Preferred	
phenytoin sodium extended 300 mg cap	Preferred	QL 1 / 1 days
phenytoin sodium extended 100 mg cap	Preferred	QL 12 / 1 days
phenytoin sodium extended 200 mg cap	Preferred	QL 2 / 1 days
TEGRETOL *carbamazepine*	Non-Preferred	
TEGRETOL-XR *carbamazepine*	Non-Preferred	
TRILEPTAL *oxcarbazepine*	Non-Preferred	
VIMPAT 150 MG TAB *lacosamide*	Non-Preferred	QL 2 / 1 days
VIMPAT 200 MG TAB *lacosamide*	Non-Preferred	QL 2 / 1 days
VIMPAT 10 MG/ML SOLUTION *lacosamide*	Non-Preferred	
VIMPAT 100 MG TAB *lacosamide*	Preferred	QL 2 / 1 days
VIMPAT 50 MG TAB *lacosamide*	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDEMENTIA AGENTS		
CHOLINESTERASE INHIBITORS		
ARICEPT *donepezil hydrochloride*	Non-Preferred	QL 1 / 1 days
donepezil hcl 10 mg tab	Preferred	QL 1 / 1 days PA
donepezil hcl 23 mg tab	Non-Preferred	QL 1 / 1 days
donepezil hcl 10 mg tab disp	Non-Preferred	QL 1 / 1 days
donepezil hcl 5 mg tab	Preferred	QL 1 / 1 days PA
donepezil hcl 5 mg tab disp	Non-Preferred	QL 2 / 1 days
EXELON 4.6 MG/24HR PATCH 24HR *rivastigmine*	Non-Preferred	QL 1 / 1 days
EXELON 13.3 MG/24HR PATCH 24HR *rivastigmine*	Non-Preferred	QL 1 / 1 days
EXELON 9.5 MG/24HR PATCH 24HR *rivastigmine*	Non-Preferred	QL 1 / 1 days
galantamine hydrobromide 12 mg tab	Preferred	PA
galantamine hydrobromide 8 mg tab	Preferred	PA
galantamine hydrobromide 4 mg tab	Preferred	PA
galantamine hydrobromide 4 mg/ml solution	Non-Preferred	
galantamine hydrobromide er	Non-Preferred	
NAMZARIC *memantine hcl-donepezil hcl*	Non-Preferred	
RAZADYNE *galantamine hydrobromide*	Non-Preferred	
RAZADYNE ER *galantamine hydrobromide*	Non-Preferred	
rivastigmine	Non-Preferred	QL 1 / 1 days
rivastigmine tartrate	Preferred	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl 10 mg/5ml solution	Non-Preferred	
memantine hcl 2 mg/ml solution	Non-Preferred	QL 10 / 1 days PA
memantine hcl 5 mg tab	Preferred	QL 2 / 1 days PA
memantine hcl 10 mg tab	Preferred	QL 60 / 30 days PA
memantine hcl 5 (28)-10 (21) mg tab	Preferred	QL 2 / 1 days PA
memantine hcl er	Non-Preferred	
NAMENDA 10 MG TAB *memantine hcl*	Non-Preferred	QL 60 / 30 days
NAMENDA 5 MG TAB *memantine hcl*	Non-Preferred	QL 2 / 1 days
NAMENDA TITRATION PAK *memantine hcl*	Non-Preferred	QL 2 / 1 days
NAMENDA XR *memantine hcl*	Non-Preferred	
NAMENDA XR TITRATION PACK *memantine hcl*	Non-Preferred	
ANTIDEPRESSANTS ANTIDEPRESSANTS, OTHER		
APLENZIN *bupropion hydrobromide*	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
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	
chlordiazepoxide-amitriptyline	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORFIVO XL *bupropion hcl*	Non-Preferred	
mirtazapine 45 mg tab	Preferred	QL 1 / 1 days
mirtazapine 15 mg tab	Preferred	QL 1 / 1 days
mirtazapine 45 mg tab disp	Non-Preferred	QL 1 / 1 days
mirtazapine 7.5 mg tab	Preferred	QL 1 / 1 days
mirtazapine 30 mg tab	Preferred	QL 1 / 1 days
mirtazapine 15 mg tab disp	Non-Preferred	QL 1 / 1 days
mirtazapine 30 mg tab disp	Non-Preferred	QL 1 / 1 days
olanzapine-fluoxetine hcl	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline 2-25 mg tab	Non-Preferred	QL 8 / 1 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
perphenazine-amitriptyline 2-10 mg tab	Non-Preferred	QL 8 / 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
perphenazine-amitriptyline 4-25 mg tab	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REMERON 30 MG TAB *mirtazapine*	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REMERON 15 MG TAB *mirtazapine*	Non-Preferred	QL 1 / 1 days
REMERON SOLTAB *mirtazapine*	Non-Preferred	QL 1 / 1 days
SPRAVATO (56 MG DOSE) *esketamine hcl*	Non-Preferred	QL 8 / 14 days
SPRAVATO (84 MG DOSE) *esketamine hcl*	Non-Preferred	QL 12 / 14 days
SYMBYAX 6-25 MG CAP *olanzapine-fluoxetine hcl*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SYMBYAX 3-25 MG CAP *olanzapine-fluoxetine hcl*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SYMBYAX 12-50 MG CAP *olanzapine-fluoxetine hcl*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SYMBYAX 6-50 MG CAP *olanzapine-fluoxetine hcl*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
WELLBUTRIN SR *bupropion hcl*	Non-Preferred	QL 60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H *bupropion hcl*	Non-Preferred	QL 30 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H *bupropion hcl*	Non-Preferred	QL 60 / 30 days
MONOAMINE OXIDASE INHIBITORS		
EMSAM *selegiline*	Non-Preferred	
MARPLAN *isocarboxazid*	Non-Preferred	
NARDIL *phenelzine sulfate*	Non-Preferred	
phenelzine sulfate 15 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tranylcypromine sulfate	Non-Preferred	QL 6 / 1 days
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
BRISDELLE *paroxetine mesylate (vasomotor)*	Non-Preferred	
CELEXA *citalopram hydrobromide*	Non-Preferred	QL 45 / 30 days
citalopram hydrobromide 10 mg/5ml solution	Preferred	QL 20 / 1 days
citalopram hydrobromide 20 mg tab	Preferred	QL 45 / 30 days
citalopram hydrobromide 10 mg tab	Preferred	QL 45 / 30 days
citalopram hydrobromide 40 mg tab	Preferred	QL 45 / 30 days
desvenlafaxine er	Non-Preferred	
DESVENLAFAXINE ER *desvenlafaxine*	Non-Preferred	
desvenlafaxine succinate er	Preferred	
EFFEXOR XR 150 MG CAP ER 24H *venlafaxine hcl*	Non-Preferred	QL 2 / 1 days
EFFEXOR XR 37.5 MG CAP ER 24H *venlafaxine hcl*	Non-Preferred	QL 1 / 1 days
EFFEXOR XR 75 MG CAP ER 24H *venlafaxine hcl*	Non-Preferred	QL 3 / 1 days
escitalopram oxalate 5 mg/5ml solution	Non-Preferred	QL 20 / 1 days
escitalopram oxalate 10 mg tab	Preferred	QL 45 / 30 days
escitalopram oxalate 20 mg tab	Preferred	QL 1 / 1 days
escitalopram oxalate 5 mg tab	Preferred	QL 45 / 30 days
FETZIMA *levomilnacipran hcl*	Non-Preferred	
FETZIMA TITRATION *levomilnacipran hcl*	Non-Preferred	
fluoxetine hcl 20 mg/5ml solution	Preferred	QL 10 / 1 days
fluoxetine hcl 40 mg cap	Preferred	QL 2 / 1 days
FLUOXETINE HCL 60 MG TAB *fluoxetine hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluoxetine hcl 90 mg cap dr	Non-Preferred	
fluoxetine hcl 20 mg cap	Preferred	QL 4 / 1 days
fluoxetine hcl 20 mg tab	Preferred	QL 120 / 30 days
fluoxetine hcl 10 mg cap	Preferred	QL 3 / 1 days
fluoxetine hcl 60 mg tab	Non-Preferred	
fluoxetine hcl 10 mg tab	Preferred	QL 90 / 30 days
fluoxetine hcl (pmdd) 20 mg tab	Non-Preferred	QL 4 / 1 days
fluoxetine hcl (pmdd) 10 mg tab	Non-Preferred	QL 3 / 1 days
FLUOXETINE HCL (PMDD) 10 MG CAP *fluoxetine hcl (pmdd)*	Preferred	QL 3 / 1 days
FLUOXETINE HCL (PMDD) 20 MG CAP *fluoxetine hcl (pmdd)*	Preferred	QL 4 / 1 days
fluvoxamine maleate 50 mg tab	Preferred	QL 45 / 30 days
fluvoxamine maleate 100 mg tab	Preferred	QL 3 / 1 days
fluvoxamine maleate 25 mg tab	Preferred	QL 1 / 1 days
fluvoxamine maleate er	Non-Preferred	
KHEDEZLA *desvenlafaxine*	Non-Preferred	
LEXAPRO 10 MG TAB *escitalopram oxalate*	Non-Preferred	QL 45 / 30 days
LEXAPRO 5 MG TAB *escitalopram oxalate*	Non-Preferred	QL 45 / 30 days
LEXAPRO 20 MG TAB *escitalopram oxalate*	Non-Preferred	QL 1 / 1 days
maprotiline hcl	Non-Preferred	QL 2 / 1 days
nefazodone hcl 150 mg tab	Non-Preferred	QL 120 / 30 days
nefazodone hcl 100 mg tab	Non-Preferred	QL 2 / 1 days
nefazodone hcl 50 mg tab	Non-Preferred	QL 2 / 1 days
nefazodone hcl 250 mg tab	Non-Preferred	QL 2 / 1 days
nefazodone hcl 200 mg tab	Non-Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
paroxetine hcl 40 mg tab	Preferred	QL 45 / 30 days
paroxetine hcl 30 mg tab	Preferred	QL 2 / 1 days
paroxetine hcl 10 mg tab	Preferred	QL 45 / 30 days
paroxetine hcl 20 mg tab	Preferred	QL 45 / 30 days
paroxetine hcl er	Non-Preferred	
paroxetine mesylate	Non-Preferred	
PAXIL 30 MG TAB *paroxetine hcl*	Non-Preferred	QL 2 / 1 days
PAXIL 20 MG TAB *paroxetine hcl*	Non-Preferred	QL 45 / 30 days
PAXIL 10 MG/5ML SUSPENSION *paroxetine hcl*	Non-Preferred	
PAXIL 10 MG TAB *paroxetine hcl*	Non-Preferred	QL 45 / 30 days
PAXIL 40 MG TAB *paroxetine hcl*	Non-Preferred	QL 45 / 30 days
PAXIL CR *paroxetine hcl*	Non-Preferred	
PEXEVA *paroxetine mesylate*	Non-Preferred	
PRISTIQ *desvenlafaxine succinate*	Non-Preferred	
PROZAC 40 MG CAP *fluoxetine hcl*	Non-Preferred	QL 2 / 1 days
PROZAC 10 MG CAP *fluoxetine hcl*	Non-Preferred	QL 3 / 1 days
PROZAC 20 MG CAP *fluoxetine hcl*	Non-Preferred	
SARAFEM 10 MG TAB *fluoxetine hcl (pmdd)*	Non-Preferred	QL 3 / 1 days
SARAFEM 20 MG TAB *fluoxetine hcl (pmdd)*	Non-Preferred	
sertraline hcl 50 mg tab	Preferred	QL 45 / 30 days
sertraline hcl 25 mg tab	Preferred	QL 45 / 30 days
sertraline hcl 20 mg/ml conc	Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sertraline hcl 100 mg tab	Preferred	QL 60 / 30 days
trazodone hcl 300 mg tab	Preferred	QL 2 / 1 days
trazodone hcl 50 mg tab	Preferred	QL 3 / 1 days
trazodone hcl 150 mg tab	Preferred	QL 3 / 1 days
trazodone hcl 100 mg tab	Preferred	QL 3 / 1 days
TRINTELLIX *vortioxetine hbr*	Non-Preferred	
venlafaxine hcl	Preferred	QL 3 / 1 days
venlafaxine hcl er 150 mg tab er 24h	Non-Preferred	
venlafaxine hcl er 37.5 mg tab er 24h	Non-Preferred	
venlafaxine hcl er 225 mg tab er 24h	Non-Preferred	
venlafaxine hcl er 37.5 mg cap er 24h	Preferred	QL 1 / 1 days
venlafaxine hcl er 150 mg cap er 24h	Preferred	QL 2 / 1 days
venlafaxine hcl er 75 mg cap er 24h	Preferred	QL 3 / 1 days
venlafaxine hcl er 75 mg tab er 24h	Non-Preferred	QL 90 / 30 days
VIIBRYD *vilazodone hcl*	Non-Preferred	
VIIBRYD STARTER PACK *vilazodone hcl*	Non-Preferred	
ZOLOFT 25 MG TAB *sertraline hcl*	Non-Preferred	QL 45 / 30 days
ZOLOFT 50 MG TAB *sertraline hcl*	Non-Preferred	QL 45 / 30 days
ZOLOFT 20 MG/ML CONC *sertraline hcl*	Non-Preferred	QL 10 / 1 days
ZOLOFT 100 MG TAB *sertraline hcl*	Non-Preferred	QL 60 / 30 days
TRICYCLICS		
amitriptyline hcl 150 mg tab	Preferred	QL 3 / 1 days
amitriptyline hcl 100 mg tab	Preferred	QL 3 / 1 days
amitriptyline hcl 10 mg tab	Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amitriptyline hcl 25 mg tab	Preferred	QL 3 / 1 days
amitriptyline hcl 50 mg tab	Preferred	QL 3 / 1 days
amitriptyline hcl 75 mg tab	Preferred	QL 3 / 1 days
amoxapine	Preferred	QL 4 / 1 days
ANAFRANIL 75 MG CAP *clomipramine hcl*	Non-Preferred	QL 90 / 30 days
ANAFRANIL 25 MG CAP *clomipramine hcl*	Non-Preferred	QL 150 / 30 days
ANAFRANIL 50 MG CAP *clomipramine hcl*	Non-Preferred	QL 150 / 30 days
clomipramine hcl 75 mg cap	Non-Preferred	QL 90 / 30 days
clomipramine hcl 50 mg cap	Non-Preferred	QL 150 / 30 days
clomipramine hcl 25 mg cap	Non-Preferred	QL 150 / 30 days
desipramine hcl 150 mg tab	Non-Preferred	QL 2 / 1 days
desipramine hcl 50 mg tab	Non-Preferred	QL 2 / 1 days
desipramine hcl 75 mg tab	Non-Preferred	QL 2 / 1 days
desipramine hcl 10 mg tab	Non-Preferred	QL 2 / 1 days
desipramine hcl 100 mg tab	Non-Preferred	QL 2 / 1 days
desipramine hcl 25 mg tab	Non-Preferred	QL 2 / 1 days
doxepin hcl 75 mg cap	Preferred	QL 2 / 1 days
doxepin hcl 10 mg cap	Preferred	QL 2 / 1 days
doxepin hcl 100 mg cap	Preferred	QL 3 / 1 days
doxepin hcl 10 mg/ml conc	Preferred	QL 30 / 1 days
doxepin hcl 50 mg cap	Preferred	QL 2 / 1 days
doxepin hcl 25 mg cap	Preferred	QL 2 / 1 days
doxepin hcl 150 mg cap	Preferred	QL 2 / 1 days
imipramine hcl 25 mg tab	Preferred	QL 6 / 1 days
imipramine hcl 10 mg tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
imipramine hcl 50 mg tab	Preferred	QL 6 / 1 days
imipramine pamoate	Non-Preferred	
NORPRAMIN *desipramine hcl*	Non-Preferred	QL 2 / 1 days
nortriptyline hcl 10 mg cap	Preferred	QL 3 / 1 days
nortriptyline hcl 75 mg cap	Preferred	QL 3 / 1 days
nortriptyline hcl 10 mg/5ml solution	Non-Preferred	QL 75 / 1 days
nortriptyline hcl 25 mg cap	Preferred	QL 3 / 1 days
nortriptyline hcl 50 mg cap	Preferred	QL 2 / 1 days
PAMELOR 50 MG CAP *nortriptyline hcl*	Non-Preferred	QL 2 / 1 days
PAMELOR 75 MG CAP *nortriptyline hcl*	Non-Preferred	QL 3 / 1 days
PAMELOR 10 MG CAP *nortriptyline hcl*	Non-Preferred	QL 3 / 1 days
PAMELOR 25 MG CAP *nortriptyline hcl*	Non-Preferred	QL 3 / 1 days
protriptyline hcl	Non-Preferred	QL 6 / 1 days
SURMONTIL *trimipramine maleate*	Non-Preferred	
TOFRANIL *imipramine hcl*	Non-Preferred	
trimipramine maleate 100 mg cap	Non-Preferred	
trimipramine maleate 50 mg cap	Non-Preferred	
trimipramine maleate 25 mg cap	Non-Preferred	
ANTIEMETICS ANTIEMETICS, OTHER		
BARHEMSYS *amisulpride (antiemetic)*	Non-Preferred	
BONJESTA *doxylamine-pyridoxine*	Non-Preferred	
compro	Non-Preferred	QL 12 / days
DICLEGIS *doxylamine-pyridoxine*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIMENHYDRINATE 50 MG/ML SOLUTION *dimenhydrinate*	Non-Preferred	
doxylamine-pyridoxine	Non-Preferred	
driminate 50 mg tab	Preferred	QL 240 / 30 days
formula em 1.87-1.87-21.5 solution	Preferred	
GIMOTI *metoclopramide hcl*	Non-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 1.87-1.87-21.5 solution	Preferred	
goodsense nausea relief 1.87-1.87-21.5 solution	Preferred	
hm anti-nausea 1.87-1.87-21.5 solution	Preferred	
hm motion relief 25 mg tab	Preferred	QL 120 / 30 days
hm motion sickness relief 25 mg tab	Preferred	
meclizine hcl 12.5 mg tab	Preferred	QL 120 / 30 days
meclizine hcl 25 mg tab	Preferred	QL 120 / 30 days
meclizine hcl 25 mg chew tab	Preferred	QL 120 / 30 days
metoclopramide hcl 5 mg/5ml solution	Preferred	QL 40 / 1 days
metoclopramide hcl 10 mg tab	Preferred	QL 4 / 1 days
metoclopramide hcl 5 mg tab disp	Non-Preferred	
METOCLOPRAMIDE HCL 10 MG TAB DISP *metoclopramide hcl*	Non-Preferred	
metoclopramide hcl 5 mg/ml solution	Preferred	
metoclopramide hcl 10 mg/10ml solution	Preferred	QL 40 / 1 days
metoclopramide hcl 5 mg tab	Preferred	QL 4 / 1 days
motion sickness relief 50 mg tab	Preferred	QL 240 / 30 days
motion-time 25 mg chew tab	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nausea relief 1.87-1.87-21.5 solution	Preferred	
perphenazine 4 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine 16 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
perphenazine 2 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
phenadoz	Non-Preferred	
phenergan 12.5 mg suppos	Non-Preferred	
phenergan 25 mg suppos	Non-Preferred	
prochlorperazine	Non-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 50 mg suppos	Non-Preferred	
promethazine hcl 50 mg tab	Preferred	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 25 mg suppos	Non-Preferred	
promethazine hcl 12.5 mg suppos	Non-Preferred	
promethegan	Non-Preferred	
REGLAN *metoclopramide hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
scopolamine	Non-Preferred	
sm motion sickness 25 mg tab	Preferred	QL 120 / 30 days
sm motion sickness 50 mg tab	Preferred	QL 240 / 30 days
sm motion sickness relief 50 mg tab	Preferred	QL 240 / 30 days
TIGAN 100 MG/ML SOLUTION *trimethobenzamide hcl*	Non-Preferred	
TIGAN 300 MG CAP *trimethobenzamide hcl*	Non-Preferred	QL 3 / 1 days
TRANSDERM-SCOP (1.5 MG) *scopolamine*	Preferred	
travel sickness 25 mg chew tab	Preferred	
travel sickness 50 mg tab	Preferred	QL 240 / 30 days
trimethobenzamide hcl 300 mg cap	Preferred	QL 3 / 1 days
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAP *netupitant-palonosetron*	Non-Preferred	
AKYNZEO 235-0.25 MG/20ML SOLUTION *fosnetupitant choride-palonosetron hcl*	Non-Preferred	
AKYNZEO 235-0.25 MG RECON SOLN *fosnetupitant choride-palonosetron hcl*	Non-Preferred	
ALOXI *palonosetron hcl*	Preferred	
ANZEMET *dolasetron mesylate*	Non-Preferred	
aprepitant 80 mg cap	Non-Preferred	QL 4 / 28 days
aprepitant 80 & 125 mg cap	Non-Preferred	QL 6 / 28 days
aprepitant 125 mg cap	Non-Preferred	QL 2 / 28 days
aprepitant 40 mg cap	Non-Preferred	QL 1 / 30 days
CESAMET *nabilone*	Non-Preferred	
CINVANTI *aprepitant*	Preferred	
dronabinol 5 mg cap	Non-Preferred	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dronabinol 2.5 mg cap	Non-Preferred	QL 180 / 30 days
dronabinol 10 mg cap	Non-Preferred	QL 90 / 30 days
EMEND 150 MG RECON SOLN *fosaprepitant dimeglumine*	Non-Preferred	
EMEND 125 MG CAP *aprepitant*	Preferred	QL 2 / 28 days
EMEND 80 MG CAP *aprepitant*	Preferred	QL 4 / 28 days
EMEND 40 MG CAP *aprepitant*	Preferred	QL 1 / 30 days
EMEND 125 MG RECON SUSP *aprepitant*	Non-Preferred	
EMEND TRI-PACK *aprepitant*	Preferred	QL 6 / 28 days
FOSAPREPITANT DIMEGLUMINE *fosaprepitant dimeglumine*	Non-Preferred	
fosaprepitant dimeglumine	Non-Preferred	
granisetron hcl 1 mg/ml solution	Preferred	
granisetron hcl 4 mg/4ml solution	Preferred	
granisetron hcl 1 mg tab	Non-Preferred	
MARINOL 10 MG CAP *dronabinol*	Non-Preferred	QL 90 / 30 days
MARINOL 2.5 MG CAP *dronabinol*	Non-Preferred	QL 180 / 30 days
MARINOL 5 MG CAP *dronabinol*	Non-Preferred	QL 180 / 30 days
ondansetron	Preferred	QL 3 / 1 days
ondansetron hcl 4 mg/5ml solution	Preferred	QL 50 / 25 days
ondansetron hcl 4 mg tab	Preferred	QL 3 / 1 days
ondansetron hcl 8 mg tab	Preferred	QL 3 / 1 days
ondansetron hcl 4 mg/2ml solution	Preferred	
ondansetron hcl 40 mg/20ml solution	Preferred	
palonosetron hcl 0.25 mg/5ml solution	Preferred	
PALONOSETRON HCL 0.25 MG/5ML SOLUTION *palonosetron hcl*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PALONOSETRON HCL 0.25 MG/2ML SOLUTION *palonosetron hcl*	Preferred	
palonosetron hcl 0.25 mg/5ml soln prsyr	Preferred	
SANCUSO *granisetron*	Non-Preferred	
SUSTOL *granisetron*	Non-Preferred	
SYNDROS *dronabinol*	Non-Preferred	
VARUBI (180 MG DOSE) *rolapitant hcl*	Non-Preferred	
ZOFRAN 8 MG TAB *ondansetron hcl*	Non-Preferred	QL 3 / 1 days
ZOFRAN 4 MG TAB *ondansetron hcl*	Non-Preferred	QL 3 / 1 days
ZOFRAN ODT *ondansetron*	Non-Preferred	QL 3 / 1 days
ZUPLENZ *ondansetron*	Non-Preferred	
ANTIFUNGALS		
3 day vaginal 2 % cream	Preferred	
ALEVAZOL 1 % OINTMENT *clotrimazole (topical)*	Preferred	
ALOE VESTA CLEAR ANTIFUNGAL 2 % OINTMENT *miconazole nitrate (topical)*	Preferred	
ANCOBON *flucytosine*	Non-Preferred	
anti-fungal 1 % powder	Preferred	QL 45 / 7 days
antifungal 2 % powder	Preferred	
antifungal 2 % cream	Preferred	QL 15 / 7 days
antifungal 1 % cream	Preferred	QL 15 / 7 days
antifungal clotrimazole 1 % cream	Preferred	
athletes foot 1 % cream	Preferred	
athletes foot af 1 % cream	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
athletes foot powder spray 2 % aero powd	Preferred	
athletes foot powder spray 1 % aero powd	Preferred	QL 133 / 10 days
athletes foot spray 1 % aerosol	Preferred	
butenafine hcl 1 % cream	Preferred	QL 30 / 24 days
carrington antifungal 2 % cream	Preferred	QL 15 / 7 days
ciclodan 0.77 % cream	Non-Preferred	
ciclodan 8 % solution	Non-Preferred	
CICLODAN CREAM *ciclopirox olamine & cleanser*	Non-Preferred	
CICLODAN SOLUTION *ciclopirox*	Non-Preferred	
ciclopirox 1 % shampoo	Non-Preferred	
ciclopirox 0.77 % gel	Non-Preferred	
ciclopirox 8 % solution	Preferred	QL 6.6 / 30 days
ciclopirox olamine 0.77 % cream	Preferred	
ciclopirox olamine 0.77 % suspension	Preferred	
CICLOPIROX TREATMENT *ciclopirox*	Non-Preferred	
clotrimazole 10 mg troche	Preferred	QL 5 / 1 days
clotrimazole 1 % solution	Non-Preferred	QL 30 / 24 days
clotrimazole 1 % cream	Preferred	QL 45 / 7 days
clotrimazole 1% cream (otc)	Preferred	QL 30 / 7 days
CLOTRIMAZOLE 1% CREAM (RX)	Preferred	QL 30 / 7 days
clotrimazole 1% vaginal cream	Preferred	QL 45 / 7 days
clotrimazole 3 2 % cream	Preferred	
clotrimazole anti-fungal 1 % cream	Preferred	QL 30 / 7 days
clotrimazole athletes foot 1 % cream	Preferred	
clotrimazole-7 1 % cream	Preferred	
CRESEMBA 186 MG CAP *isavuconazonium sulfate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs 3-day vaginal 2 % cream	Preferred	
cvs miconazole 1 combo pack 1200 & 2 mg & % kit	Preferred	
CVS MICONAZOLE 1 COMBO PACK 1200 & 2 MG & % KIT *miconazole nitrate vaginal*	Preferred	
cvs miconazole 3 combo pack 200 & 2 mg-% (9gm) kit	Preferred	
cvs miconazole 7 2 % cream	Preferred	
cvs tioconazole 1 6.5 % ointment	Preferred	
desenex 2 % powder	Preferred	QL 71 / 15 days
DIFLUCAN 200 MG TAB *fluconazole*	Non-Preferred	QL 2 / 1 days
DIFLUCAN 150 MG TAB *fluconazole*	Non-Preferred	QL 2 / 1 days
DIFLUCAN 10 MG/ML RECON SUSP *fluconazole*	Non-Preferred	
DIFLUCAN 40 MG/ML RECON SUSP *fluconazole*	Non-Preferred	
DIFLUCAN 50 MG TAB *fluconazole*	Non-Preferred	QL 2 / 1 days
DIFLUCAN 100 MG TAB *fluconazole*	Non-Preferred	QL 2 / 1 days
econazole nitrate 1 % cream	Non-Preferred	
eq athletes foot (terbinafine) 1 % cream	Preferred	
eq miconazole 1 1200 & 2 mg & % kit	Preferred	
eq miconazole 7 2 % cream	Preferred	
eq miconazole 7 day treatment 2 % cream	Preferred	
eql miconazole 1 1200 & 2 mg & % kit	Preferred	
eql miconazole 7 2 % cream	Preferred	
ERTACZO *sertaconazole nitrate*	Non-Preferred	
EXELDERM *sulconazole nitrate*	Non-Preferred	
EXTINA *ketoconazole (topical)*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluconazole 40 mg/ml recon susp	Preferred	QL 10 / 1 days
fluconazole 100 mg tab	Preferred	QL 2 / 1 days
fluconazole 200 mg tab	Preferred	QL 2 / 1 days
fluconazole 10 mg/ml recon susp	Preferred	QL 40 / 1 days
fluconazole 50 mg tab	Preferred	QL 2 / 1 days
fluconazole 150 mg tab	Preferred	QL 2 / 1 days
flucytosine 500 mg cap	Non-Preferred	
flucytosine 250 mg cap	Non-Preferred	
FUNGOID TINCTURE 2 % KIT *miconazole nitrate (topical)*	Non-Preferred	
fungoid-d 1 % cream	Non-Preferred	
gnp athletes foot 1 % cream	Preferred	QL 30 / 7 days
gnp clotrimazole 3 2 % cream	Preferred	
gnp miconazole 3 200 & 2 mg-% (9gm) kit	Preferred	QL 1 / 3 days
gnp miconazole 7 2 % cream	Preferred	QL 45 / 7 days
gnp miconazorb af 2 % powder	Preferred	QL 71 / 15 days
gnp terbinafine hydrochloride 1 % cream	Preferred	
gnp tioconazole 1 6.5 % ointment	Preferred	
gnp tolnaftate 1 % cream	Preferred	QL 15 / 7 days
griseofulvin microsize 500 mg tab	Preferred	QL 60 / 30 days
griseofulvin microsize 125 mg/5ml suspension	Preferred	QL 40 / 1 days
griseofulvin ultramicrosize	Non-Preferred	QL 3 / 1 days
GYNAZOLE-1 *butoconazole nitrate (one dose)*	Non-Preferred	
itraconazole 100 mg cap	Non-Preferred	
itraconazole 10 mg/ml solution	Non-Preferred	
jock itch spray 1 % aero powd	Preferred	QL 133 / 10 days
JUBLIA *efinaconazole*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KERYDIN *tavaborole*	Non-Preferred	
ketoconazole 2 % shampoo	Preferred	
ketoconazole 200 mg tab	Non-Preferred	QL 2 / 1 days
ketoconazole 2 % foam	Non-Preferred	
ketoconazole 2 % cream	Preferred	
lamisil af defense 1 % aero powd	Preferred	QL 133 / 10 days
LAMISIL AT 1 % CREAM *terbinafine hcl (topical)*	Non-Preferred	
LAMISIL AT SPRAY 1 % SOLUTION *terbinafine hcl (topical)*	Preferred	
LOPROX 0.77 % (SUSP) KIT *ciclopirox olamine & cleanser*	Non-Preferred	
LOPROX 0.77 % CREAM *ciclopirox olamine*	Non-Preferred	
LOPROX 0.77 % SUSPENSION *ciclopirox olamine*	Non-Preferred	
LOPROX 0.77 % KIT *ciclopirox olamine & cleanser*	Non-Preferred	
LOPROX 1 % SHAMPOO *ciclopirox*	Non-Preferred	
LULICONAZOLE *luliconazole*	Non-Preferred	
LUZU *luliconazole*	Non-Preferred	
MENTAX *butenafine hcl*	Non-Preferred	
miconazole 1 1200 & 2 mg & % kit	Preferred	
miconazole 3 4 % cream	Preferred	
MICONAZOLE 3 200 MG SUPPOS *miconazole nitrate vaginal*	Non-Preferred	QL 1 / 1 days
miconazole 3 applicator 200 & 2 mg-% (9gm) kit	Preferred	
miconazole 3 combo pack 200 & 2 mg-% (9gm) kit	Preferred	QL 1 / 3 days
miconazole 3 combo pack app 200 & 2 mg-% (9gm) kit	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
miconazole 7 2 % cream	Preferred	QL 45 / 7 days
miconazole 7 100 mg suppos	Preferred	QL 1 / 1 days
miconazole nitrate 100 mg suppos	Preferred	
miconazole nitrate 2 % cream	Preferred	QL 45 / 7 days
MICONAZOLE-ZINC OXIDE-PETROLAT *miconazole-zinc oxide-white petrolatum*	Non-Preferred	
MONISTAT 1 COMBO PACK 1200 & 2 MG & % KIT *miconazole nitrate vaginal*	Non-Preferred	
MONISTAT 1 DAY OR NIGHT 1200 & 2 MG & % KIT *miconazole nitrate vaginal*	Non-Preferred	
monistat 1-day 6.5 % ointment	Preferred	
MONISTAT 3 4 % CREAM *miconazole nitrate vaginal*	Non-Preferred	
MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT *miconazole nitrate vaginal & wipes*	Non-Preferred	
MONISTAT 3 COMBINATION PACK 200 & 2 MG-% (9GM) KIT *miconazole nitrate vaginal*	Non-Preferred	
MONISTAT 3 COMBO PACK APP 200 & 2 MG-% (9GM) KIT *miconazole nitrate vaginal*	Non-Preferred	
MONISTAT 7 COMBO PACK APP 100 & 2 MG-% (9GM) KIT *miconazole nitrate vaginal*	Non-Preferred	
MONISTAT 7 COMPLETE THERAPY 100-2 MG-% KIT *miconazole nitrate vaginal & wipes*	Non-Preferred	
MONISTAT 7 SIMPLY CURE 2 % CREAM *miconazole nitrate vaginal*	Non-Preferred	
naftifine hcl	Non-Preferred	
NAFTIFINE HCL 1 % CREAM *naftifine hcl*	Non-Preferred	
NAFTIN *naftifine hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NATACYN *natamycin*	Non-Preferred	
NIZORAL *ketoconazole (topical)*	Non-Preferred	
NOXAFIL 40 MG/ML SUSPENSION *posaconazole*	Non-Preferred	
NOXAFIL 100 MG TAB DR *posaconazole*	Non-Preferred	
nyamyc	Preferred	
nystatin 100000 unit/gm ointment	Preferred	
nystatin 100000 unit/gm powder	Preferred	
nystatin 500000 unit tab	Preferred	QL 6 / 1 days
nystatin 100000 unit/gm cream	Preferred	
nystatin 100000 unit/ml suspension	Preferred	
nystatin-triamcinolone 100000-0.1 unit/gm-% ointment	Non-Preferred	
nystatin-triamcinolone 100000-0.1 unit/gm-% cream	Preferred	
nystop	Preferred	
ONMEL *itraconazole*	Non-Preferred	
ORAVIG *miconazole (mouth-throat)*	Non-Preferred	
oxiconazole nitrate	Non-Preferred	
OXISTAT *oxiconazole nitrate*	Non-Preferred	
PENLAC *ciclopirox*	Non-Preferred	
posaconazole	Non-Preferred	
px miconazole 3-day combo 200 & 2 mg-% (9gm) kit	Preferred	
qc 3 day 4 % cream	Preferred	
qc miconazole 7 2 % cream	Preferred	QL 45 / 7 days
qc tolnaftate 1 % cream	Preferred	QL 15 / 7 days
ra clotrimazole 7 1 % cream	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra miconazole 3 combo pack 200 & 2 mg-% (9gm) kit	Preferred	
ra miconazole 3 combo pack app 200 & 2 mg-% (9gm) kit	Preferred	
ra miconazole 7 2 % cream	Preferred	
ra tioconazole 1 6.5 % ointment	Preferred	
remedy antifungal 2 % cream	Preferred	
sm 3-day vaginal 2 % cream	Preferred	
sm antifungal clotrimazole 1 % cream	Preferred	QL 30 / 7 days
sm antifungal miconazole 2 % cream	Preferred	QL 15 / 7 days
sm antifungal tolnaftate 1 % cream	Preferred	QL 15 / 7 days
sm athletes foot 1 % cream	Preferred	
sm clotrimazole vaginal 1 % cream	Preferred	QL 45 / 7 days
sm miconazole 3 200 & 2 mg-% (9gm) kit	Preferred	QL 1 / 3 days
sm miconazole 7 100 mg suppos	Preferred	QL 1 / 1 days
sm miconazole 7 2 % cream	Preferred	QL 45 / 7 days
sm tioconazole-1 6.5 % ointment	Preferred	
soothe & cool inzo antifungal 2 % cream	Preferred	
SPORANOX *itraconazole*	Non-Preferred	
SPORANOX PULSEPAK *itraconazole*	Non-Preferred	
SULCONAZOLE NITRATE *sulconazole nitrate*	Non-Preferred	
terbinafine hcl 250 mg tab	Preferred	QL 90 / 365 days
terbinafine hcl 1 % cream	Preferred	
terconazole 0.8 % cream	Non-Preferred	QL 20 / 14 days
terconazole 80 mg suppos	Non-Preferred	QL 3 / 14 days
terconazole 0.4 % cream	Non-Preferred	QL 45 / 14 days
tgt miconazole 1 1200 & 2 mg & % kit	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tgt miconazole 3 combo pack 200 & 2 mg-% (9gm) kit	Preferred	
tgt miconazole 7 2 % cream	Preferred	
tioconazole-1 6.5 % ointment	Preferred	
tolnaftate 1 % powder	Preferred	QL 45 / 7 days
tolnaftate 1 % cream	Preferred	QL 15 / 7 days
tolnaftate antifungal 1 % cream	Preferred	
TOLSURA *itraconazole*	Non-Preferred	
VFEND *voriconazole*	Non-Preferred	
voriconazole 200 mg tab	Non-Preferred	
voriconazole 50 mg tab	Non-Preferred	
voriconazole 40 mg/ml recon susp	Non-Preferred	
VUSION *miconazole-zinc oxide-white petrolatum*	Non-Preferred	
zeasorb-af 2 % powder	Preferred	QL 71 / 15 days
ANTIGOUT AGENTS		
allopurinol 300 mg tab	Preferred	QL 2 / 1 days
allopurinol 100 mg tab	Preferred	QL 8 / 1 days
colchicine 0.6 mg tab	Preferred	QL 4 / 1 days PA
colchicine 0.6 mg cap	Preferred	PA
colchicine-probenecid	Preferred	
COLCRYS *colchicine*	Non-Preferred	QL 4 / 1 days
DUZALLO *lesinurad-allopurinol*	Non-Preferred	
febuxostat	Non-Preferred	
GLOPERBA *colchicine*	Non-Preferred	
KRYSTEXXA *pegloticase*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MITIGARE *colchicine*	Non-Preferred	
probenecid	Preferred	QL 4 / 1 days
ULORIC *febuxostat*	Non-Preferred	
ZURAMPIC *lesinurad*	Non-Preferred	
ZYLOPRIM 100 MG TAB *allopurinol*	Non-Preferred	
ZYLOPRIM 300 MG TAB *allopurinol*	Non-Preferred	QL 2 / 1 days
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AIMOVIG *erenumab-aooe*	Non-Preferred	QL 1 / 28 days
AJOVY *fremanezumab-vfrm*	Non-Preferred	QLC 0.05 mL/day
EMGALITY 120 MG/ML SOLN PRSYR *galcanezumab-gnlm*	Preferred	QL 2 / 28 days PA
EMGALITY 100 MG/ML SOLN PRSYR *galcanezumab-gnlm*	Preferred	PA
EMGALITY 120 MG/ML SOLN A-INJ *galcanezumab-gnlm*	Preferred	QL 2 / 28 days PA
UBRELVY *ubrogepant*	Non-Preferred	
ERGOT ALKALOIDS		
CAFERGOT *ergotamine w/ caffeine*	Non-Preferred	
D.H.E. 45 *dihydroergotamine mesylate*	Non-Preferred	
dihydroergotamine mesylate 4 mg/ml solution	Non-Preferred	
dihydroergotamine mesylate 1 mg/ml solution	Non-Preferred	
ERGOMAR *ergotamine tartrate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MIGERGOT *ergotamine w/ caffeine*	Non-Preferred	
MIGRANAL *dihydroergotamine mesylate*	Non-Preferred	
PROPHYLACTIC		
VYEPTI *eptinezumab-jjmr*	Non-Preferred	
SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS		
almotriptan malate	Non-Preferred	
AMERGE *naratriptan hcl*	Non-Preferred	
eletriptan hydrobromide	Non-Preferred	
FROVA *frovatriptan succinate*	Non-Preferred	
frovatriptan succinate	Non-Preferred	
IMITREX 5 MG/ACT SOLUTION *sumatriptan*	Non-Preferred	
IMITREX 50 MG TAB *sumatriptan succinate*	Non-Preferred	
IMITREX 6 MG/0.5ML SOLUTION *sumatriptan succinate*	Non-Preferred	
IMITREX 20 MG/ACT SOLUTION *sumatriptan*	Non-Preferred	
IMITREX 25 MG TAB *sumatriptan succinate*	Non-Preferred	
IMITREX 100 MG TAB *sumatriptan succinate*	Non-Preferred	
IMITREX STATDOSE REFILL *sumatriptan succinate*	Non-Preferred	
IMITREX STATDOSE SYSTEM *sumatriptan succinate*	Non-Preferred	
MAXALT 10 MG TAB *rizatriptan benzoate*	Non-Preferred	
MAXALT-MLT *rizatriptan benzoate*	Non-Preferred	
naratriptan hcl	Preferred	QL 9 / 24 days
ONZETRA XSAIL *sumatriptan succinate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELPAX *eletriptan hydrobromide*	Non-Preferred	
REYVOW *lasmiditan succinate*	Non-Preferred	
rizatriptan benzoate	Preferred	QL 9 / 30 days
sumatriptan 5 mg/act solution	Preferred	QL 6 / 24 days
sumatriptan 20 mg/act solution	Preferred	QL 6 / 24 days
sumatriptan succinate 6 mg/0.5ml soln a-inj	Preferred	QL 2 / 24 days
sumatriptan succinate 4 mg/0.5ml soln a-inj	Preferred	
sumatriptan succinate 6 mg/0.5ml soln prsyr	Preferred	
sumatriptan succinate 6 mg/0.5ml solution	Preferred	QL 2 / 24 days
sumatriptan succinate 50 mg tab	Preferred	QL 9 / 24 days
sumatriptan succinate 25 mg tab	Preferred	QL 9 / 24 days
sumatriptan succinate 100 mg tab	Preferred	QL 9 / 24 days
sumatriptan succinate refill 6 mg/0.5ml soln cart	Preferred	QL 2 / 24 days
sumatriptan succinate refill 4 mg/0.5ml soln cart	Preferred	
sumatriptan-naproxen sodium	Non-Preferred	
SUMAVEL DOSEPRO 6 MG/0.5ML SOLN J-INJ *sumatriptan succinate*	Non-Preferred	
TOSYMRA *sumatriptan*	Non-Preferred	
TREXIMET *sumatriptan-naproxen sodium*	Non-Preferred	
ZEMBRACE SYMTOUCH *sumatriptan succinate*	Non-Preferred	
zolmitriptan 2.5 mg tab disp	Preferred	
zolmitriptan 5 mg tab	Preferred	
zolmitriptan 5 mg tab disp	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zolmitriptan 2.5 mg tab	Preferred	
ZOMIG 5 MG SOLUTION *zolmitriptan*	Preferred	
ZOMIG 5 MG TAB *zolmitriptan*	Non-Preferred	
ZOMIG 2.5 MG SOLUTION *zolmitriptan*	Preferred	
ZOMIG 2.5 MG TAB *zolmitriptan*	Non-Preferred	
ZOMIG ZMT *zolmitriptan*	Non-Preferred	
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
pyridostigmine bromide 60 mg/5ml solution	Preferred	
pyridostigmine bromide 60 mg tab	Preferred	QL 8 / 1 days
pyridostigmine bromide er	Preferred	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone 25 mg tab	Preferred	QL 3 / 1 days
dapsone 100 mg tab	Preferred	QL 1 / 1 days
rifabutin	Preferred	QL 2 / 1 days
ANTITUBERCULARS		
ethambutol hcl 400 mg tab	Preferred	QL 10 / 1 days
ethambutol hcl 100 mg tab	Preferred	QL 10 / 1 days
isoniazid 50 mg/5ml syrup	Preferred	QL 90 / 1 days
ISONIAZID 100 MG TAB *isoniazid*	Preferred	QL 3 / 1 days
isoniazid 300 mg tab	Preferred	QL 3 / 1 days
isoniazid 100 mg tab	Preferred	QL 3 / 1 days
pyrazinamide 500 mg tab	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rifampin 150 mg cap	Preferred	QL 2 / 1 days
rifampin 300 mg cap	Preferred	QL 2 / 1 days
ANTINEOPLASTICS ALKYLATING AGENTS		
cyclophosphamide 50 mg cap	Preferred	
cyclophosphamide 25 mg cap	Preferred	
LEUKERAN *chlorambucil*	Preferred	
melphalan	Preferred	
MYLERAN *busulfan*	Preferred	
TEMODAR 5 MG CAP *temozolomide*	Non-Preferred	
TEMODAR 250 MG CAP *temozolomide*	Non-Preferred	
TEMODAR 180 MG CAP *temozolomide*	Non-Preferred	
TEMODAR 20 MG CAP *temozolomide*	Non-Preferred	
TEMODAR 140 MG CAP *temozolomide*	Non-Preferred	
TEMODAR 100 MG CAP *temozolomide*	Non-Preferred	
temozolomide	Preferred	PA
ANTIANDROGENS		
abiraterone acetate	Preferred	PA
bicalutamide	Preferred	QL 1 / 1 days PA
CASODEX *bicalutamide*	Non-Preferred	QL 1 / 1 days
ERLEADA *apalutamide*	Preferred	PA
flutamide	Preferred	QL 6 / 1 days
NUBEQA *darolutamide*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XTANDI *enzalutamide*	Preferred	PA
YONSA *abiraterone acetate*	Non-Preferred	
ZYTIGA *abiraterone acetate*	Non-Preferred	
ANTIANGIOGENIC AGENTS		
POMALYST *pomalidomide*	Non-Preferred	
REVLIMID *lenalidomide*	Preferred	PA
THALOMID 150 MG CAP *thalidomide*	Preferred	
THALOMID 50 MG CAP *thalidomide*	Preferred	PA
THALOMID 200 MG CAP *thalidomide*	Preferred	PA
THALOMID 100 MG CAP *thalidomide*	Preferred	PA
ANTIESTROGENS/MODIFIERS		
EMCYT *estramustine phosphate sodium*	Preferred	
FARESTON *toremifene citrate*	Non-Preferred	QL 1 / 1 days
SOLTAMOX *tamoxifen citrate*	Non-Preferred	
tamoxifen citrate 20 mg tab	Preferred	QL 2 / 1 days
tamoxifen citrate 10 mg tab	Preferred	QL 2 / 1 days
toremifene citrate	Non-Preferred	QL 1 / 1 days
ANTIMETABOLITES		
capecitabine	Preferred	PA
DROXIA *hydroxyurea (sickle cell anemia)*	Preferred	
fluorouracil 2 % solution	Preferred	
fluorouracil 5 % cream	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluorouracil 5 % solution	Preferred	
hydroxyurea 500 mg cap	Preferred	
mercaptopurine 50 mg tab	Preferred	
TABLOID *thioguanine*	Preferred	
XELODA *capecitabine*	Non-Preferred	
ANTINEOPLASTICS, OTHER		
ALUNBRIG 90 MG TAB *brigatinib*	Preferred	QL 30 / 30 days PA
ALUNBRIG 90 & 180 MG TAB THPK *brigatinib*	Preferred	QL 30 / 30 days PA
ALUNBRIG 180 MG TAB *brigatinib*	Preferred	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB *brigatinib*	Preferred	QL 60 / 30 days PA
AYVAKIT *avapritinib*	Non-Preferred	QL 30 / 30 days
BALVERSA *erdafitinib*	Non-Preferred	
BRUKINSA *zanubrutinib*	Non-Preferred	QL 120 / 30 days
COPIKTRA *duvelisib*	Preferred	PA
HEMANGEOL *propranolol hcl*	Preferred	PA
IDHIFA *enasidenib mesylate*	Preferred	PA
INQOVI *decitabine-cedazuridine*	Non-Preferred	
INREBIC *fedratinib hcl*	Non-Preferred	
leucovorin calcium 5 mg tab	Preferred	QL 3 / 1 days
leucovorin calcium 10 mg tab	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
leucovorin calcium 15 mg tab	Preferred	QL 1 / 1 days
leucovorin calcium 25 mg tab	Preferred	QL 1 / 1 days
LONSURF *trifluridine-tipiracil*	Preferred	PA
LYSODREN *mitotane*	Preferred	
NINLARO *ixazomib citrate*	Preferred	PA
PEMAZYRE *pemigatinib*	Preferred	QL 14 / 21 days PA
QINLOCK *ripretinib*	Non-Preferred	QL 90 / 30 days
RETEVMO 80 MG CAP *selpercatinib*	Non-Preferred	QL 120 / 30 days
RETEVMO 40 MG CAP *selpercatinib*	Non-Preferred	QL 180 / 30 days
ROZLYTREK *entrectinib*	Non-Preferred	
RUBRACA *rucaparib camsylate*	Preferred	PA
RYDAPT *midostaurin*	Preferred	PA
TABRECTA *capmatinib hcl*	Non-Preferred	QL 120 / 30 days
TAZVERIK *tazemetostat hbr*	Non-Preferred	QL 240 / 30 days
TIBSOVO *ivosidenib*	Preferred	PA
TURALIO *pexidartinib hcl*	Non-Preferred	
VITRAKVI *larotrectinib sulfate*	Preferred	PA
VIZIMPRO *dacomitinib*	Preferred	PA
XOSPATA *gilteritinib fumarate*	Preferred	PA
XPOVIO (100 MG ONCE WEEKLY) *selinexor*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XPOVIO (40 MG ONCE WEEKLY) *selinexor*	Non-Preferred	
XPOVIO (40 MG TWICE WEEKLY) *selinexor*	Non-Preferred	
XPOVIO (60 MG ONCE WEEKLY) *selinexor*	Non-Preferred	
XPOVIO (60 MG TWICE WEEKLY) *selinexor*	Non-Preferred	
XPOVIO (80 MG ONCE WEEKLY) *selinexor*	Non-Preferred	
XPOVIO (80 MG TWICE WEEKLY) *selinexor*	Non-Preferred	
ZOLADEX *goserelin acetate*	Preferred	PA
ZOLINZA *vorinostat*	Preferred	PA
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	Preferred	QL 1 / 1 days
ARIMIDEX *anastrozole*	Non-Preferred	QL 1 / 1 days
AROMASIN *exemestane*	Non-Preferred	QL 1 / 1 days
exemestane	Preferred	QL 1 / 1 days
FEMARA *letrozole*	Non-Preferred	
letrozole 2.5 mg tab	Preferred	PA
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP *etoposide*	Preferred	
GAVRETO *pralsetinib*	Preferred	PA
PIQRAY (250 MG DAILY DOSE) *alpelisib*	Non-Preferred	
PIQRAY 200MG DAILY DOSE *alpelisib*	Non-Preferred	
PIQRAY 300MG DAILY DOSE *alpelisib*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MOLECULAR TARGET INHIBITORS		
AFINITOR *everolimus*	Preferred	PA
AFINITOR DISPERZ *everolimus*	Preferred	PA
ALECENSA *alectinib hcl*	Preferred	PA
BOSULIF *bosutinib*	Preferred	PA
BRAFTOVI 75 MG CAP *encorafenib*	Non-Preferred	PA
CABOMETYX *cabozantinib s-malate*	Preferred	PA
CALQUENCE *acalabrutinib*	Preferred	QL 60 / 30 days PA
CAPRELSA *vandetanib*	Preferred	PA
COMETRIQ (100 MG DAILY DOSE) *cabozantinib s-malate*	Preferred	PA
COMETRIQ (140 MG DAILY DOSE) *cabozantinib s-malate*	Preferred	PA
COMETRIQ (60 MG DAILY DOSE) *cabozantinib s-malate*	Preferred	PA
COTELLIC *cobimetinib fumarate*	Preferred	PA
DAURISMO *glasdegib maleate*	Preferred	PA
ERIVEDGE *vismodegib*	Preferred	PA
erlotinib hcl	Non-Preferred	PA
everolimus 2.5 mg tab	Non-Preferred	PA
everolimus 7.5 mg tab	Non-Preferred	PA
everolimus 5 mg tab	Non-Preferred	PA
FARYDAK *panobinostat lactate*	Preferred	PA
GILOTRIF *afatinib dimaleate*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLEEVEC *imatinib mesylate*	Non-Preferred	PA
IBRANCE *palbociclib*	Preferred	QL 30 / 30 days PA
ICLUSIG *ponatinib hcl*	Preferred	PA
imatinib mesylate	Preferred	PA
IMBRUVICA *ibrutinib*	Preferred	PA
INLYTA *axitinib*	Preferred	PA
IRESSA *gefitinib*	Preferred	PA
JAKAFI *ruxolitinib phosphate*	Preferred	PA
KISQALI (600 MG DOSE) *ribociclib succinate*	Preferred	PA
KISQALI 200 DOSE *ribociclib succinate*	Preferred	PA
KISQALI 400 DOSE *ribociclib succinate*	Preferred	PA
KISQALI FEMARA 200 DOSE *ribociclib succinate-letrozole*	Preferred	PA
KISQALI FEMARA 400 DOSE *ribociclib succinate-letrozole*	Preferred	PA
KISQALI FEMARA 600 DOSE *ribociclib succinate-letrozole*	Preferred	PA
KOSELUGO *selumetinib sulfate*	Preferred	PA
LENVIMA 10 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LENVIMA 12 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LENVIMA 14 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LENVIMA 18 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LENVIMA 20 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LENVIMA 24 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LENVIMA 4 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LENVIMA 8 MG DAILY DOSE *lenvatinib mesylate*	Preferred	PA
LORBRENA *lorlatinib*	Preferred	PA
LYNPARZA *olaparib*	Preferred	PA
MEKINIST *trametinib dimethyl sulfoxide*	Preferred	PA
MEKTOVI *binimetinib*	Non-Preferred	PA
NERLYNX *neratinib maleate*	Preferred	PA
NEXAVAR *sorafenib tosylate*	Preferred	QL 4 / 1 days PA
ODOMZO *sonidegib phosphate*	Preferred	PA
SPRYCEL *dasatinib*	Preferred	PA
STIVARGA *regorafenib*	Preferred	PA
SUTENT 37.5 MG CAP *sunitinib malate*	Preferred	PA
SUTENT 50 MG CAP *sunitinib malate*	Preferred	QL 1 / 1 days PA
SUTENT 25 MG CAP *sunitinib malate*	Preferred	QL 1 / 1 days PA
SUTENT 12.5 MG CAP *sunitinib malate*	Preferred	QL 3 / 1 days PA
TAFINLAR *dabrafenib mesylate*	Preferred	PA
TAGRISSO *osimertinib mesylate*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TALZENNA *talazoparib tosylate*	Preferred	PA
TARCEVA *erlotinib hcl*	Preferred	PA
TASIGNA *nilotinib hcl*	Preferred	PA
TUKYSA *tucatinib*	Non-Preferred	QL 120 / 30 days PA
TYKERB *lapatinib ditosylate*	Preferred	PA
VENCLEXTA *venetoclax*	Preferred	PA
VENCLEXTA STARTING PACK *venetoclax*	Preferred	PA
VERZENIO *abemaciclib*	Preferred	PA
VOTRIENT *pazopanib hcl*	Preferred	PA
XALKORI *crizotinib*	Preferred	PA
ZEJULA *niraparib tosylate*	Preferred	PA
ZELBORAF *vemurafenib*	Preferred	PA
ZYDELIG *idelalisib*	Preferred	PA
ZYKADIA *ceritinib*	Preferred	PA
RETINOIDS		
tretinoin 10 mg cap	Preferred	
ANTIPARASITICS ANTIHELMINTHICS		
ivermectin 3 mg tab	Preferred	
NATROBA *spinosad*	Preferred	QL 240 / 30 days
SKLICE *ivermectin (pediculicide)*	Preferred	QL 234 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
spinosad	Preferred	QL 240 / 30 days
ANTIPROTOZOALS		
ALINIA 100 MG/5ML RECON SUSP *nitazoxanide*	Preferred	
ARAKODA *tafenoquine succinate*	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 2 / 1 days
chloroquine phosphate 500 mg tab	Preferred	QL 1 / 1 days
CHLOROQUINE PHOSPHATE 500 MG TAB *chloroquine phosphate*	Preferred	QL 1 / 1 days
COARTEM *artemether-lumefantrine*	Preferred	
hydroxychloroquine sulfate 200 mg tab	Preferred	QL 4 / 1 days
KRINTAFEL *tafenoquine succinate*	Preferred	
MALARONE 62.5-25 MG TAB *atovaquone-proguanil hcl*	Non-Preferred	QL 3 / 1 days
MALARONE 250-100 MG TAB *atovaquone-proguanil hcl*	Non-Preferred	QL 1 / 1 days
mefloquine hcl	Preferred	QL 5 / 26 days
PLAQUENIL *hydroxychloroquine sulfate*	Non-Preferred	
PRIMAQUINE PHOSPHATE *primaquine phosphate*	Preferred	QL 2 / 1 days
primaquine phosphate	Preferred	QL 2 / 1 days
QUALAQUIN *quinine sulfate*	Non-Preferred	
quinine sulfate 324 mg cap	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEDICULICIDES/SCABICIDES		
CROTAN *crotamiton*	Non-Preferred	
ELIMITE *permethrin*	Non-Preferred	
EURAX *crotamiton*	Non-Preferred	
gnp lice treatment 1 % liquid	Preferred	
hm lice treatment 1 % liquid	Preferred	
lice treatment 1 % lotion	Preferred	
lindane	Non-Preferred	
malathion	Non-Preferred	QL 118 / 30 days
OVIDE *malathion*	Non-Preferred	
permethrin 5 % cream	Preferred	
sm lice treatment 1 % lotion	Preferred	
ANTIPARKINSON AGENTS ANTICHOLINERGICS		
benztropine mesylate 1 mg tab	Preferred	QL 4 / 1 days
benztropine mesylate 2 mg tab	Preferred	QL 4 / 1 days
benztropine mesylate 0.5 mg tab	Preferred	QL 4 / 1 days
trihexyphenidyl hcl 2 mg tab	Preferred	QL 7 / 1 days
trihexyphenidyl hcl 5 mg tab	Preferred	QL 3 / 1 days
trihexyphenidyl hcl 0.4 mg/ml solution	Preferred	QL 38 / 1 days
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl 100 mg tab	Preferred	QL 4 / 1 days
amantadine hcl 100 mg cap	Preferred	QL 4 / 1 days
amantadine hcl 50 mg/5ml syrup	Preferred	QL 40 / 1 days
carbidopa-levodopa-entacapone	Non-Preferred	
COMTAN *entacapone*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
entacapone	Preferred	
GOCOVRI *amantadine hcl*	Non-Preferred	
NOURIANZ *istradefylline*	Non-Preferred	
ONGENTYS *opicapone*	Non-Preferred	
OSMOLEX ER *amantadine hcl*	Non-Preferred	
STALEVO 100 *carbidopa-levodopa-entacapone*	Non-Preferred	
STALEVO 125 *carbidopa-levodopa-entacapone*	Non-Preferred	
STALEVO 150 *carbidopa-levodopa-entacapone*	Non-Preferred	
STALEVO 200 *carbidopa-levodopa-entacapone*	Non-Preferred	
STALEVO 50 *carbidopa-levodopa-entacapone*	Non-Preferred	
STALEVO 75 *carbidopa-levodopa-entacapone*	Non-Preferred	
TASMAR *tolcapone*	Non-Preferred	QL 3 / 1 days
tolcapone	Non-Preferred	QL 3 / 1 days
DOPAMINE AGONISTS		
bromocriptine mesylate 5 mg cap	Preferred	QL 20 / 1 days
bromocriptine mesylate 2.5 mg tab	Preferred	QL 20 / 1 days
KYNMOBI *apomorphine hydrochloride*	Non-Preferred	
MIRAPEX 0.25 MG TAB *pramipexole dihydrochloride*	Non-Preferred	QL 90 / 30 days
MIRAPEX 0.125 MG TAB *pramipexole dihydrochloride*	Non-Preferred	QL 90 / 30 days
MIRAPEX 0.5 MG TAB *pramipexole dihydrochloride*	Non-Preferred	QL 90 / 30 days
MIRAPEX 1 MG TAB *pramipexole dihydrochloride*	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MIRAPEX 0.75 MG TAB *pramipexole dihydrochloride*	Non-Preferred	
MIRAPEX 1.5 MG TAB *pramipexole dihydrochloride*	Non-Preferred	QL 90 / 30 days
MIRAPEX ER *pramipexole dihydrochloride*	Non-Preferred	
NEUPRO *rotigotine*	Non-Preferred	
PARLODEL *bromocriptine mesylate*	Preferred	
pramipexole dihydrochloride 1 mg tab	Preferred	QL 90 / 30 days
pramipexole dihydrochloride 0.75 mg tab	Preferred	QL 3 / 1 days
pramipexole dihydrochloride 0.125 mg tab	Preferred	QL 90 / 30 days
pramipexole dihydrochloride 0.25 mg tab	Preferred	QL 90 / 30 days
pramipexole dihydrochloride 1.5 mg tab	Preferred	QL 90 / 30 days
pramipexole dihydrochloride 0.5 mg tab	Preferred	QL 90 / 30 days
pramipexole dihydrochloride er	Non-Preferred	
REQUIP 1 MG TAB *ropinirole hydrochloride*	Non-Preferred	
REQUIP 0.25 MG TAB *ropinirole hydrochloride*	Non-Preferred	
REQUIP 4 MG TAB *ropinirole hydrochloride*	Non-Preferred	QL 90 / 30 days
REQUIP 5 MG TAB *ropinirole hydrochloride*	Non-Preferred	
REQUIP 0.5 MG TAB *ropinirole hydrochloride*	Non-Preferred	
REQUIP 3 MG TAB *ropinirole hydrochloride*	Non-Preferred	QL 90 / 30 days
REQUIP 2 MG TAB *ropinirole hydrochloride*	Non-Preferred	
REQUIP XL *ropinirole hydrochloride*	Non-Preferred	
ropinirole hcl 3 mg tab	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ropinirole hcl 1 mg tab	Preferred	QL 3 / 1 days
ropinirole hcl 0.5 mg tab	Preferred	QL 3 / 1 days
ropinirole hcl 4 mg tab	Preferred	QL 90 / 30 days
ropinirole hcl 2 mg tab	Preferred	QL 3 / 1 days
ropinirole hcl 0.25 mg tab	Preferred	QL 3 / 1 days
ropinirole hcl 5 mg tab	Preferred	QL 3 / 1 days
ropinirole hcl er	Non-Preferred	
DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	Non-Preferred	
carbidopa-levodopa 25-250 mg tab disp	Non-Preferred	
carbidopa-levodopa 10-100 mg tab	Preferred	QL 20 / 1 days
carbidopa-levodopa 25-100 mg tab	Preferred	QL 8 / 1 days
carbidopa-levodopa 10-100 mg tab disp	Non-Preferred	
carbidopa-levodopa 25-250 mg tab	Preferred	QL 8 / 1 days
carbidopa-levodopa 25-100 mg tab disp	Non-Preferred	
carbidopa-levodopa er	Preferred	QL 12 / 1 days
DUOPA *carbidopa-levodopa*	Non-Preferred	
INBRIJA *levodopa*	Non-Preferred	
LODOSYN *carbidopa*	Non-Preferred	
RYTARY *carbidopa-levodopa*	Non-Preferred	
SINEMET *carbidopa-levodopa*	Non-Preferred	
SINEMET CR *carbidopa-levodopa*	Non-Preferred	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT *rasagiline mesylate*	Non-Preferred	
rasagiline mesylate 0.5 mg tab	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rasagiline mesylate 1 mg tab	Non-Preferred	
selegiline hcl 5 mg cap	Preferred	QL 2 / 1 days
selegiline hcl 5 mg tab	Preferred	QL 2 / 1 days
XADAGO *safinamide mesylate*	Non-Preferred	
ZELAPAR *selegiline hcl*	Non-Preferred	
ANTIPSYCHOTICS 1ST GENERATION/TYPICAL		
ADASUVE *loxapine*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old
chlorpromazine hcl 25 mg tab	Non-Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
chlorpromazine hcl 10 mg tab	Non-Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
chlorpromazine hcl 50 mg tab	Non-Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
chlorpromazine hcl 200 mg tab	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
chlorpromazine hcl 100 mg tab	Non-Preferred	QL 5 / 1 days 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 5 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 5 mg/ml conc	Non-Preferred	QL 8 / 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
fluphenazine hcl 1 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 10 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
HALDOL *haloperidol lactate*	Preferred	QL 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
HALDOL DECANOATE *haloperidol decanoate*	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
haloperidol 20 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 5 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 1 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 0.5 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol 10 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol decanoate 50 mg/ml solution	Preferred	QL 9 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol decanoate 100 mg/ml solution	Preferred	QL 4 / 28 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 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
loxapine succinate 50 mg cap	Preferred	QL 5 / 1 days AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
loxapine succinate 10 mg cap	Preferred	QL 8 / 1 days AL1 At least 18 yrs old
loxapine succinate 5 mg cap	Preferred	QL 12 / 1 days AL1 At least 18 yrs old
loxapine succinate 25 mg cap	Preferred	QL 5 / 1 days AL1 At least 18 yrs old
molindone hcl	Non-Preferred	AL1 At least 18 yrs old
pimozide 1 mg tab	Non-Preferred	QL 10 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
pimozide 2 mg tab	Non-Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 25 mg tab	Non-Preferred	QL 8 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 50 mg tab	Non-Preferred	QL 8 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 100 mg tab	Non-Preferred	QL 8 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thioridazine hcl 10 mg tab	Non-Preferred	QL 8 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thiothixene	Non-Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
trifluoperazine hcl	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
2ND GENERATION/ATYPICAL		
ABILIFY 30 MG TAB *aripiprazole*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 5 MG TAB *aripiprazole*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 10 MG TAB *aripiprazole*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 2 MG TAB *aripiprazole*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 15 MG TAB *aripiprazole*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY 20 MG TAB *aripiprazole*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MAINTENA *aripiprazole*	Preferred	QL 1 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE *aripiprazole*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aripiprazole 2 mg tab	Preferred	QL 60 / 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
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 15 mg tab disp	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 15 mg tab	Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 1 mg/ml solution	Non-Preferred	QL 25 / 1 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	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA 441 MG/1.6ML PRSYR *aripiprazole lauroxil*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.6 mL/28 days
ARISTADA 1064 MG/3.9ML PRSYR *aripiprazole lauroxil*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 3.9 mL/56 days
ARISTADA 662 MG/2.4ML PRSYR *aripiprazole lauroxil*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 2.4 mL/28 days
ARISTADA INITIO *aripiprazole lauroxil*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 2.4 mL/42 days
CAPLYTA *lumateperone tosylate*	Non-Preferred	
FANAPT *iloperidone*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK *iloperidone*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 20 MG RECON SOLN *ziprasidone mesylate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 20 MG CAP *ziprasidone hcl*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 40 MG CAP *ziprasidone hcl*	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 60 MG CAP *ziprasidone hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GEODON 80 MG CAP *ziprasidone hcl*	Non-Preferred	
INVEGA 1.5 MG TAB ER 24H *paliperidone*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 6 MG TAB ER 24H *paliperidone*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 9 MG TAB ER 24H *paliperidone*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 3 MG TAB ER 24H *paliperidone*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.25 mL/28 days
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.5 mL/28 days
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1 mL/28 days
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.75 mL/28 days
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.5 mL/28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 819 MG/2.625ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 2.625 mL/84 days
INVEGA TRINZA 410 MG/1.315ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.315 mL/84 days
INVEGA TRINZA 273 MG/0.875ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.875 mL/84 days
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR *paliperidone palmitate*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.75 mL/84 days
LATUDA 40 MG TAB *lurasidone hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 20 MG TAB *lurasidone hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 60 MG TAB *lurasidone hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 80 MG TAB *lurasidone hcl*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 120 MG TAB *lurasidone hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
NUPLAZID *pimavanserin tartrate*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olanzapine 5 mg tab	Preferred	QL 60 / 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 20 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 15 mg tab	Preferred	QL 60 / 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
olanzapine 2.5 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 20 mg tab disp	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olanzapine 10 mg recon soln	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 9 mg tab er 24h	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 1.5 mg tab er 24h	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 3 mg tab er 24h	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 6 mg tab er 24h	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PERSERIS *risperidone*	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.04 mL/day
quetiapine fumarate 25 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 100 mg tab	Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 300 mg tab	Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 50 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 200 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 400 mg tab er 24h	Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 50 mg tab er 24h	Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 150 mg tab er 24h	Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 200 mg tab er 24h	Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er 300 mg tab er 24h	Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 1 MG TAB *brexpiprazole*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 2 MG TAB *brexpiprazole*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REXULTI 4 MG TAB *brexpiprazole*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 0.25 MG TAB *brexpiprazole*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI 0.5 MG TAB *brexpiprazole*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 3 MG TAB *risperidone*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 1 MG TAB *risperidone*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 2 MG TAB *risperidone*	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 1 MG/ML SOLUTION *risperidone*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 0.5 MG TAB *risperidone*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 4 MG TAB *risperidone*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 0.25 MG TAB *risperidone*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL CONSTA *risperidone microspheres*	Preferred	QL 2 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
risperidone 1 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 2 mg tab	Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 1 mg tab disp	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 3 mg tab	Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 1 mg/ml solution	Preferred	QL 8 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.5 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.5 mg tab disp	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 4 mg tab	Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 3 mg tab disp	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
risperidone 0.25 mg tab disp	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 2 mg tab disp	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.25 mg tab	Preferred	QL 5 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SAPHRIS *asenapine maleate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SECUADO *asenapine*	Non-Preferred	
SEROQUEL 50 MG TAB *quetiapine fumarate*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 300 MG TAB *quetiapine fumarate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 400 MG TAB *quetiapine fumarate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 200 MG TAB *quetiapine fumarate*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 25 MG TAB *quetiapine fumarate*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 100 MG TAB *quetiapine fumarate*	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROQUEL XR 150 MG TAB ER 24H *quetiapine fumarate*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 300 MG TAB ER 24H *quetiapine fumarate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 400 MG TAB ER 24H *quetiapine fumarate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 50 MG TAB ER 24H *quetiapine fumarate*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR 200 MG TAB ER 24H *quetiapine fumarate*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 MG CAP *cariprazine hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 4.5 MG CAP *cariprazine hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 & 3 MG CAP THPK *cariprazine hcl*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 3 MG CAP *cariprazine hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 6 MG CAP *cariprazine hcl*	Non-Preferred	QL 1 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ziprasidone hcl	Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone mesylate	Non-Preferred	
ZYPREXA 20 MG TAB *olanzapine*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 10 MG RECON SOLN *olanzapine*	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 2.5 MG TAB *olanzapine*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 5 MG TAB *olanzapine*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 10 MG TAB *olanzapine*	Non-Preferred	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 7.5 MG TAB *olanzapine*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA 15 MG TAB *olanzapine*	Non-Preferred	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA RELPREVV *olanzapine pamoate*	Preferred	QL 2 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYPREXA ZYDIS *olanzapine*	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
TREATMENT-RESISTANT		
clozapine 200 mg tab disp	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 150 mg tab disp	Non-Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 25 mg tab disp	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 100 mg tab	Preferred	QL 9 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 100 mg tab disp	Non-Preferred	QL 9 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 50 mg tab	Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 12.5 mg tab disp	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clozapine 25 mg tab	Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL *clozapine*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
FAZACLO 12.5 MG TAB DISP *clozapine*	Non-Preferred	QL 2 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FAZACLO 100 MG TAB DISP *clozapine*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
FAZACLO 25 MG TAB DISP *clozapine*	Non-Preferred	QL 3 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FAZACLO 150 MG TAB DISP *clozapine*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
FAZACLO 200 MG TAB DISP *clozapine*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
VERSACLOZ *clozapine*	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
ANTISPASTICITY AGENTS		
baclofen 10 mg tab	Preferred	QL 5 / 1 days
baclofen 20 mg tab	Preferred	QL 4 / 1 days
baclofen 5 mg tab	Preferred	QL 120 / 30 days
BOTOX *onabotulinumtoxina*	Preferred	PA
DANTRIUM 25 MG CAP *dantrolene sodium*	Non-Preferred	
DANTRIUM 50 MG CAP *dantrolene sodium*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dantrolene sodium 25 mg cap	Preferred	QL 4 / 1 days
dantrolene sodium 100 mg cap	Preferred	QL 4 / 1 days
dantrolene sodium 50 mg cap	Preferred	QL 4 / 1 days
tizanidine hcl 2 mg cap	Non-Preferred	
tizanidine hcl 2 mg tab	Preferred	QL 6 / 1 days
tizanidine hcl 4 mg cap	Non-Preferred	
tizanidine hcl 4 mg tab	Preferred	QL 6 / 1 days
tizanidine hcl 6 mg cap	Non-Preferred	
XEOMIN *incobotulinumtoxina*	Non-Preferred	
ZANAFLEX *tizanidine hcl*	Non-Preferred	
ANTIVIRALS ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
PREVYMIS 240 MG TAB *letermovir*	Preferred	PA
PREVYMIS 480 MG TAB *letermovir*	Preferred	PA
VALCYTE 50 MG/ML RECON SOLN *valganciclovir hcl*	Preferred	
VALCYTE 450 MG TAB *valganciclovir hcl*	Non-Preferred	
valganciclovir hcl 50 mg/ml recon soln	Non-Preferred	
valganciclovir hcl 450 mg tab	Preferred	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	Preferred	
BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	Preferred	QL 20 / 1 days
BARACLUDE 1 MG TAB *entecavir*	Non-Preferred	QL 1 / 1 days
BARACLUDE 0.5 MG TAB *entecavir*	Non-Preferred	QL 1 / 1 days
entecavir	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPIVIR HBV 5 MG/ML SOLUTION *lamivudine (hbv)*	Preferred	
EPIVIR HBV 100 MG TAB *lamivudine (hbv)*	Non-Preferred	
HEPSERA *adefovir dipivoxil*	Preferred	
lamivudine 100 mg tab	Preferred	
VEMLIDY *tenofovir alafenamide fumarate*	Non-Preferred	QL 1 / 1 days
ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING AGENTS		
DAKLINZA 60 MG TAB *daclatasvir dihydrochloride*	Non-Preferred	
DAKLINZA 30 MG TAB *daclatasvir dihydrochloride*	Non-Preferred	
EPCLUSA *sofosbuvir-velpatasvir*	Non-Preferred	
HARVONI *ledipasvir-sofosbuvir*	Non-Preferred	
LEDIPASVIR-SOFOSBUVIR *ledipasvir-sofosbuvir*	Non-Preferred	
MAVYRET *glecaprevir-pibrentasvir*	Preferred	QL 3 / 1 days PA
SOFOSBUVIR-VELPATASVIR *sofosbuvir-velpatasvir*	Preferred	PA
SOVALDI *sofosbuvir*	Non-Preferred	
VIEKIRA PAK *ombitasvir-paritaprevir-ritonavir-dasabuvir*	Non-Preferred	
VOSEVI *sofosbuvir-velpatasvir-voxilaprevir*	Non-Preferred	QL 1 / 1 days
ZEPATIER *elbasvir-grazoprevir*	Preferred	PA
ANTI-HEPATITIS C (HCV) AGENTS, OTHER		
moderiba	Non-Preferred	
MODERIBA (1200 MG PACK) *ribavirin (hepatitis c)*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEGASYS *peginterferon alfa-2a*	Non-Preferred	
PEGASYS PROCLICK 180 MCG/0.5ML SOLUTION *peginterferon alfa-2a*	Non-Preferred	
PEGINTRON *peginterferon alfa-2b*	Non-Preferred	QL 4 / 28 days
REBETOL 40 MG/ML SOLUTION *ribavirin (hepatitis c)*	Non-Preferred	
ribasphere 200 mg tab	Non-Preferred	
ribasphere 200 mg cap	Preferred	
RIBASPHERE 400 MG TAB *ribavirin (hepatitis c)*	Non-Preferred	
RIBASPHERE 600 MG TAB *ribavirin (hepatitis c)*	Non-Preferred	
RIBASPHERE RIBAPAK (1000 PACK) *ribavirin (hepatitis c)*	Non-Preferred	
RIBASPHERE RIBAPAK (1200 PACK) *ribavirin (hepatitis c)*	Non-Preferred	
ribavirin 200 mg tab	Non-Preferred	QL 7 / 1 days
ribavirin 200 mg cap	Preferred	QL 7 / 1 days
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	Preferred	QL 1 / 1 days
GENVOYA *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*	Preferred	QL 1 / 1 days
ISENTRESS 25 MG CHEW TAB *raltegravir potassium*	Preferred	QL 6 / 1 days
ISENTRESS 100 MG PACKET *raltegravir potassium*	Preferred	
ISENTRESS 400 MG TAB *raltegravir potassium*	Preferred	QL 2 / 1 days
ISENTRESS 100 MG CHEW TAB *raltegravir potassium*	Preferred	QL 6 / 1 days
ISENTRESS HD *raltegravir potassium*	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRIBILD *elvitegravir-cobicistat-emtricitabine-tenofovir df*	Non-Preferred	QL 1 / 1 days
TIVICAY *dolutegravir sodium*	Preferred	QL 60 / 30 days
TIVICAY PD *dolutegravir sodium*	Non-Preferred	
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA *efavirenz-emtricitabine-tenofovir disoproxil fumarate*	Preferred	QL 30 / 30 days
COMPLERA *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*	Preferred	QL 1 / 1 days
DELSTRIGO *doravirine-lamivudine-tenofovir disoproxil fumarate*	Preferred	QL 30 / 30 days
EDURANT *rilpivirine hcl*	Preferred	QL 1 / 1 days
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
INTELENCE 100 MG TAB *etravirine*	Non-Preferred	QL 120 / 30 days
INTELENCE 25 MG TAB *etravirine*	Non-Preferred	
INTELENCE 200 MG TAB *etravirine*	Non-Preferred	QL 2 / 1 days
nevirapine 200 mg tab	Preferred	QL 2 / 1 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 1 / 1 days
ODEFSEY *emtricitabine-rilpivirine-tenofovir alafenamide fumarate*	Preferred	QL 1 / 1 days
PIFELTRO *doravirine*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESCRIPTOR 200 MG TAB *delavirdine mesylate*	Non-Preferred	QL 180 / 30 days
SUSTIVA 200 MG CAP *efavirenz*	Non-Preferred	QL 90 / 30 days
SUSTIVA 50 MG CAP *efavirenz*	Non-Preferred	QL 90 / 30 days
SUSTIVA 600 MG TAB *efavirenz*	Non-Preferred	QL 30 / 30 days
SYMFI *efavirenz-lamivudine-tenofovir disoproxil fumarate*	Preferred	QL 30 / 30 days
SYMFI LO *efavirenz-lamivudine-tenofovir disoproxil fumarate*	Preferred	QL 30 / 30 days
VIRAMUNE 200 MG TAB *nevirapine*	Non-Preferred	QL 2 / 1 days
VIRAMUNE 50 MG/5ML SUSPENSION *nevirapine*	Non-Preferred	QL 1200 / 30 days
VIRAMUNE XR 400 MG TAB ER 24H *nevirapine*	Non-Preferred	QL 1 / 1 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 2 / 1 days
abacavir sulfate-lamivudine	Preferred	QL 1 / 1 days
abacavir-lamivudine-zidovudine	Non-Preferred	QL 2 / 1 days
CIMDUO *lamivudine-tenofovir disoproxil fumarate*	Preferred	QL 1 / 1 days
COMBIVIR *lamivudine-zidovudine*	Non-Preferred	QL 2 / 1 days
didanosine 400 mg cap dr	Preferred	QL 1 / 1 days
didanosine 250 mg cap dr	Preferred	QL 1 / 1 days
emtricitabine	Non-Preferred	
EMTRIVA 200 MG CAP *emtricitabine*	Preferred	QL 1 / 1 days
EMTRIVA 10 MG/ML SOLUTION *emtricitabine*	Preferred	QL 720 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPIVIR 150 MG TAB *lamivudine*	Non-Preferred	QL 2 / 1 days
EPIVIR 10 MG/ML SOLUTION *lamivudine*	Non-Preferred	
EPIVIR 300 MG TAB *lamivudine*	Non-Preferred	QL 1 / 1 days
EPZICOM *abacavir sulfate-lamivudine*	Non-Preferred	QL 1 / 1 days
lamivudine 300 mg tab	Preferred	QL 1 / 1 days
lamivudine 150 mg tab	Preferred	QL 2 / 1 days
lamivudine 10 mg/ml solution	Preferred	QL 900 / 30 days
lamivudine-zidovudine	Preferred	QL 2 / 1 days
RETROVIR 50 MG/5ML SYRUP *zidovudine*	Non-Preferred	
RETROVIR 100 MG CAP *zidovudine*	Non-Preferred	
stavudine 20 mg cap	Preferred	QL 120 / 30 days
stavudine 40 mg cap	Preferred	QL 2 / 1 days
stavudine 15 mg cap	Preferred	QL 120 / 30 days
stavudine 30 mg cap	Preferred	QL 2 / 1 days
TEMIXYS *lamivudine-tenofovir disoproxil fumarate*	Non-Preferred	
tenofovir disoproxil fumarate	Preferred	QL 30 / 30 days
TRIZIVIR *abacavir sulfate-lamivudine-zidovudine*	Non-Preferred	QL 2 / 1 days
TRUVADA *emtricitabine-tenofovir disoproxil fumarate*	Preferred	QL 1 / 1 days
VIDEX 2 GM RECON SOLN *didanosine*	Preferred	QL 1200 / 30 days
VIDEX 4 GM RECON SOLN *didanosine*	Preferred	
VIDEX EC 200 MG CAP DR *didanosine*	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIDEX EC 125 MG CAP DR *didanosine*	Non-Preferred	QL 2 / 1 days
VIDEX EC 250 MG CAP DR *didanosine*	Non-Preferred	QL 1 / 1 days
VIDEX EC 400 MG CAP DR *didanosine*	Non-Preferred	QL 1 / 1 days
VIREAD 250 MG TAB *tenofovir disoproxil fumarate*	Preferred	QL 1 / 1 days
VIREAD 200 MG TAB *tenofovir disoproxil fumarate*	Preferred	QL 1 / 1 days
VIREAD 40 MG/GM POWDER *tenofovir disoproxil fumarate*	Preferred	
VIREAD 150 MG TAB *tenofovir disoproxil fumarate*	Preferred	QL 2 / 1 days
VIREAD 300 MG TAB *tenofovir disoproxil fumarate*	Non-Preferred	QL 30 / 30 days
ZERIT 40 MG CAP *stavudine*	Non-Preferred	QL 2 / 1 days
ZERIT 20 MG CAP *stavudine*	Non-Preferred	
ZERIT 30 MG CAP *stavudine*	Non-Preferred	QL 2 / 1 days
ZIAGEN 20 MG/ML SOLUTION *abacavir sulfate*	Non-Preferred	
ZIAGEN 300 MG TAB *abacavir sulfate*	Non-Preferred	QL 2 / 1 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		
DESCOVY *emtricitabine-tenofovir alafenamide fumarate*	Preferred	QL 1 / 1 days
DOVATO *dolutegravir sodium-lamivudine*	Preferred	
FUZEON *enfuvirtide*	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JULUCA *dolutegravir sodium-rilpivirine hcl*	Preferred	QL 1 / 1 days
RUKOBIA *fostemsavir tromethamine*	Non-Preferred	
SELZENTRY 25 MG TAB *maraviroc*	Non-Preferred	
SELZENTRY 75 MG TAB *maraviroc*	Non-Preferred	
SELZENTRY 300 MG TAB *maraviroc*	Non-Preferred	QL 120 / 30 days
SELZENTRY 150 MG TAB *maraviroc*	Non-Preferred	QL 2 / 1 days
SELZENTRY 20 MG/ML SOLUTION *maraviroc*	Non-Preferred	
TRIUMEQ *abacavir-dolutegravir-lamivudine*	Preferred	QL 1 / 1 days
TROGARZO *ibalizumab-uiyk*	Non-Preferred	
TYBOST *cobicistat*	Non-Preferred	QL 1 / 1 days
ANTI-HIV AGENTS, PROTEASE INHIBITORS		
APTIVUS 250 MG CAP *tipranavir*	Non-Preferred	QL 120 / 30 days
APTIVUS 100 MG/ML SOLUTION *tipranavir*	Non-Preferred	QL 300 / 30 days
atazanavir sulfate 150 mg cap	Preferred	QL 2 / 1 days
atazanavir sulfate 200 mg cap	Preferred	QL 60 / 30 days
atazanavir sulfate 300 mg cap	Preferred	QL 1 / 1 days
CRIXIVAN 200 MG CAP *indinavir sulfate*	Non-Preferred	QL 360 / 30 days
CRIXIVAN 400 MG CAP *indinavir sulfate*	Non-Preferred	QL 180 / 30 days
EVOTAZ *atazanavir sulfate-cobicistat*	Preferred	QL 1 / 1 days
fosamprenavir calcium	Non-Preferred	QL 120 / 30 days
INVIRASE 500 MG TAB *saquinavir mesylate*	Non-Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KALETRA 400-100 MG/5ML SOLUTION *lopinavir-ritonavir*	Preferred	QL 400 / 30 days
KALETRA 100-25 MG TAB *lopinavir-ritonavir*	Preferred	QL 300 / 30 days
KALETRA 200-50 MG TAB *lopinavir-ritonavir*	Preferred	QL 120 / 30 days
LEXIVA 700 MG TAB *fosamprenavir calcium*	Non-Preferred	
LEXIVA 50 MG/ML SUSPENSION *fosamprenavir calcium*	Non-Preferred	QL 56 / 1 days
lopinavir-ritonavir	Non-Preferred	QL 400 / 30 days
NORVIR 80 MG/ML SOLUTION *ritonavir*	Preferred	QL 480 / 30 days
NORVIR 100 MG TAB *ritonavir*	Non-Preferred	
NORVIR 100 MG PACKET *ritonavir*	Preferred	QL 360 / 30 days
PREZCOBIX *darunavir-cobicistat*	Preferred	QL 1 / 1 days
PREZISTA 600 MG TAB *darunavir ethanolate*	Preferred	QL 2 / 1 days
PREZISTA 75 MG TAB *darunavir ethanolate*	Preferred	QL 180 / 30 days
PREZISTA 150 MG TAB *darunavir ethanolate*	Preferred	QL 120 / 30 days
PREZISTA 800 MG TAB *darunavir ethanolate*	Preferred	QL 1 / 1 days
PREZISTA 100 MG/ML SUSPENSION *darunavir ethanolate*	Preferred	QL 12 / 1 days
REYATAZ 150 MG CAP *atazanavir sulfate*	Non-Preferred	QL 2 / 1 days
REYATAZ 300 MG CAP *atazanavir sulfate*	Non-Preferred	QL 1 / 1 days
REYATAZ 50 MG PACKET *atazanavir sulfate*	Preferred	
REYATAZ 200 MG CAP *atazanavir sulfate*	Non-Preferred	QL 60 / 30 days
ritonavir	Preferred	QL 360 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMTUZA *darunavir-cobicistat-emtricitabine-tenofovir alafenamide*	Non-Preferred	QL 30 / 30 days
VIRACEPT 250 MG TAB *nelfinavir mesylate*	Non-Preferred	QL 270 / 30 days
VIRACEPT 625 MG TAB *nelfinavir mesylate*	Non-Preferred	QL 120 / 30 days
ANTI-INFLUENZA AGENTS		
FLUMADINE *rimantadine hydrochloride*	Non-Preferred	
oseltamivir phosphate 30 mg cap	Preferred	QLC Max 21 day supply every 365 days
oseltamivir phosphate 75 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
RAPIVAB *peramivir*	Non-Preferred	
RELENZA DISKHALER *zanamivir*	Preferred	
rimantadine hcl	Non-Preferred	
TAMIFLU *oseltamivir phosphate*	Non-Preferred	QLC Max 21 day supply every 365 days
XOFLUZA *baloxavir marboxil*	Non-Preferred	
ANTIHERPETIC AGENTS		
ABREVA 10 % CREAM *docosanol*	Preferred	
acyclovir 5 % ointment	Non-Preferred	
acyclovir 200 mg/5ml suspension	Preferred	QL 50 / 1 days
acyclovir 5 % cream	Non-Preferred	
acyclovir 200 mg cap	Preferred	QL 5 / 1 days
acyclovir 800 mg tab	Preferred	QL 5 / 1 days
acyclovir 400 mg tab	Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DENAVIR *penciclovir*	Non-Preferred	
docosanol 10 % cream	Preferred	
famciclovir 250 mg tab	Preferred	QL 3 / 1 days
famciclovir 125 mg tab	Preferred	QL 3 / 1 days
famciclovir 500 mg tab	Preferred	QL 90 / 30 days
SITAVIG *acyclovir*	Non-Preferred	
trifluridine 1 % solution	Preferred	QL 7.5 / 18 days
valacyclovir hcl 500 mg tab	Preferred	QL 4 / 1 days
valacyclovir hcl 1 gm tab	Preferred	QL 4 / 1 days
VALTREX *valacyclovir hcl*	Non-Preferred	
XERESE *acyclovir-hydrocortisone*	Non-Preferred	
ZOVIRAX 800 MG TAB *acyclovir*	Non-Preferred	
ZOVIRAX 200 MG/5ML SUSPENSION *acyclovir*	Non-Preferred	
ZOVIRAX 5 % CREAM *acyclovir topical*	Non-Preferred	
ZOVIRAX 5 % OINTMENT *acyclovir topical*	Non-Preferred	
ZOVIRAX 400 MG TAB *acyclovir*	Non-Preferred	
ZOVIRAX 200 MG CAP *acyclovir*	Non-Preferred	QL 5 / 1 days
ANXIOLYTICS ANXIOLYTICS, OTHER		
buspirone hcl 5 mg tab	Preferred	QL 6 / 1 days
buspirone hcl 30 mg tab	Preferred	QL 2 / 1 days
buspirone hcl 15 mg tab	Preferred	QL 4 / 1 days
buspirone hcl 10 mg tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buspirone hcl 7.5 mg tab	Preferred	QL 4 / 1 days
meprobamate	Non-Preferred	QL 6 / 1 days
BENZODIAZEPINES		
alprazolam 0.25 mg tab disp	Non-Preferred	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
alprazolam 0.25 mg tab	Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 2 mg tab	Preferred	QL 3 / 1 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 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 0.5 mg tab	Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
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 *alprazolam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
alprazolam xr	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 2 MG TAB *lorazepam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 1 MG TAB *lorazepam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 0.5 MG TAB *lorazepam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 10 mg cap	Preferred	QL 10 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 5 mg cap	Preferred	QL 8 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 25 mg cap	Preferred	QL 12 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam 2 mg tab disp	Preferred	QL 90 / 30 days
clonazepam 0.125 mg tab disp	Preferred	QL 90 / 30 days
clonazepam 0.25 mg tab disp	Preferred	QL 90 / 30 days
clonazepam 2 mg tab	Preferred	QL 6 / 1 days
clonazepam 1 mg tab	Preferred	QL 6 / 1 days
clonazepam 0.5 mg tab	Preferred	QL 6 / 1 days
clonazepam 0.5 mg tab disp	Preferred	QL 90 / 30 days
clonazepam 1 mg tab disp	Preferred	QL 90 / 30 days
clorazepate dipotassium 3.75 mg tab	Preferred	QL 4 / 1 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	Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clorazepate dipotassium 15 mg tab	Preferred	QL 6 / 1 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 10 MG/2ML SOLN A-INJ *diazepam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/ml conc	Non-Preferred	QL 8 / 1 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 10 mg tab	Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
DIAZEPAM 5 MG/ML SOLUTION *diazepam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 2 mg tab	Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg tab	Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KLONOPIN *clonazepam*	Non-Preferred	
lorazepam 2 mg/ml conc	Non-Preferred	QL 5 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 0.5 mg tab	Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg tab	Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 1 mg tab	Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam intensol	Non-Preferred	QL 5 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 10 mg cap	Non-Preferred	QL 8 / 1 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
oxazepam 15 mg cap	Non-Preferred	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
TRANXENE-T *clorazepate dipotassium*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XANAX 0.5 MG TAB *alprazolam*	Non-Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 0.25 MG TAB *alprazolam*	Non-Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 2 MG TAB *alprazolam*	Non-Preferred	QL 3 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX XR *alprazolam*	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
BIPOLAR AGENTS MOOD STABILIZERS		
EQUETRO *carbamazepine (antipsychotic)*	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
BLOOD GLUCOSE REGULATORS ANTIDIABETIC AGENTS		
acarbose 25 mg tab	Preferred	QL 3 / 1 days
acarbose 50 mg tab	Preferred	QL 3 / 1 days
acarbose 100 mg tab	Preferred	QL 3 / 1 days
ACTOPLUS MET *pioglitazone hcl-metformin hcl*	Non-Preferred	QL 90 / 30 days
ACTOPLUS MET XR *pioglitazone hcl-metformin hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTOS *pioglitazone hcl*	Non-Preferred	QL 30 / 30 days
ADLYXIN *lixisenatide*	Non-Preferred	
ADLYXIN STARTER PACK *lixisenatide*	Non-Preferred	
alogliptin benzoate	Non-Preferred	
alogliptin-metformin hcl	Non-Preferred	
alogliptin-pioglitazone	Non-Preferred	
AMARYL 2 MG TAB *glimepiride*	Non-Preferred	QL 90 / 30 days
AMARYL 1 MG TAB *glimepiride*	Non-Preferred	QL 60 / 30 days
AMARYL 4 MG TAB *glimepiride*	Non-Preferred	QL 60 / 30 days
AVANDIA *rosiglitazone maleate*	Non-Preferred	
BYDUREON *exenatide*	Preferred	PA
BYDUREON BCISE *exenatide*	Non-Preferred	
BYETTA 10 MCG PEN *exenatide*	Preferred	QL 2.4 / 30 days PA
BYETTA 5 MCG PEN *exenatide*	Preferred	QL 1.2 / 30 days PA
CHLORPROPAMIDE 250 MG TAB *chlorpropamide*	Non-Preferred	QL 3 / 1 days
CHLORPROPAMIDE 100 MG TAB *chlorpropamide*	Non-Preferred	QL 7 / 1 days
DUETACT *pioglitazone hcl-glimepiride*	Non-Preferred	QL 30 / 30 days
FARXIGA *dapagliflozin propanediol*	Preferred	PA
FORTAMET 500 MG TAB ER 24H *metformin hcl*	Non-Preferred	QL 90 / 30 days
FORTAMET 1000 MG TAB ER 24H *metformin hcl*	Non-Preferred	QL 60 / 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 4 mg tab	Preferred	QL 60 / 30 days
glipizide 10 mg tab	Preferred	QL 4 / 1 days
glipizide 5 mg tab	Preferred	QL 4 / 1 days
glipizide er 2.5 mg tab er 24h	Preferred	QL 8 / 1 days
glipizide er 10 mg tab er 24h	Preferred	QL 60 / 30 days
glipizide er 5 mg tab er 24h	Preferred	QL 4 / 1 days
glipizide xl 10 mg tab er 24h	Preferred	QL 2 / 1 days
glipizide xl 2.5 mg tab er 24h	Preferred	QL 8 / 1 days
glipizide xl 5 mg tab er 24h	Preferred	QL 4 / 1 days
glipizide-metformin hcl 2.5-500 mg tab	Preferred	QL 5 / 1 days
glipizide-metformin hcl 2.5-250 mg tab	Preferred	QL 7 / 1 days
glipizide-metformin hcl 5-500 mg tab	Preferred	QL 4 / 1 days
GLUCOPHAGE 500 MG TAB *metformin hcl*	Non-Preferred	QL 150 / 30 days
GLUCOPHAGE 850 MG TAB *metformin hcl*	Non-Preferred	QL 90 / 30 days
GLUCOPHAGE 1000 MG TAB *metformin hcl*	Non-Preferred	QL 75 / 30 days
GLUCOPHAGE XR 500 MG TAB ER 24H *metformin hcl*	Non-Preferred	
GLUCOPHAGE XR 750 MG TAB ER 24H *metformin hcl*	Non-Preferred	QL 3 / 1 days
GLUCOTROL *glipizide*	Non-Preferred	
GLUCOTROL XL 5 MG TAB ER 24H *glipizide*	Non-Preferred	
GLUCOTROL XL 2.5 MG TAB ER 24H *glipizide*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOTROL XL 10 MG TAB ER 24H *glipizide*	Non-Preferred	QL 2 / 1 days
GLUMETZA 1000 MG TAB ER 24H *metformin hcl*	Non-Preferred	QL 60 / 30 days
GLUMETZA 500 MG TAB ER 24H *metformin hcl*	Non-Preferred	QL 90 / 30 days
glyburide 1.25 mg tab	Preferred	QL 4 / 1 days
glyburide 5 mg tab	Preferred	QL 4 / 1 days
glyburide 2.5 mg tab	Preferred	QL 4 / 1 days
glyburide micronized	Preferred	QL 2 / 1 days
glyburide-metformin	Preferred	QL 4 / 1 days
GLYNASE *glyburide micronized*	Non-Preferred	QL 2 / 1 days
GLYSET *miglitol*	Non-Preferred	
GLYXAMBI *empagliflozin-linagliptin*	Non-Preferred	
INVOKAMET *canagliflozin-metformin hcl*	Preferred	PA
INVOKAMET XR *canagliflozin-metformin hcl*	Non-Preferred	
INVOKANA *canagliflozin*	Preferred	PA
JANUMET *sitagliptin-metformin hcl*	Preferred	QL 2 / 1 days PA
JANUMET XR 50-500 MG TAB ER 24H *sitagliptin-metformin hcl*	Preferred	QL 2 / 1 days PA
JANUMET XR 50-1000 MG TAB ER 24H *sitagliptin-metformin hcl*	Preferred	QL 2 / 1 days PA
JANUMET XR 100-1000 MG TAB ER 24H *sitagliptin-metformin hcl*	Preferred	QL 1 / 1 days PA
JANUVIA *sitagliptin phosphate*	Preferred	QL 1 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JARDIANCE *empagliflozin*	Preferred	QL 30 / 30 days PA
JENTADUETO *linagliptin-metformin hcl*	Preferred	QL 60 / 30 days PA
JENTADUETO XR *linagliptin-metformin hcl*	Non-Preferred	
KAZANO *alogliptin-metformin hcl*	Non-Preferred	
KOMBIGLYZE XR *saxagliptin-metformin hcl*	Non-Preferred	
metformin hcl 500 mg tab	Preferred	QL 150 / 30 days
metformin hcl 850 mg tab	Preferred	QL 90 / 30 days
metformin hcl 500 mg/5ml solution	Non-Preferred	
metformin hcl 1000 mg tab	Preferred	QL 75 / 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
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) 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
miglitol	Non-Preferred	
nateglinide	Preferred	QL 3 / 1 days
NESINA *alogliptin benzoate*	Non-Preferred	
ONGLYZA *saxagliptin hcl*	Non-Preferred	
OSENI *alogliptin-pioglitazone*	Non-Preferred	
OZEMPIC (0.25 OR 0.5 MG/DOSE) *semaglutide*	Non-Preferred	QL 1.5 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (1 MG/DOSE) *semaglutide*	Non-Preferred	QL 3 / 28 days
pioglitazone hcl	Preferred	QL 30 / 30 days PA
pioglitazone hcl-glimepiride	Non-Preferred	QL 30 / 30 days
pioglitazone hcl-metformin hcl	Non-Preferred	QL 90 / 30 days
PRANDIN 1 MG TAB *repaglinide*	Non-Preferred	QL 120 / 30 days
PRANDIN 0.5 MG TAB *repaglinide*	Non-Preferred	
PRANDIN 2 MG TAB *repaglinide*	Non-Preferred	QL 240 / 30 days
PRECOSE *acarbose*	Non-Preferred	QL 3 / 1 days
QTERN *dapagliflozin-saxagliptin*	Non-Preferred	
repaglinide 2 mg tab	Preferred	QL 240 / 30 days
repaglinide 0.5 mg tab	Preferred	QL 120 / 30 days
repaglinide 1 mg tab	Preferred	QL 120 / 30 days
repaglinide-metformin hcl	Non-Preferred	
RIOMET *metformin hcl*	Non-Preferred	
RIOMET ER *metformin hcl*	Non-Preferred	
RYBELSUS *semaglutide*	Non-Preferred	
SEGLUROMET *ertugliflozin-metformin hcl*	Non-Preferred	QL 60 / 30 days
STARLIX *nateglinide*	Non-Preferred	QL 3 / 1 days
STEGLATRO *ertugliflozin l-pyroglutamic acid*	Non-Preferred	QL 1 / 1 days
STEGLUJAN *ertugliflozin-sitagliptin*	Non-Preferred	
SYMLINPEN 120 *pramlintide acetate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMLINPEN 60 *pramlintide acetate*	Non-Preferred	
SYNJARDY *empagliflozin-metformin hcl*	Preferred	PA
SYNJARDY XR *empagliflozin-metformin hcl*	Non-Preferred	
TANZEUM *albiglutide*	Non-Preferred	
TOLAZAMIDE 500 MG TAB *tolazamide*	Non-Preferred	QL 2 / 1 days
TOLAZAMIDE 250 MG TAB *tolazamide*	Non-Preferred	QL 4 / 1 days
tolbutamide	Non-Preferred	QL 6 / 1 days
TRADJENTA *linagliptin*	Preferred	PA
TRIJARDY XR *empagliflozin-linagliptin-metformin*	Non-Preferred	
TRULICITY 1.5 MG/0.5ML SOLN PEN *dulaglutide*	Preferred	QL 2 / 28 days PA
TRULICITY 3 MG/0.5ML SOLN PEN *dulaglutide*	Preferred	PA
TRULICITY 4.5 MG/0.5ML SOLN PEN *dulaglutide*	Preferred	PA
TRULICITY 0.75 MG/0.5ML SOLN PEN *dulaglutide*	Preferred	QL 2 / 28 days PA
VICTOZA *liraglutide*	Preferred	PA
XIGDUO XR *dapagliflozin-metformin hcl*	Non-Preferred	
GLYCEMIC AGENTS		
GLUCAGEN DIAGNOSTIC *glucagon hcl rdna (diagnostic)*	Preferred	QL 2 / 22 days
GLUCAGEN HYPOKIT *glucagon hcl (rdna)*	Preferred	QL 1 / 22 days
GLUCAGON EMERGENCY 1 MG KIT *glucagon (rdna)*	Preferred	QL 1 / 26 days
GLUCOSE 4 GM CHEW TAB *dextrose (diabetic use)*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HM GLUCOSE 4-6 GM-MG CHEW TAB *glucose-vitamin c*	Preferred	
SM GLUCOSE 4-6 GM-MG CHEW TAB *glucose-vitamin c*	Preferred	
SM GLUCOSE 4 GM CHEW TAB *dextrose (diabetic use)*	Preferred	
INSULINS		
ADMELOG *insulin lispro*	Preferred	QL 40 / 30 days
ADMELOG SOLOSTAR *insulin lispro*	Preferred	QL 45 / 30 days
AFREZZA 4 & 8 & 12 UNIT POWDER *insulin regular (human)*	Non-Preferred	
AFREZZA 4 (90) & 8 (90) UNIT POWDER *insulin regular (human)*	Non-Preferred	
AFREZZA 8 UNIT POWDER *insulin regular (human)*	Non-Preferred	
AFREZZA 12 UNIT POWDER *insulin regular (human)*	Non-Preferred	
AFREZZA 8 (90)& 12 (90) UNIT POWDER *insulin regular (human)*	Non-Preferred	
AFREZZA 4 UNIT POWDER *insulin regular (human)*	Non-Preferred	
APIDRA *insulin glulisine*	Preferred	QL 40 / 30 days
APIDRA SOLOSTAR *insulin glulisine*	Preferred	QL 45 / 30 days
BASAGLAR KWIKPEN *insulin glargine*	Preferred	QL 45 / 30 days
FIASP *insulin aspart (with niacinamide)*	Non-Preferred	
FIASP FLEXTOUCH *insulin aspart (with niacinamide)*	Non-Preferred	
FIASP PENFILL *insulin aspart (with niacinamide)*	Non-Preferred	
HUMALOG *insulin lispro*	Non-Preferred	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMALOG JUNIOR KWIKPEN *insulin lispro*	Non-Preferred	QL 45 / 30 days
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro*	Non-Preferred	QL 45 / 30 days
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN *insulin lispro*	Non-Preferred	QL 18 / 23 days
HUMALOG MIX 50/50 *insulin lispro protamine & lispro*	Preferred	QL 40 / 30 days
HUMALOG MIX 50/50 KWIKPEN *insulin lispro protamine & lispro*	Preferred	QL 45 / 30 days
HUMALOG MIX 75/25 *insulin lispro protamine & lispro*	Preferred	QL 40 / 30 days
HUMALOG MIX 75/25 KWIKPEN *insulin lispro protamine & lispro*	Preferred	QL 45 / 30 days
HUMULIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	Preferred	QL 40 / 30 days
HUMULIN 70/30 KWIKPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	Preferred	QL 45 / 30 days
HUMULIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	Non-Preferred	QL 40 / 30 days
HUMULIN N KWIKPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	Non-Preferred	QL 45 / 30 days
HUMULIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	Non-Preferred	QL 40 / 30 days
HUMULIN R U-500 (CONCENTRATED) *insulin regular (human)*	Preferred	QL 20 / 30 days
HUMULIN R U-500 KWIKPEN *insulin regular (human)*	Preferred	QL 15 / 30 days
INSULIN ASP PROT & ASP FLEXPEN *insulin aspart protamine & aspart (human)*	Preferred	QL 45 / 30 days
INSULIN ASPART *insulin aspart*	Preferred	QL 40 / 30 days
INSULIN ASPART FLEXPEN *insulin aspart*	Preferred	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN ASPART PENFILL *insulin aspart*	Preferred	QL 45 / 30 days
INSULIN ASPART PROT & ASPART *insulin aspart protamine & aspart (human)*	Preferred	QL 40 / 30 days
INSULIN LISPRO *insulin lispro*	Preferred	QL 40 / 30 days
INSULIN LISPRO (1 UNIT DIAL) *insulin lispro*	Preferred	QL 45 / 30 days
INSULIN LISPRO JUNIOR KWIKPEN *insulin lispro*	Preferred	
INSULIN LISPRO PROT & LISPRO *insulin lispro protamine & lispro*	Preferred	
LANTUS *insulin glargine*	Preferred	QL 40 / 30 days
LANTUS SOLOSTAR *insulin glargine*	Preferred	QL 45 / 30 days
LEVEMIR *insulin detemir*	Preferred	QL 40 / 30 days
LEVEMIR FLEXTOUCH *insulin detemir*	Preferred	QL 45 / 30 days
LYUMJEV *insulin lispro-aabc*	Non-Preferred	
LYUMJEV KWIKPEN *insulin lispro-aabc*	Non-Preferred	
NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	Non-Preferred	QL 40 / 30 days
NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	Non-Preferred	QL 45 / 30 days
NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	Non-Preferred	QL 45 / 30 days
NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	Non-Preferred	QL 40 / 30 days
NOVOLIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	Non-Preferred	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	Non-Preferred	QL 45 / 30 days
NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	Non-Preferred	QL 45 / 30 days
NOVOLIN N RELION 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	Non-Preferred	QL 40 / 30 days
NOVOLIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	Non-Preferred	QL 40 / 30 days
NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN *insulin regular (human)*	Non-Preferred	
NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin regular (human)*	Non-Preferred	
NOVOLIN R RELION 100 UNIT/ML SOLUTION *insulin regular (human)*	Non-Preferred	QL 40 / 30 days
NOVOLOG *insulin aspart*	Preferred	QL 40 / 30 days
NOVOLOG FLEXPEN *insulin aspart*	Preferred	QL 45 / 30 days
NOVOLOG MIX 70/30 *insulin aspart protamine & aspart (human)*	Preferred	QL 40 / 30 days
NOVOLOG MIX 70/30 FLEXPEN *insulin aspart protamine & aspart (human)*	Preferred	QL 45 / 30 days
NOVOLOG PENFILL *insulin aspart*	Preferred	QL 45 / 30 days
SEMGLEE *insulin glargine*	Non-Preferred	
SOLIQUA *insulin glargine-lixisenatide*	Non-Preferred	QLC 18 mL/30 days
TOUJEO MAX SOLOSTAR *insulin glargine*	Non-Preferred	QL 12 / 30 days
TOUJEO SOLOSTAR *insulin glargine*	Non-Preferred	QL 13.5 / 30 days
TRESIBA *insulin degludec*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRESIBA FLEXTOUCH *insulin degludec*	Non-Preferred	
XULTOPHY *insulin degludec-liraglutide*	Non-Preferred	QLC 15 mL/30 days
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS ANTICOAGULANTS		
ARIXTRA *fondaparinux sodium*	Non-Preferred	
COUMADIN *warfarin sodium*	Non-Preferred	
ELIQUIS 5 MG TAB *apixaban*	Preferred	QL 4 / 1 days
ELIQUIS 2.5 MG TAB *apixaban*	Preferred	QL 2 / 1 days
ELIQUIS DVT/PE STARTER PACK *apixaban*	Preferred	
enoxaparin sodium 100 mg/ml solution	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
enoxaparin sodium 150 mg/ml solution	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
enoxaparin sodium 120 mg/0.8ml solution	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
enoxaparin sodium 40 mg/0.4ml solution	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 solution	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 solution	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 30 mg/0.3ml solution	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
fondaparinux sodium	Non-Preferred	
FRAGMIN *dalteparin sodium*	Non-Preferred	
heparin lock flush 10 unit/ml solution	Preferred	
heparin sodium (porcine) 10000 unit/ml solution	Preferred	
heparin sodium (porcine) 20000 unit/ml solution	Preferred	
heparin sodium (porcine) 1000 unit/ml solution	Preferred	
heparin sodium (porcine) 5000 unit/ml solution	Preferred	
heparin sodium lock flush	Preferred	
jantoven	Preferred	
LOVENOX 100 MG/ML SOLUTION *enoxaparin sodium*	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 300 MG/3ML SOLUTION *enoxaparin sodium*	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 SOLUTION *enoxaparin sodium*	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
LOVENOX 150 MG/ML SOLUTION *enoxaparin sodium*	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 SOLUTION *enoxaparin sodium*	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVENOX 60 MG/0.6ML SOLUTION *enoxaparin sodium*	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 SOLUTION *enoxaparin sodium*	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
LOVENOX 120 MG/0.8ML SOLUTION *enoxaparin sodium*	Non-Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
PRADAXA *dabigatran etexilate mesylate*	Preferred	
SAVAYSA *edoxaban tosylate*	Non-Preferred	
warfarin sodium 7.5 mg tab	Preferred	
warfarin sodium 6 mg tab	Preferred	
warfarin sodium 4 mg tab	Preferred	
warfarin sodium 2 mg tab	Preferred	
warfarin sodium 1 mg tab	Preferred	
warfarin sodium 3 mg tab	Preferred	
warfarin sodium 2.5 mg tab	Preferred	
warfarin sodium 10 mg tab	Preferred	
warfarin sodium 5 mg tab	Preferred	
XARELTO 15 MG TAB *rivaroxaban*	Preferred	QL 2 / 1 days
XARELTO 2.5 MG TAB *rivaroxaban*	Preferred	QL 2 / 1 days
XARELTO 10 MG TAB *rivaroxaban*	Preferred	QL 1 / 1 days
XARELTO 20 MG TAB *rivaroxaban*	Preferred	QL 1 / 1 days
XARELTO STARTER PACK *rivaroxaban*	Preferred	QL 51 / 1 years
ZONTIVITY *vorapaxar sulfate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLOOD FORMATION MODIFIERS		
ARANESP (ALBUMIN FREE) *darbepoetin alfa*	Preferred	PA
EPOGEN *epoetin alfa*	Preferred	PA
FULPHILA *pegfilgrastim-jmdb*	Non-Preferred	
GRANIX *tbo-filgrastim*	Preferred	PA
LEUKINE *sargramostim*	Non-Preferred	
MIRCERA 30 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	Preferred	PA
MIRCERA 150 MCG/0.3ML SOLN PRSYR *methoxy polyethylene glycol-epoetin beta*	Preferred	PA
NEULASTA *pegfilgrastim*	Non-Preferred	
NEULASTA ONPRO *pegfilgrastim*	Non-Preferred	
NEUPOGEN *filgrastim*	Preferred	PA
NIVESTYM *filgrastim-aafi*	Non-Preferred	
NPLATE *romiplostim*	Preferred	PA
PROCRIT *epoetin alfa*	Non-Preferred	
PROMACTA *eltrombopag olamine*	Preferred	PA
RETACRIT *epoetin alfa-epbx*	Preferred	PA
TAVALISSE *fostamatinib disodium*	Non-Preferred	
UDENYCA *pegfilgrastim-cbqv*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZARXIO *filgrastim-sndz*	Non-Preferred	
ZIEXTENZO *pegfilgrastim-bmez*	Non-Preferred	
HEMOSTASIS AGENTS		
ADVATE *antihemophilic factor rahf-pfm*	Preferred	PA
ADYNOVATE *antihemophilic factor (recombinant) pegylated*	Non-Preferred	
AFSTYLA *antihemophilic factor (recombinant) single chain*	Non-Preferred	
ALPHANATE/VWF COMPLEX/HUMAN *antihemophilic factor/von willebrand factor complex (human)*	Preferred	PA
ALPHANINE SD *coagulation factor ix*	Preferred	PA
ALPROLIX *coagulation factor ix (recomb) fc fusion protein (rfixfc)*	Preferred	PA
aminocaproic acid 1000 mg tab	Preferred	
aminocaproic acid 500 mg tab	Preferred	
aminocaproic acid 0.25 gm/ml solution	Preferred	
BENEFIX *coagulation factor ix (recombinant)*	Preferred	PA
ELOCTATE *antihemophilic factor (recomb) fc fusion protein (rfviiifc)*	Preferred	PA
ESPEROCT *antihemophilic factor (recombinant) glycopegylated-exei*	Non-Preferred	
FEIBA *antiinhibitor coagulant complex*	Non-Preferred	
HELIXATE FS *antihemophilic factor (recombinant)*	Preferred	PA
HEMLIBRA *emicizumab-kxwh*	Preferred	PA
HEMOFIL M *antihemophilic factor (human)*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMATE-P *antihemophilic factor/von willebrand factor complex (human)*	Preferred	PA
IDELVION *coagulation factor ix recomb albumin fusion protein (rix-fp)*	Non-Preferred	
IXINITY *coagulation factor ix (recombinant)*	Preferred	PA
JIVI *antihemophilic factor (recombinant) pegylated-aucl*	Non-Preferred	
KOATE *antihemophilic factor (human)*	Preferred	PA
KOATE-DVI 1000 UNIT RECON SOLN *antihemophilic factor (human)*	Preferred	PA
KOGENATE FS *antihemophilic factor (recombinant)*	Preferred	PA
KOGENATE FS BIO-SET *antihemophilic factor (recombinant)*	Preferred	PA
KOVALTRY *antihemophilic factor rahf-pfm*	Non-Preferred	
MONOCLATE-P *antihemophilic factor (human)*	Preferred	PA
MONONINE *coagulation factor ix*	Preferred	PA
NOVOEIGHT *antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)*	Preferred	PA
NOVOSEVEN RT *coagulation factor viia (recombinant)*	Non-Preferred	
NUWIQ *antihemophilic factor (recomb b-domain deleted) (bdd-rfviii)*	Preferred	PA
OBIZUR *antihemophilic factor (recombinant porcine) (rpfviii)*	Non-Preferred	
phytonadione 5 mg tab	Preferred	QL 5 / 1 days
PROFILNINE *factor ix complex*	Preferred	PA
PROFILNINE SD *factor ix complex*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REBINYN *coagulation factor ix (recombinant) glycopegylated*	Non-Preferred	
RECOMBINATE *antihemophilic factor (recombinant)*	Preferred	PA
RIXUBIS *coagulation factor ix (recombinant)*	Preferred	PA
tranexamic acid 650 mg tab	Preferred	
VONVENDI *von willebrand factor (recombinant)*	Non-Preferred	
WILATE *antihemophilic factor/von willebrand factor complex (human)*	Preferred	PA
XYNTHA *antihemophilic factor (recombinant) plasma/albumin free*	Preferred	PA
XYNTHA SOLOFUSE *antihemophilic factor (recombinant) plasma/albumin free*	Preferred	PA
PLATELET MODIFYING AGENTS		
AGGRENOX *aspirin-dipyridamole*	Preferred	QL 60 / 30 days
aspirin-dipyridamole er	Non-Preferred	QL 60 / 30 days
ASPIRIN-OMEPRAZOLE 81-40 MG TAB DR *aspirin-omeprazole*	Non-Preferred	
BRILINTA *ticagrelor*	Preferred	QL 60 / 30 days
cilostazol	Preferred	QL 2 / 1 days
clopidogrel bisulfate 75 mg tab	Preferred	QL 4 / 1 days
clopidogrel bisulfate 300 mg tab	Preferred	
dipyridamole 75 mg tab	Preferred	QL 4 / 1 days
dipyridamole 50 mg tab	Preferred	QL 8 / 1 days
dipyridamole 25 mg tab	Preferred	QL 4 / 1 days
DOPTELET *avatrombopag maleate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EFFIENT *prasugrel hcl*	Non-Preferred	QL 30 / 30 days
MULPLETA *lusutrombopag*	Non-Preferred	
PLAVIX *clopidogrel bisulfate*	Non-Preferred	
prasugrel hcl	Preferred	QL 30 / 30 days
YOSPRALA *aspirin-omeprazole*	Non-Preferred	
CARDIOVASCULAR AGENTS ALPHA-ADRENERGIC AGONISTS		
CATAPRES *clonidine hcl*	Non-Preferred	
CATAPRES-TTS-1 *clonidine*	Non-Preferred	
CATAPRES-TTS-2 *clonidine*	Non-Preferred	
CATAPRES-TTS-3 *clonidine*	Non-Preferred	
clonidine	Preferred	QL 4 / 22 days
clonidine hcl 0.2 mg tab	Preferred	QL 8 / 1 days
clonidine hcl 0.3 mg tab	Preferred	QL 8 / 1 days
clonidine hcl 0.1 mg tab	Preferred	QL 8 / 1 days
guanfacine hcl 1 mg tab	Preferred	QL 90 / 30 days
guanfacine hcl 2 mg tab	Preferred	QL 60 / 30 days
methyldopa	Preferred	QL 6 / 1 days
midodrine hcl	Preferred	QL 90 / 30 days
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA *doxazosin mesylate*	Non-Preferred	
doxazosin mesylate 4 mg tab	Preferred	QL 1 / 1 days
doxazosin mesylate 2 mg tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxazosin mesylate 1 mg tab	Preferred	QL 1 / 1 days
doxazosin mesylate 8 mg tab	Preferred	QL 2 / 1 days
prazosin hcl 5 mg cap	Preferred	QL 4 / 1 days
prazosin hcl 1 mg cap	Preferred	QL 4 / 1 days
prazosin hcl 2 mg cap	Preferred	QL 4 / 1 days
terazosin hcl	Preferred	QL 2 / 1 days
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND *candesartan cilexetil*	Non-Preferred	
AVAPRO 150 MG TAB *irbesartan*	Non-Preferred	QL 60 / 30 days
AVAPRO 300 MG TAB *irbesartan*	Non-Preferred	QL 30 / 30 days
AVAPRO 75 MG TAB *irbesartan*	Non-Preferred	QL 30 / 30 days
BENICAR *olmesartan medoxomil*	Non-Preferred	QL 30 / 30 days
candesartan cilexetil	Non-Preferred	
COZAAR 50 MG TAB *losartan potassium*	Non-Preferred	QL 90 / 30 days
COZAAR 100 MG TAB *losartan potassium*	Non-Preferred	QL 30 / 30 days
COZAAR 25 MG TAB *losartan potassium*	Non-Preferred	QL 90 / 30 days
DIOVAN 320 MG TAB *valsartan*	Non-Preferred	QL 30 / 30 days
DIOVAN 160 MG TAB *valsartan*	Non-Preferred	QL 60 / 30 days
DIOVAN 80 MG TAB *valsartan*	Non-Preferred	QL 60 / 30 days
DIOVAN 40 MG TAB *valsartan*	Non-Preferred	QL 60 / 30 days
EDARBI *azilsartan medoxomil*	Non-Preferred	
EPROSARTAN MESYLATE *eprosartan mesylate*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
irbesartan 75 mg tab	Preferred	QL 30 / 30 days
irbesartan 150 mg tab	Preferred	QL 60 / 30 days
irbesartan 300 mg tab	Preferred	QL 30 / 30 days
losartan potassium 25 mg tab	Preferred	QL 90 / 30 days
losartan potassium 100 mg tab	Preferred	QL 30 / 30 days
losartan potassium 50 mg tab	Preferred	QL 90 / 30 days
MICARDIS 40 MG TAB *telmisartan*	Non-Preferred	QL 2 / 1 days
MICARDIS 20 MG TAB *telmisartan*	Non-Preferred	
MICARDIS 80 MG TAB *telmisartan*	Non-Preferred	QL 1 / 1 days
olmesartan medoxomil 20 mg tab	Preferred	QL 30 / 30 days
olmesartan medoxomil 5 mg tab	Preferred	QL 30 / 30 days
olmesartan medoxomil 40 mg tab	Preferred	QL 30 / 30 days
telmisartan 20 mg tab	Non-Preferred	QL 4 / 1 days
telmisartan 40 mg tab	Non-Preferred	QL 2 / 1 days
telmisartan 80 mg tab	Non-Preferred	QL 1 / 1 days
valsartan 80 mg tab	Preferred	QL 60 / 30 days
valsartan 320 mg tab	Preferred	QL 30 / 30 days
valsartan 40 mg tab	Preferred	QL 60 / 30 days
valsartan 160 mg tab	Preferred	QL 60 / 30 days
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL *quinapril hcl*	Non-Preferred	QL 60 / 30 days
ALTACE *ramipril*	Non-Preferred	QL 60 / 30 days
benazepril hcl 5 mg tab	Preferred	QL 2 / 1 days
benazepril hcl 10 mg tab	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
benazepril hcl 40 mg tab	Preferred	QL 2 / 1 days
benazepril hcl 20 mg tab	Preferred	QL 2 / 1 days
captopril 12.5 mg tab	Preferred	QL 3 / 1 days
captopril 100 mg tab	Preferred	QL 3 / 1 days
captopril 25 mg tab	Preferred	QL 3 / 1 days
captopril 50 mg tab	Preferred	QL 3 / 1 days
enalapril maleate 10 mg tab	Preferred	QL 2 / 1 days
enalapril maleate 20 mg tab	Preferred	QL 2 / 1 days
enalapril maleate 2.5 mg tab	Preferred	QL 2 / 1 days
enalapril maleate 5 mg tab	Preferred	QL 2 / 1 days
EPANED 1 MG/ML SOLUTION *enalapril maleate*	Non-Preferred	C No PA required for children under 9 years old
fosinopril sodium	Preferred	QL 2 / 1 days
lisinopril 30 mg tab	Preferred	QL 60 / 30 days
lisinopril 40 mg tab	Preferred	QL 60 / 30 days
lisinopril 2.5 mg tab	Preferred	QL 60 / 30 days
lisinopril 5 mg tab	Preferred	QL 60 / 30 days
lisinopril 10 mg tab	Preferred	QL 60 / 30 days
lisinopril 20 mg tab	Preferred	QL 60 / 30 days
LOTENSIN *benazepril hcl*	Non-Preferred	QL 2 / 1 days
moexipril hcl	Non-Preferred	
perindopril erbumine	Non-Preferred	
PRINIVIL *lisinopril*	Non-Preferred	QL 60 / 30 days
QBRELIS *lisinopril*	Non-Preferred	C No PA required for children under 9 years old
quinapril hcl	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ramipril	Preferred	QL 60 / 30 days
trandolapril	Preferred	
VASOTEC *enalapril maleate*	Non-Preferred	QL 2 / 1 days
ZESTRIL *lisinopril*	Non-Preferred	QL 60 / 30 days
ANTIARRHYTHMICS		
amiodarone hcl 400 mg tab	Preferred	QL 4 / 1 days
amiodarone hcl 200 mg tab	Preferred	QL 4 / 1 days
BETAPACE *sotalol hcl*	Non-Preferred	QL 60 / 30 days
BETAPACE AF *sotalol hcl (afib/afl)*	Non-Preferred	QL 60 / 30 days
disopyramide phosphate 150 mg cap	Preferred	QL 10 / 1 days
disopyramide phosphate 100 mg cap	Preferred	QL 480 / 30 days
flecainide acetate 150 mg tab	Preferred	QL 2 / 1 days
flecainide acetate 50 mg tab	Preferred	QL 3 / 1 days
flecainide acetate 100 mg tab	Preferred	QL 3 / 1 days
mexiletine hcl 150 mg cap	Preferred	QL 8 / 1 days
mexiletine hcl 250 mg cap	Preferred	QL 4 / 1 days
mexiletine hcl 200 mg cap	Preferred	QL 6 / 1 days
pacerone 400 mg tab	Preferred	QL 4 / 1 days
pacerone 200 mg tab	Preferred	QL 4 / 1 days
propafenone hcl	Preferred	QL 3 / 1 days
quinidine sulfate 200 mg tab	Preferred	QL 6 / 1 days
quinidine sulfate 300 mg tab	Preferred	QL 6 / 1 days
sorine	Preferred	QL 60 / 30 days
sotalol hcl 80 mg tab	Preferred	QL 60 / 30 days
sotalol hcl 160 mg tab	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sotalol hcl 240 mg tab	Preferred	QL 60 / 30 days
sotalol hcl 120 mg tab	Preferred	QL 60 / 30 days
sotalol hcl (af)	Preferred	QL 60 / 30 days
SOTYLIZE *sotalol hcl*	Non-Preferred	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl 200 mg cap	Preferred	QL 3 / 1 days
acebutolol hcl 400 mg cap	Preferred	QL 3 / 1 days
atenolol 50 mg tab	Preferred	QL 2 / 1 days
atenolol 100 mg tab	Preferred	QL 2 / 1 days
atenolol 25 mg tab	Preferred	QL 2 / 1 days
betaxolol hcl 20 mg tab	Non-Preferred	QL 2 / 1 days
betaxolol hcl 10 mg tab	Non-Preferred	QL 2 / 1 days
bisoprolol fumarate 5 mg tab	Preferred	QL 4 / 1 days
bisoprolol fumarate 10 mg tab	Preferred	QL 2 / 1 days
BYSTOLIC *nebivolol hcl*	Non-Preferred	
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 12.5 mg tab	Preferred	QL 60 / 30 days
carvedilol phosphate er	Non-Preferred	
COREG 25 MG TAB *carvedilol*	Non-Preferred	QL 120 / 30 days
COREG 6.25 MG TAB *carvedilol*	Non-Preferred	QL 60 / 30 days
COREG 12.5 MG TAB *carvedilol*	Non-Preferred	QL 60 / 30 days
COREG 3.125 MG TAB *carvedilol*	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COREG CR *carvedilol phosphate*	Non-Preferred	
CORGARD *nadolol*	Non-Preferred	
INDERAL LA *propranolol hcl*	Non-Preferred	QL 1 / 1 days
INDERAL XL *propranolol hcl sustained-release beads*	Non-Preferred	
INNOPRAN XL *propranolol hcl sustained-release beads*	Non-Preferred	
KAPSPARGO SPRINKLE *metoprolol succinate*	Non-Preferred	
labetalol hcl 200 mg tab	Preferred	QL 12 / 1 days
labetalol hcl 300 mg tab	Preferred	QL 8 / 1 days
labetalol hcl 100 mg tab	Preferred	QL 14 / 1 days
LOPRESSOR *metoprolol tartrate*	Non-Preferred	QL 120 / 30 days
metoprolol succinate er	Preferred	QL 60 / 30 days
metoprolol tartrate 50 mg tab	Preferred	QL 120 / 30 days
metoprolol tartrate 75 mg tab	Preferred	
metoprolol tartrate 37.5 mg tab	Preferred	
metoprolol tartrate 100 mg tab	Preferred	QL 120 / 30 days
metoprolol tartrate 25 mg tab	Preferred	QL 120 / 30 days
nadolol 40 mg tab	Non-Preferred	QL 4 / 1 days
nadolol 20 mg tab	Non-Preferred	QL 4 / 1 days
nadolol 80 mg tab	Non-Preferred	QL 4 / 1 days
pindolol	Preferred	QL 6 / 1 days
propranolol hcl 10 mg tab	Preferred	QL 8 / 1 days
propranolol hcl 80 mg tab	Preferred	QL 8 / 1 days
propranolol hcl 40 mg/5ml solution	Preferred	QL 80 / 1 days
propranolol hcl 20 mg tab	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
propranolol hcl 40 mg tab	Preferred	QL 8 / 1 days
propranolol hcl 60 mg tab	Preferred	QL 8 / 1 days
propranolol hcl 20 mg/5ml solution	Preferred	QL 80 / 1 days
propranolol hcl er	Preferred	QL 1 / 1 days
TENORMIN *atenolol*	Non-Preferred	QL 2 / 1 days
timolol maleate 20 mg tab	Non-Preferred	QL 3 / 1 days
timolol maleate 10 mg tab	Non-Preferred	QL 3 / 1 days
timolol maleate 5 mg tab	Non-Preferred	QL 3 / 1 days
TOPROL XL *metoprolol succinate*	Non-Preferred	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS		
ADALAT CC *nifedipine*	Non-Preferred	QL 2 / 1 days
amlodipine besylate 10 mg tab	Preferred	QL 2 / 1 days
amlodipine besylate 2.5 mg tab	Preferred	QL 2 / 1 days
amlodipine besylate 5 mg tab	Preferred	QL 2 / 1 days
CALAN 120 MG TAB *verapamil hcl*	Non-Preferred	
CALAN SR 240 MG TAB ER *verapamil hcl*	Non-Preferred	QL 2 / 1 days
CALAN SR 120 MG TAB ER *verapamil hcl*	Non-Preferred	QL 1 / 1 days
CALAN SR 180 MG TAB ER *verapamil hcl*	Non-Preferred	QL 2 / 1 days
CARDIZEM 60 MG TAB *diltiazem hcl*	Non-Preferred	
CARDIZEM 30 MG TAB *diltiazem hcl*	Non-Preferred	
CARDIZEM 120 MG TAB *diltiazem hcl*	Non-Preferred	QL 2 / 1 days
CARDIZEM CD 180 MG CAP ER 24H *diltiazem hcl coated beads*	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIZEM CD 120 MG CAP ER 24H *diltiazem hcl coated beads*	Non-Preferred	QL 1 / 1 days
CARDIZEM CD 360 MG CAP ER 24H *diltiazem hcl coated beads*	Non-Preferred	QL 1 / 1 days
CARDIZEM CD 300 MG CAP ER 24H *diltiazem hcl coated beads*	Non-Preferred	QL 1 / 1 days
CARDIZEM CD 240 MG CAP ER 24H *diltiazem hcl coated beads*	Non-Preferred	QL 2 / 1 days
CARDIZEM LA *diltiazem hcl coated beads*	Non-Preferred	QL 1 / 1 days
cartia xt 180 mg cap er 24h	Preferred	QL 1 / 1 days
cartia xt 240 mg cap er 24h	Preferred	QL 2 / 1 days
cartia xt 120 mg cap er 24h	Preferred	QL 1 / 1 days
cartia xt 300 mg cap er 24h	Preferred	QL 1 / 1 days
dilt-xr 120 mg cap er 24h	Preferred	QL 1 / 1 days
dilt-xr 240 mg cap er 24h	Preferred	QL 2 / 1 days
dilt-xr 180 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl 120 mg tab	Preferred	QL 2 / 1 days
diltiazem hcl 60 mg tab	Preferred	QL 4 / 1 days
diltiazem hcl 30 mg tab	Preferred	QL 4 / 1 days
diltiazem hcl 90 mg tab	Preferred	QL 3 / 1 days
diltiazem hcl er 60 mg cap er 12h	Non-Preferred	QL 2 / 1 days
diltiazem hcl er 180 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er 120 mg cap er 12h	Non-Preferred	QL 2 / 1 days
diltiazem hcl er 90 mg cap er 12h	Non-Preferred	QL 2 / 1 days
diltiazem hcl er 120 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er 240 mg cap er 24h	Preferred	QL 2 / 1 days
diltiazem hcl er beads 240 mg cap er 24h	Preferred	QL 2 / 1 days
diltiazem hcl er beads 120 mg cap er 24h	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er beads 300 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er beads 360 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er beads 180 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er beads 420 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 420 mg tab er 24h	Non-Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 180 mg tab er 24h	Non-Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 300 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 180 mg cap er 24h	Preferred	QL 30 / 30 days
diltiazem hcl er coated beads 120 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 240 mg cap er 24h	Preferred	QL 60 / 30 days
diltiazem hcl er coated beads 360 mg cap er 24h	Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 300 mg tab er 24h	Non-Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 360 mg tab er 24h	Non-Preferred	QL 1 / 1 days
diltiazem hcl er coated beads 240 mg tab er 24h	Non-Preferred	QL 1 / 1 days
felodipine er	Preferred	QL 1 / 1 days
isradipine	Non-Preferred	
KATERZIA *amlodipine benzoate*	Non-Preferred	
matzim la	Non-Preferred	QL 1 / 1 days
nicardipine hcl 20 mg cap	Non-Preferred	QL 6 / 1 days
nicardipine hcl 30 mg cap	Non-Preferred	QL 4 / 1 days
nifedipine 10 mg cap	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nifedipine 20 mg cap	Preferred	QL 4 / 1 days
nifedipine er	Preferred	QL 2 / 1 days
nifedipine er osmotic release	Preferred	QL 2 / 1 days
nimodipine 30 mg cap	Preferred	
nisoldipine er 25.5 mg tab er 24h	Non-Preferred	QL 1 / 1 days
nisoldipine er 34 mg tab er 24h	Non-Preferred	QL 1 / 1 days
nisoldipine er 40 mg tab er 24h	Non-Preferred	QL 1 / 1 days
nisoldipine er 8.5 mg tab er 24h	Non-Preferred	QL 1 / 1 days
nisoldipine er 30 mg tab er 24h	Non-Preferred	QL 2 / 1 days
nisoldipine er 20 mg tab er 24h	Non-Preferred	QL 1 / 1 days
nisoldipine er 17 mg tab er 24h	Non-Preferred	QL 1 / 1 days
NORVASC *amlodipine besylate*	Non-Preferred	QL 2 / 1 days
NYMALIZE *nimodipine*	Non-Preferred	
PROCARDIA *nifedipine*	Non-Preferred	
PROCARDIA XL *nifedipine*	Non-Preferred	QL 2 / 1 days
SULAR *nisoldipine*	Non-Preferred	QL 1 / 1 days
taztia xt 360 mg cap er 24h	Preferred	QL 1 / 1 days
taztia xt 120 mg cap er 24h	Preferred	QL 1 / 1 days
taztia xt 180 mg cap er 24h	Preferred	QL 1 / 1 days
taztia xt 240 mg cap er 24h	Preferred	QL 2 / 1 days
taztia xt 300 mg cap er 24h	Preferred	QL 1 / 1 days
tiadylt er	Preferred	
TIAZAC 360 MG CAP ER 24H *diltiazem hcl extended release beads*	Non-Preferred	QL 1 / 1 days
TIAZAC 300 MG CAP ER 24H *diltiazem hcl extended release beads*	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIAZAC 180 MG CAP ER 24H *diltiazem hcl extended release beads*	Non-Preferred	QL 1 / 1 days
TIAZAC 420 MG CAP ER 24H *diltiazem hcl extended release beads*	Non-Preferred	QL 1 / 1 days
TIAZAC 120 MG CAP ER 24H *diltiazem hcl extended release beads*	Non-Preferred	QL 1 / 1 days
TIAZAC 240 MG CAP ER 24H *diltiazem hcl extended release beads*	Non-Preferred	QL 2 / 1 days
verapamil hcl 120 mg tab	Preferred	QL 4 / 1 days
verapamil hcl 80 mg tab	Preferred	QL 4 / 1 days
verapamil hcl 40 mg tab	Preferred	QL 3 / 1 days
verapamil hcl er 180 mg tab er	Preferred	QL 2 / 1 days
verapamil hcl er 240 mg tab er	Preferred	QL 2 / 1 days
verapamil hcl er 200 mg cap er 24h	Preferred	
verapamil hcl er 120 mg cap er 24h	Preferred	QL 2 / 1 days
verapamil hcl er 360 mg cap er 24h	Preferred	QL 1 / 1 days
verapamil hcl er 120 mg tab er	Preferred	QL 1 / 1 days
verapamil hcl er 100 mg cap er 24h	Preferred	
verapamil hcl er 240 mg cap er 24h	Preferred	QL 2 / 1 days
verapamil hcl er 300 mg cap er 24h	Preferred	
verapamil hcl er 180 mg cap er 24h	Preferred	QL 2 / 1 days
VERELAN 360 MG CAP ER 24H *verapamil hcl*	Non-Preferred	QL 1 / 1 days
VERELAN 180 MG CAP ER 24H *verapamil hcl*	Non-Preferred	QL 2 / 1 days
VERELAN 240 MG CAP ER 24H *verapamil hcl*	Non-Preferred	QL 2 / 1 days
VERELAN 120 MG CAP ER 24H *verapamil hcl*	Non-Preferred	QL 2 / 1 days
VERELAN PM *verapamil hcl*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC *quinapril-hydrochlorothiazide*	Non-Preferred	
ALDACTAZIDE 50-50 MG TAB *spironolactone & hydrochlorothiazide*	Preferred	
aliskiren fumarate	Non-Preferred	
amiloride-hydrochlorothiazide	Preferred	QL 2 / 1 days
amlodipine besy-benazepril hcl	Preferred	QL 1 / 1 days
amlodipine besylate-valsartan	Preferred	
amlodipine-atorvastatin	Non-Preferred	
amlodipine-olmesartan	Non-Preferred	
amlodipine-valsartan-hctz	Preferred	
ATACAND HCT *candesartan cilexetil-hydrochlorothiazide*	Non-Preferred	
atenolol-chlorthalidone 100-25 mg tab	Preferred	QL 1 / 1 days
atenolol-chlorthalidone 50-25 mg tab	Preferred	QL 2 / 1 days
AVALIDE *irbesartan-hydrochlorothiazide*	Non-Preferred	QL 30 / 30 days
AZOR *amlodipine besylate-olmesartan medoxomil*	Non-Preferred	
benazepril-hydrochlorothiazide	Preferred	
BENICAR HCT *olmesartan medoxomil-hydrochlorothiazide*	Non-Preferred	QL 30 / 30 days
BIDIL *isosorbide dinitrate-hydralazine hcl*	Non-Preferred	
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	Preferred	QL 1 / 1 days
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	Preferred	QL 60 / 30 days
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab	Preferred	QL 1 / 1 days
CADUET *amlodipine besylate-atorvastatin calcium*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
candesartan cilexetil-hctz	Non-Preferred	
captopril-hydrochlorothiazide 25-15 mg tab	Non-Preferred	QL 3 / 1 days
captopril-hydrochlorothiazide 50-15 mg tab	Non-Preferred	QL 3 / 1 days
captopril-hydrochlorothiazide 50-25 mg tab	Non-Preferred	QL 2 / 1 days
captopril-hydrochlorothiazide 25-25 mg tab	Non-Preferred	QL 2 / 1 days
CORZIDE *nadolol & bendroflumethiazide*	Non-Preferred	
digitek	Preferred	
digox	Preferred	
digoxin 125 mcg tab	Preferred	
digoxin 250 mcg tab	Preferred	
digoxin 0.05 mg/ml solution	Preferred	QL 5 / 1 days
DIOVAN HCT 320-25 MG TAB *valsartan-hydrochlorothiazide*	Non-Preferred	QL 30 / 30 days
DIOVAN HCT 160-12.5 MG TAB *valsartan-hydrochlorothiazide*	Non-Preferred	QL 60 / 30 days
DIOVAN HCT 80-12.5 MG TAB *valsartan-hydrochlorothiazide*	Non-Preferred	QL 60 / 30 days
DIOVAN HCT 320-12.5 MG TAB *valsartan-hydrochlorothiazide*	Non-Preferred	QL 30 / 30 days
DIOVAN HCT 160-25 MG TAB *valsartan-hydrochlorothiazide*	Non-Preferred	QL 60 / 30 days
EDARBYCLOR *azilsartan medoxomil-chlorthalidone*	Non-Preferred	
enalapril-hydrochlorothiazide 5-12.5 mg tab	Preferred	QL 1 / 1 days
enalapril-hydrochlorothiazide 10-25 mg tab	Preferred	QL 2 / 1 days
ENTRESTO *sacubitril-valsartan*	Preferred	QL 60 / 30 days
EXFORGE *amlodipine besylate-valsartan*	Non-Preferred	
EXFORGE HCT *amlodipine-valsartan-hydrochlorothiazide*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fosinopril sodium-hctz	Preferred	
HYZAAR *losartan potassium & hydrochlorothiazide*	Non-Preferred	QL 30 / 30 days
irbesartan-hydrochlorothiazide	Preferred	QL 30 / 30 days
lisinopril-hydrochlorothiazide 10-12.5 mg tab	Preferred	QL 30 / 30 days
lisinopril-hydrochlorothiazide 20-25 mg tab	Preferred	QL 60 / 30 days
lisinopril-hydrochlorothiazide 20-12.5 mg tab	Preferred	QL 60 / 30 days
losartan potassium-hctz	Preferred	QL 30 / 30 days
LOTENSIN HCT *benazepril & hydrochlorothiazide*	Non-Preferred	
LOTREL *amlodipine besylate-benazepril hcl*	Non-Preferred	QL 1 / 1 days
methyldopa-hydrochlorothiazide	Non-Preferred	
metoprolol-hydrochlorothiazide 100-25 mg tab	Non-Preferred	QL 60 / 30 days
metoprolol-hydrochlorothiazide 50-25 mg tab	Non-Preferred	QL 60 / 30 days
metoprolol-hydrochlorothiazide 100-50 mg tab	Non-Preferred	QL 30 / 30 days
MICARDIS HCT *telmisartan-hydrochlorothiazide*	Non-Preferred	
moexipril-hydrochlorothiazide 15-25 mg tab	Non-Preferred	
moexipril-hydrochlorothiazide 15-12.5 mg tab	Non-Preferred	
NADOLOL-BENDROFLUMETHIAZIDE 40-5 MG TAB *nadolol & bendroflumethiazide*	Non-Preferred	
nadolol-bendroflumethiazide 80-5 mg tab	Non-Preferred	
NEXLETOL *bempedoic acid*	Non-Preferred	
olmesartan medoxomil-hctz	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olmesartan-amlodipine-hctz	Non-Preferred	
pentoxifylline er	Preferred	QL 3 / 1 days
propranolol-hctz	Preferred	QL 2 / 1 days
quinapril-hydrochlorothiazide	Preferred	
RANEXA *ranolazine*	Non-Preferred	
ranolazine er	Preferred	PA
spironolactone-hctz	Preferred	QL 8 / 1 days
TARKA 2-240 MG TAB ER *trandolapril-verapamil hcl*	Non-Preferred	
TARKA 2-180 MG TAB ER *trandolapril-verapamil hcl*	Non-Preferred	
TARKA 4-240 MG TAB ER *trandolapril-verapamil hcl*	Non-Preferred	
TEKTURNA *aliskiren fumarate*	Non-Preferred	
TEKTURNA HCT *aliskiren-hydrochlorothiazide*	Non-Preferred	
telmisartan-amlodipine	Non-Preferred	
telmisartan-hctz	Non-Preferred	
TENORETIC 100 *atenolol & chlorthalidone*	Non-Preferred	QL 1 / 1 days
TENORETIC 50 *atenolol & chlorthalidone*	Non-Preferred	QL 2 / 1 days
trandolapril-verapamil hcl er	Non-Preferred	
triamterene-hctz 37.5-25 mg cap	Preferred	QL 2 / 1 days
triamterene-hctz 37.5-25 mg tab	Preferred	QL 1 / 1 days
triamterene-hctz 75-50 mg tab	Preferred	QL 1 / 1 days
TRIBENZOR *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	Non-Preferred	
TWYNSTA *telmisartan-amlodipine*	Non-Preferred	
valsartan-hydrochlorothiazide 320-25 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
valsartan-hydrochlorothiazide 80-12.5 mg tab	Preferred	QL 60 / 30 days
valsartan-hydrochlorothiazide 160-25 mg tab	Preferred	QL 60 / 30 days
valsartan-hydrochlorothiazide 160-12.5 mg tab	Preferred	QL 60 / 30 days
valsartan-hydrochlorothiazide 320-12.5 mg tab	Preferred	QL 30 / 30 days
VASERETIC *enalapril maleate & hydrochlorothiazide*	Non-Preferred	QL 2 / 1 days
ZESTORETIC 20-12.5 MG TAB *lisinopril & hydrochlorothiazide*	Non-Preferred	QL 60 / 30 days
ZESTORETIC 20-25 MG TAB *lisinopril & hydrochlorothiazide*	Non-Preferred	QL 60 / 30 days
ZESTORETIC 10-12.5 MG TAB *lisinopril & hydrochlorothiazide*	Non-Preferred	QL 30 / 30 days
ZIAC *bisoprolol & hydrochlorothiazide*	Non-Preferred	QL 1 / 1 days
DIURETICS, CARBONIC ANHYDRASE INHIBITORS		
acetazolamide 125 mg tab	Preferred	QL 4 / 1 days
acetazolamide 250 mg tab	Preferred	QL 4 / 1 days
acetazolamide er	Preferred	QL 2 / 1 days
DIURETICS, LOOP		
bumetanide 1 mg tab	Preferred	QL 5 / 1 days
bumetanide 2 mg tab	Preferred	QL 5 / 1 days
bumetanide 0.5 mg tab	Preferred	QL 5 / 1 days
furosemide 8 mg/ml solution	Preferred	QL 75 / 1 days
furosemide 40 mg tab	Preferred	QL 15 / 1 days
furosemide 10 mg/ml solution	Preferred	QL 60 / 1 days
furosemide 80 mg tab	Preferred	QL 7 / 1 days
furosemide 20 mg tab	Preferred	QL 15 / 1 days
torsemide 10 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	Preferred	QL 4 / 1 days
spironolactone 50 mg tab	Preferred	QL 2 / 1 days
spironolactone 100 mg tab	Preferred	QL 4 / 1 days
spironolactone 25 mg tab	Preferred	QL 2 / 1 days
DIURETICS, THIAZIDE		
chlorothiazide 250 mg tab	Preferred	QL 4 / 1 days
chlorothiazide 500 mg tab	Preferred	QL 4 / 1 days
chlorthalidone	Preferred	QL 4 / 1 days
DIURIL *chlorothiazide*	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 2 / 1 days
methyclothiazide	Preferred	QL 2 / 1 days
metolazone	Preferred	QL 2 / 1 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA *fenofibrate micronized*	Non-Preferred	
fenofibrate 200 mg cap	Preferred	QL 1 / 1 days
fenofibrate 134 mg cap	Preferred	QL 1 / 1 days
fenofibrate 48 mg tab	Preferred	QL 1 / 1 days
fenofibrate 160 mg tab	Preferred	QL 1 / 1 days
fenofibrate 54 mg tab	Preferred	QL 1 / 1 days
fenofibrate 67 mg cap	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fenofibrate 145 mg tab	Preferred	QL 1 / 1 days
fenofibrate 50 mg cap	Non-Preferred	
fenofibrate 120 mg tab	Non-Preferred	
fenofibrate 40 mg tab	Non-Preferred	
fenofibrate 150 mg cap	Non-Preferred	
fenofibrate micronized 67 mg cap	Preferred	QL 1 / 1 days
fenofibrate micronized 134 mg cap	Preferred	QL 1 / 1 days
fenofibrate micronized 43 mg cap	Preferred	
fenofibrate micronized 130 mg cap	Preferred	
fenofibrate micronized 200 mg cap	Preferred	QL 1 / 1 days
fenofibric acid 35 mg tab	Non-Preferred	
fenofibric acid 45 mg cap dr	Preferred	
fenofibric acid 135 mg cap dr	Preferred	
fenofibric acid 105 mg tab	Non-Preferred	
FENOGLIDE *fenofibrate*	Non-Preferred	
FIBRICOR *fenofibric acid*	Non-Preferred	
gemfibrozil 600 mg tab	Preferred	QL 2 / 1 days
LIPOFEN *fenofibrate*	Non-Preferred	
LOPID *gemfibrozil*	Non-Preferred	QL 2 / 1 days
TRICOR *fenofibrate*	Non-Preferred	QL 1 / 1 days
TRIGLIDE *fenofibrate*	Non-Preferred	QL 1 / 1 days
TRILIPIX *choline fenofibrate*	Non-Preferred	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV *lovastatin*	Non-Preferred	
atorvastatin calcium 10 mg tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
atorvastatin calcium 40 mg tab	Preferred	QL 30 / 30 days
atorvastatin calcium 80 mg tab	Preferred	QL 30 / 30 days
atorvastatin calcium 20 mg tab	Preferred	QL 30 / 30 days
CRESTOR *rosuvastatin calcium*	Non-Preferred	QL 1 / 1 days
EZALLOR SPRINKLE *rosuvastatin calcium*	Non-Preferred	
fluvastatin sodium	Non-Preferred	QL 30 / 30 days
fluvastatin sodium er	Non-Preferred	
LESCOL XL *fluvastatin sodium*	Non-Preferred	
LIPITOR *atorvastatin calcium*	Non-Preferred	QL 30 / 30 days
LIVALO *pitavastatin calcium*	Non-Preferred	
lovastatin 20 mg tab	Preferred	QL 1 / 1 days
lovastatin 40 mg tab	Preferred	QL 2 / 1 days
lovastatin 10 mg tab	Preferred	QL 1 / 1 days
PRAVACHOL *pravastatin sodium*	Non-Preferred	QL 1 / 1 days
pravastatin sodium	Preferred	QL 1 / 1 days
rosuvastatin calcium	Preferred	QL 1 / 1 days
simvastatin 40 mg tab	Preferred	QL 1 / 1 days
SIMVASTATIN 20 MG/5ML SUSPENSION *simvastatin*	Non-Preferred	
simvastatin 20 mg tab	Preferred	QL 1 / 1 days
simvastatin 80 mg tab	Preferred	QL 1 / 1 days
simvastatin 5 mg tab	Preferred	QL 1 / 1 days
simvastatin 10 mg tab	Preferred	QL 1 / 1 days
ZOCOR 20 MG TAB *simvastatin*	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOCOR 10 MG TAB *simvastatin*	Non-Preferred	QL 1 / 1 days
ZOCOR 40 MG TAB *simvastatin*	Non-Preferred	QL 1 / 1 days
ZOCOR 80 MG TAB *simvastatin*	Non-Preferred	QL 1 / 1 days
ZYPITAMAG *pitavastatin magnesium*	Non-Preferred	
DYSLIPIDEMICS, OTHER		
cholestyramine 4 gm/dose powder	Preferred	QLC 54 grams/day
cholestyramine 4 gm packet	Preferred	QL 6 / 1 days
cholestyramine light 4 gm/dose powder	Preferred	QLC 54 grams/day
cholestyramine light 4 gm packet	Preferred	QL 6 / 1 days
colesevelam hcl	Non-Preferred	
COLESTID *colestipol hcl*	Non-Preferred	
COLESTID FLAVORED *colestipol hcl*	Non-Preferred	
colestipol hcl 5 gm packet	Non-Preferred	
colestipol hcl 1 gm tab	Preferred	
colestipol hcl 5 gm granules	Non-Preferred	
ezetimibe	Preferred	QL 30 / 30 days
ezetimibe-simvastatin	Non-Preferred	
gnp niacin 250 mg tab	Non-Preferred	QL 2 / 1 days
gnp niacin tr 250 mg tab er	Preferred	QL 60 / 30 days
JUXTAPID *lomitapide mesylate*	Non-Preferred	
LOVAZA *omega-3-acid ethyl esters*	Non-Preferred	
NEXLIZET *bempedoic acid-ezetimibe*	Non-Preferred	
niacin 500 mg tab	Preferred	QL 4 / 1 days
niacin 100 mg tab	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
niacin er 750 mg tab er	Preferred	QL 60 / 30 days
niacin er 250 mg cap er	Non-Preferred	QL 2 / 1 days
niacin er 500 mg tab er	Preferred	QL 4 / 1 days
NIACIN ER 1000 MG TAB ER *niacin*	Preferred	QL 60 / 30 days
niacin er 500 mg cap er	Non-Preferred	QL 4 / 1 days
niacin er (antihyperlipidemic) 750 mg tab er	Non-Preferred	
niacin er (antihyperlipidemic) 500 mg tab er	Non-Preferred	QL 4 / 1 days
niacin er (antihyperlipidemic) 1000 mg tab er	Non-Preferred	
NIACOR *niacin (antihyperlipidemic)*	Non-Preferred	
NIASPAN *niacin (antihyperlipidemic)*	Non-Preferred	
omega-3-acid ethyl esters	Preferred	QL 4 / 1 days
PRALUENT 75 MG/ML SOLN A-INJ *alirocumab*	Non-Preferred	QL 2 / 28 days
PRALUENT 150 MG/ML SOLN A-INJ *alirocumab*	Non-Preferred	QL 2 / 28 days
prevalite 4 gm/dose powder	Preferred	QLC 54 grams/day
prevalite 4 gm packet	Preferred	
QUESTRAN *cholestyramine*	Non-Preferred	
QUESTRAN LIGHT *cholestyramine light*	Non-Preferred	
REPATHA *evolocumab*	Non-Preferred	QL 3 / 28 days
REPATHA PUSHTRONEX SYSTEM *evolocumab*	Non-Preferred	
REPATHA SURECLICK *evolocumab*	Non-Preferred	QL 3 / 28 days
SLO-NIACIN 500 MG TAB ER *niacin*	Non-Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
slo-niacin 250 mg tab er	Preferred	QL 60 / 30 days
SLO-NIACIN 750 MG TAB ER *niacin*	Non-Preferred	
VASCEPA *icosapent ethyl*	Non-Preferred	
VYTORIN *ezetimibe-simvastatin*	Non-Preferred	
WELCHOL *colesevelam hcl*	Non-Preferred	
ZETIA *ezetimibe*	Non-Preferred	QL 30 / 30 days
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl 10 mg tab	Preferred	QL 4 / 1 days
hydralazine hcl 50 mg tab	Preferred	QL 4 / 1 days
hydralazine hcl 25 mg tab	Preferred	QL 4 / 1 days
hydralazine hcl 100 mg tab	Preferred	QL 3 / 1 days
minoxidil 2.5 mg tab	Preferred	QL 4 / 1 days
minoxidil 10 mg tab	Preferred	QL 10 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
DILATRATE-SR *isosorbide dinitrate*	Non-Preferred	
GONITRO *nitroglycerin*	Non-Preferred	
ISORDIL TITRADOSE *isosorbide dinitrate*	Non-Preferred	
isosorbide dinitrate 40 mg tab	Non-Preferred	
isosorbide dinitrate 20 mg tab	Non-Preferred	QL 8 / 1 days
isosorbide dinitrate 30 mg tab	Non-Preferred	QL 8 / 1 days
isosorbide dinitrate 5 mg tab	Non-Preferred	QL 8 / 1 days
isosorbide dinitrate 10 mg tab	Non-Preferred	QL 8 / 1 days
isosorbide dinitrate er	Preferred	QL 2 / 1 days
isosorbide mononitrate	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
isosorbide mononitrate er 60 mg tab er 24h	Preferred	QL 2 / 1 days
isosorbide mononitrate er 30 mg tab er 24h	Preferred	QL 3 / 1 days
isosorbide mononitrate er 120 mg tab er 24h	Preferred	QL 2 / 1 days
minitran	Non-Preferred	QL 1 / 1 days
NITRO-BID *nitroglycerin*	Preferred	
NITRO-DUR 0.1 MG/HR PATCH 24HR *nitroglycerin*	Non-Preferred	QL 1 / 1 days
NITRO-DUR 0.6 MG/HR PATCH 24HR *nitroglycerin*	Non-Preferred	QL 1 / 1 days
NITRO-DUR 0.4 MG/HR PATCH 24HR *nitroglycerin*	Non-Preferred	QL 1 / 1 days
NITRO-DUR 0.2 MG/HR PATCH 24HR *nitroglycerin*	Non-Preferred	QL 1 / 1 days
NITRO-DUR 0.8 MG/HR PATCH 24HR *nitroglycerin*	Non-Preferred	
NITRO-DUR 0.3 MG/HR PATCH 24HR *nitroglycerin*	Non-Preferred	
nitroglycerin 0.3 mg sl tab	Preferred	
nitroglycerin 0.2 mg/hr patch 24hr	Preferred	QL 1 / 1 days
nitroglycerin 0.4 mg sl tab	Preferred	
nitroglycerin 0.6 mg/hr patch 24hr	Preferred	QL 1 / 1 days
nitroglycerin 0.1 mg/hr patch 24hr	Preferred	QL 1 / 1 days
nitroglycerin 0.4 mg/spray solution	Non-Preferred	
nitroglycerin 0.4 mg/hr patch 24hr	Preferred	QL 1 / 1 days
nitroglycerin 0.6 mg sl tab	Preferred	
nitroglycerin er 2.5 mg cap er	Non-Preferred	QL 4 / 1 days
nitroglycerin er 6.5 mg cap er	Non-Preferred	QL 4 / 1 days
NITROLINGUAL *nitroglycerin*	Non-Preferred	
NITROMIST *nitroglycerin*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NITROSTAT *nitroglycerin*	Non-Preferred	
CENTRAL NERVOUS SYSTEM AGENTS ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL 20 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 3 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 15 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 3 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 5 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 10 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 3 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 12.5 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 3 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 30 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 7.5 MG TAB *amphetamine-dextroamphetamine*	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL XR *amphetamine-dextroamphetamine*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADZENYS ER *amphetamine*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADZENYS XR-ODT *amphetamine*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
AMPHETAMINE ER *amphetamine*	Non-Preferred	
amphetamine sulfate	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphet er	Preferred	QL 30 / 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
amphetamine-dextroamphetamine 5 mg tab	Preferred	QL 120 / 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 12.5 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 15 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 7.5 mg tab	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DESOXYN *methamphetamine hcl*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE 10 MG CAP ER 24H *dextroamphetamine sulfate*	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE 5 MG CAP ER 24H *dextroamphetamine sulfate*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE 15 MG CAP ER 24H *dextroamphetamine sulfate*	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 5 mg tab	Preferred	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 5 mg/5ml solution	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 10 mg tab	Preferred	QL 120 / 30 days 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 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYANAVEL XR *amphetamine*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO *amphetamine sulfate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO ODT *amphetamine sulfate*	Non-Preferred	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 *amphetamine-dextroamphetamine*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
procentra	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 40 MG CHEW TAB *lisdexamfetamine dimesylate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 60 MG CHEW TAB *lisdexamfetamine dimesylate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 20 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 20 MG CHEW TAB *lisdexamfetamine dimesylate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 70 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 40 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE 30 MG CHEW TAB *lisdexamfetamine dimesylate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 10 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 30 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 50 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 60 MG CAP *lisdexamfetamine dimesylate*	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 50 MG CHEW TAB *lisdexamfetamine dimesylate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE 10 MG CHEW TAB *lisdexamfetamine dimesylate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ZENZEDI 2.5 MG TAB *dextroamphetamine sulfate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ZENZEDI 30 MG TAB *dextroamphetamine sulfate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ZENZEDI 20 MG TAB *dextroamphetamine sulfate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ZENZEDI 15 MG TAB *dextroamphetamine sulfate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZENZEDI 7.5 MG TAB *dextroamphetamine sulfate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 5 mg tab	Non-Preferred	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ADHANSIA XR *methylphenidate hcl*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
APTENSIO XR *methylphenidate hcl*	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 10 mg cap	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 40 mg cap	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 100 mg cap	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 80 mg cap	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 18 mg cap	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl 25 mg cap	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
atomoxetine hcl 60 mg cap	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
clonidine hcl er	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 27 MG TAB ER *methylphenidate hcl*	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 18 MG TAB ER *methylphenidate hcl*	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 36 MG TAB ER *methylphenidate hcl*	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 54 MG TAB ER *methylphenidate hcl*	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
COTEMPLA XR-ODT *methylphenidate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DAYTRANA *methylphenidate*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 10 mg cap er 24h	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dexmethylphenidate hcl er 25 mg cap er 24h	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 5 mg cap er 24h	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 20 mg cap er 24h	Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 40 mg cap er 24h	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 30 mg cap er 24h	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er 35 mg cap er 24h	Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN *dexmethylphenidate hcl*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 35 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 30 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOCALIN XR 10 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 40 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 25 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 20 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR 5 MG CAP ER 24H *dexmethylphenidate hcl*	Non-Preferred	QL 2 / 1 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 4 mg tab er 24h	Preferred	QL 30 / 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTUNIV 3 MG TAB ER 24H *guanfacine hcl (adhd)*	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 1 MG TAB ER 24H *guanfacine hcl (adhd)*	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 4 MG TAB ER 24H *guanfacine hcl (adhd)*	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
JORNAY PM *methylphenidate hcl*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
metadate er	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLIN 10 MG/5ML SOLUTION *methylphenidate hcl*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLIN 5 MG/5ML SOLUTION *methylphenidate hcl*	Non-Preferred	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 10 mg tab	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 5 mg/5ml solution	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 5 mg chew tab	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 20 mg tab	Preferred	QL 90 / 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 10 mg/5ml solution	Non-Preferred	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 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 24h	Preferred	QL 60 / 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 20 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 24h	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 54 mg tab er 24h	Preferred	QL 30 / 30 days 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 27 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	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER 72 MG TAB ER *methylphenidate hcl*	Non-Preferred	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) 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) 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) 60 mg cap er	Preferred	QL 30 / 30 days 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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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 (la) 60 mg cap er 24h	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) 20 mg cap er 24h	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) 10 mg cap er 24h	Non-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	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) 30 mg cap er 24h	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER (XR) *methylphenidate hcl*	Non-Preferred	
QUILLICHEW ER *methylphenidate hcl*	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLIVANT XR *methylphenidate hcl*	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII *methylphenidate hcl*	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 5 MG TAB *methylphenidate hcl*	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN 10 MG TAB *methylphenidate hcl*	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 20 MG TAB *methylphenidate hcl*	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 10 MG CAP ER 24H *methylphenidate hcl*	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 30 MG CAP ER 24H *methylphenidate hcl*	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 *methylphenidate hcl*	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 40 MG CAP ER 24H *methylphenidate hcl*	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 25 MG CAP *atomoxetine hcl*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 40 MG CAP *atomoxetine hcl*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 18 MG CAP *atomoxetine hcl*	Non-Preferred	QL 2 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRATTERA 80 MG CAP *atomoxetine hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 100 MG CAP *atomoxetine hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA 60 MG CAP *atomoxetine hcl*	Non-Preferred	QL 1 / 1 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CENTRAL NERVOUS SYSTEM, OTHER		
8 hour arthritis pain reliever 650 mg tab er	Preferred	
8 hour pain reliever 650 mg tab er	Preferred	
8 hr arthritis pain relief 650 mg tab er	Preferred	
8hr muscle aches & pain 650 mg tab er	Preferred	
acephen 650 mg suppos	Preferred	QL 6 / 1 days
acephen 325 mg suppos	Preferred	QL 5 / 1 days
acephen 120 mg suppos	Preferred	QL 5 / 1 days
acetaminophen 325 mg tab	Preferred	QL 4 / 1 days
acetaminophen 120 mg suppos	Preferred	QL 5 / 1 days
acetaminophen 650 mg suppos	Preferred	QL 6 / 1 days
acetaminophen 160 mg/5ml liquid	Preferred	QL 30 / 1 days
acetaminophen 160 mg/5ml solution	Preferred	QL 30 / 1 days
acetaminophen 500 mg tab	Preferred	QL 4 / 1 days
acetaminophen 650 mg/20.3ml suspension	Preferred	QL 30 / 1 days
acetaminophen 650 mg/20.3ml solution	Preferred	QL 30 / 1 days
acetaminophen 325 mg/10.15ml solution	Preferred	QL 30 / 1 days
acetaminophen childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetaminophen childrens 160 mg/5ml solution	Preferred	QL 30 / 1 days
acetaminophen er 650 mg tab er	Preferred	
acetaminophen extra strength 500 mg tab	Preferred	QL 4 / 1 days
acetaminophen infants 160 mg/5ml suspension	Preferred	QL 30 / 1 days
ALLZITAL *butalbital-acetaminophen*	Non-Preferred	QLC Max 18 tabs/caps per month
arthritis pain relief 650 mg tab er	Preferred	
arthritis pain reliever 650 mg tab er	Preferred	
AUSTEDO *deutetrabenazine*	Preferred	PA
bupap	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-acetaminophen 50-325 mg tab	Non-Preferred	QLC Max 18 tabs/caps per month
BUTALBITAL-ACETAMINOPHEN 50-300 MG CAP *butalbital-acetaminophen*	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-acetaminophen 50-300 mg cap	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-acetaminophen 50-300 mg tab	Non-Preferred	QLC Max 18 tabs/caps per month
BUTALBITAL-ACETAMINOPHEN 25-325 MG TAB *butalbital-acetaminophen*	Non-Preferred	QLC Max 18 tabs/caps per month
butalbital-apap	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 cap	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
childrens silapap 160 mg/5ml liquid	Preferred	QL 30 / 1 days
ed-apap 160 mg/5ml liquid	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 *butalbital-acetaminophen-caffeine*	Non-Preferred	QLC Max 18 tabs/caps per month
feverall adults 650 mg suppos	Preferred	QL 6 / 1 days
feverall childrens 120 mg suppos	Preferred	QL 5 / 1 days
FEVERALL INFANTS 80 MG SUPPOS *acetaminophen*	Preferred	QL 5 / 1 days
FEVERALL JUNIOR STRENGTH 325 MG SUPPOS *acetaminophen*	Preferred	QL 5 / 1 days
FIORICET *butalbital-acetaminophen-caffeine*	Non-Preferred	QLC Max 18 tabs/caps per month
gnp 8 hour pain reliever 650 mg tab er	Preferred	
gnp acetaminophen 325 mg tab	Preferred	QL 4 / 1 days
gnp arthritis pain relief 650 mg tab er	Preferred	
gnp infants pain relief 160 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp infants pain/fever 160 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp pain & fever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp pain relief 325 mg tab	Preferred	QL 4 / 1 days
gnp pain relief extra strength 500 mg tab	Preferred	QL 4 / 1 days
gnp pain reliever ex st 500 mg tab	Preferred	QL 4 / 1 days
goodsense arthritis pain 650 mg tab er	Preferred	
goodsense pain & fever child 160 mg/5ml suspension	Preferred	QL 30 / 1 days
goodsense pain & fever infants 160 mg/5ml suspension	Preferred	QL 30 / 1 days
goodsense pain relief 650 mg tab er	Preferred	
goodsense pain relief 325 mg tab	Preferred	QL 4 / 1 days
goodsense pain relief extra st 500 mg tab	Preferred	QL 4 / 1 days
hm arthritis pain relief 650 mg tab er	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm pain & fever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
hm pain & fever infants 160 mg/5ml suspension	Preferred	QL 30 / 1 days
hm pain relief 650 mg tab er	Preferred	
hm pain relief extra strength 500 mg tab	Preferred	QL 4 / 1 days
hm pain reliever 325 mg tab	Preferred	QL 4 / 1 days
HORIZANT *gabapentin enacarbil*	Non-Preferred	
INGREZZA 80 MG CAP *valbenazine tosylate*	Preferred	QL 1 / 1 days PA
INGREZZA 40 & 80 MG CAP THPK *valbenazine tosylate*	Preferred	PA
INGREZZA 40 MG CAP *valbenazine tosylate*	Preferred	QL 30 / 30 days PA
m-pap 160 mg/5ml liquid	Preferred	QL 30 / 1 days
mapap 500 mg tab	Preferred	QL 4 / 1 days
mapap 160 mg/5ml liquid	Preferred	QL 30 / 1 days
mapap 325 mg tab	Preferred	QL 4 / 1 days
mapap arthritis pain 650 mg tab er	Preferred	
mapap childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
mapap extra strength 500 mg tab	Preferred	QL 4 / 1 days
non-aspirin childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
non-aspirin extra strength 500 mg tab	Preferred	QL 4 / 1 days
non-aspirin pain relief 325 mg tab	Preferred	QL 4 / 1 days
pain & fever 325 mg tab	Preferred	QL 4 / 1 days
pain & fever childrens 160 mg/5ml solution	Preferred	QL 30 / 1 days
pain & fever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pain & fever extra strength 500 mg tab	Preferred	QL 4 / 1 days
pain & fever infants 160 mg/5ml suspension	Preferred	QL 30 / 1 days
pain relief extra strength 500 mg tab	Preferred	QL 4 / 1 days
pain relief regular strength 325 mg tab	Preferred	QL 4 / 1 days
pain reliever 500 mg tab	Preferred	QL 4 / 1 days
pain reliever extra strength 500 mg tab	Preferred	QL 4 / 1 days
pharbetol 325 mg tab	Preferred	QL 4 / 1 days
pharbetol extra strength 500 mg tab	Preferred	QL 4 / 1 days
qc acetaminophen 8 hours 650 mg tab er	Preferred	
qc arthritis pain relief 650 mg tab er	Preferred	
qc non-aspirin 8 hour 650 mg tab er	Preferred	
qc non-aspirin childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
qc non-aspirin extra strength 500 mg tab	Preferred	QL 4 / 1 days
qc pain relief 325 mg tab	Preferred	QL 4 / 1 days
qc pain relief childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
qc pain relief extra strength 500 mg tab	Preferred	QL 4 / 1 days
qc pain relief infants 160 mg/5ml suspension	Preferred	QL 30 / 1 days
sb arthritis pain relief 650 mg tab er	Preferred	
sb non-aspirin 325 mg tab	Preferred	QL 4 / 1 days
sb non-aspirin extra strength 500 mg tab	Preferred	QL 4 / 1 days
sb pain reliever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
sb pain reliever ex st 500 mg tab	Preferred	QL 4 / 1 days
sm 8 hour pain relief 650 mg tab er	Preferred	
sm arthritis pain relief 650 mg tab er	Preferred	
sm arthritis pain reliever 650 mg tab er	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm pain & fever childrens 160 mg/5ml suspension	Preferred	QL 30 / 1 days
sm pain & fever infants 160 mg/5ml suspension	Preferred	QL 30 / 1 days
sm pain relief extra strength 500 mg tab	Preferred	QL 4 / 1 days
sm pain reliever 325 mg tab	Preferred	QL 4 / 1 days
sm pain reliever ex st 650 mg tab er	Preferred	
sm pain reliever ex st 500 mg tab	Preferred	QL 4 / 1 days
tactinal 325 mg tab	Preferred	QL 4 / 1 days
tactinal extra strength 500 mg tab	Preferred	QL 4 / 1 days
tetrabenazine	Preferred	PA
vanatol lq	Non-Preferred	QLC 270 mL/30 days
vanatol s	Non-Preferred	QLC 270 mL/30 days
vtol lq	Non-Preferred	QLC 270 mL/30 days
XENAZINE *tetrabenazine*	Non-Preferred	
zebutal	Non-Preferred	QLC Max 18 tabs/caps per month
FIBROMYALGIA AGENTS		
CYMBALTA *duloxetine hcl*	Non-Preferred	QL 2 / 1 days
DRIZALMA SPRINKLE *duloxetine hcl*	Non-Preferred	
duloxetine hcl 40 mg cp dr part	Non-Preferred	QL 1 / 1 days
duloxetine hcl 30 mg cp dr part	Preferred	QL 2 / 1 days
duloxetine hcl 20 mg cp dr part	Preferred	QL 2 / 1 days
duloxetine hcl 60 mg cp dr part	Preferred	QL 2 / 1 days
LYRICA 150 MG CAP *pregabalin*	Non-Preferred	QL 3 / 1 days
LYRICA 75 MG CAP *pregabalin*	Non-Preferred	QL 3 / 1 days
LYRICA 25 MG CAP *pregabalin*	Non-Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYRICA 200 MG CAP *pregabalin*	Non-Preferred	QL 3 / 1 days
LYRICA 50 MG CAP *pregabalin*	Non-Preferred	QL 3 / 1 days
LYRICA 225 MG CAP *pregabalin*	Non-Preferred	QL 2 / 1 days
LYRICA 20 MG/ML SOLUTION *pregabalin*	Non-Preferred	
LYRICA 100 MG CAP *pregabalin*	Non-Preferred	QL 3 / 1 days
LYRICA 300 MG CAP *pregabalin*	Non-Preferred	QL 2 / 1 days
LYRICA CR *pregabalin (once-daily)*	Non-Preferred	
pregabalin 300 mg cap	Preferred	QL 2 / 1 days
pregabalin 150 mg cap	Preferred	QL 3 / 1 days
pregabalin 25 mg cap	Preferred	QL 3 / 1 days
pregabalin 225 mg cap	Preferred	QL 2 / 1 days
pregabalin 20 mg/ml solution	Non-Preferred	
pregabalin 75 mg cap	Preferred	QL 3 / 1 days
pregabalin 100 mg cap	Preferred	QL 3 / 1 days
pregabalin 50 mg cap	Preferred	QL 3 / 1 days
pregabalin 200 mg cap	Preferred	QL 3 / 1 days
SAVELLA *milnacipran hcl*	Preferred	
SAVELLA TITRATION PACK *milnacipran hcl*	Preferred	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA *dalfampridine*	Non-Preferred	QL 60 / 30 days
AUBAGIO *teriflunomide*	Preferred	QL 1 / 1 days PA
AVONEX *interferon beta-1a*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVONEX PEN *interferon beta-1a*	Preferred	
AVONEX PREFILLED *interferon beta-1a*	Preferred	
BAFIERTAM *monomethyl fumarate*	Non-Preferred	
BETASERON *interferon beta-1b*	Preferred	
COPAXONE *glatiramer acetate*	Non-Preferred	
dalfampridine er	Preferred	QL 60 / 30 days PA
dimethyl fumarate 240 mg cap dr	Non-Preferred	
dimethyl fumarate 120 mg cap dr	Non-Preferred	
EXTAVIA *interferon beta-1b*	Non-Preferred	
GILENYA 0.5 MG CAP *fingolimod hcl*	Preferred	PA
GILENYA 0.25 MG CAP *fingolimod hcl*	Preferred	
glatiramer acetate	Preferred	
glatopa	Non-Preferred	
KESIMPTA *ofatumumab (ms)*	Non-Preferred	
LEMTRADA *alemtuzumab (ms)*	Non-Preferred	
MAVENCLAD (10 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	
MAVENCLAD (4 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	
MAVENCLAD (5 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	
MAVENCLAD (6 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	
MAVENCLAD (7 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	
MAVENCLAD (8 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAVENCLAD (9 TABS) *cladribine (multiple sclerosis)*	Non-Preferred	
MAYZENT *siponimod fumarate*	Non-Preferred	
MAYZENT STARTER PACK *siponimod fumarate*	Non-Preferred	
OCREVUS *ocrelizumab*	Non-Preferred	
PLEGRIDY *peginterferon beta-1a*	Non-Preferred	
PLEGRIDY STARTER PACK *peginterferon beta-1a*	Non-Preferred	
REBIF *interferon beta-1a*	Preferred	
REBIF REBIDOSE *interferon beta-1a*	Preferred	
REBIF REBIDOSE TITRATION PACK *interferon beta-1a*	Preferred	
REBIF TITRATION PACK *interferon beta-1a*	Preferred	
TECFIDERA *dimethyl fumarate*	Preferred	PA
TYSABRI *natalizumab*	Preferred	PA
VUMERITY *diroximel fumarate*	Non-Preferred	QL 120 / 30 days
VUMERITY (STARTER) *diroximel fumarate*	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA *ozanimod hcl*	Non-Preferred	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK *ozanimod hcl*	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT *ozanimod hcl*	Non-Preferred	QLC 1 fill per lifetime
DENTAL AND ORAL AGENTS		
chlorhexidine gluconate 0.12 % solution	Preferred	QL 30 / 1 days
oralone	Preferred	
pilocarpine hcl 5 mg tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pilocarpine hcl 7.5 mg tab	Preferred	QL 4 / 1 days
triamcinolone acetonide 0.1 % paste	Preferred	
DERMATOLOGICAL AGENTS		
a&d ointment	Preferred	
ABSORICA *isotretinoin*	Non-Preferred	
ABSORICA LD *isotretinoin micronized*	Non-Preferred	
ACANYA *clindamycin phosphate-benzoyl peroxide*	Non-Preferred	
acitretin	Non-Preferred	
acne medication 10 10 % gel	Preferred	
ACNE MEDICATION 10 10 % LOTION *benzoyl peroxide*	Preferred	
ACNE MEDICATION 5 5 % LOTION *benzoyl peroxide*	Preferred	
acne medication 5 5 % gel	Preferred	
ACZONE *dapsone (topical)*	Non-Preferred	
adapalene 0.1 % gel	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.3 % gel	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.1 % cream	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
ADAPALENE 0.1 % SOLUTION *adapalene*	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-benzoyl peroxide	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
AKLIEF *trifarotene*	Non-Preferred	
ALCORTIN A *iodoquinol-hydrocortisone-aloe polysaccharide*	Non-Preferred	
ALDARA *imiquimod*	Non-Preferred	
ALTRENO *tretinoin*	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
amlactin 12 % lotion	Preferred	
ammonium lactate 12 % lotion	Preferred	
ammonium lactate 12 % cream	Preferred	
amnesteem	Preferred	PA
anti-itch 2-0.1 % cream	Preferred	QL 30 / 7 days
anti-itch extra strength 2-0.1 % cream	Preferred	QL 30 / 7 days
ARAZLO *tazarotene (acne)*	Non-Preferred	
ATRALIN *tretinoin*	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
avar-e emollient	Non-Preferred	
avar-e green	Non-Preferred	
avita	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
AZELEX *azelaic acid (acne)*	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
banophen 2-0.1 % cream	Preferred	QL 30 / 7 days
BENSAL HP *salicylic acid & benzoic acid*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENZACLIN *clindamycin phosphate-benzoyl peroxide*	Non-Preferred	
BENZACLIN WITH PUMP *clindamycin phosphate-benzoyl peroxide*	Non-Preferred	
benzefoam 5.3 % foam	Non-Preferred	
BENZEPRO 5.2 % FOAM *benzoyl peroxide*	Non-Preferred	
benzoyl peroxide 2.5 % gel	Preferred	
benzoyl peroxide 9.8 % foam	Preferred	
benzoyl peroxide 5 % gel	Preferred	
benzoyl peroxide 5.3 % foam	Preferred	
benzoyl peroxide 10 % gel	Preferred	
BENZOYL PEROXIDE CLEANSER 6 % LIQUID *benzoyl peroxide*	Non-Preferred	
benzoyl peroxide wash 10 % liquid	Preferred	
bp 10-1	Non-Preferred	
BP CLEANSING WASH *sulfacetamide sodium-sulfur in urea vehicle*	Non-Preferred	
BPO 4 % GEL *benzoyl peroxide*	Non-Preferred	
bpo foaming cloths 6 % misc	Non-Preferred	
CALAMINE 8-8 % LOTION *calamine-zinc oxide*	Preferred	QL 240 / 7 days
calcipotriene 0.005 % solution	Preferred	
CALCIPOTRIENE 0.005 % FOAM *calcipotriene*	Non-Preferred	
calcipotriene 0.005 % ointment	Non-Preferred	QL 60 / 30 days
calcipotriene 0.005 % cream	Preferred	QL 60 / 30 days
calcipotriene-betameth diprop	Non-Preferred	
calcitrene	Non-Preferred	
calcitriol 3 mcg/gm ointment	Preferred	
cerovel	Preferred	QL 240 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
claravis	Preferred	PA
clindamycin phos-benzoyl perox 1.2-5 % gel	Preferred	
clindamycin phos-benzoyl perox 1.2-2.5 % gel	Non-Preferred	
clindamycin phos-benzoyl perox 1-5 % gel	Preferred	
CLINDAMYCIN PHOS-BENZOYL PEROX 1-5 % GEL PUMP	Non-Preferred	
clindamycin phosphate 1 % foam	Non-Preferred	
clindamycin-tretinoin	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
clotrimazole-betamethasone 1-0.05 % cream	Preferred	QL 45 / 28 days
clotrimazole-betamethasone 1-0.05 % lotion	Non-Preferred	
CORTISPORIN 1 % OINTMENT *bacitracin-polymyxin-neomycin hc*	Non-Preferred	
CORTISPORIN 3.5-10000-0.5 CREAM *neomycin-polymyxin-hc*	Non-Preferred	
COSENTYX *secukinumab*	Preferred	PA
COSENTYX (300 MG DOSE) *secukinumab*	Preferred	PA
COSENTYX SENSOREADY (300 MG) *secukinumab*	Preferred	PA
COSENTYX SENSOREADY PEN *secukinumab*	Preferred	PA
curad vitamin a & d ointment	Preferred	
dapsone 5 % gel	Non-Preferred	
DAPSONE 7.5 % GEL *dapsone (topical)*	Non-Preferred	
dermazene	Non-Preferred	
DIFFERIN 0.3 % GEL *adapalene*	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIFFERIN 0.1 % CREAM *adapalene*	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % GEL *adapalene*	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % LOTION *adapalene*	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
diphenhydramine-zinc acetate 2-0.1 % cream	Preferred	QL 30 / 7 days
DIPROLENE 0.05 % OINTMENT *betamethasone dipropionate augmented*	Non-Preferred	QL 50 / 30 days
dml lotion	Preferred	
DOVONEX *calcipotriene*	Non-Preferred	QL 2 / 1 days
DRYSOL *aluminum chloride*	Preferred	
DUAC *clindamycin phosphate-benzoyl peroxide (refrigerate)*	Non-Preferred	
DUOBRII *halobetasol propionate-tazarotene*	Non-Preferred	
DUPIXENT 300 MG/2ML SOLN PRSYR *dupilumab*	Non-Preferred	QL 8 / 28 days
DUPIXENT 200 MG/1.14ML SOLN PRSYR *dupilumab (asthma)*	Non-Preferred	QL 4.56 / 28 days
DUPIXENT 300 MG/2ML SOLN PEN *dupilumab*	Non-Preferred	
ELIDEL *pimecrolimus*	Preferred	QL 30 / 24 days
ENSTILAR *calcipotriene-betamethasone dipropionate*	Non-Preferred	
EPIDUO *adapalene-benzoyl peroxide*	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPIDUO FORTE *adapalene-benzoyl peroxide*	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EUCRISA *crisaborole*	Preferred	PA
EVOCLIN *clindamycin phosphate (topical)*	Non-Preferred	
FABIOR *tazarotene (acne)*	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
gnp anti-itch 2-0.1 % cream	Preferred	QL 30 / 7 days
GNP CALAMINE 8-8 % LOTION *calamine-zinc oxide*	Preferred	QL 240 / 7 days
GNP CALAMINE PHENOLATED LOTION *calamine phenolated*	Preferred	QL 240 / 7 days
gnp hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
gnp lice solution 0.33-4-0.5 % kit	Preferred	
gnp lice treatment 0.33-4 % shampoo	Preferred	
gnp muscle rub ultra strength 4-10-30 % cream	Preferred	
gnp vitamin a & d 15.5-53.4 % ointment	Preferred	
gnp zinc oxide 20 % ointment	Preferred	
goodsense hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
HM CALAMINE 8-8 % LOTION *calamine-zinc oxide*	Preferred	QL 240 / 7 days
hm hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
hm lice killing max st 0.33-4 % shampoo	Preferred	
hydrocortisone (perianal) 1 % cream	Preferred	
hydrocortisone-iodoquinol	Non-Preferred	
ILUMYA *tildrakizumab-asmn*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
imiquimod 5 % cream	Preferred	QL 48 / 365 days
IMIQUIMOD PUMP *imiquimod*	Non-Preferred	
iodoquinol-hc-aloe polysacch	Non-Preferred	
IONIL-T 1 % SHAMPOO *coal tar extract*	Preferred	
isotretinoin 30 mg cap	Preferred	PA
isotretinoin 10 mg cap	Preferred	PA
isotretinoin 20 mg cap	Preferred	PA
isotretinoin 40 mg cap	Preferred	PA
itch relief extra strength 2-0.1 % cream	Preferred	QL 30 / 7 days
lice killing 0.33-4 % shampoo	Preferred	
lice killing maximum strength 0.33-4 % shampoo	Preferred	
LOTRISONE *clotrimazole w/ betamethasone*	Non-Preferred	
LUXIQ *betamethasone valerate*	Non-Preferred	
major-prep hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
methoxsalen rapid	Non-Preferred	
metronidazole 0.75 % cream	Preferred	QL 45 / 26 days
MICORT-HC *hydrocortisone acetate (topical)*	Non-Preferred	
MINERAL OIL-HYDROPHIL PETROLAT OINTMENT *mineral oil-hydrophilic petrolatum*	Preferred	
minerin lotion	Preferred	
muscle rub ultra strength 4-10-30 % cream	Preferred	
myorisan	Preferred	PA
NEO-SYNALAR 0.5-0.025 % CREAM *neomycin sulfate-fluocinolone acetonide*	Non-Preferred	
NEO-SYNALAR 0.5-0.025 % KIT *neomycin-fluocinolone & emollient*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEUAC 1.2-5 % KIT *clindamycin phosphate-benzoyl peroxide & moisturizer*	Non-Preferred	
neuac 1.2-5 % gel	Non-Preferred	
ONEXTON *clindamycin phosphate-benzoyl peroxide*	Non-Preferred	
OXSORALEN ULTRA *methoxsalen rapid*	Non-Preferred	
pain relieving 4-10-30 % cream	Preferred	
panoxyl creamy wash 4 % liquid	Preferred	
panoxyl foaming wash 10 % liquid	Preferred	
panoxyl wash 10 % liquid	Preferred	
pimecrolimus	Non-Preferred	QL 30 / 24 days
podofilox 0.5 % solution	Preferred	
procto-pak	Preferred	
PROCTOCORT 1 % CREAM *hydrocortisone (rectal)*	Non-Preferred	
PROCTOFOAM HC *hydrocortisone acetate w/ pramoxine*	Preferred	
PROTOPIC *tacrolimus (topical)*	Preferred	C Max 60 grams per 180 days QLC 30 grams per fill
qc anti-itch extra strength 2-0.1 % cream	Preferred	QL 30 / 7 days
QC CALAMINE LOTION *calamine*	Preferred	QL 240 / 7 days
qc hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
rea lo 40 40 % lotion	Preferred	QL 240 / 24 days
RETIN-A *tretinoin*	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO *tretinoin microsphere*	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rosadan 0.75 % gel	Preferred	QL 45 / 26 days
rosadan 0.75 % cream	Preferred	QL 45 / 26 days
sal-plant 17 % gel	Preferred	
salicylic acid 6 % cream	Preferred	QL 400 / 24 days
SANTYL *collagenase*	Preferred	C Max 60 days supply per 365 days QLC 120 grams/30 days
sb anti-itch maximum strength 2-0.1 % cream	Preferred	QL 30 / 7 days
selenium sulfide 2.5 % lotion	Preferred	
SERNIVO *betamethasone dipropionate (topical)*	Non-Preferred	
SKYRIZI (150 MG DOSE) *risankizumab-rzaa*	Non-Preferred	
sm anti-dandruff coal tar 0.5 % shampoo	Preferred	
sm anti-itch extra strength 2-0.1 % cream	Preferred	QL 30 / 7 days
SM CALAMINE LOTION *calamine*	Preferred	QL 240 / 7 days
SM CALAMINE PHENOLATED LOTION *calamine phenolated*	Preferred	QL 240 / 7 days
sm dry skin therapy lotion	Preferred	
sm hemorrhoidal 0.25-14-74.9 % ointment	Preferred	QL 114 / 30 days
sm lice killing max strength 0.33-4 % shampoo	Preferred	
sm lice solution kit 0.33-4-0.5 % kit	Preferred	
SORIATANE 25 MG CAP *acitretin*	Preferred	
SORIATANE 10 MG CAP *acitretin*	Preferred	
SORILUX *calcipotriene*	Non-Preferred	
SSS 10-5 10-5 % FOAM *sulfacetamide sodium w/ sulfur*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sss 10-5 10-5 % cream	Preferred	
STELARA 45 MG/0.5ML SOLUTION *ustekinumab*	Non-Preferred	
STELARA 90 MG/ML SOLN PRSYR *ustekinumab*	Non-Preferred	
STELARA 130 MG/26ML SOLUTION *ustekinumab (iv)*	Non-Preferred	
STELARA 45 MG/0.5ML SOLN PRSYR *ustekinumab*	Non-Preferred	
sulfacetamide sodium 10 % liquid	Non-Preferred	
sulfacetamide sodium-sulfur 8-4 % suspension	Preferred	
sulfacetamide sodium-sulfur 9-4 % liquid	Non-Preferred	
sulfacetamide sodium-sulfur 10-2 % cream	Non-Preferred	
sulfacetamide sodium-sulfur 9.8-4.8 % liquid	Non-Preferred	
sulfacetamide sodium-sulfur 10-4 % pad	Non-Preferred	
sulfacetamide sodium-sulfur 10-5 % cream	Non-Preferred	
sulfacetamide sodium-sulfur 10-5 % emulsion	Preferred	
sulfacetamide sodium-sulfur 10-2 % liquid	Non-Preferred	
sulfacetamide sodium-sulfur 9-4.5 % liquid	Preferred	
SUMADAN *sulfacetamide sodium-sulfur w/ skin cleanser*	Non-Preferred	
SUMADAN WASH *sulfacetamide sodium w/ sulfur*	Non-Preferred	
SUMADAN XLT *sulfacetamide sodium-sulfur-sunscreen*	Non-Preferred	
SUMAXIN *sulfacetamide sodium w/ sulfur*	Non-Preferred	
SUMAXIN CP *sulfacetamide sodium-sulfur w/ skin cleanser*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUMAXIN TS *sulfacetamide sodium w/ sulfur*	Non-Preferred	
SUMAXIN WASH *sulfacetamide sodium w/ sulfur*	Non-Preferred	
TACLONEX *calcipotriene-betamethasone dipropionate*	Non-Preferred	
tacrolimus 0.1 % ointment	Preferred	C Max 60 grams per 180 days QLC 30 grams per fill
tacrolimus 0.03 % ointment	Preferred	C Max 60 grams per 180 days QLC 30 grams per fill
TALTZ *ixekizumab*	Non-Preferred	
tazarotene 0.1 % cream	Non-Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
TAZORAC *tazarotene*	Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
thera-derm lotion	Preferred	
therapeutic 0.5 % shampoo	Preferred	
TOVET 0.05 % KIT *clobetasol propionate emulsion foam w/ moisturizing cream*	Non-Preferred	
tretinoin 0.025 % gel	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.1 % 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 0.01 % gel	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 0.025 % cream	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere pump	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
urea-c40	Preferred	QL 240 / 24 days
VANALICE 0.3-3.5 % GEL *pyrethrins-piperonyl butoxide*	Non-Preferred	
VECTICAL *calcitriol (topical)*	Preferred	
vitamins a & d ointment	Preferred	
wart remover maximum strength 17 % gel	Preferred	
zenatane	Preferred	PA
ZIANA *clindamycin phosphate-tretinoin*	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
zinc oxide 20 % ointment	Preferred	
ZYCLARA *imiquimod*	Non-Preferred	
ZYCLARA PUMP *imiquimod*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ACTIVE FE *fe carbonyl-fa-b complex-a-c-d-e-min*	Non-Preferred	
bprotected pedia iron 75 (15 fe) mg/ml solution	Preferred	
CALCI-CHEW 1250 (500 CA) MG CHEW TAB *calcium carbonate*	Preferred	
calcium 500-100 mg-unit chew tab	Preferred	
calcium + d3 600-200 mg-unit tab	Preferred	QL 90 / 30 days
calcium 500/d 500-200 mg-unit tab	Preferred	QL 90 / 30 days
calcium 600+d 600-400 mg-unit tab	Preferred	QL 90 / 30 days
calcium 600+d3 600-800 mg-unit tab	Preferred	QL 90 / 30 days
calcium 600-d 600-400 mg-unit tab	Preferred	QL 90 / 30 days
calcium carbonate 1250 (500 ca) mg tab	Preferred	
calcium carbonate-vitamin d 600-400 mg-unit tab	Preferred	QL 90 / 30 days
CALCIUM GLUCONATE 500 MG TAB *calcium gluconate*	Preferred	
calcium high potency/vitamin d 600-200 mg-unit tab	Preferred	QL 90 / 30 days
calcium-vitamin d 600-400 mg-unit tab	Preferred	QL 90 / 30 days
calcium-vitamin d3 250-125 mg-unit tab	Preferred	QL 90 / 30 days
corvita 150	Non-Preferred	
cvs iron 325 (65 fe) mg tab	Preferred	
cvs iron 240 (27 fe) mg tab	Preferred	
cvs slow release iron 45 mg tab er	Preferred	
effer-k 25 meq effer tab	Preferred	QL 4 / 1 days
FEOSOL 200 (65 FE) MG TAB *ferrous sulfate dried*	Preferred	
FER-IN-SOL 75 (15 FE) MG/ML SOLUTION *ferrous sulfate*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FERAHEME *ferumoxytol*	Non-Preferred	
ferate 240 (27 fe) mg tab	Preferred	QL 30 / 30 days
fergon 240 (27 fe) mg tab	Non-Preferred	
FERIVA 21/7 *fe asparto gly-vit b12-fa-vit c-dss-succinic acid-zinc*	Non-Preferred	
FERIVAFA *iron-vit c-fa-b12-biotin-copper-docusate*	Non-Preferred	
ferosul 220 (44 fe) mg/5ml elixir	Preferred	
FERRALET 90 *fe carbonyl-fe gluconate-fa-vit b12-vit c-docusate sodium*	Non-Preferred	
FERRAPLUS 90 *iron-folic acid-vitamin b12-vitamin c-docusate sodium*	Non-Preferred	
ferrex 150 150 mg cap	Preferred	
FERRLECIT *sodium ferric gluconate complex in sucrose*	Preferred	
ferrocite 324 mg tab	Non-Preferred	
ferrocite plus	Non-Preferred	
ferrous fumarate 324 (106 fe) mg tab	Non-Preferred	
FERROUS GLUCONATE 324 (38 FE) MG TAB *ferrous gluconate*	Preferred	QL 90 / 30 days
ferrous gluconate 240 (27 fe) mg tab	Preferred	
ferrous sulfate 325 (65 fe) mg tab	Preferred	
FERROUS SULFATE 324 (65 FE) MG TAB DR *ferrous sulfate*	Preferred	
ferrous sulfate 75 (15 fe) mg/ml solution	Preferred	
FERROUS SULFATE 220 (44 FE) MG/5ML LIQUID *ferrous sulfate*	Preferred	QL 15 / 1 days
FERROUS SULFATE 324 MG TAB DR *ferrous sulfate*	Preferred	
ferrous sulfate 325 (65 fe) mg tab dr	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ferrous sulfate 300 (60 fe) mg/5ml syrup	Preferred	
ferrous sulfate 220 (44 fe) mg/5ml elixir	Preferred	QL 15 / 1 days
ferrous sulfate iron 200 (65 fe) mg tab	Preferred	
ferrousul 325 (65 fe) mg tab	Preferred	
FOLIVANE-F *ferrous fumarate-iron polysaccharide complex-folic acid-c-b3*	Preferred	
FUSION PLUS *fe fum-iron polysacch complex-fa-b cmplx-c-biotin-probiotic*	Non-Preferred	
FUSION SPRINKLES *ferrous fumarate-iron polysaccharide complex-fa-c-probiotic*	Non-Preferred	
gnp calcium 500/d 500-200 mg-unit tab	Preferred	QL 90 / 30 days
gnp calcium 600/d 600-400 mg-unit tab	Preferred	QL 90 / 30 days
gnp iron 200 (65 fe) mg tab	Preferred	
gnp iron 142 (45 fe) mg tab er	Preferred	
gnp pediatric electrolyte solution	Preferred	QL 1014 / 1 days
HEMATEX IRON COMPLEX 150 MG TAB *polysaccharide iron complex*	Non-Preferred	
HEMATOGEN FA *fe fumarate-vitamin c-vitamin b12-folic acid*	Non-Preferred	
hematogen forte	Non-Preferred	
HEMOCYTE 324 (106 FE) MG TAB *ferrous fumarate*	Non-Preferred	
hemocyte-f	Preferred	
hm iron 200 (65 fe) mg tab	Preferred	
iferex 150 150 mg cap	Preferred	
iferex 150 forte	Non-Preferred	
INFED *iron dextran*	Preferred	
INJECTAFER *ferric carboxymaltose*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTEGRA F *ferrous fumarate-iron polysaccharide complex-folic acid-c-b3*	Non-Preferred	
iron 325 (65 fe) mg tab	Preferred	
iron 100/c 100-250 mg tab	Preferred	
iron 27 240 (27 fe) mg tab	Preferred	
iron high-potency 325 mg tab	Preferred	
iron supplement childrens 75 (15 fe) mg/ml solution	Preferred	
IROSPAN 24/6 *fe bisglyc-fe polysaccharide-succ acd-b complex-c-ca-fa*	Non-Preferred	
k-effervescent	Preferred	QL 4 / 1 days
k-vescent	Preferred	QL 4 / 1 days
klor-con 8 meq tab er	Preferred	QL 5 / 1 days
klor-con 20 meq packet	Preferred	QL 5 / 1 days
klor-con 10	Preferred	QL 5 / 1 days
klor-con m10	Preferred	QL 5 / 1 days
klor-con m20	Preferred	QL 5 / 1 days
klor-con sprinkle 10 meq cap er	Preferred	QL 5 / 1 days
klor-con sprinkle 8 meq cap er	Preferred	
klor-con/ef	Preferred	QL 4 / 1 days
kp ferrous sulfate 325 (65 fe) mg tab	Preferred	
levocarnitine 1 gm/10ml solution	Preferred	
levocarnitine sf	Preferred	
magnesium oxide 400 (240 mg) mg tab	Preferred	
magnesium oxide 400 (241.3 mg) mg tab	Preferred	
magnesium oxide 400 mg tab	Preferred	
magnesium-oxide 400 (241.3 mg) mg tab	Preferred	
MONOFERRIC *ferric derisomaltose*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
na ferric gluc cplx in sucrose	Preferred	
NEPHRON FA *ferrous fumarate w/ fa-dss-b complex-vit c*	Non-Preferred	
oralyte solution	Preferred	QL 1014 / 1 days
oralyte freezer pops solution	Preferred	QL 1014 / 1 days
os-cal calcium + d3 500-200 mg-unit tab	Preferred	QL 90 / 30 days
oysco 500 500 mg tab	Preferred	
oysco 500+d 500-200 mg-unit tab	Preferred	QL 90 / 30 days
oyster shell calcium 500 mg tab	Preferred	
oyster shell calcium/d 500-400 mg-unit tab	Preferred	QL 90 / 30 days
oyster shell calcium/d 500-200 mg-unit tab	Preferred	QL 90 / 30 days
oyster shell calcium/vitamin d 250-125 mg-unit tab	Preferred	QL 90 / 30 days
oyster shell calcium/vitamin d 500-200 mg-unit tab	Preferred	QL 90 / 30 days
ped electrolyte freezer pops solution	Preferred	QL 1014 / 1 days
pediatric electrolyte solution	Preferred	QL 1014 / 1 days
PHOS-NAK 280-160-250 MG PACKET *potassium & sodium phosphates*	Preferred	QL 4 / 1 days
poly-iron 150 150 mg cap	Preferred	
poly-iron 150 forte	Non-Preferred	
polysaccharide-iron complex 150 mg cap	Non-Preferred	
potassium chloride 40 meq/15ml (20%) solution	Preferred	QL 60 / 1 days
potassium chloride 20 meq packet	Preferred	QL 5 / 1 days
potassium chloride 20 meq/15ml (10%) solution	Preferred	QL 60 / 1 days
potassium chloride crys er	Preferred	QL 5 / 1 days
potassium chloride er 8 meq tab er	Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
potassium chloride er 20 meq tab er	Preferred	QL 5 / 1 days
potassium chloride er 10 meq tab er	Preferred	QL 5 / 1 days
potassium chloride er 8 meq cap er	Preferred	
potassium chloride er 10 meq cap er	Preferred	QL 5 / 1 days
purevit dualfe plus	Non-Preferred	
ra iron 325 (65 fe) mg tab	Preferred	
ra slow release iron 45 mg tab er	Preferred	
rehydralyte solution	Preferred	QL 1014 / 1 days
sb calcium + d 600-200 mg-unit tab	Preferred	QL 90 / 30 days
sb oyster shell calcium 500 mg tab	Preferred	
sb pediatric electrolyte solution	Preferred	QL 1014 / 1 days
se-tan plus	Non-Preferred	
SLOW FE 142 (45 FE) MG TAB ER *ferrous sulfate*	Non-Preferred	
slow release iron 45 mg tab er	Preferred	
sm calcium 500/vitamin d3 500-400 mg-unit tab	Preferred	QL 90 / 30 days
sm calcium 600/vitamin d 600-400 mg-unit tab	Preferred	QL 90 / 30 days
sm iron 325 (65 fe) mg tab	Preferred	
sm oyster shell calcium/vit d 500-400 mg-unit tab	Preferred	QL 90 / 30 days
sm oyster shell calcium/vit d3 500-400 mg-unit tab	Preferred	QL 90 / 30 days
sm pediatric electrolyte solution	Preferred	QL 1014 / 1 days
sm slow release iron 142 (45 fe) mg tab er	Preferred	
sodium bicarbonate 8.4 % solution	Preferred	
sodium chloride 0.9 % solution	Preferred	
sodium fluoride 0.55 (0.25 f) mg chew tab	Preferred	QL 4 / 1 days
sodium fluoride 1.1 (0.5 f) mg/ml solution	Preferred	QL 50 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium fluoride 2.2 (1 f) mg chew tab	Preferred	QL 1 / 1 days
sodium fluoride 1.1 (0.5 f) mg chew tab	Preferred	QL 2 / 1 days
TANDEM PLUS *fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu*	Non-Preferred	
TARON FORTE *fe bisglycinate-fe polysaccharide-vit c-vit b12-folic acid*	Non-Preferred	
tl-hem 150	Non-Preferred	
trigels-f forte	Non-Preferred	
VENOFER *iron sucrose*	Preferred	
VITABEX IRON 65-50-0.025-1 MG CAP *fe bisglycinate-vit c-vit b12-folic acid-inulin-lactobacill*	Non-Preferred	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET *succimer*	Preferred	
deferasirox	Preferred	PA
deferasirox granules	Preferred	
EXJADE *deferasirox*	Preferred	PA
FERRIPROX *deferiprone*	Non-Preferred	
FERRIPROX TWICE-A-DAY *deferiprone*	Non-Preferred	
JADENU *deferasirox*	Non-Preferred	
JADENU SPRINKLE *deferasirox*	Non-Preferred	
kionex 15 gm/60ml suspension	Preferred	QL 240 / 1 days
kionex powder	Preferred	QL 60 / 1 days
sodium polystyrene sulfonate 30 gm/120ml suspension	Preferred	QL 480 / 1 days
sodium polystyrene sulfonate powder	Preferred	QL 60 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium polystyrene sulfonate 50 gm/200ml suspension	Preferred	QL 480 / 1 days
sodium polystyrene sulfonate 15 gm/60ml suspension	Preferred	QL 240 / 1 days
sps	Preferred	QL 240 / 1 days
TRIFERIC 272 MG PACKET *ferric pyrophosphate citrate*	Non-Preferred	
PHOSPHATE BINDERS		
AURYXIA *ferric citrate*	Non-Preferred	
calcium acetate 667 mg tab	Non-Preferred	
calcium acetate (phos binder) 667 mg tab	Non-Preferred	QL 12 / 1 days
calcium acetate (phos binder) 667 mg cap	Preferred	QL 12 / 1 days
calphron 667 mg tab	Preferred	QL 12 / 1 days
FOSRENOL *lanthanum carbonate*	Non-Preferred	
lanthanum carbonate	Non-Preferred	
PHOSLYRA *calcium acetate (phosphate binder)*	Preferred	
phospha 250 neutral	Preferred	
phospho-trin 250 neutral	Preferred	
RENAGEL *sevelamer hcl*	Non-Preferred	QL 16 / 1 days
RENVELA 2.4 GM PACKET *sevelamer carbonate*	Non-Preferred	
RENVELA 800 MG TAB *sevelamer carbonate*	Non-Preferred	QL 17 / 1 days
RENVELA 0.8 GM PACKET *sevelamer carbonate*	Non-Preferred	
sevelamer carbonate 2.4 gm packet	Non-Preferred	
sevelamer carbonate 0.8 gm packet	Non-Preferred	
sevelamer carbonate 800 mg tab	Preferred	QL 17 / 1 days
sevelamer hcl 800 mg tab	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEVELAMER HCL 400 MG TAB *sevelamer hcl*	Non-Preferred	
VELPHORO *sucroferric oxyhydroxide*	Non-Preferred	
VELTASSA *patiromer sorbitex calcium*	Preferred	PA
virt-phos 250 neutral	Preferred	
VITAMINS		
abdek chew tab	Preferred	
abdek pediatric solution	Preferred	QL 2 / 1 days
antioxidant formula tab	Preferred	QL 1 / 1 days
aquadeks liquid	Preferred	QL 2 / 1 days
AQUADEKS CHEW TAB *multiple vitamins w/ minerals*	Preferred	QL 2 / 1 days
AZESCHEW PRENATAL/POSTNATAL *prenatal without a vit w/ fe fumarate-folic acid*	Non-Preferred	
b complex cap	Preferred	
b-complex/b-12 tab	Preferred	
balanced b-50 tab	Preferred	
c 250 250 mg tab	Preferred	QL 60 / 30 days
c 500/rose hips 500 mg tab	Preferred	
c-1000/rose hips 1000 mg tab	Preferred	QL 4 / 1 days
c-500 500 mg chew tab	Preferred	QL 60 / 30 days
C-NATE DHA *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Non-Preferred	
CENTRATEX *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu*	Non-Preferred	
cerovite advanced formula tab	Preferred	QL 1 / 1 days
cerovite jr 18 mg chew tab	Preferred	
cerovite senior tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
certavite/antioxidants tab	Preferred	QL 1 / 1 days
childrens animal shapes 18 mg chew tab	Preferred	
CITRANATAL 90 DHA *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Non-Preferred	
CITRANATAL ASSURE *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Non-Preferred	
CITRANATAL B-CALM *prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa & vit b6*	Non-Preferred	
CITRANATAL BLOOM *prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid*	Non-Preferred	
CITRANATAL DHA *prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha*	Non-Preferred	
CITRANATAL HARMONY *prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha*	Non-Preferred	
CITRANATAL RX *prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa*	Non-Preferred	
CLASSIC PRENATAL 28-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 30 / 30 days
compete tab	Preferred	QL 1 / 1 days
complete tab	Preferred	QL 1 / 1 days
COMPLETE NATAL DHA *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	Preferred	
complete senior tab	Preferred	QL 1 / 1 days
COMPLETENATE *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	
CONCEPT DHA *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	Non-Preferred	
CONCEPT OB *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CORVITE 150 TAB *iron combinations*	Non-Preferred	
CORVITE FE *iron combinations*	Non-Preferred	
corvite free	Preferred	QL 1 / 1 days
cyanocobalamin 1000 mcg/ml solution	Preferred	
daily-vite tab	Preferred	QL 30 / 30 days
daily-vite/iron/beta-carotene tab	Preferred	QL 30 / 30 days
dialyvite 800/ultra d tab	Preferred	QL 1 / 1 days
e-400 400 unit cap	Preferred	QL 4 / 1 days
elite-ob	Non-Preferred	
ENBRACE HR *prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids*	Non-Preferred	
eyeprotect tab	Preferred	QL 1 / 1 days
fa-vitamin b-6-vitamin b-12	Preferred	
fabb	Preferred	
ferocon	Non-Preferred	
FOLBIC 2.5-25-2 MG TAB *folic acid-pyridoxine-cyanocobalamin*	Preferred	
folic acid 800 mcg tab	Preferred	QL 30 / 30 days
folic acid 400 mcg tab	Preferred	QL 30 / 30 days
folic acid 1 mg tab	Preferred	QL 4 / 1 days
FOLIVANE-OB *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Non-Preferred	
folplex 2.2	Preferred	
gnp b-50 balanced tab	Preferred	
gnp century tab	Preferred	QL 1 / 1 days
gnp century adults 50+ senior tab	Preferred	QL 1 / 1 days
gnp century cardio health tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp century mature tab	Preferred	QL 1 / 1 days
gnp century ultimate mens tab	Preferred	QL 1 / 1 days
gnp century ultimate womens tab	Preferred	QL 1 / 1 days
gnp essential one daily tab	Preferred	QL 30 / 30 days
gnp folic acid 400 mcg tab	Preferred	QL 30 / 30 days
gnp hair/skin/nails tab	Preferred	QL 1 / 1 days
gnp healthy eyes tab	Preferred	QL 1 / 1 days
gnp maximum one daily tab	Preferred	QL 1 / 1 days
gnp mega multi for men tab	Preferred	QL 1 / 1 days
gnp mega multi for women tab	Preferred	QL 1 / 1 days
gnp niacin flush free 400-100 mg cap	Non-Preferred	
gnp one daily maximum tab	Preferred	QL 1 / 1 days
gnp one daily mens 50+advanced tab	Preferred	QL 1 / 1 days
gnp one daily mens health 50+ tab	Preferred	QL 1 / 1 days
gnp one daily mens/lycopene tab	Preferred	QL 1 / 1 days
gnp one daily plus iron tab	Preferred	QL 30 / 30 days
gnp one daily womens tab	Preferred	QL 1 / 1 days
gnp one daily womens 50+ tab	Preferred	QL 1 / 1 days
gnp opti-vitamins tab	Preferred	QL 1 / 1 days
GNP PRENATAL 28-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 30 / 30 days
gnp therapeutic-m tab	Preferred	QL 1 / 1 days
gnp vitamin b-12 500 mcg tab	Preferred	
gnp vitamin b-12 tr 1000 mcg tab er	Preferred	
gnp vitamin b-6 100 mg tab	Preferred	QL 60 / 30 days
gnp vitamin b1 100 mg tab	Preferred	
gnp vitamin c 500 mg chew tab	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp vitamin c 1000 mg tab	Preferred	QL 4 / 1 days
gnp vitamin c 500 mg tab	Preferred	
gnp vitamin c 250 mg tab	Preferred	QL 60 / 30 days
gnp vitamin c cr 500 mg tab er	Preferred	QL 4 / 1 days
gnp vitamin c w/rose hips 500 mg tab	Preferred	
gnp vitamin e 1000 unit cap	Preferred	QL 4 / 1 days
gnp womens one daily tab	Preferred	QL 1 / 1 days
gnp zoochews gummies chew tab	Preferred	
healthy eyes tab	Preferred	QL 1 / 1 days
hematogen	Non-Preferred	
HEMOCYTE PLUS *ferrous fumarate-fa-b complex-c-zn-mg-mn-cu*	Preferred	
i-vite tab	Preferred	QL 1 / 1 days
i-vite protect tab	Preferred	QL 1 / 1 days
icaps mv tab	Preferred	QL 1 / 1 days
INTEGRA PLUS *fe fum-iron polysacch complex-fa-b complex-c-biotin*	Non-Preferred	
lipoflavovit tab	Preferred	
M-NATAL PLUS *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	QL 1 / 1 days
mediplex plus tab	Preferred	QL 1 / 1 days
multi-vit/fluoride/iron	Preferred	
multi-vit/iron/fluoride	Preferred	
multi-vitamin/fluoride/iron	Preferred	
multi-vitamins tab	Preferred	QL 30 / 30 days
multilex tab	Preferred	QL 1 / 1 days
multilex-t&m tab	Preferred	QL 1 / 1 days
MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB *pediatric multivitamins w/fl*	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB *pediatric multivitamins w/fl*	Preferred	QL 1 / 1 days
MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB *pediatric multivitamins w/fl*	Preferred	QL 1 / 1 days
multivitamin/fluoride 0.5 mg chew tab	Preferred	QL 1 / 1 days
multivitamins/fluoride	Preferred	QL 1 / 1 days
nephronex tab	Preferred	
NESTABS *prenatal vit without vit a w/ fe bisglycinate-folic acid*	Non-Preferred	
NESTABS DHA *prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3*	Non-Preferred	
NESTABS ONE *prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*	Non-Preferred	
NIFEREX *iron combinations*	Non-Preferred	
niva-fol	Preferred	
NIVA-PLUS *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
NUFERA *iron combinations*	Non-Preferred	
nutrifac zx	Preferred	QL 1 / 1 days
O-CAL FA *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
O-CAL PRENATAL *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	
OB COMPLETE *prenatal vit w/ iron carbonyl-folic acid*	Non-Preferred	
OB COMPLETE ONE *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*	Non-Preferred	
OB COMPLETE PETITE *prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OB COMPLETE PREMIER *prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*	Non-Preferred	
OB COMPLETE/DHA *prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*	Non-Preferred	
ocuvite extra tab	Preferred	QL 1 / 1 days
ocuvite eye + multi tab	Preferred	QL 1 / 1 days
ocuvite eye heatlh gummies chew tab	Preferred	QL 2 / 1 days
ocuvite-lutein tab	Preferred	QL 1 / 1 days
once daily tab	Preferred	QL 30 / 30 days
once daily/iron tab	Preferred	QL 30 / 30 days
one daily tab	Preferred	QL 30 / 30 days
one daily mens tab	Preferred	QL 1 / 1 days
one daily plus iron tab	Preferred	QL 1 / 1 days
PNV TABS 29-1 *prenatal vit w/ iron carbonyl-folic acid*	Non-Preferred	QL 1 / 1 days
pnv-dha	Non-Preferred	
PNV-DHA+DOCUSATE *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Non-Preferred	
PNV-OMEGA *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Non-Preferred	
PNV-SELECT *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*	Non-Preferred	
POLY-VI-SOL 50 MG/ML SOLUTION *pediatric multiple vitamin w/ c*	Preferred	
POLY-VI-SOL/IRON 11 MG/ML SOLUTION *pediatric multiple vitamins w/ iron*	Preferred	
polyvitamin/iron chew tab	Preferred	
PRENAISSANCE *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENAISSANCE PLUS *prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*	Non-Preferred	
PRENATAL 27-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	QL 1 / 1 days
PRENATAL 27-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
PRENATAL 28-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 30 / 30 days
PRENATAL LOW IRON 27-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
PRENATAL VITAMIN PLUS LOW IRON *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	QL 1 / 1 days
PRENATAL VITAMINS 28-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 30 / 30 days
PRENATAL-U *prenatal without a vit w/ fe fumarate-folic acid*	Preferred	
PRENATE *prenatal multivitamins & minerals w/ l-methylfolate-fa*	Non-Preferred	
PRENATE AM *prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*	Non-Preferred	
PRENATE DHA 18-0.6-0.4-300 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Non-Preferred	
PRENATE ELITE 20-0.6-0.4 MG TAB *prenatal w/ fe asparto glycinate-l methylfolate-folic acid*	Non-Preferred	
PRENATE ENHANCE *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Non-Preferred	
PRENATE ESSENTIAL 18-0.6-0.4-300 MG CAP *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Non-Preferred	
PRENATE MINI 18-0.6-0.4-350 MG CAP *prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATE PIXIE *prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*	Non-Preferred	
PRENATE RESTORE *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Non-Preferred	
PREPLUS *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
PRESERVISION AREDS 2 CHEW TAB *multiple vitamins w/ minerals*	Preferred	QL 2 / 1 days
PRETAB *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	
PRIMACARE *prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*	Non-Preferred	
prosight tab	Preferred	QL 1 / 1 days
PROVIDA DHA *prenatal without a w/fe fum-fe polysacch complex-fa-dha*	Non-Preferred	
PROVIDA OB *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Non-Preferred	
PUREFE OB PLUS *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	Non-Preferred	
pyridoxine hcl 25 mg tab	Preferred	
pyridoxine hcl 50 mg tab	Preferred	QL 60 / 30 days
qc childrens complete 18 mg chew tab	Preferred	
qc daily multivit/multimineral tab	Preferred	QL 1 / 1 days
qc daily multivitamins/iron tab	Preferred	QL 30 / 30 days
qc essentials tab	Preferred	QL 30 / 30 days
qc mens daily multivitamin tab	Preferred	QL 1 / 1 days
qc multi-vite tab	Preferred	QL 1 / 1 days
qc multi-vite 50 & over tab	Preferred	QL 1 / 1 days
qc multi-vite plus tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC PRENATAL 28-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 30 / 30 days
qc therin-m tab	Preferred	QL 1 / 1 days
qc womens daily multivitamin tab	Preferred	QL 1 / 1 days
rena-vite rx 1 mg tab	Preferred	
renaplex tab	Preferred	QL 1 / 1 days
reno caps 1 mg cap	Preferred	QL 1 / 1 days
risanoid plus tab	Preferred	
sb vitamin c 500 mg tab	Preferred	
SE-NATAL 19 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	
SE-NATAL 19 29-1 MG TAB *prenatal vit w/ docusate-fe fumarate-folic acid*	Non-Preferred	
SELECT-OB 29-1 MG CHEW TAB *prenatal vit w/ iron polysaccharide complex-folic acid*	Non-Preferred	
SELECT-OB 29-0.6-0.4 MG CHEW TAB *prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*	Non-Preferred	
SELECT-OB+DHA *prenatal mv & min w/fe polysaccharide complex-fa-dha*	Non-Preferred	
sentry tab	Preferred	QL 1 / 1 days
sentry senior tab	Preferred	QL 1 / 1 days
sm animal shapes complete 18 mg chew tab	Preferred	
sm balanced b-100 tab	Preferred	
sm balanced b-50 tab	Preferred	
sm chewable c 500 mg chew tab	Preferred	QL 60 / 30 days
sm complete tab	Preferred	QL 1 / 1 days
sm complete advanced formula tab	Preferred	QL 1 / 1 days
sm complete senior formula tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm daily diet support tab	Preferred	QL 1 / 1 days
sm folic acid 400 mcg tab	Preferred	QL 30 / 30 days
sm multiple vitamins essential tab	Preferred	QL 30 / 30 days
sm multiple vitamins/iron tab	Preferred	QL 30 / 30 days
sm opti-vitamins tab	Preferred	QL 1 / 1 days
SM PRENATAL VITAMINS 28-0.8 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 30 / 30 days
sm vit c/rose hips 1000 mg tab	Preferred	QL 4 / 1 days
sm vitamin b-12 100 mcg tab	Preferred	
sm vitamin b-6 100 mg tab	Preferred	QL 60 / 30 days
sm vitamin c 250 mg tab	Preferred	QL 60 / 30 days
sm vitamin c 1000 mg tab	Preferred	QL 4 / 1 days
sm vitamin c 500 mg chew tab	Preferred	QL 60 / 30 days
sm vitamin c/rose hips 500 mg tab	Preferred	
sm vitamin e 1000 unit cap	Preferred	QL 4 / 1 days
stress formula tab	Preferred	QL 30 / 30 days
stress formula/iron tab	Preferred	QL 30 / 30 days
SYSTANE ICAPS AREDS2 CHEW TAB *multiple vitamins w/ minerals*	Preferred	QL 2 / 1 days
tab-a-vite tab	Preferred	QL 30 / 30 days
tab-a-vite/beta carotene tab	Preferred	QL 30 / 30 days
tab-a-vite/iron tab	Preferred	QL 30 / 30 days
TARON-C DHA *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	Non-Preferred	
TARON-PREX *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Non-Preferred	
thera tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
thera-m tab	Preferred	QL 1 / 1 days
therapeutic m tab	Preferred	QL 1 / 1 days
therems tab	Preferred	QL 30 / 30 days
THRIVITE 19 *multiple vitamins w/ minerals & folic acid*	Non-Preferred	
THRIVITE RX *prenatal vit w/ iron carbonyl-folic acid*	Non-Preferred	QL 1 / 1 days
tl gard rx	Preferred	
TRI-VI-SOL A/C/D 250-10-50 MCG-MG/ML SOLUTION *pediatric vitamins adc*	Preferred	
TRICARE *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	QL 1 / 1 days
TRICARE PRENATAL DHA ONE 0.8 MG CAP *prenatal multivit-min w/fe-fa*	Non-Preferred	
tricon	Non-Preferred	
TRINATAL RX 1 *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
triphrocaps	Preferred	QL 1 / 1 days
TRISTART DHA *prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*	Non-Preferred	
TRIVEEN-DUO DHA *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	Preferred	
ULTRA PRENATAL + DHA 27-0.8-200 MG CAP *prenatal mv & min w/fe sulfate-fa-dha*	Non-Preferred	
VINATE M *prenatal vit w/ selenium-fe fumarate-folic acid*	Preferred	
VIRT NATE *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	
VIRT-C DHA *prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*	Non-Preferred	
virt-caps	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIRT-FEFA PLUS *fe fum-iron polysacch complex-fa-b complex-c-biotin*	Non-Preferred	
virt-gard	Preferred	
VIRT-NATE DHA *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Non-Preferred	
VIRT-PN *prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*	Non-Preferred	
VIRT-PN DHA *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Non-Preferred	
VIRT-PN PLUS *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Non-Preferred	
VIRT-SELECT *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Non-Preferred	
virt-vite forte	Preferred	
VIRTPREX *prenatal w/o vit a w/ fe fumarate-dss-fa-dha*	Non-Preferred	
vita s forte	Preferred	QL 1 / 1 days
VITAFOL TAB *iron w/ vitamins*	Non-Preferred	
VITAFOL FE+ 90-1-200 & 50 MG CAP THPK *prenatal vit w/ fe polysacch complex-l methylfol-fa-dha-dss*	Non-Preferred	
VITAFOL FE+ 90-0.6-0.4-200 MG CAP *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*	Non-Preferred	
VITAFOL GUMMIES *prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*	Non-Preferred	
VITAFOL ULTRA *prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*	Non-Preferred	
VITAFOL-NANO *prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VITAFOL-OB *prenatal vit w/ ferrous fumarate-folic acid*	Non-Preferred	
VITAFOL-OB+DHA *prenatal mv & min w/fe fumarate-fa-dha*	Non-Preferred	
VITAFOL-ONE *prenatal mv & min w/fe polysaccharide complex-fa-dha*	Non-Preferred	
vitamin a 3 mg (10000 ut) cap	Preferred	QL 60 / 30 days
vitamin b-1 100 mg tab	Preferred	
vitamin b-12 100 mcg tab	Preferred	
vitamin b-12 500 mcg tab	Preferred	
vitamin b-12 1000 mcg tab	Preferred	
vitamin b-12 er 1000 mcg tab er	Preferred	
vitamin b-6 100 mg tab	Preferred	QL 60 / 30 days
vitamin b-6 25 mg tab	Preferred	
vitamin b-6 50 mg tab	Preferred	QL 60 / 30 days
vitamin c 500 mg/5ml liquid	Preferred	
vitamin c 500 mg chew tab	Preferred	QL 60 / 30 days
vitamin c 250 mg tab	Preferred	QL 60 / 30 days
vitamin c 500 mg tab	Preferred	
vitamin c 1000 mg tab	Preferred	QL 4 / 1 days
vitamin c 250 mg chew tab	Preferred	QL 60 / 30 days
vitamin e 1000 unit cap	Preferred	QL 4 / 1 days
vitamin e 100 unit cap	Preferred	QL 4 / 1 days
vitamin e 400 unit cap	Preferred	QL 4 / 1 days
vitamin e 200 unit cap	Preferred	QL 4 / 1 days
vitamins/minerals tab	Preferred	QL 1 / 1 days
vol-care rx	Preferred	
VOL-PLUS *prenatal vit w/ ferrous fumarate-folic acid*	Preferred	QL 1 / 1 days
VP-PNV-DHA *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vp-vite rx	Preferred	
womens one daily tab	Preferred	QL 1 / 1 days
ZATEAN-PN DHA *prenatal without a w/ fe fumarate-l methylfolate-fa-dha*	Non-Preferred	
ZATEAN-PN PLUS *prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*	Non-Preferred	
zoo friends chew tab	Preferred	
GASTROINTESTINAL AGENTS ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl 10 mg cap	Preferred	QL 8 / 1 days
dicyclomine hcl 20 mg tab	Preferred	QL 8 / 1 days
glycopyrrolate 2 mg tab	Preferred	QL 4 / 1 days
glycopyrrolate 1 mg tab	Preferred	QL 6 / 1 days
propantheline bromide 15 mg tab	Preferred	QL 5 / 1 days
GASTROINTESTINAL AGENTS, OTHER		
ACTIGALL *ursodiol*	Non-Preferred	QL 90 / 30 days
almacone 200-200-25 mg chew tab	Preferred	
almacone 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
almacone double strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION *aluminum hydroxide gel*	Preferred	QL 30 / 1 days
amoxicill-clarithro-lansopraz	Non-Preferred	
antacid 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid 500 mg chew tab	Preferred	
antacid anti-gas max strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
antacid calcium 500 mg chew tab	Preferred	
antacid fast acting 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid fast relief 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid maximum strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid plus anti-gas fast act 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid plus anti-gas relief 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
antacid regular strength 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
anti-diarrheal 2 mg tab	Preferred	QL 8 / 1 days
anti-diarrheal 2 mg cap	Preferred	QL 8 / 1 days
bismatrol 262 mg/15ml suspension	Preferred	QL 240 / 24 days
bismatrol 262 mg chew tab	Preferred	QL 8 / 1 days
bismatrol maximum strength 525 mg/15ml suspension	Preferred	QL 240 / 24 days
cal-gest antacid 500 mg chew tab	Preferred	
calcium antacid 500 mg chew tab	Preferred	
CHENODAL *chenodiol*	Non-Preferred	
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	Preferred	QL 40 / 1 days
diphenoxylate-atropine 2.5-0.025 mg tab	Preferred	QL 8 / 1 days
fast acting antacid/anti-gas 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
gas relief 80 mg chew tab	Preferred	QL 6 / 1 days
gas relief 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
gas relief drops infants 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
gas relief extra strength 125 mg chew tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gas relief maximum strength 125 mg chew tab	Preferred	
GAVISCON 80-14.2 MG CHEW TAB *aluminum hydroxide-mag trisil*	Preferred	QL 480 / 30 days
gnp antacid 500 mg chew tab	Preferred	
gnp antacid & anti-gas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp antacid & anti-gas 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp antacid & anti-gas 1000-60 mg chew tab	Preferred	
gnp antacid anti-gas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp antacid maximum strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp antacid regular strength 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp anti-diarrheal 2 mg tab	Preferred	QL 8 / 1 days
gnp anti-diarrheal 2 mg cap	Preferred	QL 8 / 1 days
gnp foaming antacid 80-20 mg chew tab	Preferred	
gnp gas relief 80 mg chew tab	Preferred	QL 6 / 1 days
gnp gas relief extra strength 125 mg chew tab	Preferred	
gnp gas relief max st 125 mg chew tab	Preferred	
gnp infants gas relief 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
gnp k-pec 262 mg/15ml suspension	Preferred	QL 240 / 24 days
gnp masanti maximum strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp masanti regular strength 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp pink bismuth 262 mg chew tab	Preferred	QL 8 / 1 days
gnp stomach relief 262 mg/15ml suspension	Preferred	QL 240 / 24 days
gnp stomach relief max st 525 mg/15ml suspension	Preferred	QL 240 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
goodsense stomach relief 262 mg chew tab	Preferred	QL 8 / 1 days
HELIDAC THERAPY *metronidazole-tetracycline w/ bismuth subsalicylate*	Non-Preferred	
hm advanced antacid max st 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
hm antacid 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
hm antacid anti-gas ex st 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
hm antacid/antigas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
hm anti-diarrheal 2 mg cap	Preferred	QL 8 / 1 days
hm anti-diarrheal 2 mg tab	Preferred	QL 8 / 1 days
hm calcium antacid 500 mg chew tab	Preferred	
hm gas relief 125 mg chew tab	Preferred	
hm gas relief 80 mg chew tab	Preferred	QL 6 / 1 days
hm gas relief infants drops 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
hm loperamide hcl 2 mg cap	Preferred	QL 8 / 1 days
hm stomach relief 262 mg chew tab	Preferred	QL 8 / 1 days
hm stomach relief 262 mg/15ml suspension	Preferred	QL 240 / 24 days
hm stomach relief 525 mg/30ml suspension	Preferred	QL 240 / 24 days
hm stomach relief max strength 525 mg/15ml suspension	Preferred	QL 240 / 24 days
hm stomach relief ultra 525 mg/15ml suspension	Preferred	QL 240 / 24 days
infants gas relief 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
infants simethicone 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
kao-tin 262 mg/15ml suspension	Preferred	QL 240 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
loperamide hcl 2 mg cap	Preferred	QL 8 / 1 days
loperamide hcl 2 mg tab	Preferred	QL 8 / 1 days
loperamide hcl 1 mg/5ml liquid	Preferred	QL 120 / 10 days
maalox advanced max st 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
MAALOX ADVANCED MAX ST 1000-60 MG CHEW TAB *calcium carbonate-simethicone*	Preferred	
MAALOX MAX 1000-60 MG CHEW TAB *calcium carbonate-simethicone*	Preferred	
maalox max 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
maalox multi symptom max st 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
mag-al plus 200-200-20 mg/5ml liquid	Preferred	QL 30 / 1 days
mag-al plus xs 400-400-40 mg/5ml liquid	Preferred	QL 30 / 1 days
mi-acid 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
mi-acid gas relief 80 mg chew tab	Preferred	QL 6 / 1 days
mi-acid maximum strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
milantex 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
milantex extra strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
mintox 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
mintox maximum strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
mintox plus 200-200-25 mg chew tab	Preferred	
mintox regular strength 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
MOTEGRITY *prucalopride succinate*	Non-Preferred	
MOVANTIK *naloxegol oxalate*	Non-Preferred	QL 1 / 1 days
mytab gas 80 mg chew tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mytab gas maximum strength 125 mg chew tab	Preferred	
OMECLAMOX-PAK *amoxicillin-clarithromycin w/ omeprazole*	Non-Preferred	
peptic relief 262 mg/15ml suspension	Preferred	QL 240 / 24 days
peptic relief 262 mg chew tab	Preferred	QL 8 / 1 days
pink bismuth 262 mg chew tab	Preferred	QL 8 / 1 days
pink bismuth maximum strength 525 mg/15ml suspension	Preferred	QL 240 / 24 days
PYLERA *bismuth subcitrate potassium-metronidazole-tetracycline*	Non-Preferred	
qc antacid 500 mg chew tab	Preferred	
qc antacid 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
qc antacid/anti-gas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
qc anti-diarrheal 2 mg cap	Preferred	QL 8 / 1 days
qc diarrhea relief 262 mg/15ml suspension	Preferred	QL 240 / 24 days
qc gas relief 80 mg chew tab	Preferred	QL 6 / 1 days
qc gas relief extra strength 125 mg chew tab	Preferred	
qc pink bismuth 262 mg chew tab	Preferred	QL 8 / 1 days
qc pink bismuth 262 mg/15ml suspension	Preferred	QL 240 / 24 days
RELISTOR *methylnaltrexone bromide*	Non-Preferred	
rulox 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
sb antacid 500 mg chew tab	Preferred	
sb antacid anti-gas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
sb anti-diarrhea 2 mg tab	Preferred	QL 8 / 1 days
sb bismuth 262 mg tab	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sb gas relief 40 mg/0.6ml suspension	Preferred	QL 2.4 / 1 days
sb gas relief 125 mg chew tab	Preferred	
simethicone 40 mg/0.6ml suspension	Preferred	QL 2.4 / 1 days
simethicone 80 mg chew tab	Preferred	QL 6 / 1 days
sm antacid advanced 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
sm antacid advanced max st 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
sm antacid anti-gas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
sm antacid maximum strength 400-400-40 mg/5ml suspension	Preferred	QL 30 / 1 days
sm antacid/antigas 200-200-20 mg/5ml suspension	Preferred	QL 30 / 1 days
sm anti-diarrheal 2 mg tab	Preferred	QL 8 / 1 days
sm anti-diarrheal 2 mg cap	Preferred	QL 8 / 1 days
sm calcium antacid 500 mg chew tab	Preferred	
sm foaming antacid 80-20 mg chew tab	Preferred	
sm gas relief 125 mg chew tab	Preferred	
sm gas relief 80 mg chew tab	Preferred	QL 6 / 1 days
sm gas relief infants 20 mg/0.3ml suspension	Preferred	QL 2.4 / 1 days
sm gas relief infants drops 40 mg/0.6ml suspension	Preferred	QL 2.4 / 1 days
sm stomach relief 525 mg/30ml suspension	Preferred	QL 240 / 24 days
sm stomach relief 262 mg/15ml suspension	Preferred	QL 240 / 24 days
sm stomach relief 262 mg chew tab	Preferred	QL 8 / 1 days
sm stomach relief 262 mg tab	Preferred	QL 8 / 1 days
sm stomach relief max st 525 mg/15ml suspension	Preferred	QL 240 / 24 days
sodium bicarbonate 325 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium bicarbonate 650 mg tab	Preferred	
stomach relief 262 mg/15ml suspension	Preferred	QL 240 / 24 days
stomach relief max st 525 mg/15ml suspension	Preferred	QL 240 / 24 days
SYMPROIC *naldemedine tosylate*	Non-Preferred	
TALICIA *amoxicillin-rifabutin-omeprazole*	Non-Preferred	
tums freshers 500 mg chew tab	Preferred	
URSO 250 *ursodiol*	Non-Preferred	
URSO FORTE *ursodiol*	Non-Preferred	
ursodiol 250 mg tab	Preferred	
ursodiol 300 mg cap	Preferred	QL 90 / 30 days
ursodiol 500 mg tab	Preferred	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
acid control maximum strength 150 mg tab	Preferred	
acid controller max st 20 mg tab	Preferred	
acid controller original str 10 mg tab	Preferred	
acid reducer 75 mg tab	Preferred	QL 2 / 1 days
acid reducer 10 mg tab	Preferred	
acid reducer complete 10-800-165 mg chew tab	Non-Preferred	
acid reducer maximum strength 20 mg tab	Preferred	QL 120 / 30 days
cimetidine 200 mg tab	Preferred	QL 120 / 30 days
cimetidine 400 mg tab	Preferred	QL 6 / 1 days
cimetidine 300 mg tab	Preferred	QL 8 / 1 days
cimetidine 800 mg tab	Preferred	QL 90 / 30 days
cimetidine hcl	Preferred	QL 40 / 1 days
dual action complete 10-800-165 mg chew tab	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eq famotidine max st 20 mg tab	Preferred	
famotidine 40 mg/5ml recon susp	Preferred	
famotidine 40 mg/4ml solution	Preferred	
famotidine 200 mg/20ml solution	Preferred	
famotidine 20 mg/2ml solution	Preferred	
famotidine 10 mg tab	Preferred	
famotidine 20 mg tab	Preferred	QL 120 / 30 days
famotidine 40 mg tab	Preferred	QL 2 / 1 days
FAMOTIDINE PREMIXED *famotidine in nacl*	Preferred	
gnp acid control 150 max st 150 mg tab	Preferred	
gnp acid reducer 75 mg tab	Preferred	QL 2 / 1 days
gnp acid reducer 10 mg tab	Preferred	
gnp acid reducer max st 20 mg tab	Preferred	QL 120 / 30 days
gnp heartburn relief 200 mg tab	Preferred	QL 120 / 30 days
goodsense acid reducer 75 mg tab	Preferred	QL 2 / 1 days
goodsense acid reducer 150 mg tab	Preferred	
heartburn relief 10 mg tab	Preferred	
heartburn relief 200 mg tab	Preferred	QL 120 / 30 days
heartburn relief 150 max st 150 mg tab	Preferred	
heartburn relief max st 150 mg tab	Preferred	
heartburn relief max st 20 mg tab	Preferred	QL 120 / 30 days
hm acid reducer 75 mg tab	Preferred	QL 2 / 1 days
hm famotidine 10 mg tab	Preferred	
hm famotidine 20 mg tab	Preferred	QL 120 / 30 days
nizatidine 300 mg cap	Preferred	
nizatidine 150 mg cap	Preferred	
NIZATIDINE *nizatidine*	Preferred	
PEPCID 40 MG TAB *famotidine*	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEPCID 20 MG TAB *famotidine*	Non-Preferred	
qc acid controller 10 mg tab	Preferred	
qc acid controller max st 20 mg tab	Preferred	
ranitidine 150 max strength 150 mg tab	Preferred	QL 120 / 30 days
ranitidine hcl 75 mg/5ml syrup	Preferred	QL 40 / 1 days
ranitidine hcl 75 mg tab	Preferred	QL 2 / 1 days
RANITIDINE HCL 1000 MG/40ML SOLUTION *ranitidine hcl*	Preferred	
ranitidine hcl 150 mg/10ml syrup	Preferred	QL 40 / 1 days
ranitidine hcl 150 mg tab	Preferred	QL 120 / 30 days
ranitidine hcl 15 mg/ml syrup	Preferred	QL 40 / 1 days
ranitidine hcl 150 mg cap	Non-Preferred	QL 4 / 1 days
ranitidine hcl 50 mg/2ml solution	Preferred	
ranitidine hcl 150 mg/6ml solution	Preferred	
ranitidine hcl 300 mg cap	Non-Preferred	QL 2 / 1 days
ranitidine hcl 300 mg tab	Preferred	QL 2 / 1 days
sm acid reducer 10 mg tab	Preferred	
sm acid reducer 200 mg tab	Preferred	QL 120 / 30 days
sm acid reducer 75 mg tab	Preferred	QL 2 / 1 days
sm acid reducer max st 20 mg tab	Preferred	QL 120 / 30 days
sm acid reducer max st 150 mg tab	Preferred	
ZANTAC 150 MG/6ML SOLUTION *ranitidine hcl*	Non-Preferred	
ZANTAC 50 MG/2ML SOLUTION *ranitidine hcl*	Non-Preferred	
ZANTAC 1000 MG/40ML SOLUTION *ranitidine hcl*	Non-Preferred	
IRRITABLE BOWEL SYNDROME AGENTS		
alosetron hcl	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AMITIZA *lubiprostone*	Preferred	QL 2 / 1 days PA
LINZESS 290 MCG CAP *linaclotide*	Preferred	QL 1 / 1 days PA
LINZESS 145 MCG CAP *linaclotide*	Preferred	QL 1 / 1 days PA
LINZESS 72 MCG CAP *linaclotide*	Non-Preferred	QL 1 / 1 days
LOTRONEX *alosetron hcl*	Non-Preferred	
VIBERZI *eluxadoline*	Non-Preferred	
ZELNORM *tegaserod maleate*	Non-Preferred	
LAXATIVES		
bisac-evac 10 mg suppos	Preferred	QL 12 / 25 days
bisacodyl 10 mg suppos	Preferred	QL 12 / 25 days
bisacodyl ec 5 mg tab dr	Preferred	QL 90 / 30 days
biscolax 10 mg suppos	Preferred	QL 12 / 25 days
citrate of magnesia 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
clearlax powder	Preferred	QLC 18 grams/day
colace 2-in-1 8.6-50 mg tab	Preferred	QL 4 / 1 days
constulose	Preferred	QL 120 / 1 days
correct 5 mg tab dr	Preferred	QL 90 / 30 days
docqlace 100 mg cap	Preferred	QL 4 / 1 days
docu 50 mg/5ml liquid	Preferred	QL 40 / 1 days
docusate mini 283 mg enema	Preferred	QL 5 / 1 days
docusate sodium 50 mg/5ml liquid	Preferred	QL 40 / 1 days
docusate sodium 250 mg cap	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
docusate sodium 100 mg tab	Preferred	
docusate sodium 100 mg cap	Preferred	QL 4 / 1 days
docusil 100 mg cap	Preferred	QL 4 / 1 days
docusol mini 283 mg enema	Preferred	QL 5 / 1 days
dok 100 mg cap	Preferred	QL 4 / 1 days
dok 250 mg cap	Preferred	QL 4 / 1 days
dok 100 mg tab	Preferred	
dok plus 50-8.6 mg tab	Preferred	QL 4 / 1 days
ducodyl 5 mg tab dr	Preferred	QL 90 / 30 days
enema enema	Preferred	
enema mineral oil enema	Preferred	
enema ready-to-use 7-19 gm/118ml enema	Preferred	
enemeez mini 283 mg enema	Preferred	QL 5 / 1 days
enulose	Preferred	QL 120 / 1 days
ex-lax ultra 5 mg tab dr	Preferred	QL 90 / 30 days
fiber 625 mg tab	Preferred	QL 90 / 30 days
fiber laxative 625 mg tab	Preferred	QL 90 / 30 days
fiber-lax 625 mg tab	Preferred	QL 90 / 30 days
FLEET BISACODYL 10 MG/30ML ENEMA *bisacodyl*	Preferred	QL 148 / 24 days
FLEET ENEMA 7-19 GM/118ML ENEMA *sodium phosphates*	Preferred	
FLEET PEDIATRIC 3.5-9.5 GM/59ML ENEMA *sodium phosphates*	Preferred	
gavilax powder	Preferred	QLC 18 grams/day
gavilyte-c	Preferred	QL 4000 / 30 days
gavilyte-g	Preferred	QL 4000 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gavilyte-n with flavor pack	Preferred	QL 4000 / 30 days
generlac	Preferred	QL 120 / 1 days
gentle laxative 5 mg tab dr	Preferred	QL 90 / 30 days
GLYCERIN (ADULT) 2 GM SUPPOS *glycerin (laxative)*	Preferred	QL 12 / 22 days
glycerin adult 2 gm suppos	Preferred	QL 12 / 22 days
glycerin childrens 1 gm suppos	Preferred	QL 12 / 22 days
glycolax powder	Preferred	QLC 18 grams/day
gnp bisa-lax 5 mg tab dr	Preferred	QL 90 / 30 days
gnp clearlax packet	Preferred	QL 2 / 1 days
gnp clearlax powder	Preferred	QLC 18 grams/day
gnp docusate calcium 240 mg cap	Preferred	
gnp enema enema	Preferred	
gnp fiber-caps 625 mg tab	Preferred	QL 90 / 30 days
gnp gentle laxative 10 mg suppos	Preferred	QL 12 / 25 days
gnp gentle laxative 5 mg tab dr	Preferred	QL 90 / 30 days
gnp glycerin (adult) 2.1 gm suppos	Preferred	QL 12 / 26 days
gnp glycerin (infant) 1.2 gm suppos	Preferred	QL 12 / 26 days
gnp glycerin child 1.2 gm suppos	Preferred	QL 12 / 26 days
gnp laxative 10 mg suppos	Preferred	QL 12 / 25 days
gnp laxative 5 mg tab dr	Preferred	QL 90 / 30 days
gnp magnesium citrate 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
gnp mineral oil enema	Preferred	
gnp natural fiber 28.3 % powder	Preferred	
gnp natural fiber 48.57 % powder	Preferred	
gnp senna lax 8.6 mg tab	Preferred	QL 90 / 30 days
gnp senna plus 8.6-50 mg tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp senna-lax 8.6 mg tab	Preferred	QL 90 / 30 days
gnp stool softener 60 mg/15ml syrup	Preferred	QL 90 / 1 days
gnp stool softener 100 mg cap	Preferred	QL 4 / 1 days
gnp stool softener 50 mg/5ml liquid	Preferred	QL 40 / 1 days
gnp stool softener 250 mg cap	Preferred	QL 4 / 1 days
gnp stool softener/laxative 8.6-50 mg tab	Preferred	QL 4 / 1 days
gnp womens gentle laxative 5 mg tab dr	Preferred	QL 90 / 30 days
gnp womens laxative 5 mg tab dr	Preferred	QL 90 / 30 days
GOLYTELY 227.1 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	Preferred	
goodsense clearlax powder	Preferred	QLC 18 grams/day
hm clearlax 17 gm/scoop powder	Preferred	QLC 18 grams/day
hm clearlax powder	Preferred	QLC 18 grams/day
hm clearlax packet	Preferred	QL 2 / 1 days
hm enema 7-19 gm/118ml enema	Preferred	
hm enema mineral oil enema	Preferred	
hm fiber 28.3 % powder	Preferred	
hm fiber 58.6 % powder	Preferred	
hm fiber 48.57 % powder	Preferred	
hm fiber 30.9 % powder	Preferred	
hm laxative 5 mg tab dr	Preferred	QL 90 / 30 days
hm laxative 10 mg suppos	Preferred	QL 12 / 25 days
hm magnesium citrate 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
hm senna 8.6 mg tab	Preferred	QL 90 / 30 days
hm senna-s 8.6-50 mg tab	Preferred	QL 4 / 1 days
hm stool softener 250 mg cap	Preferred	QL 4 / 1 days
hm stool softener 100 mg cap	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm stool softener 100 mg tab	Preferred	
hm stool softener/laxative 8.6-50 mg tab	Preferred	QL 4 / 1 days
kao-tin 240 mg cap	Preferred	
KONSYL 60.3 % PACKET *psyllium*	Preferred	
KONSYL 60.3 % POWDER *psyllium*	Preferred	
konsyl 30.9 % powder	Preferred	
KONSYL DAILY FIBER 60.3 % PACKET *psyllium*	Preferred	
konsyl daily fiber 28.3 % powder	Preferred	
KONSYL DAILY FIBER 60.3 % POWDER *psyllium*	Preferred	
konsyl fiber 625 mg tab	Preferred	QL 90 / 30 days
lactulose 20 gm/30ml solution	Preferred	QL 120 / 1 days
lactulose 10 gm/15ml solution	Preferred	QL 120 / 1 days
lactulose encephalopathy	Preferred	QL 120 / 1 days
laxative 10 mg suppos	Preferred	QL 12 / 25 days
magnesium citrate 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
MOVIPREP *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*	Preferred	
natural fiber 28.3 % powder	Preferred	
natural fiber laxative 48.57 % powder	Preferred	
natural fiber laxative 58.6 % powder	Preferred	
natural fiber therapy 28.3 % powder	Preferred	
PEDIA-LAX 1 GM SUPPOS *glycerin (laxative)*	Preferred	QL 12 / 22 days
PEDIA-LAX 2.8 GM SUPPOS *glycerin (laxative)*	Preferred	QL 12 / 22 days
peg 3350 17 gm packet	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
peg 3350 packet	Preferred	QL 2 / 1 days
peg 3350 powder	Preferred	QLC 18 grams/day
peg 3350 17 gm/scoop powder	Preferred	QLC 18 grams/day
peg 3350-kcl-na bicarb-nacl	Preferred	QL 4000 / 30 days
peg 3350/electrolytes	Preferred	QL 4000 / 30 days
peg-3350/electrolytes	Preferred	QL 4000 / 30 days
polyethylene glycol 3350 powder	Preferred	QLC 18 grams/day
polyethylene glycol 3350 packet	Preferred	QL 2 / 1 days
polyethylene glycol 3350 17 gm/scoop powder	Preferred	QLC 18 grams/day
pure & gentle enema enema	Preferred	
qc docusate calcium 240 mg cap	Preferred	
qc enema 16-6 gm/133ml enema	Preferred	
qc gentle laxative 5 mg tab dr	Preferred	QL 90 / 30 days
qc gentle laxative 10 mg suppos	Preferred	QL 12 / 25 days
qc magnesium citrate 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
qc natura-lax powder	Preferred	QLC 18 grams/day
qc natural vegetable 95 % powder	Preferred	
qc natural vegetable laxative 8.6 mg tab	Preferred	QL 90 / 30 days
qc senna 8.6 mg tab	Preferred	QL 90 / 30 days
qc senna-s 8.6-50 mg tab	Preferred	QL 4 / 1 days
qc stool softener 100 mg cap	Preferred	QL 4 / 1 days
qc stool softener pls laxative 8.6-50 mg tab	Preferred	QL 4 / 1 days
reguloid 28.3 % powder	Preferred	
reguloid 48.57 % powder	Preferred	
reguloid 58.6 % powder	Preferred	
sb bisacodyl laxative ec 5 mg tab dr	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sb docusate sodium 100 mg cap	Preferred	QL 4 / 1 days
sb docusate sodium/senna 8.6-50 mg tab	Preferred	QL 4 / 1 days
sb fiber laxative 625 mg tab	Preferred	QL 90 / 30 days
sb fiber laxative 48.57 % powder	Preferred	
sb gentle lax-women 5 mg tab dr	Preferred	QL 90 / 30 days
sb gentle laxative womens 5 mg tab dr	Preferred	QL 90 / 30 days
sb glycerin adult 2.1 gm suppos	Preferred	QL 12 / 26 days
sb glycerin pediatric 1.2 gm suppos	Preferred	QL 12 / 26 days
sb laxative 10 mg suppos	Preferred	QL 12 / 25 days
sb magnesium citrate 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
sb polyethylene glycol 3350 powder	Preferred	QLC 18 grams/day
sb senna-lax 8.6 mg tab	Preferred	QL 90 / 30 days
sb stool softener 240 mg cap	Preferred	
senexon 8.6 mg tab	Preferred	QL 90 / 30 days
senexon-s 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna 8.6 mg tab	Preferred	QL 90 / 30 days
senna 8.8 mg/5ml liquid	Preferred	QL 40 / 1 days
senna 8.8 mg/5ml syrup	Preferred	QL 40 / 1 days
SENNA 176 MG/5ML SYRUP *senna*	Preferred	QL 40 / 1 days
senna laxative 8.6 mg tab	Preferred	QL 90 / 30 days
senna plus 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna s 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna-docusate sodium 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna-lax 8.6 mg tab	Preferred	QL 90 / 30 days
senna-plus 8.6-50 mg tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
senna-s 8.6-50 mg tab	Preferred	QL 4 / 1 days
senna-tabs 8.6 mg tab	Preferred	QL 90 / 30 days
senna-time 8.6 mg tab	Preferred	QL 90 / 30 days
senna-time s 8.6-50 mg tab	Preferred	QL 4 / 1 days
senno 8.6 mg tab	Preferred	QL 90 / 30 days
sennosides-docusate sodium 8.6-50 mg tab	Preferred	QL 4 / 1 days
silace 150 mg/15ml liquid	Preferred	QL 40 / 1 days
silace 60 mg/15ml syrup	Preferred	QL 90 / 1 days
sm clearlax powder	Preferred	QLC 18 grams/day
sm docusate calcium 240 mg cap	Preferred	
sm enema enema	Preferred	
sm enema 7-19 gm/118ml enema	Preferred	
sm fiber 58.6 % powder	Preferred	
sm fiber 48.57 % powder	Preferred	
sm fiber 625 mg tab	Preferred	QL 90 / 30 days
sm fiber 28.3 % powder	Preferred	
sm fiber laxative 625 mg tab	Preferred	QL 90 / 30 days
sm gentle laxative 5 mg tab dr	Preferred	QL 90 / 30 days
sm glycerin pediatric 1.2 gm suppos	Preferred	QL 12 / 26 days
sm laxative 10 mg suppos	Preferred	QL 12 / 25 days
sm magnesium citrate 1.745 gm/30ml solution	Preferred	QL 592 / 30 days
sm mineral oil enema	Preferred	
sm natural laxative/stool soft 8.6-50 mg tab	Preferred	QL 4 / 1 days
sm senna laxative 8.6 mg tab	Preferred	QL 90 / 30 days
sm senna-s 8.6-50 mg tab	Preferred	QL 4 / 1 days
sm stool softener 100 mg cap	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm stool softener 250 mg cap	Preferred	QL 4 / 1 days
sm stool softener 8.6-50 mg tab	Preferred	QL 4 / 1 days
sm stool softener 240 mg cap	Preferred	
sm stool softener/laxative 8.6-50 mg tab	Preferred	QL 4 / 1 days
sm womans laxative 5 mg tab dr	Preferred	QL 90 / 30 days
SORBITOL 70 % SOLUTION *sorbitol (laxative)*	Preferred	QL 480 / 30 days
stimulant laxative 5 mg tab dr	Preferred	QL 90 / 30 days
stool softener 100 mg cap	Preferred	QL 4 / 1 days
stool softener 240 mg cap	Preferred	
stool softener 250 mg cap	Preferred	QL 4 / 1 days
stool softener laxative 100 mg cap	Preferred	QL 4 / 1 days
stool softener laxative 250 mg cap	Preferred	QL 4 / 1 days
stool softener plus laxative 8.6-50 mg tab	Preferred	QL 4 / 1 days
trilyte	Preferred	QL 4000 / 30 days
TRULANCE *plecanatide*	Non-Preferred	
vegetable lax+stool softener 8.6-50 mg tab	Preferred	QL 4 / 1 days
womans laxative 5 mg tab dr	Preferred	QL 90 / 30 days
womens laxative 5 mg tab dr	Preferred	QL 90 / 30 days
PROTECTANTS		
misoprostol 200 mcg tab	Preferred	QL 4 / 1 days
misoprostol 100 mcg tab	Preferred	QL 8 / 1 days
sucralfate 1 gm/10ml suspension	Preferred	QL 40 / 1 days
sucralfate 1 gm tab	Preferred	QL 4 / 1 days
PROTON PUMP INHIBITORS		
acid reducer 20.6 (20 base) mg cap dr	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACIPHEX *rabeprazole sodium*	Non-Preferred	QL 1 / 1 days
ACIPHEX SPRINKLE *rabeprazole sodium*	Non-Preferred	
DEXILANT *dexlansoprazole*	Non-Preferred	
esomeprazole magnesium 40 mg packet	Non-Preferred	
esomeprazole magnesium 40 mg cap dr	Preferred	
esomeprazole magnesium 20 mg packet	Non-Preferred	
esomeprazole magnesium 20 mg cap dr	Preferred	
esomeprazole magnesium 10 mg packet	Non-Preferred	
ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR *esomeprazole strontium*	Non-Preferred	
gnp esomeprazole magnesium 20 mg cap dr	Preferred	
gnp lansoprazole 15 mg cap dr	Preferred	QL 60 / 30 days
gnp omeprazole 20 mg tab dr disp	Non-Preferred	
gnp omeprazole 20 mg tab dr	Non-Preferred	QL 60 / 30 days
goodsense esomeprazole 20 mg cap dr	Preferred	
goodsense lansoprazole 15 mg cap dr	Preferred	QL 60 / 30 days
heartburn treatment 24 hour 15 mg cap dr	Preferred	QL 60 / 30 days
heartburn treatment 24 hour 20 mg cap dr	Preferred	
hm esomeprazole magnesium dr 20 mg cap dr	Preferred	
hm lansoprazole 15 mg cap dr	Preferred	QL 60 / 30 days
hm omeprazole 20 mg tab dr	Non-Preferred	
lansoprazole 30 mg tab dr disp	Non-Preferred	QL 30 / 30 days
lansoprazole 30 mg cap dr	Preferred	QL 60 / 30 days
lansoprazole 15 mg tab dr disp	Non-Preferred	QL 30 / 30 days
lansoprazole 15 mg cap dr	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEXIUM 5 MG PACKET *esomeprazole magnesium*	Preferred	
NEXIUM 2.5 MG PACKET *esomeprazole magnesium*	Preferred	
NEXIUM 20 MG CAP DR *esomeprazole magnesium*	Non-Preferred	
NEXIUM 40 MG PACKET *esomeprazole magnesium*	Preferred	
NEXIUM 10 MG PACKET *esomeprazole magnesium*	Preferred	
NEXIUM 40 MG CAP DR *esomeprazole magnesium*	Non-Preferred	
NEXIUM 20 MG PACKET *esomeprazole magnesium*	Preferred	
omeprazole 20 mg cap dr	Preferred	QL 60 / 30 days
omeprazole 10 mg cap dr	Preferred	QL 60 / 30 days
OMEPRAZOLE 20 MG TAB DR *omeprazole*	Non-Preferred	QL 60 / 30 days
omeprazole 20 mg tab dr	Non-Preferred	QL 60 / 30 days
omeprazole 40 mg cap dr	Preferred	QL 2 / 1 days
omeprazole 20 mg tab dr disp	Non-Preferred	
omeprazole magnesium 20 mg tab dr	Non-Preferred	
omeprazole magnesium 20.6 (20 base) mg cap dr	Non-Preferred	QL 2 / 1 days
omeprazole-sodium bicarbonate	Non-Preferred	
pantoprazole sodium 40 mg tab dr	Preferred	QL 60 / 30 days
pantoprazole sodium 20 mg tab dr	Preferred	QL 60 / 30 days
PREVACID *lansoprazole*	Non-Preferred	QL 60 / 30 days
PREVACID 24HR 15 MG CAP DR *lansoprazole*	Non-Preferred	QL 60 / 30 days
PREVACID SOLUTAB *lansoprazole*	Non-Preferred	QL 30 / 30 days
PRILOSEC 10 MG PACKET *omeprazole magnesium*	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRILOSEC 2.5 MG PACKET *omeprazole magnesium*	Non-Preferred	QL 2 / 1 days
PROTONIX 20 MG TAB DR *pantoprazole sodium*	Non-Preferred	QL 2 / 1 days
PROTONIX 40 MG PACKET *pantoprazole sodium*	Non-Preferred	
PROTONIX 40 MG TAB DR *pantoprazole sodium*	Non-Preferred	QL 2 / 1 days
qc esomeprazole magnesium 20 mg cap dr	Preferred	
qc lansoprazole 15 mg cap dr	Preferred	
qc omeprazole magnesium 20.6 (20 base) mg cap dr	Non-Preferred	QL 2 / 1 days
rabeprazole sodium 20 mg tab dr	Non-Preferred	QL 1 / 1 days
sm esomeprazole magnesium 20 mg cap dr	Preferred	
sm lansoprazole 15 mg cap dr	Preferred	QL 60 / 30 days
sm omeprazole 20 mg tab dr	Non-Preferred	
ZEGERID *omeprazole-sodium bicarbonate*	Non-Preferred	
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
BUPHENYL *sodium phenylbutyrate*	Preferred	
CERDELGA *eliglustat tartrate*	Non-Preferred	
CEREZYME *imiglucerase*	Non-Preferred	
CHOLBAM *cholic acid*	Preferred	PA
CREON *pancrelipase (lipase-protease-amylase)*	Preferred	
ELELYSO *taliglucerase alfa*	Preferred	PA
gnp dairy relief 3000 unit tab	Preferred	QL 9 / 1 days
lac-dose 3000 unit tab	Preferred	QL 9 / 1 days
lactase enzyme 3000 unit tab	Preferred	QL 9 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
miglustat	Non-Preferred	
OCALIVA *obeticholic acid*	Non-Preferred	
PANCREAZE *pancrelipase (lipase-protease-amylase)*	Non-Preferred	
PERTZYE *pancrelipase (lipase-protease-amylase)*	Non-Preferred	
RAVICTI *glycerol phenylbutyrate*	Non-Preferred	
sb lactase 3000 unit tab	Preferred	QL 9 / 1 days
sodium phenylbutyrate 500 mg tab	Preferred	
sodium phenylbutyrate 3 gm/tsp powder	Preferred	
surelac 3000 unit tab	Preferred	QL 9 / 1 days
VIOKACE *pancrelipase (lipase-protease-amylase)*	Non-Preferred	
VPRIV *velaglucerase alfa*	Non-Preferred	
ZAVESCA *miglustat*	Preferred	PA
ZENPEP *pancrelipase (lipase-protease-amylase)*	Preferred	
GENITOURINARY AGENTS ANTISPASMODICS, URINARY		
darifenacin hydrobromide er	Non-Preferred	
DETROL *tolterodine tartrate*	Non-Preferred	QL 2 / 1 days
DETROL LA *tolterodine tartrate*	Non-Preferred	QL 1 / 1 days
DITROPAN XL 10 MG TAB ER 24H *oxybutynin chloride*	Non-Preferred	QL 1 / 1 days
DITROPAN XL 5 MG TAB ER 24H *oxybutynin chloride*	Non-Preferred	QL 1 / 1 days
ENABLEX *darifenacin hydrobromide*	Non-Preferred	
flavoxate hcl	Non-Preferred	
GELNIQUE *oxybutynin chloride*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GELNIQUE PUMP *oxybutynin chloride*	Non-Preferred	
MYRBETRIQ *mirabegron*	Non-Preferred	
oxybutynin chloride 5 mg/5ml syrup	Preferred	QL 20 / 1 days
oxybutynin chloride 5 mg tab	Preferred	QL 4 / 1 days
oxybutynin chloride er 10 mg tab er 24h	Preferred	QL 60 / 30 days
oxybutynin chloride er 5 mg tab er 24h	Preferred	QL 30 / 30 days
oxybutynin chloride er 15 mg tab er 24h	Preferred	QL 60 / 30 days
OXYTROL *oxybutynin*	Non-Preferred	
OXYTROL FOR WOMEN 3.9 MG/24HR PATCH TW *oxybutynin*	Preferred	
solifenacin succinate	Preferred	
tolterodine tartrate	Preferred	QL 2 / 1 days
tolterodine tartrate er	Preferred	QL 1 / 1 days
TOVIAZ *fesoterodine fumarate*	Non-Preferred	
trospium chloride	Preferred	QL 60 / 30 days
trospium chloride er	Non-Preferred	QL 1 / 1 days
VESICARE *solifenacin succinate*	Non-Preferred	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	Preferred	QL 1 / 1 days
AVODART *dutasteride*	Non-Preferred	QL 1 / 1 days
CARDURA XL *doxazosin mesylate (bph)*	Non-Preferred	
CIALIS 5 MG TAB *tadalafil*	Non-Preferred	QL 1 / 1 days
CIALIS 2.5 MG TAB *tadalafil*	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dutasteride 0.5 mg cap	Preferred	QL 1 / 1 days
dutasteride-tamsulosin hcl	Non-Preferred	
finasteride 5 mg tab	Preferred	QL 1 / 1 days
FLOMAX *tamsulosin hcl*	Non-Preferred	QL 2 / 1 days
JALYN *dutasteride-tamsulosin hcl*	Non-Preferred	
PROSCAR *finasteride*	Non-Preferred	
RAPAFLO *silodosin*	Non-Preferred	
silodosin	Non-Preferred	
tadalafil 5 mg tab	Non-Preferred	QL 30 / 30 days
tadalafil 10 mg tab	Non-Preferred	
tadalafil 2.5 mg tab	Non-Preferred	QL 30 / 30 days
tadalafil 20 mg tab	Non-Preferred	
tamsulosin hcl	Preferred	QL 2 / 1 days
GENITOURINARY AGENTS, OTHER		
bethanechol chloride 50 mg tab	Preferred	QL 4 / 1 days
bethanechol chloride 10 mg tab	Preferred	QL 4 / 1 days
bethanechol chloride 5 mg tab	Preferred	QL 4 / 1 days
bethanechol chloride 25 mg tab	Preferred	QL 4 / 1 days
CIALIS 10 MG TAB *tadalafil*	Non-Preferred	
CIALIS 20 MG TAB *tadalafil*	Non-Preferred	
cytra-2 500-334 mg/5ml solution	Preferred	QL 120 / 1 days
ELMIRON *pentosan polysulfate sodium*	Preferred	QL 3 / 1 days
ORACIT *sodium citrate & citric acid*	Preferred	QL 120 / 1 days
PARAGARD INTRAUTERINE COPPER *copper (iud)*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
phenazopyridine hcl 200 mg tab	Preferred	
phenazopyridine hcl 100 mg tab	Preferred	
potassium citrate er 10 meq (1080 mg) tab er	Preferred	QL 10 / 1 days
potassium citrate er 5 meq (540 mg) tab er	Preferred	QL 10 / 1 days
potassium citrate er 15 meq (1620 mg) tab er	Preferred	
sod citrate-citric acid	Preferred	QL 120 / 1 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
ALA SCALP *hydrocortisone (topical)*	Non-Preferred	
ala-cort 1 % cream	Non-Preferred	
alclometasone dipropionate 0.05 % cream	Non-Preferred	QL 1 / 1 days
alclometasone dipropionate 0.05 % ointment	Non-Preferred	QL 60 / 24 days
amcinonide 0.1 % cream	Non-Preferred	
amcinonide 0.1 % lotion	Non-Preferred	
anti-itch maximum strength 1 % cream	Preferred	QL 60 / 30 days
APEXICON E *diflorasone diacetate emollient base*	Non-Preferred	
aquanil hc 1 % lotion	Preferred	QL 120 / 27 days
beser 0.05 % lotion	Non-Preferred	
BESER 0.05 % KIT *fluticasone-emollient*	Non-Preferred	
betamethasone dipropionate 0.05 % cream	Preferred	QL 45 / 28 days
betamethasone dipropionate 0.05 % ointment	Preferred	
betamethasone dipropionate 0.05 % lotion	Preferred	
betamethasone dipropionate aug 0.05 % ointment	Non-Preferred	QL 50 / 30 days
betamethasone dipropionate aug 0.05 % gel	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
betamethasone dipropionate aug 0.05 % cream	Preferred	QL 1 / 1 days
betamethasone dipropionate aug 0.05 % lotion	Non-Preferred	
betamethasone valerate 0.1 % ointment	Preferred	
betamethasone valerate 0.1 % cream	Preferred	QL 45 / 24 days
betamethasone valerate 0.12 % foam	Non-Preferred	
betamethasone valerate 0.1 % lotion	Preferred	QL 60 / 27 days
BRYHALI *halobetasol propionate*	Non-Preferred	
CAPEX *fluocinolone acetonide*	Non-Preferred	
clobetasol prop emollient base	Non-Preferred	
clobetasol propionate 0.05 % liquid	Non-Preferred	
clobetasol propionate 0.05 % shampoo	Non-Preferred	
clobetasol propionate 0.05 % lotion	Non-Preferred	
clobetasol propionate 0.05 % foam	Non-Preferred	
clobetasol propionate 0.05 % gel	Non-Preferred	QL 60 / 24 days
clobetasol propionate 0.05 % solution	Preferred	QL 50 / 30 days
clobetasol propionate 0.05 % cream	Preferred	QL 60 / 27 days
clobetasol propionate 0.05 % ointment	Preferred	QL 60 / 30 days
clobetasol propionate e	Non-Preferred	
clobetasol propionate emulsion	Non-Preferred	
CLOBEX *clobetasol propionate*	Non-Preferred	
CLOBEX SPRAY *clobetasol propionate*	Non-Preferred	
CLOCORTOLONE PIVALATE *clocortolone pivalate*	Non-Preferred	
CLOCORTOLONE PIVALATE PUMP *clocortolone pivalate*	Non-Preferred	
CLODAN 0.05 % KIT *clobetasol propionate & cleanser*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clodan 0.05 % shampoo	Preferred	
CLODERM *clocortolone pivalate*	Non-Preferred	
CLODERM PUMP *clocortolone pivalate*	Non-Preferred	
CORDRAN 4 MCG/SQCM TAPE *flurandrenolide*	Non-Preferred	
CORTEF *hydrocortisone*	Non-Preferred	
cortisone acetate 25 mg tab	Non-Preferred	QL 12 / 1 days
curad hydrocortisone 1 % cream	Preferred	
CUTIVATE *fluticasone propionate*	Non-Preferred	
decadron	Non-Preferred	
DEPO-MEDROL 20 MG/ML SUSPENSION *methylprednisolone acetate*	Preferred	QL 8 / 1 days
DERMA-SMOOTHE/FS BODY *fluocinolone acetonide*	Non-Preferred	
DERMA-SMOOTHE/FS SCALP *fluocinolone acetonide*	Non-Preferred	
DERMATOP 0.1 % OINTMENT *prednicarbate*	Non-Preferred	
DESONATE *desonide*	Non-Preferred	
desonide 0.05 % lotion	Non-Preferred	QL 90 / 24 days
desonide 0.05 % cream	Non-Preferred	QL 120 / 24 days
desonide 0.05 % gel	Non-Preferred	
desonide 0.05 % ointment	Non-Preferred	QL 60 / 27 days
DESOWEN 0.05 % CREAM *desonide*	Non-Preferred	
desoximetasone 0.25 % ointment	Non-Preferred	
desoximetasone 0.05 % ointment	Non-Preferred	
desoximetasone 0.05 % gel	Non-Preferred	
desoximetasone 0.25 % liquid	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
desoximetasone 0.05 % cream	Non-Preferred	
desoximetasone 0.25 % cream	Non-Preferred	
DEXABLISS *dexamethasone*	Non-Preferred	
dexamethasone 0.5 mg/5ml elixir	Preferred	
DEXAMETHASONE 1.5 MG (51) TAB THPK *dexamethasone*	Non-Preferred	
dexamethasone 4 mg tab	Preferred	
dexamethasone 0.5 mg/5ml solution	Preferred	
dexamethasone 2 mg tab	Preferred	
dexamethasone 6 mg tab	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 tab	Preferred	
DEXAMETHASONE 1.5 MG (35) TAB THPK *dexamethasone*	Non-Preferred	
dexamethasone 0.5 mg tab	Preferred	
DEXAMETHASONE INTENSOL *dexamethasone*	Preferred	
dexamethasone sodium phosphate 20 mg/5ml solution	Preferred	
dexamethasone sodium phosphate 4 mg/ml solution	Preferred	
dexamethasone sodium phosphate 120 mg/30ml solution	Preferred	
dexpak 10 day	Non-Preferred	
dexpak 13 day	Non-Preferred	
dexpak 6 day	Non-Preferred	
diflorasone diacetate 0.05 % ointment	Non-Preferred	QL 60 / 27 days
diflorasone diacetate 0.05 % cream	Non-Preferred	
DXEVO 11-DAY *dexamethasone*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELOCON 0.1 % CREAM *mometasone furoate*	Non-Preferred	
EMFLAZA *deflazacort*	Non-Preferred	
eq hydrocortisone max st 1 % cream	Preferred	
fludrocortisone acetate 0.1 mg tab	Preferred	QL 2 / 1 days
fluocinolone acetonide 0.01 % cream	Non-Preferred	
fluocinolone acetonide 0.025 % cream	Non-Preferred	
fluocinolone acetonide 0.01 % solution	Preferred	
fluocinolone acetonide 0.025 % ointment	Preferred	QL 60 / 30 days
fluocinolone acetonide body	Preferred	
fluocinolone acetonide scalp	Preferred	
fluocinonide 0.05 % gel	Non-Preferred	QL 60 / 24 days
fluocinonide 0.1 % cream	Non-Preferred	
fluocinonide 0.05 % cream	Preferred	QL 120 / 24 days
fluocinonide 0.05 % solution	Preferred	QL 60 / 24 days
fluocinonide 0.05 % ointment	Preferred	QL 60 / 24 days
fluocinonide emulsified base	Non-Preferred	QL 60 / 24 days
flurandrenolide	Non-Preferred	
fluticasone propionate 0.05 % cream	Preferred	
fluticasone propionate 0.005 % ointment	Preferred	QL 1 / 1 days
fluticasone propionate 0.05 % lotion	Non-Preferred	
gnp hydrocortisone 0.5 % cream	Preferred	
gnp hydrocortisone max st 1 % ointment	Preferred	QL 30 / 7 days
gnp hydrocortisone plus 1 % cream	Preferred	QL 2 / 1 days
gnp hydrocortisone/aloe 1 % cream	Preferred	QL 30 / 7 days
halcinonide	Non-Preferred	
halobetasol propionate 0.05 % cream	Preferred	QL 50 / 30 days
halobetasol propionate 0.05 % ointment	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HALOBETASOL PROPIONATE 0.05 % FOAM *halobetasol propionate*	Non-Preferred	
HALOG *halcinonide*	Non-Preferred	
HEMADY *dexamethasone*	Non-Preferred	
hm hydrocortisone plus 1 % cream	Preferred	QL 60 / 30 days
hm hydrocortisone-aloe max st 1 % cream	Preferred	QL 60 / 30 days
hydrocortisone 2.5 % cream	Preferred	
hydrocortisone 0.5 % cream	Preferred	QL 30 / 7 days
hydrocortisone 1 % ointment	Preferred	QL 30 / 7 days
hydrocortisone 0.5 % ointment	Preferred	QL 30 / 7 days
hydrocortisone 2.5 % ointment	Preferred	QL 60 / 30 days
hydrocortisone 1 % cream	Preferred	QL 60 / 30 days
hydrocortisone 10 mg tab	Preferred	QL 12 / 1 days
hydrocortisone 5 mg tab	Preferred	QL 12 / 1 days
hydrocortisone 20 mg tab	Preferred	QL 12 / 1 days
hydrocortisone 2.5 % lotion	Preferred	QL 118 / 24 days
hydrocortisone (perianal) 2.5 % cream	Preferred	
hydrocortisone acetate 1 % cream	Preferred	
hydrocortisone butyr lipo base	Non-Preferred	
hydrocortisone butyrate	Non-Preferred	
hydrocortisone in absorbase	Non-Preferred	
hydrocortisone max st 1 % cream	Preferred	QL 60 / 30 days
hydrocortisone max st/12 moist 1 % cream	Preferred	QL 60 / 30 days
hydrocortisone valerate	Preferred	QL 60 / 24 days
hydrocortisone-aloe 1 % cream	Preferred	QL 60 / 30 days
hydrocortisone-aloe 0.5 % cream	Preferred	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydroskin 1 % lotion	Preferred	QL 120 / 27 days
KENALOG 40 MG/ML SUSPENSION *triamcinolone acetonide*	Preferred	
KENALOG 10 MG/ML SUSPENSION *triamcinolone acetonide*	Preferred	
KENALOG 0.147 MG/GM AERO SOLN *triamcinolone acetonide (topical)*	Non-Preferred	
LEXETTE *halobetasol propionate*	Non-Preferred	
LOCOID 0.1 % SOLUTION *hydrocortisone butyrate*	Non-Preferred	
LOCOID 0.1 % LOTION *hydrocortisone butyrate*	Non-Preferred	
LOCOID 0.1 % CREAM *hydrocortisone butyrate*	Non-Preferred	
LOCOID LIPOCREAM *hydrocortisone butyrate hydrophilic lipo base*	Non-Preferred	
MEDROL 8 MG TAB *methylprednisolone*	Non-Preferred	
MEDROL 4 MG TAB *methylprednisolone*	Non-Preferred	
MEDROL 32 MG TAB *methylprednisolone*	Non-Preferred	QL 2 / 1 days
MEDROL 2 MG TAB *methylprednisolone*	Non-Preferred	QL 4 / 1 days
MEDROL 16 MG TAB *methylprednisolone*	Non-Preferred	
MEDROL 4 MG TAB THPK *methylprednisolone*	Non-Preferred	
methylprednisolone 4 mg tab thpk	Preferred	
methylprednisolone 8 mg tab	Preferred	QL 4 / 1 days
methylprednisolone 32 mg tab	Preferred	QL 2 / 1 days
methylprednisolone 16 mg tab	Preferred	QL 4 / 1 days
methylprednisolone 4 mg tab	Preferred	QL 4 / 1 days
methylprednisolone acetate 40 mg/ml suspension	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylprednisolone acetate 80 mg/ml suspension	Preferred	QL 2 / 1 days
methylprednisolone sodium succ 500 mg recon soln	Preferred	
methylprednisolone sodium succ 40 mg recon soln	Preferred	
methylprednisolone sodium succ 1000 mg recon soln	Preferred	
MILLIPRED 5 MG TAB *prednisolone*	Non-Preferred	QL 12 / 1 days
MILLIPRED DP *prednisolone*	Non-Preferred	
mometasone furoate 0.1 % solution	Preferred	QL 30 / 14 days
mometasone furoate 0.1 % ointment	Preferred	QL 45 / 19 days
mometasone furoate 0.1 % cream	Preferred	QL 45 / 30 days
OLUX *clobetasol propionate*	Non-Preferred	
OLUX-E *clobetasol propionate emulsion*	Non-Preferred	
PANDEL *hydrocortisone probutate*	Non-Preferred	
PEDIAPRED *prednisolone sodium phosphate*	Non-Preferred	
PREDNICARBATE *prednicarbate*	Non-Preferred	
prednisolone 15 mg/5ml solution	Preferred	QL 20 / 1 days
prednisolone sodium phosphate 10 mg tab disp	Non-Preferred	
prednisolone sodium phosphate 15 mg tab disp	Non-Preferred	
prednisolone sodium phosphate 25 mg/5ml solution	Preferred	
prednisolone sodium phosphate 20 mg/5ml solution	Preferred	
prednisolone sodium phosphate 15 mg/5ml solution	Preferred	QL 20 / 1 days
prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prednisolone sodium phosphate 30 mg tab disp	Non-Preferred	
prednisolone sodium phosphate 10 mg/5ml solution	Preferred	
prednisone 20 mg tab	Preferred	QL 3 / 1 days
prednisone 5 mg (48) tab thpk	Preferred	QL 8 / 1 days
prednisone 2.5 mg tab	Preferred	QL 8 / 1 days
prednisone 1 mg tab	Preferred	QL 8 / 1 days
prednisone 10 mg (21) tab thpk	Preferred	
prednisone 5 mg (21) tab thpk	Preferred	QL 8 / 1 days
prednisone 5 mg/5ml solution	Preferred	QL 60 / 1 days
prednisone 5 mg tab	Preferred	QL 8 / 1 days
prednisone 10 mg tab	Preferred	QL 6 / 1 days
prednisone 10 mg (48) tab thpk	Preferred	
prednisone 50 mg tab	Preferred	QL 1 / 1 days
PREDNISONE INTENSOL *prednisone*	Non-Preferred	QL 12 / 1 days
procto-med hc	Preferred	
proctosol hc	Preferred	
proctozone-hc	Preferred	
PSORCON *diflorasone diacetate*	Non-Preferred	
RAYOS *prednisone*	Non-Preferred	
sarnol-hc 1 % lotion	Preferred	QL 120 / 27 days
scalpicin maximum strength 1 % solution	Preferred	
SILA III *triamcinolone acetonide-silicone*	Non-Preferred	
sm hydrocortisone 1 % cream	Preferred	
sm hydrocortisone max st 1 % ointment	Preferred	QL 30 / 7 days
sm hydrocortisone plus 1 % cream	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOLU-CORTEF 100 MG RECON SOLN *hydrocortisone sod succinate*	Preferred	
SOLU-MEDROL 40 MG RECON SOLN *methylprednisolone sod succ*	Preferred	
SYNALAR 0.025 % OINTMENT *fluocinolone acetonide*	Non-Preferred	QL 60 / 30 days
SYNALAR 0.01 % SOLUTION *fluocinolone acetonide*	Non-Preferred	
SYNALAR 0.025 % CREAM *fluocinolone acetonide*	Non-Preferred	
SYNALAR (CREAM) *fluocinolone-emollient*	Non-Preferred	
SYNALAR (OINTMENT) *fluocinolone-emollient*	Non-Preferred	
SYNALAR TS *fluocinolone acetonide & cleanser*	Non-Preferred	
TAPERDEX 12-DAY *dexamethasone*	Non-Preferred	
taperdex 6-day	Non-Preferred	
TAPERDEX 7-DAY *dexamethasone*	Non-Preferred	
TEMOVATE 0.05 % CREAM *clobetasol propionate*	Non-Preferred	
TEMOVATE 0.05 % OINTMENT *clobetasol propionate*	Non-Preferred	QL 2 / 1 days
TEXACORT *hydrocortisone (topical)*	Non-Preferred	
TOPICORT *desoximetasone*	Non-Preferred	
TOPICORT SPRAY *desoximetasone*	Non-Preferred	
tovet 0.05 % foam	Non-Preferred	
triamcinolone acetonide 0.025 % ointment	Preferred	QL 456 / 24 days
triamcinolone acetonide 0.1 % cream	Preferred	QL 456 / 24 days
triamcinolone acetonide 0.5 % cream	Preferred	QL 60 / 27 days
triamcinolone acetonide 40 mg/ml suspension	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
triamcinolone acetonide 0.1 % ointment	Preferred	QL 456 / 24 days
triamcinolone acetonide 0.147 mg/gm aero soln	Non-Preferred	
triamcinolone acetonide 0.05 % ointment	Preferred	
triamcinolone acetonide 0.025 % lotion	Preferred	QL 120 / 24 days
triamcinolone acetonide 0.1 % lotion	Preferred	
triamcinolone acetonide 0.5 % ointment	Preferred	QL 30 / 24 days
triamcinolone acetonide 0.025 % cream	Preferred	QL 456 / 24 days
trianex	Non-Preferred	
triderm	Non-Preferred	
ULTRAVATE *halobetasol propionate*	Non-Preferred	
ULTRAVATE X (CREAM) *halobetasol propionate & lactic acid*	Non-Preferred	
ULTRAVATE X (OINTMENT) *halobetasol propionate & lactic acid*	Non-Preferred	
VANOS *fluocinonide*	Non-Preferred	
ZCORT 7-DAY *dexamethasone*	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	Preferred	QL 15 / 26 days
desmopressin acetate 0.2 mg tab	Preferred	QL 6 / 1 days
desmopressin acetate 0.1 mg tab	Preferred	QL 6 / 1 days
desmopressin acetate spray	Preferred	QL 15 / 26 days
GENOTROPIN *somatropin*	Non-Preferred	
GENOTROPIN MINIQUICK *somatropin*	Non-Preferred	
HUMATROPE 12 MG RECON SOLN *somatropin*	Non-Preferred	
HUMATROPE 24 MG RECON SOLN *somatropin*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMATROPE 6 MG RECON SOLN *somatropin*	Non-Preferred	
NORDITROPIN FLEXPRO *somatropin*	Preferred	PA
NUTROPIN AQ NUSPIN 10 *somatropin*	Non-Preferred	
NUTROPIN AQ NUSPIN 20 *somatropin*	Non-Preferred	
NUTROPIN AQ NUSPIN 5 *somatropin*	Non-Preferred	
OMNITROPE *somatropin*	Preferred	PA
ORIAHNN *elagolix sodium-estradiol-norethindrone acetate*	Non-Preferred	
SAIZEN *somatropin (non-refrigerated)*	Non-Preferred	
SAIZEN CLICK.EASY *somatropin (non-refrigerated)*	Non-Preferred	
SAIZENPREP *somatropin (non-refrigerated)*	Non-Preferred	
SEROSTIM *somatropin (non-refrigerated)*	Non-Preferred	
STIMATE *desmopressin acetate*	Preferred	
ZOMACTON *somatropin*	Non-Preferred	
ZOMACTON (FOR ZOMA-JET 10) *somatropin*	Non-Preferred	
ZORBTIVE *somatropin (non-refrigerated)*	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) ANABOLIC STEROIDS		
ANADROL-50 *oxymetholone*	Non-Preferred	
oxandrolone 10 mg tab	Non-Preferred	QL 2 / 1 days
oxandrolone 2.5 mg tab	Non-Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANDROGENS		
ANDRODERM *testosterone*	Non-Preferred	
ANDROGEL 50 MG/5GM (1%) GEL *testosterone*	Preferred	PA
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL *testosterone*	Non-Preferred	QL 150 / 30 days
ANDROGEL 25 MG/2.5GM (1%) GEL *testosterone*	Preferred	PA
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL *testosterone*	Non-Preferred	QL 150 / 30 days
ANDROGEL PUMP *testosterone*	Non-Preferred	QL 150 / 30 days
ANDROID *methyltestosterone*	Non-Preferred	
AVEED *testosterone undecanoate*	Non-Preferred	
DEPO-TESTOSTERONE *testosterone cypionate*	Preferred	PA
FORTESTA *testosterone*	Non-Preferred	
JATENZO *testosterone undecanoate*	Non-Preferred	
METHITEST *methyltestosterone*	Non-Preferred	
methyltestosterone 10 mg cap	Non-Preferred	QL 5 / 1 days
NATESTO *testosterone*	Non-Preferred	
STRIANT *testosterone*	Non-Preferred	
TESTIM *testosterone*	Non-Preferred	
TESTOPEL *testosterone*	Preferred	PA
testosterone 10 mg/act (2%) gel	Non-Preferred	
testosterone 12.5 mg/act (1%) gel	Non-Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
testosterone 50 mg/5gm (1%) gel	Non-Preferred	QL 300 / 30 days PA
testosterone 20.25 mg/act (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 25 mg/2.5gm (1%) gel	Preferred	QL 300 / 30 days PA
testosterone 30 mg/act solution	Non-Preferred	
testosterone 1.62 % gel	Non-Preferred	
testosterone 40.5 mg/2.5gm (1.62%) gel	Non-Preferred	QL 150 / 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 enanthate 200 mg/ml solution	Non-Preferred	QL 5 / 30 days
TESTRED *methyltestosterone*	Non-Preferred	
VOGELXO *testosterone*	Non-Preferred	
VOGELXO PUMP *testosterone*	Non-Preferred	
XYOSTED *testosterone enanthate*	Non-Preferred	
ESTROGENS		
ACTIVELLA *estradiol & norethindrone acetate*	Non-Preferred	
afirmelle	Non-Preferred	QL 28 / 28 days
ALORA *estradiol*	Preferred	
altavera	Preferred	QL 1 / 1 days
alyacen 1/35	Preferred	QL 1 / 1 days
alyacen 7/7/7	Preferred	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amabelz	Non-Preferred	
amethia	Non-Preferred	
amethia lo	Non-Preferred	
amethyst	Preferred	QL 1 / 1 days
ANGELIQ *drospirenone-estradiol*	Preferred	
ANNOVERA *segesterone acetate-ethinyl estradiol*	Non-Preferred	
apri	Preferred	QL 1 / 1 days
aranelle	Preferred	QL 1 / 1 days
ashlyna	Non-Preferred	
aubra	Preferred	QL 1 / 1 days
aubra eq	Preferred	QL 1 / 1 days
aurovela 1.5/30	Non-Preferred	
aurovela 1/20	Non-Preferred	
aurovela 24 fe	Non-Preferred	
aurovela fe 1.5/30	Non-Preferred	
aurovela fe 1/20	Non-Preferred	
aviane	Preferred	QL 1 / 1 days
ayuna	Non-Preferred	QL 28 / 28 days
azurette	Preferred	QL 1 / 1 days
BALCOLTRA *levonorgestrel-ethinyl estradiol-ferrous bisglycinate*	Non-Preferred	
balziva	Preferred	QL 1 / 1 days
bekyree	Preferred	QL 1 / 1 days
BEYAZ *drospirenone-ethinyl estradiol-levomefolate calcium*	Non-Preferred	
BIJUVA *estradiol-progesterone*	Non-Preferred	
blisovi 24 fe	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
blisovi fe 1.5/30	Preferred	QL 28 / 28 days
blisovi fe 1/20	Preferred	QL 1 / 1 days
briellyn	Preferred	QL 1 / 1 days
camrese	Preferred	
camrese lo	Non-Preferred	
caziant	Preferred	QL 1 / 1 days
charlotte 24 fe	Non-Preferred	
chateal	Preferred	QL 1 / 1 days
chateal eq	Preferred	QL 1 / 1 days
CLIMARA *estradiol*	Non-Preferred	
CLIMARA PRO *estradiol-levonorgestrel*	Preferred	
COMBIPATCH *estradiol & norethindrone acetate*	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
CYCLESSA *desogestrel-ethinyl estradiol (triphasic)*	Non-Preferred	
cyred	Preferred	QL 1 / 1 days
cyred eq	Preferred	QL 1 / 1 days
dasetta 1/35	Preferred	QL 1 / 1 days
dasetta 7/7/7	Preferred	QL 28 / 28 days
daysee	Non-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 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIVIGEL *estradiol*	Non-Preferred	
dotti	Non-Preferred	
drospiren-eth estrad-levomefol	Non-Preferred	
drospirenone-ethinyl estradiol	Preferred	QL 1 / 1 days
eemt	Non-Preferred	
eemt hs	Non-Preferred	
ELESTRIN *estradiol*	Preferred	
elinest	Preferred	QL 1 / 1 days
eluryng	Non-Preferred	QL 1 / 28 days
emoquette	Preferred	QL 28 / 28 days
enpresse-28	Preferred	QL 1 / 1 days
enskyce	Preferred	QL 1 / 1 days
est estrogens-methyltest	Non-Preferred	
est estrogens-methyltest ds	Non-Preferred	
est estrogens-methyltest hs	Non-Preferred	
estarylla	Preferred	QL 1 / 1 days
ESTRACE 0.5 MG TAB *estradiol*	Non-Preferred	
ESTRACE 2 MG TAB *estradiol*	Non-Preferred	QL 90 / 30 days
ESTRACE 1 MG TAB *estradiol*	Non-Preferred	QL 90 / 30 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 0.0375 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.0375 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 1 mg tab	Preferred	QL 90 / 30 days
estradiol 0.025 mg/24hr patch wk	Preferred	QL 4 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
estradiol 0.06 mg/24hr patch wk	Preferred	QL 4 / 28 days
estradiol 0.025 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 2 mg tab	Preferred	QL 90 / 30 days
estradiol 0.5 mg tab	Preferred	
estradiol 0.075 mg/24hr patch tw	Preferred	QL 8 / 28 days
estradiol 0.1 mg/gm cream	Preferred	QLC 42.5 grams/30 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-norethindrone acet	Non-Preferred	
ESTROGEL *estradiol*	Non-Preferred	
ESTROPIPATE 0.75 MG TAB *estropipate*	Non-Preferred	QL 1 / 1 days
ESTROPIPATE 1.5 MG TAB *estropipate*	Non-Preferred	QL 1 / 1 days
ESTROPIPATE 3 MG TAB *estropipate*	Non-Preferred	QL 3 / 1 days
ESTROSTEP FE *norethindrone acetate-ethinyl estradiol-fe*	Non-Preferred	QL 1 / 1 days
ethynodiol diac-eth estradiol 1-35 mg-mcg tab	Non-Preferred	QL 1 / 1 days
ethynodiol diac-eth estradiol 1-50 mg-mcg tab	Non-Preferred	QL 28 / 28 days
etonogestrel-ethinyl estradiol	Non-Preferred	QL 1 / 28 days
EVAMIST *estradiol*	Non-Preferred	
falmina	Preferred	QL 1 / 1 days
fayosim	Non-Preferred	
FEMHRT LOW DOSE *norethindrone acetate-ethinyl estradiol*	Non-Preferred	
femynor	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fyavolv	Non-Preferred	
GENERESS FE *norethindrone & ethinyl estradiol-fe*	Non-Preferred	
gianvi	Preferred	QL 1 / 1 days
hailey 1.5/30	Non-Preferred	
hailey 24 fe	Non-Preferred	
hailey fe 1.5/30	Non-Preferred	
hailey fe 1/20	Non-Preferred	
introvale	Preferred	
isibloom	Preferred	QL 1 / 1 days
jaimiess	Non-Preferred	
jasmiel	Non-Preferred	QL 28 / 28 days
jevantique lo	Non-Preferred	
jinteli	Non-Preferred	
jolessa	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	Non-Preferred	
kaitlib fe	Non-Preferred	
kalliga	Non-Preferred	QL 28 / 28 days
kariva	Preferred	QL 1 / 1 days
kelnor 1/35	Preferred	QL 1 / 1 days
kelnor 1/50	Non-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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
larin 24 fe	Non-Preferred	
larin fe 1.5/30	Preferred	QL 1 / 1 days
larin fe 1/20	Preferred	QL 1 / 1 days
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 0.15-0.03 mg tab	Preferred	
levonorgest-eth estrad 91-day 0.15-0.03 &0.01 mg tab	Non-Preferred	
levonorgest-eth estrad 91-day 0.1-0.02 & 0.01 mg tab	Non-Preferred	
levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab	Preferred	QL 1 / 1 days
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab	Preferred	QL 28 / 28 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 *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*	Non-Preferred	
lo-zumandimine	Non-Preferred	
LOESTRIN 1.5/30 (21) *norethindrone acet & eth estra*	Non-Preferred	QL 1 / 1 days
LOESTRIN 1/20 (21) *norethindrone acet & eth estra*	Non-Preferred	QL 1 / 1 days
LOESTRIN FE 1.5/30 *norethin acet & estrad-fe*	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOESTRIN FE 1/20 *norethin acet & estrad-fe*	Non-Preferred	QL 1 / 1 days
lojaimiess	Non-Preferred	
lopreeza	Non-Preferred	
loryna	Non-Preferred	QL 1 / 1 days
LOSEASONIQUE *levonorgestrel-ethinyl estradiol (91-day)*	Non-Preferred	
low-ogestrel	Preferred	QL 1 / 1 days
lutera	Preferred	QL 1 / 1 days
marlissa	Preferred	QL 1 / 1 days
melodetta 24 fe	Non-Preferred	
MENEST 0.625 MG TAB *esterified estrogens*	Non-Preferred	QL 1 / 1 days
MENEST 2.5 MG TAB *esterified estrogens*	Non-Preferred	
MENEST 1.25 MG TAB *esterified estrogens*	Non-Preferred	QL 1 / 1 days
MENEST 0.3 MG TAB *esterified estrogens*	Non-Preferred	QL 1 / 1 days
MENOSTAR *estradiol*	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	Non-Preferred	
microgestin fe 1.5/30	Preferred	QL 28 / 28 days
microgestin fe 1/20	Preferred	QL 1 / 1 days
mili	Preferred	QL 1 / 1 days
mimvey	Non-Preferred	
mimvey lo	Non-Preferred	
MINASTRIN 24 FE *norethin acet & estrad-fe*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MINIVELLE *estradiol*	Non-Preferred	
MIRCETTE *desogestrel-ethinyl estradiol (biphasic)*	Non-Preferred	QL 1 / 1 days
mono-linyah	Preferred	QL 1 / 1 days
mononessa	Preferred	QL 1 / 1 days
myzilra	Preferred	QL 1 / 1 days
NATAZIA *estradiol valerate-dienogest*	Non-Preferred	
necon 0.5/35 (28)	Preferred	QL 1 / 1 days
necon 7/7/7	Preferred	QL 28 / 28 days
nikki	Preferred	QL 1 / 1 days
norethin ace-eth estrad-fe 1.5-30 mg-mcg tab	Preferred	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	Non-Preferred	
norethin ace-eth estrad-fe 1-20 mg-mcg tab	Preferred	QL 1 / 1 days
norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab	Non-Preferred	
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	Non-Preferred	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	Non-Preferred	QL 28 / 28 days
norethindrone acet-ethinyl est 1-20 mg-mcg(24) chew tab	Non-Preferred	
norethindrone acet-ethinyl est 1-20 mg-mcg tab	Preferred	QL 1 / 1 days
norethindrone acet-ethinyl est 1.5-30 mg-mcg tab	Preferred	QL 21 / 21 days
norethindrone-eth estradiol	Non-Preferred	
norgestim-eth estrad triphasic	Preferred	QL 1 / 1 days
norgestimate-eth estradiol	Preferred	QL 1 / 1 days
NORINYL 1+35 (28) *norethindrone & eth estradiol*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nortrel 0.5/35 (28)	Non-Preferred	QL 1 / 1 days
nortrel 1/35 (21)	Non-Preferred	
nortrel 1/35 (28)	Non-Preferred	QL 1 / 1 days
nortrel 7/7/7	Preferred	QL 28 / 28 days
NUVARING *etonogestrel-ethinyl estradiol*	Preferred	QL 1 / 28 days
ocella	Preferred	QL 1 / 1 days
ogestrel	Non-Preferred	QL 1 / 1 days
orsythia	Preferred	QL 28 / 28 days
ORTHO TRI-CYCLEN (28) *norgestimate-ethinyl estradiol (triphasic)*	Non-Preferred	QL 28 / 28 days
ORTHO TRI-CYCLEN LO *norgestimate-ethinyl estradiol (triphasic)*	Non-Preferred	QL 1 / 1 days
ORTHO-CYCLEN (28) *norgestimate-ethinyl estradiol*	Non-Preferred	QL 28 / 28 days
ORTHO-NOVUM 1/35 (28) *norethindrone & eth estradiol*	Non-Preferred	QL 1 / 1 days
ORTHO-NOVUM 7/7/7 (28) *norethindrone-eth estradiol (triphasic)*	Non-Preferred	QL 28 / 28 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 *estradiol-norgestimate*	Non-Preferred	
PREMARIN 0.9 MG TAB *estrogens, conjugated*	Preferred	QL 1 / 1 days
PREMARIN 0.625 MG/GM CREAM *estrogens, conjugated vaginal*	Preferred	
PREMARIN 0.3 MG TAB *estrogens, conjugated*	Preferred	QL 1 / 1 days
PREMARIN 0.45 MG TAB *estrogens, conjugated*	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN 25 MG RECON SOLN *estrogens, conjugated*	Non-Preferred	
PREMARIN 1.25 MG TAB *estrogens, conjugated*	Preferred	
PREMARIN 0.625 MG TAB *estrogens, conjugated*	Preferred	QL 1 / 1 days
PREMPHASE *conjugated estrogens-medroxyprogesterone acetate*	Preferred	QL 1 / 1 days
PREMPRO *conjugated estrogens-medroxyprogesterone acetate*	Preferred	QL 1 / 1 days
previfem	Preferred	QL 1 / 1 days
QUARTETTE *levonorgestrel-ethinyl estradiol (91-day)*	Non-Preferred	
reclipsen	Preferred	QL 1 / 1 days
rivelsa	Non-Preferred	
SAFYRAL *drospirenone-ethinyl estradiol-levomefolate calcium*	Non-Preferred	
SEASONIQUE *levonorgestrel-ethinyl estradiol (91-day)*	Non-Preferred	
setlakin	Preferred	
simliya	Non-Preferred	
simpesse	Non-Preferred	
sprintec 28	Preferred	QL 1 / 1 days
sronyx	Preferred	QL 1 / 1 days
syeda	Non-Preferred	QL 1 / 1 days
tarina 24 fe	Non-Preferred	
tarina fe 1/20	Preferred	QL 1 / 1 days
tarina fe 1/20 eq	Preferred	QL 1 / 1 days
TAYTULLA *norethin acet & estrad-fe*	Non-Preferred	
tilia fe	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tri femynor	Preferred	QL 1 / 1 days
tri-estarylla	Non-Preferred	
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	Non-Preferred	
tri-lo-sprintec	Preferred	QL 1 / 1 days
tri-mili	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
trinessa (28)	Preferred	QL 1 / 1 days
trinessa lo	Preferred	QL 1 / 1 days
trivora (28)	Preferred	QL 1 / 1 days
tydemy	Non-Preferred	
velivet	Preferred	QL 1 / 1 days
vienva	Preferred	QL 1 / 1 days
viorele	Preferred	QL 1 / 1 days
VIVELLE-DOT *estradiol*	Non-Preferred	QL 8 / 28 days
volnea	Non-Preferred	
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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
xulane	Preferred	QL 3 / 28 days
YASMIN 28 *drospirenone-ethinyl estradiol*	Non-Preferred	QL 1 / 1 days
YAZ *drospirenone-ethinyl estradiol*	Non-Preferred	QL 1 / 1 days
zarah	Preferred	QL 1 / 1 days
zovia 1/35e (28)	Preferred	QL 1 / 1 days
zumandimine	Non-Preferred	
PROGESTERONE AGONISTS/ANTAGONISTS		
ELLA *ulipristal acetate*	Preferred	QL 1 / 1 fill
PROGESTINS		
aftera 1.5 mg tab	Preferred	QL 1 / 1 fill
AYGESTIN *norethindrone acetate*	Non-Preferred	QL 90 / 30 days
camila	Preferred	QL 1 / 1 days
CRINONE *progesterone (vaginal)*	Non-Preferred	
deblitane	Preferred	QL 1 / 1 days
DEPO-PROVERA 400 MG/ML SUSPENSION *medroxyprogesterone acetate (antineoplastic)*	Preferred	
DEPO-PROVERA 150 MG/ML SUSPENSION *medroxyprogesterone acetate (contraceptive)*	Non-Preferred	
DEPO-PROVERA 150 MG/ML SUSP PRSYR *medroxyprogesterone acetate (contraceptive)*	Non-Preferred	
DEPO-SUBQ PROVERA 104 *medroxyprogesterone acetate (contraceptive)*	Preferred	QL 1 / 84 days
econtra ez 1.5 mg tab	Preferred	QL 1 / 1 fill
econtra one-step 1.5 mg tab	Preferred	QL 1 / 1 fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
errin	Preferred	QL 1 / 1 days
heather	Preferred	QL 1 / 1 days
hydroxyprogesterone caproate 250 mg/ml oil	Non-Preferred	
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION *hydroxyprogesterone caproate (antineoplastic)*	Non-Preferred	
incassia	Preferred	QL 1 / 1 days
jencycla	Preferred	QL 1 / 1 days
jolivette	Preferred	QL 1 / 1 days
KYLEENA *levonorgestrel (iud)*	Preferred	
levonorgestrel 1.5 mg tab	Preferred	QL 1 / 1 fill
LILETTA (52 MG) *levonorgestrel (iud)*	Preferred	
lyza	Preferred	QL 1 / 1 days
MAKENA *hydroxyprogesterone caproate*	Preferred	PA
medroxyprogesterone acetate 150 mg/ml susp prsyr	Preferred	QL 1 / 84 days
medroxyprogesterone acetate 2.5 mg tab	Preferred	QL 1 / 1 days
medroxyprogesterone acetate 150 mg/ml suspension	Preferred	QL 1 / 84 days
medroxyprogesterone acetate 10 mg tab	Preferred	QL 3 / 1 days
medroxyprogesterone acetate 5 mg tab	Preferred	QL 3 / 1 days
megestrol acetate 40 mg tab	Preferred	QL 8 / 1 days
megestrol acetate 400 mg/10ml suspension	Preferred	
megestrol acetate 20 mg tab	Preferred	QL 8 / 1 days
megestrol acetate 40 mg/ml suspension	Preferred	
MIRENA (52 MG) *levonorgestrel (iud)*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
my choice 1.5 mg tab	Preferred	QL 1 / 1 fill
my way 1.5 mg tab	Preferred	QL 1 / 1 fill
new day 1.5 mg tab	Preferred	QL 1 / 1 fill
NEXPLANON *etonogestrel*	Preferred	
next choice one dose 1.5 mg tab	Preferred	QL 1 / 1 fill
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 1.5 mg tab	Preferred	QL 1 / 1 fill
option 2 1.5 mg tab	Preferred	QL 1 / 1 fill
ORTHO MICRONOR *norethindrone (contraceptive)*	Preferred	QL 1 / 1 days
progesterone 50 mg/ml oil	Preferred	
progesterone micronized 200 mg cap	Preferred	QL 2 / 1 days
progesterone micronized 100 mg cap	Preferred	QL 2 / 1 days
PROMETRIUM *progesterone micronized*	Non-Preferred	QL 2 / 1 days
PROVERA 10 MG TAB *medroxyprogesterone acetate*	Non-Preferred	QL 3 / 1 days
PROVERA 5 MG TAB *medroxyprogesterone acetate*	Non-Preferred	QL 3 / 1 days
PROVERA 2.5 MG TAB *medroxyprogesterone acetate*	Non-Preferred	
react 1.5 mg tab	Preferred	QL 1 / 1 fill
sharobel	Preferred	QL 1 / 1 days
SKYLA *levonorgestrel (iud)*	Preferred	
SLYND *drospirenone*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
take action 1.5 mg tab	Preferred	QL 1 / 1 fill
tulana	Preferred	QL 1 / 1 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE *conjugated estrogens-bazedoxifene*	Non-Preferred	
EVISTA *raloxifene hcl*	Non-Preferred	
raloxifene hcl	Non-Preferred	QL 1 / 1 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID *thyroid*	Preferred	
CYTOMEL 5 MCG TAB *liothyronine sodium*	Preferred	QL 4 / 1 days
CYTOMEL 25 MCG TAB *liothyronine sodium*	Preferred	QL 3 / 1 days
CYTOMEL 50 MCG TAB *liothyronine sodium*	Preferred	QL 2 / 1 days
euthyrox	Non-Preferred	
levo-t	Preferred	
levothyroxine sodium 25 mcg tab	Preferred	
levothyroxine sodium 137 mcg tab	Preferred	
levothyroxine sodium 200 mcg recon soln	Non-Preferred	
levothyroxine sodium 150 mcg tab	Preferred	
levothyroxine sodium 50 mcg tab	Preferred	
levothyroxine sodium 75 mcg tab	Preferred	
levothyroxine sodium 200 mcg tab	Preferred	
levothyroxine sodium 88 mcg tab	Preferred	
LEVOTHYROXINE SODIUM 200 MCG RECON SOLN *levothyroxine sodium*	Non-Preferred	
levothyroxine sodium 100 mcg tab	Preferred	
levothyroxine sodium 175 mcg tab	Preferred	
levothyroxine sodium 112 mcg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levothyroxine sodium 125 mcg tab	Preferred	
levothyroxine sodium 100 mcg recon soln	Non-Preferred	
levothyroxine sodium 500 mcg recon soln	Non-Preferred	
levothyroxine sodium 300 mcg tab	Preferred	
levoxyl	Preferred	
liothyronine sodium 50 mcg tab	Preferred	QL 2 / 1 days
liothyronine sodium 5 mcg tab	Preferred	QL 4 / 1 days
liothyronine sodium 25 mcg tab	Preferred	QL 3 / 1 days
liothyronine sodium 10 mcg/ml solution	Non-Preferred	
np thyroid	Preferred	
SYNTHROID 50 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 88 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 175 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 137 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 200 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 125 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 112 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 300 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 150 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 75 MCG TAB *levothyroxine sodium*	Preferred	
SYNTHROID 100 MCG TAB *levothyroxine sodium*	Non-Preferred	
SYNTHROID 25 MCG TAB *levothyroxine sodium*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
thyroid 60 mg tab	Preferred	
thyroid 30 mg tab	Preferred	
thyroid 90 mg tab	Preferred	
thyroid 15 mg tab	Preferred	
thyroid 120 mg tab	Preferred	
TIROSINT *levothyroxine sodium*	Preferred	
TIROSINT-SOL *levothyroxine sodium*	Non-Preferred	
TRIOSTAT *liothyronine sodium*	Non-Preferred	
unithroid	Non-Preferred	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
cabergoline	Preferred	QL 16 / 30 days
ELIGARD 45 MG KIT *leuprolide acetate (6 month)*	Preferred	QL 1 / 180 days PA
ELIGARD 22.5 MG KIT *leuprolide acetate (3 month)*	Preferred	QL 1 / 90 days PA
ELIGARD 30 MG KIT *leuprolide acetate (4 month)*	Preferred	QL 1 / 120 days PA
ELIGARD 7.5 MG KIT *leuprolide acetate*	Preferred	QL 1 / 30 days PA
FENSOLVI (6 MONTH) *leuprolide acetate (cpp) (6 month)*	Non-Preferred	QL 1 / 180 days
leuprolide acetate 1 mg/0.2ml kit	Preferred	QL 2 / 28 days PA
LUPANETA PACK 11.25 & 5 MG KIT *leuprolide acetate & norethindrone acetate*	Preferred	QL 1 / 90 days PA
LUPANETA PACK 3.75 & 5 MG KIT *leuprolide acetate & norethindrone acetate*	Preferred	QL 1 / 30 days PA
LUPRON DEPOT (1-MONTH) *leuprolide acetate*	Preferred	QL 1 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT (3-MONTH) *leuprolide acetate (3 month)*	Preferred	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH) *leuprolide acetate (4 month)*	Preferred	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH) *leuprolide acetate (6 month)*	Preferred	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH) *leuprolide acetate (cpp)*	Preferred	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH) *leuprolide acetate (cpp) (3 month)*	Preferred	QL 1 / 90 days PA
ORILISSA 200 MG TAB *elagolix sodium*	Preferred	QL 2 / 1 days PA
ORILISSA 150 MG TAB *elagolix sodium*	Preferred	QL 1 / 1 days PA
SUPPRELIN LA *histrelin acetate (cpp)*	Non-Preferred	
SYNAREL *nafarelin acetate*	Preferred	PA
TRELSTAR MIXJECT *triptorelin pamoate*	Non-Preferred	
TRIPTODUR *triptorelin pamoate (cpp)*	Preferred	PA
VANTAS *histrelin acetate*	Non-Preferred	
HORMONAL AGENTS, SUPPRESSANT (THYROID) ANTITHYROID AGENTS		
methimazole 10 mg tab	Preferred	QL 6 / 1 days
methimazole 5 mg tab	Preferred	QL 9 / 1 days
propylthiouracil 50 mg tab	Preferred	QL 9 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
BERINERT c1 esterase inhibitor (human)	Preferred	PA
CINRYZE c1 esterase inhibitor (human)	Preferred	PA
FIRAZYR *icatibant acetate*	Preferred	PA
HAEGARDA c1 esterase inhibitor (human)	Preferred	PA
icatibant acetate	Non-Preferred	PA
KALBITOR *ecallantide*	Preferred	PA
RUCONEST c1 esterase inhibitor (recombinant)	Preferred	PA
TAKHZYRO *lanadelumab-flyo*	Preferred	PA
IMMUNE SUPPRESSANTS		
ASTAGRAF XL *tacrolimus*	Non-Preferred	
AVSOLA *infliximab-axxq*	Non-Preferred	
AZASAN *azathioprine*	Non-Preferred	
azathioprine 50 mg tab	Preferred	
CELLCEPT 250 MG CAP *mycophenolate mofetil*	Non-Preferred	
CELLCEPT 500 MG TAB *mycophenolate mofetil*	Non-Preferred	
CELLCEPT 200 MG/ML RECON SUSP *mycophenolate mofetil*	Preferred	
CIMZIA *certolizumab pegol*	Non-Preferred	
CIMZIA PREFILLED *certolizumab pegol*	Non-Preferred	
CIMZIA STARTER KIT *certolizumab pegol*	Non-Preferred	QLC 1 starter pack/lifetime

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyclosporine 100 mg cap	Preferred	
cyclosporine 25 mg cap	Preferred	
cyclosporine modified	Preferred	
ENBREL 50 MG/ML SOLN PRSYR *etanercept*	Preferred	QL 8 / 28 days PA
ENBREL 25 MG RECON SOLN *etanercept*	Preferred	QL 8 / 28 days PA
ENBREL 25 MG/0.5ML SOLN PRSYR *etanercept*	Preferred	QL 4 / 28 days PA
ENBREL 25 MG/0.5ML SOLUTION *etanercept*	Preferred	PA
ENBREL MINI *etanercept*	Preferred	QL 8 / 28 days PA
ENBREL SURECLICK *etanercept*	Preferred	QL 8 / 28 days PA
ENTYVIO *vedolizumab*	Non-Preferred	
ENVARSUS XR *tacrolimus*	Non-Preferred	
everolimus 0.25 mg tab	Non-Preferred	
everolimus 0.75 mg tab	Non-Preferred	
everolimus 0.5 mg tab	Non-Preferred	
gengraf 25 mg cap	Preferred	
gengraf 100 mg/ml solution	Non-Preferred	
gengraf 100 mg cap	Preferred	
HUMIRA *adalimumab*	Preferred	QL 2 / 28 days PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT *adalimumab*	Preferred	QL 2 / 28 days PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT *adalimumab*	Preferred	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA PEDIATRIC CROHNS START 40 MG/0.8ML PREF SY KT *adalimumab*	Preferred	QL 6 / 28 days PA
HUMIRA PEN *adalimumab*	Preferred	QL 2 / 28 days PA
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT *adalimumab*	Preferred	QL 6 / 28 days PA
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT *adalimumab*	Preferred	QL 3 / 28 days PA
HUMIRA PEN-PS/UV/ADOL HS START 80 MG/0.8ML & 40MG/0.4ML PEN KIT *adalimumab*	Preferred	QL 3 / 28 days PA
HUMIRA PEN-PS/UV/ADOL HS START 40 MG/0.8ML PEN KIT *adalimumab*	Preferred	QL 4 / 35 days PA
ILARIS 150 MG RECON SOLN *canakinumab*	Non-Preferred	
IMURAN *azathioprine*	Non-Preferred	
INFLECTRA *infliximab-dyyb*	Non-Preferred	
KEVZARA *sarilumab*	Non-Preferred	
KINERET *anakinra*	Non-Preferred	
methotrexate 2.5 mg tab	Preferred	
methotrexate sodium	Preferred	
methotrexate sodium (pf) 50 mg/2ml solution	Preferred	
methotrexate sodium (pf) 250 mg/10ml solution	Preferred	
methotrexate sodium (pf) 1 gm/40ml solution	Preferred	
mycophenolate mofetil 250 mg cap	Preferred	
mycophenolate mofetil 200 mg/ml recon susp	Non-Preferred	
mycophenolate mofetil 500 mg tab	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mycophenolate sodium 360 mg tab dr	Preferred	QL 120 / 26 days
mycophenolate sodium 180 mg tab dr	Preferred	QL 8 / 1 days
MYFORTIC 180 MG TAB DR *mycophenolate sodium*	Non-Preferred	QL 8 / 1 days
MYFORTIC 360 MG TAB DR *mycophenolate sodium*	Non-Preferred	QL 120 / 26 days
NEORAL *cyclosporine modified (for microemulsion)*	Non-Preferred	
OLUMIANT *baricitinib*	Non-Preferred	
ORENCIA 250 MG RECON SOLN *abatacept*	Non-Preferred	
ORENCIA 87.5 MG/0.7ML SOLN PRSYR *abatacept*	Non-Preferred	QL 2.8 / 28 days
ORENCIA 125 MG/ML SOLN PRSYR *abatacept*	Non-Preferred	QL 4 / 28 days
ORENCIA 50 MG/0.4ML SOLN PRSYR *abatacept*	Non-Preferred	QL 1.6 / 28 days
ORENCIA CLICKJECT *abatacept*	Non-Preferred	QL 4 / 28 days
OTREXUP 17.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
OTREXUP 12.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
OTREXUP 22.5 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
OTREXUP 25 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
OTREXUP 20 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
OTREXUP 10 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
OTREXUP 15 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
PROGRAF 0.2 MG PACKET *tacrolimus*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROGRAF 1 MG CAP *tacrolimus*	Non-Preferred	
PROGRAF 0.5 MG CAP *tacrolimus*	Non-Preferred	
PROGRAF 5 MG CAP *tacrolimus*	Non-Preferred	
PROGRAF 1 MG PACKET *tacrolimus*	Non-Preferred	
RAPAMUNE 1 MG TAB *sirolimus*	Non-Preferred	
RAPAMUNE 2 MG TAB *sirolimus*	Non-Preferred	
RAPAMUNE 1 MG/ML SOLUTION *sirolimus*	Preferred	
RAPAMUNE 0.5 MG TAB *sirolimus*	Non-Preferred	
RASUVO 15 MG/0.3ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 30 MG/0.6ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 20 MG/0.4ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 10 MG/0.2ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 25 MG/0.5ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 7.5 MG/0.15ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 12.5 MG/0.25ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 22.5 MG/0.45ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
RASUVO 17.5 MG/0.35ML SOLN A-INJ *methotrexate (antirheumatic)*	Non-Preferred	
REMICADE *infliximab*	Non-Preferred	
RENFLEXIS *infliximab-abda*	Non-Preferred	
RINVOQ *upadacitinib*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SANDIMMUNE 25 MG CAP *cyclosporine*	Preferred	
SANDIMMUNE 100 MG CAP *cyclosporine*	Preferred	
SANDIMMUNE 100 MG/ML SOLUTION *cyclosporine*	Preferred	
SILIQ *brodalumab*	Non-Preferred	
SIMPONI *golimumab*	Non-Preferred	
SIMPONI ARIA *golimumab*	Non-Preferred	
sirolimus 1 mg/ml solution	Non-Preferred	
sirolimus 1 mg tab	Preferred	
sirolimus 0.5 mg tab	Preferred	
sirolimus 2 mg tab	Preferred	
tacrolimus 5 mg cap	Preferred	
tacrolimus 1 mg cap	Preferred	
tacrolimus 0.5 mg cap	Preferred	
TREMFYA *guselkumab*	Non-Preferred	
TREXALL *methotrexate sodium*	Non-Preferred	
XATMEP *methotrexate*	Non-Preferred	
XELJANZ *tofacitinib citrate*	Non-Preferred	
XELJANZ XR *tofacitinib citrate*	Non-Preferred	
ZORTRESS *everolimus (immunosuppressant)*	Non-Preferred	
IMMUNIZING AGENTS, PASSIVE		
HYPERRHO S/D 1500 UNIT SOLN PRSYR *rho d immune globulin (human)*	Preferred	
RHOGAM ULTRA-FILTERED PLUS *rho d immune globulin (human)*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORS		
ACTEMRA *tocilizumab*	Non-Preferred	
ACTEMRA ACTPEN *tocilizumab*	Non-Preferred	
ARCALYST *rilonacept*	Non-Preferred	
CINQAIR *reslizumab*	Non-Preferred	
ILARIS 150 MG/ML SOLUTION *canakinumab*	Non-Preferred	
leflunomide 10 mg tab	Preferred	QL 1 / 1 days
leflunomide 20 mg tab	Preferred	QL 5 / 1 days
OTEZLA 30 MG TAB *apremilast*	Non-Preferred	QL 2 / 1 days
OTEZLA 10 & 20 & 30 MG TAB THPK *apremilast*	Non-Preferred	
VACCINES		
ADACEL *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Preferred	
AFLURIA *influenza virus vaccine split*	Preferred	
AFLURIA PRESERVATIVE FREE *influenza virus vaccine split preservative free*	Preferred	
AFLURIA QUADRIVALENT *influenza virus vaccine split quadrivalent*	Preferred	
BOOSTRIX *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	Preferred	
ENGERIX-B 10 MCG/0.5ML SUSPENSION *hepatitis b vaccine (recomb)*	Preferred	
ENGERIX-B 20 MCG/ML SUSPENSION *hepatitis b vaccine (recomb)*	Preferred	
FLUAD *influenza virus vaccine types a & b surface antigen adjuvant*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUARIX QUADRIVALENT *influenza virus vaccine split quadrivalent*	Preferred	
FLUBLOK QUADRIVALENT *influenza virus vac recomb hemagglutinin (ha) quadrivalent*	Preferred	
FLUCELVAX QUADRIVALENT *influenza virus vaccine tissue-cultured subunit quadrivalent*	Preferred	
FLULAVAL QUADRIVALENT *influenza virus vaccine split quadrivalent*	Preferred	
FLUZONE HIGH-DOSE *influenza virus vaccine split high-dose preservative free*	Preferred	
FLUZONE QUADRIVALENT 0.25 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Preferred	
FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	Preferred	
FLUZONE QUADRIVALENT SUSPENSION *influenza virus vaccine split quadrivalent*	Preferred	
FLUZONE QUADRIVALENT 0.5 ML SUSPENSION *influenza virus vaccine split quadrivalent*	Preferred	
HAVRIX *hepatitis a vaccine*	Preferred	
PNEUMOVAX 23 *pneumococcal vac polyvalent*	Preferred	
PREVNAR 13 *pneumococcal 13-valent conjugate vaccine*	Preferred	QL 1 / lifetime
RECOMBIVAX HB *hepatitis b vaccine (recomb)*	Preferred	
SHINGRIX *zoster vaccine recombinant adjuvanted*	Preferred	QL 2 / lifetime
TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines*	Preferred	
VAQTA *hepatitis a vaccine*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOSTAVAX *zoster vaccine live*	Preferred	QL 1 / lifetime
INFLAMMATORY BOWEL DISEASE AGENTS AMINOSALICYLATES		
APRISO *mesalamine*	Preferred	QL 4 / 1 days
ASACOL HD *mesalamine*	Non-Preferred	QL 6 / 1 days
balsalazide disodium	Preferred	QL 9 / 1 days
CANASA *mesalamine*	Non-Preferred	QL 1 / 1 days
COLAZAL *balsalazide disodium*	Non-Preferred	
DELZICOL *mesalamine*	Preferred	QL 6 / 1 days
DIPENTUM *olsalazine sodium*	Non-Preferred	
GIAZO *balsalazide disodium*	Non-Preferred	
LIALDA *mesalamine*	Non-Preferred	QL 4 / 1 days
mesalamine 4 gm enema	Preferred	QL 60 / 1 days
mesalamine 800 mg tab dr	Non-Preferred	QL 6 / 1 days
mesalamine 400 mg cap dr	Preferred	QL 6 / 1 days
mesalamine 1.2 gm tab dr	Non-Preferred	QL 4 / 1 days
mesalamine 1000 mg suppos	Preferred	QL 1 / 1 days
mesalamine er	Non-Preferred	
mesalamine-cleanser	Preferred	
PENTASA *mesalamine*	Preferred	QL 8 / 1 days
ROWASA *mesalamine w/ cleanser*	Non-Preferred	
SFROWASA *mesalamine*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCORTICOIDS		
budesonide 3 mg cp dr part	Preferred	
budesonide er	Preferred	
colocort	Preferred	QL 240 / 1 days
ENTOCORT EC *budesonide*	Non-Preferred	
hydrocortisone 100 mg/60ml enema	Preferred	QL 240 / 1 days
ORTIKOS *budesonide*	Non-Preferred	
UCERIS 2 MG/ACT FOAM *budesonide (intrarectal)*	Non-Preferred	
UCERIS 9 MG TAB ER 24H *budesonide*	Non-Preferred	
SULFONAMIDES		
AZULFIDINE *sulfasalazine*	Non-Preferred	
AZULFIDINE EN-TABS *sulfasalazine*	Non-Preferred	
sulfasalazine 500 mg tab dr	Preferred	QL 12 / 1 days
sulfasalazine 500 mg tab	Preferred	QL 12 / 1 days
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TAB *risedronate sodium*	Non-Preferred	QL 1 / 28 days
ACTONEL 35 MG TAB *risedronate sodium*	Non-Preferred	QL 4 / 28 days
ACTONEL 5 MG TAB *risedronate sodium*	Non-Preferred	QL 30 / 30 days
alendronate sodium 5 mg tab	Preferred	QL 1 / 1 days
alendronate sodium 70 mg/75ml solution	Non-Preferred	QL 10.7 / 1 days
alendronate sodium 35 mg tab	Preferred	QL 4 / 28 days
alendronate sodium 40 mg tab	Preferred	QL 1 / 1 days
alendronate sodium 70 mg tab	Preferred	QL 4 / 28 days
alendronate sodium 10 mg tab	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aqueous vitamin d 10 mcg/ml liquid	Preferred	QL 5 / 1 days
ATELVIA *risedronate sodium*	Non-Preferred	
BINOSTO *alendronate sodium*	Non-Preferred	
BONIVA *ibandronate sodium*	Non-Preferred	
calcidol 200 mcg/ml solution	Preferred	QL 2 / 1 days
calcitonin (salmon)	Non-Preferred	
calcitriol 1 mcg/ml solution	Non-Preferred	QL 2 / 1 days
calcitriol 0.25 mcg cap	Preferred	QL 4 / 1 days
calcitriol 0.5 mcg cap	Preferred	QL 4 / 1 days
cinacalcet hcl	Preferred	QL 2 / 1 days
d 1000 1000 unit tab	Preferred	
d 400 400 unit tab	Preferred	QL 5 / 1 days
D-VI-SOL 10 MCG/ML LIQUID *cholecalciferol*	Preferred	QL 5 / 1 days
d3 high potency 1000 unit cap	Preferred	
d3 super strength 2000 unit cap	Preferred	
d3 vitamin 10 mcg/ml liquid	Preferred	QL 5 / 1 days
decara 50000 unit cap	Preferred	QL 4 / 28 days
doxercalciferol 2.5 mcg cap	Non-Preferred	
doxercalciferol 4 mcg/2ml solution	Preferred	
doxercalciferol 1 mcg cap	Non-Preferred	
doxercalciferol 0.5 mcg cap	Non-Preferred	
ergocalciferol 50000 unit cap	Preferred	QL 8 / 30 days
ergocalciferol 200 mcg/ml solution	Preferred	QL 2 / 1 days
ETIDRONATE DISODIUM *etidronate disodium*	Non-Preferred	
EVENITY *romosozumab-aqqg*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORTEO *teriparatide (recombinant)*	Non-Preferred	
FOSAMAX *alendronate sodium*	Non-Preferred	
FOSAMAX PLUS D *alendronate sodium-cholecalciferol*	Non-Preferred	
gnp vitamin d 1000 unit tab	Preferred	
gnp vitamin d-400 400 unit tab	Preferred	QL 5 / 1 days
HECTOROL 4 MCG/2ML SOLUTION *doxercalciferol*	Preferred	
HECTOROL 2 MCG/ML SOLUTION *doxercalciferol*	Preferred	
ibandronate sodium 150 mg tab	Preferred	QL 1 / 30 days
ibandronate sodium 3 mg/3ml solution	Non-Preferred	
MIACALCIN 200 UNIT/ML SOLUTION *calcitonin (salmon)*	Non-Preferred	
PAMIDRONATE DISODIUM 6 MG/ML SOLUTION *pamidronate disodium*	Preferred	
PAMIDRONATE DISODIUM 90 MG RECON SOLN *pamidronate disodium*	Preferred	
pamidronate disodium 90 mg/10ml solution	Preferred	
pamidronate disodium 30 mg/10ml solution	Preferred	
PAMIDRONATE DISODIUM 30 MG RECON SOLN *pamidronate disodium*	Preferred	
paricalcitol 4 mcg cap	Non-Preferred	
paricalcitol 5 mcg/ml solution	Preferred	
paricalcitol 2 mcg cap	Non-Preferred	
paricalcitol 2 mcg/ml solution	Preferred	
paricalcitol 1 mcg cap	Non-Preferred	
PROLIA *denosumab*	Non-Preferred	
RAYALDEE *calcifediol*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RECLAST *zoledronic acid*	Non-Preferred	
risedronate sodium 30 mg tab	Non-Preferred	QL 30 / 30 days
risedronate sodium 35 mg tab dr	Non-Preferred	
risedronate sodium 35 mg tab	Non-Preferred	QL 4 / 28 days
risedronate sodium 150 mg tab	Non-Preferred	QL 1 / 28 days
risedronate sodium 5 mg tab	Non-Preferred	QL 30 / 30 days
ROCALTROL 1 MCG/ML SOLUTION *calcitriol*	Non-Preferred	QL 2 / 1 days
ROCALTROL 0.5 MCG CAP *calcitriol*	Non-Preferred	
ROCALTROL 0.25 MCG CAP *calcitriol*	Non-Preferred	
sm vitamin d3 1000 unit tab	Preferred	
TERIPARATIDE (RECOMBINANT) *teriparatide (recombinant)*	Non-Preferred	
TYMLOS *abaloparatide*	Non-Preferred	
vitamin d 10 mcg/ml liquid	Preferred	QL 5 / 1 days
vitamin d 2000 unit tab	Preferred	
vitamin d 2000 unit cap	Preferred	
vitamin d 25 mcg (1000 ut) tab	Preferred	
vitamin d (cholecalciferol) 1000 unit cap	Preferred	
vitamin d (ergocalciferol) 50000 unit cap	Preferred	QL 8 / 30 days
vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap	Preferred	QL 8 / 30 days
vitamin d3 25 mcg (1000 ut) tab	Preferred	
vitamin d3 400 unit tab	Preferred	QL 5 / 1 days
vitamin d3 2000 unit tab	Preferred	
vitamin d3 50000 unit cap	Preferred	QL 4 / 28 days
vitamin d3 1000 unit tab	Preferred	
vitamin d3 50 mcg (2000 ut) cap	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XGEVA *denosumab*	Non-Preferred	
ZEMPLAR *paricalcitol*	Non-Preferred	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION *zoledronic acid*	Preferred	
zoledronic acid 4 mg/5ml conc	Preferred	
zoledronic acid 5 mg/100ml solution	Preferred	
ZOLEDRONIC ACID 4 MG RECON SOLN *zoledronic acid*	Preferred	
ZOMETA *zoledronic acid*	Non-Preferred	
MISCELLANEOUS THERAPEUTIC AGENTS		
12 hour nasal decongestant 0.05 % solution	Preferred	QL 30 / 15 days
12 hour nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
1ST CHOICE LANCETS SUPER THIN MISC *lancets*	Preferred	QL 200 / 30 days
1ST CHOICE LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
1ST CHOICE LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
1ST TIER UNILET COMFORTOUCH MISC *lancets*	Preferred	QL 200 / 30 days
4-way fast acting 1 % solution	Preferred	QL 30 / 30 days
4-way menthol 1 % solution	Preferred	QL 30 / 30 days
ACCU-CHEK AVIVA PLUS STRIP *glucose blood*	Non-Preferred	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ACCU-CHEK COMPACT PLUS STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACCU-CHEK COMPACT PLUS CARE KIT *blood glucose monitoring supplies*	Non-Preferred	
ACCU-CHEK FASTCLIX LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ACCU-CHEK GUIDE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ACCU-CHEK GUIDE STRIP *glucose blood*	Non-Preferred	
ACCU-CHEK GUIDE ME W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ACCU-CHEK MULTICLIX LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ACCU-CHEK NANO SMARTVIEW W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ACCU-CHEK SAFE-T PRO LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ACCU-CHEK SMARTVIEW STRIP *glucose blood*	Non-Preferred	
ACCU-CHEK SOFT TOUCH LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ACCU-CHEK SOFTCLIX LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ACCUTREND GLUCOSE STRIP *glucose blood*	Non-Preferred	
ACTI-LANCE 28G MISC *lancets*	Preferred	QL 200 / 30 days
ACTI-LANCE LITE LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
ACTI-LANCE SPECIAL LANCETS 17G MISC *lancets*	Preferred	QL 200 / 30 days
ACTI-LANCE UNIVERSAL 23G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTIVE 1ST BLOOD LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
ADVANCED MOBILE LANCET MISC *lancets*	Preferred	QL 200 / 30 days
ADVOCATE BLOOD GLUCOSE MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ADVOCATE BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ADVOCATE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ADVOCATE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
ADVOCATE REDI-CODE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ADVOCATE REDI-CODE STRIP *glucose blood*	Non-Preferred	
ADVOCATE REDI-CODE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ADVOCATE REDI-CODE+ DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ADVOCATE REDI-CODE+ TEST STRIP *glucose blood*	Non-Preferred	
ADVOCATE SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
ADVOCATE TEST STRIP *glucose blood*	Non-Preferred	
AEROCHAMBER MV *spacer/aerosol-holding chambers*	Preferred	
AEROCHAMBER PLUS FLO-VU *spacer/aerosol-holding chambers*	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE *spacer/aerosol-holding chambers*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLO-VU MEDIUM *spacer/aerosol-holding chambers*	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL *spacer/aerosol-holding chambers*	Preferred	
AEROCHAMBER PLUS FLO-VU W/MASK *spacer/aerosol-holding chambers*	Preferred	
AEROCHAMBER PLUS FLOW VU *spacer/aerosol-holding chambers*	Preferred	
afrin saline nasal mist 0.65 % solution	Preferred	
AGAMATRIX AMP DEVICE *blood glucose monitoring supplies*	Non-Preferred	
AGAMATRIX AMP TEST STRIP *glucose blood*	Non-Preferred	
AGAMATRIX JAZZ TEST STRIP *glucose blood*	Non-Preferred	
AGAMATRIX JAZZ WIRELESS 2 W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
AGAMATRIX PRESTO W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
AGAMATRIX PRESTO PRO METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
AGAMATRIX PRESTO TEST STRIP *glucose blood*	Non-Preferred	
AGAMATRIX ULTRA-THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
AIMSCO LUBRICATED MISC *condoms latex lubricated - male*	Preferred	
AIMSCO TWIST LANCETS 32G MISC *lancets*	Preferred	QL 200 / 30 days
AIMSCO TWIST LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
ALCOHOL PREP 70 % PAD *alcohol swabs*	Preferred	
ALCOHOL SWABS PAD *alcohol swabs*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALCOHOL WIPES 70 % MISC *isopropyl alcohol (skin cleanser)*	Preferred	
antiseptic skin cleanser 4 % solution	Preferred	QL 120 / 10 days
AQUALANCE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE 4 TEST STRIP *glucose blood*	Non-Preferred	
ASSURE COMFORT LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS HIGH MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS LOW MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS MICRO MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS NORMAL MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS PED MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE LANCE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE LANCE LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 25G MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 30G MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE LANCE SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ASSURE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASSURE PLATINUM STRIP *glucose blood*	Non-Preferred	
ASSURE PLATINUM METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ASSURE PRISM MULTI METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ASSURE PRISM MULTI TEST STRIP *glucose blood*	Non-Preferred	
AT LAST LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
AURORA LANCET SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
AURORA LANCET THIN 23G MISC *lancets*	Preferred	QL 200 / 30 days
ayr 0.65 % solution	Preferred	
baby ayr saline 0.65 % solution	Preferred	
BAYER BREEZE 2 TEST DISK *glucose blood*	Non-Preferred	QL 150 / 30 days
BAYER CONTOUR LINK MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	
BAYER CONTOUR MONITOR DEVICE *blood glucose monitoring supplies*	Preferred	QL 1 / 365 days
BAYER MICROLET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
BD LANCET ULTRAFINE 30G MISC *lancets*	Preferred	QL 200 / 30 days
BD LANCET ULTRAFINE 33G MISC *lancets*	Preferred	QL 200 / 30 days
BD MICROTAINER LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
BLOOD GLUCOSE MONITOR SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BULLSEYE MINI SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
BULLSEYE SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
CAREONE BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
CAREONE BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
CAREONE LANCET THIN 23G MISC *lancets*	Preferred	QL 200 / 30 days
CAREONE LANCET ULTRA THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
CARESENS LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
CARESENS N GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
CARESENS N GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
CARESENS N VOICE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
CARETOUCH MONITOR SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
CARETOUCH SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
CARETOUCH SAFETY LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
CARETOUCH TEST STRIP *glucose blood*	Non-Preferred	
CARETOUCH TWIST LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARETOUCH TWIST LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
CARETOUCH TWIST LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
CLEANLET LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
CLEVER CHEK AUTO-CODE DEVICE *blood glucose monitor & blood pressure monitor*	Non-Preferred	
CLEVER CHEK AUTO-CODE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
CLEVER CHEK AUTO-CODE TEST STRIP *glucose blood*	Non-Preferred	
CLEVER CHEK AUTO-CODE VOICE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
CLEVER CHEK AUTO-CODE VOICE STRIP *glucose blood*	Non-Preferred	
CLEVER CHEK LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
CLEVER CHEK SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
CLEVER CHEK TEST STRIP *glucose blood*	Non-Preferred	
CLEVER CHOICE AUTO-CODE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
CLEVER CHOICE AUTO-CODE TEST STRIP *glucose blood*	Non-Preferred	
CLEVER CHOICE LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
CLEVER CHOICE LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
CLEVER CHOICE MICRO TEST STRIP *glucose blood*	Non-Preferred	
CLEVER CHOICE MINI SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
CLEVER CHOICE NO CODING STRIP *glucose blood*	Non-Preferred	
CLEVER CHOICE TALK SYSTEM STRIP *glucose blood*	Non-Preferred	
CLEVER CHOICE TALK SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
COAGUCHEK LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
COMFORT ASSURED LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
COMFORT ASSURED LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
COMFORT LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
COMP AIR COMPRESSOR NEBULIZER *nebulizers*	Preferred	
COMPACT SPACE CHAMBER/LG MASK *spacer/aerosol-holding chambers*	Preferred	
CONTOUR BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	QL 1 / 365 days
CONTOUR MONITOR DEVICE *blood glucose monitoring supplies*	Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT EZ W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	QL 1 / 365 days
CONTOUR NEXT MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	QL 1 / 365 days
CONTOUR NEXT ONE KIT *blood glucose monitoring supplies*	Preferred	QL 1 / 365 days
CONTOUR NEXT TEST STRIP *glucose blood*	Preferred	QL 150 / 30 days
CONTOUR TEST STRIP *glucose blood*	Preferred	QL 150 / 30 days
COOL BLOOD GLUCOSE TEST STRIPS STRIP *glucose blood*	Non-Preferred	
COOL MIST HUMIDIFIER 1 GALLON MISC *humidifiers*	Preferred	QL 1 / 365 days
COOL MIST HUMIDIFIER 1.2 GAL MISC *humidifiers*	Preferred	QL 1 / 365 days
COOL MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
COOL MONITOR KIT W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
cromolyn sodium 5.2 mg/act aero soln	Preferred	QL 1 / 1 days
CVS ADVANCED GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
CVS BLOOD GLUCOSE METER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
CVS GLUCOSE METER TEST STRIPS STRIP *glucose blood*	Non-Preferred	
CVS LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
CVS LANCETS MICRO THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
CVS LANCETS ORIGINAL MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
CVS LANCETS ULTRA THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
CVS LANCETS ULTRA-THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
CVS ULTRA THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
deep sea nasal spray 0.65 % solution	Preferred	
DIATHRIVE LANCET ULTRA THIN 30 MISC *lancets*	Preferred	QL 200 / 30 days
DIATHRIVE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
DIATRUE PLUS BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
DIATRUE PLUS TEST STRIP *glucose blood*	Non-Preferred	
DROPLET LANCETS ULTRA THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
DRUG MART LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
DRUG MART ON-THE-GO LANCET 30G MISC *lancets*	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
DUANE READE LANCET ALTERN SITE MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUANE READE LANCET SUPER THIN MISC *lancets*	Preferred	QL 200 / 30 days
DUANE READE LANCET ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
DUROLANE *sodium hyaluronate (viscosupplement)*	Preferred	PA
dyna-hex 4 4 % solution	Preferred	QL 120 / 10 days
E-Z JECT LANCET MICRO-THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
E-Z JECT LANCET SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
E-Z JECT LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
E-Z JECT LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
E-Z JECT LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
EASIVENT *spacer/aerosol-holding chambers*	Preferred	
EASIVENT MASK LARGE *spacer/aerosol-holding chambers*	Preferred	
EASIVENT MASK MEDIUM *spacer/aerosol-holding chambers*	Preferred	
EASIVENT MASK SMALL *spacer/aerosol-holding chambers*	Preferred	
EASY COMFORT LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
EASY COMFORT LANCETS TWIST TOP MISC *lancets*	Preferred	QL 200 / 30 days
EASY PLUS II GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASY PLUS II GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY STEP GLUCOSE MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASY STEP TEST STRIP *glucose blood*	Non-Preferred	
EASY TALK BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASY TALK BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EASY TOUCH GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
EASY TOUCH LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 28G/TWIST MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 30G/TWIST MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 32G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 32G/TWIST MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH LANCETS 33G/TWIST MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH SAFETY LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
EASY TOUCH TEST STRIP *glucose blood*	Non-Preferred	
EASY TRAK BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASY TRAK BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EASY TRAK II GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EASY TWIST & CAP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
EASYGLUCO KIT *blood glucose monitoring supplies*	Non-Preferred	
EASYGLUCO STRIP *glucose blood*	Non-Preferred	
EASYGLUCO PLUS STRIP *glucose blood*	Non-Preferred	
EASYMAX 15 TEST STRIP *glucose blood*	Non-Preferred	
EASYMAX L BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASYMAX NG BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASYMAX TEST STRIP *glucose blood*	Non-Preferred	
EASYMAX V BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASYMAX V2 BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EASYTEST II LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
EASYTEST LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ELEMENT COMPACT GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ELEMENT COMPACT TEST STRIP *glucose blood*	Non-Preferred	
ELEMENT COMPACT V GLUCOSE SYS DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ELEMENT PLUS DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ELEMENT TEST STRIP *glucose blood*	Non-Preferred	
EMBRACE BLOOD GLUCOSE MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EMBRACE BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EMBRACE EVO BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EMBRACE EVO GLUCOSE MONITORING W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
EMBRACE LANCETS ULTRA THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
EMBRACE PRO GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EMBRACE TALK BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EMBRACE TALK MONITORING SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
EQ BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EQL COLOR LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
EQL COLOR LANCETS MICRO 33G MISC *lancets*	Preferred	QL 200 / 30 days
EQL SUPER THIN LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
EQL THIN LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
EUFLEXXA *sodium hyaluronate (viscosupplement)*	Preferred	QL 12 / 180 days PA
EVENCARE G2 MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EVENCARE G2 TEST STRIP *glucose blood*	Non-Preferred	
EVENCARE G3 MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EVENCARE G3 TEST STRIP *glucose blood*	Non-Preferred	
EVENCARE MINI GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EVENCARE MINI MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EVENCARE PROVIEW GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EVOLUTION AUTOCODE STRIP *glucose blood*	Non-Preferred	
EVOLUTION AUTOCODE DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EZ SMART BLOOD GLUCOSE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
EZ SMART BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EZ SMART MONITORING SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EZ SMART PLUS GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
EZ SMART PLUS MONITORING SYS DEVICE *blood glucose monitoring supplies*	Non-Preferred	
EZ-LETS LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
FIFTY50 GLUCOSE METER 2.0 W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
FIFTY50 GLUCOSE TEST 2.0 STRIP *glucose blood*	Non-Preferred	
FIFTY50 SAFETY SEAL LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
FIFTY50 UNILET LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
FINE 30 MISC *lancets*	Preferred	QL 200 / 30 days
FINGERSTIX LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
FORA BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA D15G BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA D20 2-IN-1 MONITOR DEVICE *blood glucose monitor & blood pressure monitor*	Non-Preferred	
FORA D20 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA D40/G31 BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
FORA G20 BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
FORA G20 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA G30/PREM V10 GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA G30A BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA GD20 BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA GD20 TEST STRIP *glucose blood*	Non-Preferred	
FORA GD50 BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA GD50 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA GTEL BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
FORA PREMIUM V10 BLE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA TEST N' GO MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA TN'G VOICE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
FORA TN'G/TN'G VOICE STRIP *glucose blood*	Non-Preferred	
FORA V10 BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA V10 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA V12 BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA V12 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA V20 BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA V20 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORA V30A BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORA V30A BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
FORACARE GD40 MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORACARE GD40 TEST STRIP *glucose blood*	Non-Preferred	
FORACARE PREMIUM V10 DEVICE *blood glucose monitoring supplies*	Non-Preferred	
FORACARE PREMIUM V10 TEST STRIP *glucose blood*	Non-Preferred	
FORACARE TEST N GO MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORACARE TEST N GO TEST STRIP *glucose blood*	Non-Preferred	
FORTISCARE GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
FORTISCARE TEST STRIP *glucose blood*	Non-Preferred	
FREDS PHARMACY UNILET LANC 28G MISC *lancets*	Preferred	QL 200 / 30 days
FREDS PHARMACY UNILET LANC 30G MISC *lancets*	Preferred	QL 200 / 30 days
FREESTYLE FLASH SYSTEM KIT *blood glucose monitoring supplies*	Non-Preferred	
FREESTYLE FREEDOM KIT *blood glucose monitoring supplies*	Non-Preferred	
FREESTYLE FREEDOM LITE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	QL 1 / 365 days
FREESTYLE INSULINX SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	QL 1 / 365 days
FREESTYLE INSULINX TEST STRIP *glucose blood*	Non-Preferred	QL 150 / 30 days
FREESTYLE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
FREESTYLE LIBRE 14 DAY READER *continuous blood glucose system receiver*	Preferred	QL 1 / 365 days
FREESTYLE LIBRE 14 DAY SENSOR *continuous blood glucose system sensor*	Preferred	QL 3 / 30 days
FREESTYLE LIBRE 2 READER SYSTM *continuous blood glucose system receiver*	Preferred	
FREESTYLE LIBRE 2 SENSOR SYSTM *continuous blood glucose system sensor*	Preferred	
FREESTYLE LIBRE READER *continuous blood glucose system receiver*	Preferred	QL 1 / 365 days
FREESTYLE LIBRE SENSOR SYSTEM *continuous blood glucose system sensor*	Preferred	QL 3 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREESTYLE LITE DEVICE *blood glucose monitoring supplies*	Non-Preferred	QL 1 / 365 days
FREESTYLE LITE TEST STRIP *glucose blood*	Non-Preferred	QL 150 / 30 days
FREESTYLE PRECISION NEO SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST STRIP *glucose blood*	Non-Preferred	QL 150 / 30 days
FREESTYLE SIDEKICK II KIT *blood glucose monitoring supplies*	Non-Preferred	
FREESTYLE SYSTEM KIT *blood glucose monitoring supplies*	Non-Preferred	
FREESTYLE TEST STRIP *glucose blood*	Non-Preferred	QL 150 / 30 days
FREESTYLE UNISTICK II LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
GE100 BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GE100 BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
GEL-ONE *cross-linked hyaluronate*	Preferred	PA
GELSYN-3 *sodium hyaluronate (viscosupplement)*	Preferred	PA
GENSTRIP 50 STRIP *glucose blood*	Non-Preferred	
GENTEEL BUTTERFLY TOUCH LANCET MISC *lancets*	Preferred	QL 200 / 30 days
GENTLE-LET GP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
GENTLE-LET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
GENVISC 850 *sodium hyaluronate (viscosupplement)*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GHT BLOOD GLUCOSE MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GHT TEST STRIP *glucose blood*	Non-Preferred	
GLOBAL INJECT EASE LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
GLOBAL INJECT EASE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD 01 SENSOR PLUS STRIP *glucose blood*	Non-Preferred	
GLUCOCARD EXPRESSION MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD EXPRESSION TEST STRIP *glucose blood*	Non-Preferred	
GLUCOCARD SHINE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD SHINE CONNEX W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD SHINE EXPRESS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD SHINE TEST STRIP *glucose blood*	Non-Preferred	
GLUCOCARD SHINE XL DEVICE *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD VITAL MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCARD VITAL TEST STRIP *glucose blood*	Non-Preferred	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCOM LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
GLUCOCOM LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
GLUCOCOM LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
GLUCOCOM MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCOCOM TEST STRIP *glucose blood*	Non-Preferred	
GLUCONAVII BLOOD GLUCOSE SYS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GLUCONAVII BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
GLUCOSE METER TEST STRIP *glucose blood*	Non-Preferred	
GLUCOSOURCE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
gnp 12 hour nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
GNP ALCOHOL SWABS 70 % PAD *alcohol swabs*	Preferred	
gnp antiseptic skin cleanser 4 % solution	Preferred	QL 120 / 10 days
GNP EASY TOUCH GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
GNP EASY TOUCH GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
GNP ISOPROPYL ALCOHOL WIPES 70 % MISC *isopropyl alcohol (skin cleanser)*	Preferred	
GNP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
GNP LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
GNP LANCETS MICRO THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP LANCETS SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
GNP LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
GNP LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
GNP MICRO THIN LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
gnp mineral oil oil	Preferred	QL 45 / 1 days
gnp nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
gnp nasal spray extra moist 0.05 % solution	Preferred	QL 30 / 15 days
gnp nasal spray fast acting 1 % solution	Preferred	QL 30 / 30 days
gnp no drip nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
gnp nose drops extra strength 1 % solution	Preferred	QL 30 / 30 days
GNP SUPER THIN LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
GOJJI BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
GOJJI BLOOD TEST STRIP/LANCETS STRIP *glucose blood*	Non-Preferred	
GOJJI STERILE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
GOODSENSE BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
GOODSENSE COLOR LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 26G UNIV MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 30G UNIV MISC *lancets*	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 33G UNIV MISC *lancets*	Preferred	QL 200 / 30 days
H-E-B INCONTROL LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
H-E-B INCONTROL LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
H-E-B INCONTROL LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE LOW FLOW LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS HIGH FLOW MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS LOW FLOW MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS MAX FLOW MISC *lancets*	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS PEDIATRIC FLOW MISC *lancets*	Preferred	QL 200 / 30 days
HARMONY BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEALTHWISE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
HEALTHY ACCENTS UNILET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
hm antiseptic skin cleanser 4 % solution	Preferred	QL 120 / 10 days
HM EMBRACE TALK SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
hm mineral oil oil	Preferred	QL 45 / 1 days
hm nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
hm nose drops 1 % solution	Preferred	QL 30 / 30 days
hm saline nasal spray 0.65 % solution	Preferred	
hm sinus nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
HM STERILE ALCOHOL PREP PAD *alcohol swabs*	Preferred	
HUMIDIFIER MISC *humidifiers*	Preferred	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
HW EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
HW EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
HY-VEE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
HY-VEE THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
HYALGAN *sodium hyaluronate (viscosupplement)*	Preferred	PA
HYMOVIS *hyaluronan*	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IGLUCOSE MONITORING SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
IGLUCOSE TEST STRIPS STRIP *glucose blood*	Non-Preferred	
IN TOUCH STERILE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
INFINITY BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
INFINITY BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
INFINITY VOICE STRIP *glucose blood*	Non-Preferred	
INFINITY VOICE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
INNOSPIRE ESSENCE NEBULIZER *nebulizers*	Preferred	
KAZ HEALTHMIST HUMIDIFIER MISC *humidifiers*	Preferred	QL 1 / 365 days
KETO-DIASTIX STRIP *urine glucose-ketones test*	Preferred	
KINNEY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
KINNEY THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
KROGER BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
KROGER HEALTHPRO GLUC MON SYS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
KROGER HEALTHPRO GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
KROGER HEALTHPRO LANCET 26G MISC *lancets*	Preferred	QL 200 / 30 days
KROGER LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KROGER LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
KROGER LANCETS MICRO THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
KROGER LANCETS SUPER THIN MISC *lancets*	Preferred	QL 200 / 30 days
KROGER LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
KROGER LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
KROGER LANCETS ULTRATHIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
KROGER PREMIUM BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
KROGER PREMIUM GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
KROGER TEST STRIP *glucose blood*	Non-Preferred	
LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS MICRO THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS SUPER THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS ULTRA FINE MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
LANCETS ULTRA THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIBERTY MEDICAL LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
LIFESCAN UNISTIK 2 MISC *lancets*	Preferred	QL 200 / 30 days
LIFESCAN UNISTIK II LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
LITE TOUCH LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
LITETOUCH LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
LIVE BETTER LANCET SUPER THIN MISC *lancets*	Preferred	QL 200 / 30 days
LIVE BETTER LANCET ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
LOKELMA *sodium zirconium cyclosilicate*	Preferred	PA
long acting nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
LONGS LANCETS STANDARD MISC *lancets*	Preferred	QL 200 / 30 days
LONGS LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
LONGS LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET MISC *lancets*	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET EXTRA MISC *lancets*	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET NORM MISC *lancets*	Preferred	QL 200 / 30 days
MEDISENSE THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE EXTRA 21G MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE LITE 25G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEDLANCE PLUS EXTRA 21G MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE PLUS LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE PLUS LITE 25G MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE PLUS SPECIAL 0.8MM MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE PLUS SUPERLITE 30G MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE PLUS UNIVERSAL 21G MISC *lancets*	Preferred	QL 200 / 30 days
MEDLANCE UNIVERSAL 21G MISC *lancets*	Preferred	QL 200 / 30 days
MEIJER BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
MEIJER BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
MEIJER LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MEIJER LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 21G MISC *lancets*	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 30G MISC *lancets*	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 33G MISC *lancets*	Preferred	QL 200 / 30 days
MEIJER PREMIUM BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
MEIJER PREMIUM GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEIJER SUPER THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
melatonin 3 mg tab	Preferred	QL 30 / 30 days
melatonin 5 mg tab	Preferred	QL 30 / 30 days
melatonin 1 mg tab	Preferred	QL 90 / 30 days
melatonin maximum strength 5 mg tab	Preferred	QL 30 / 30 days
MICRODOT BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
MICRODOT TEST STRIP *glucose blood*	Non-Preferred	
MICROLET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MICROTAINER SAFETY FLOW LANCET MISC *lancets*	Preferred	QL 200 / 30 days
mineral oil oil	Preferred	QL 45 / 1 days
MM EASY TOUCH GLUCOSE STRIP *glucose blood*	Non-Preferred	
MM EASY TOUCH GLUCOSE METER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
MM TWIST LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MONOLET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MONOLET OPD LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MONOLETTOR SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
MONOVISC *hyaluronan*	Non-Preferred	
MPD SAFETY LANCET 21G MISC *lancets*	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 23G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MPD SAFETY LANCET 28G MISC *lancets*	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 30G MISC *lancets*	Preferred	QL 200 / 30 days
mucinex nasal spray full force 0.05 % solution	Preferred	QL 30 / 15 days
mucinex nasal spray moisture 0.05 % solution	Preferred	QL 30 / 15 days
mucinex sinus-max clear & cool 0.05 % solution	Preferred	QL 30 / 15 days
mucinex sinus-max full force 0.05 % solution	Preferred	QL 30 / 15 days
MX-SOL SYRUP *oral vehicles*	Preferred	
MX-SOL SF SYRUP *oral vehicles*	Preferred	
MYGLUCOHEALTH BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
MYGLUCOHEALTH LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
MYGLUCOHEALTH TEST STRIP *glucose blood*	Non-Preferred	
nasal decongestant 1 % solution	Preferred	QL 30 / 30 days
nasal decongestant spray 0.05 % solution	Preferred	QL 30 / 15 days
nasal four 1 % solution	Preferred	QL 30 / 30 days
nasal moisturizing spray 0.65 % solution	Preferred	
nasal relief 0.05 % solution	Preferred	QL 30 / 15 days
nasal spray 12 hour 0.05 % solution	Preferred	QL 30 / 15 days
nasal spray anti-drip 0.05 % solution	Preferred	QL 30 / 15 days
nasal spray extra moisturizing 0.05 % solution	Preferred	QL 30 / 15 days
NETGROUP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEUTEK 2TEK TEST STRIP *glucose blood*	Non-Preferred	
no drip nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
nose drops extra strength 1 % solution	Preferred	QL 30 / 30 days
NOVA MAX BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
NOVA MAX GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
NOVA SAFETY LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days
NOVA SAFETY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
NOVA SUREFLEX LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ocean for kids 0.65 % solution	Preferred	
ON CALL EXPRESS BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
ON CALL EXPRESS GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ON CALL EXPRESS MONITORING SYS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ON CALL LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ON CALL PLUS BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
ON CALL PLUS LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ON CALL PLUS METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ON CALL PLUS MONITORING SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ON CALL VIVID BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ON CALL VIVID GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ON CALL VIVID METER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ON CALL VIVID MONITORING W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ON CALL VIVID PAL METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ONETOUCH CLUB LANCETS FINE PT MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH COMBO PACK MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH DELICA LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH DELICA LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET30G MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET33G MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH FINEPOINT LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ONETOUCH ULTRA STRIP *glucose blood*	Preferred	
ONETOUCH ULTRA 2 W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	
ONETOUCH ULTRA MINI W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	
ONETOUCH ULTRASOFT LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH VERIO STRIP *glucose blood*	Preferred	
ONETOUCH VERIO W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	
ONETOUCH VERIO FLEX SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	
ONETOUCH VERIO IQ SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Preferred	
ONETOUCH VERIO REFLECT W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
OPTICHAMBER DIAMOND *spacer/aerosol-holding chambers*	Preferred	
OPTICHAMBER DIAMOND-LG MASK *spacer/aerosol-holding chambers*	Preferred	
OPTICHAMBER DIAMOND-MD MASK *spacer/aerosol-holding chambers*	Preferred	
OPTICHAMBER DIAMOND-SM MASK *spacer/aerosol-holding chambers*	Preferred	
OPTIUM TEST STRIP *glucose blood*	Non-Preferred	
OPTIUMEZ TEST STRIP *glucose blood*	Non-Preferred	
OPTUMRX BLOOD GLUCOSE METER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
OPTUMRX BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
OPTUMRX BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
ORA-PLUS LIQUID *oral vehicles*	Preferred	
ORA-SWEET SYRUP *oral vehicles*	Preferred	
ORA-SWEET SF SYRUP *oral vehicles*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORTHOVISC *hyaluronan*	Non-Preferred	
PC LANCETS SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
PERFECT LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
PERFECT LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
PHARMACIST CHOICE AUTOCODE STRIP *glucose blood*	Non-Preferred	
PHARMACIST CHOICE AUTOCODE SYS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
PHARMACIST CHOICE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
PHARMACIST CHOICE MINI SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
PHARMACIST CHOICE NO CODING STRIP *glucose blood*	Non-Preferred	
PHARMACY COUNTER LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
PIP LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
PIP LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
PRECISION PCX STRIP *glucose blood*	Non-Preferred	
PRECISION PCX PLUS TEST STRIP *glucose blood*	Non-Preferred	
PRECISION POINT OF CARE TEST STRIP *glucose blood*	Non-Preferred	
PRECISION QID TEST STRIP *glucose blood*	Non-Preferred	
PRECISION THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRECISION THINS GP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
PRECISION ULTRA LANCET MISC *lancets*	Preferred	QL 200 / 30 days
PRECISION XTRA DEVICE *blood glucose monitoring supplies*	Non-Preferred	
PRECISION XTRA BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	QL 150 / 30 days
PRECISION XTRA KETONE STRIP *ketone blood test*	Preferred	
PREFERRED PLUS LANCETS COLORED MISC *lancets*	Preferred	QL 200 / 30 days
PREFERRED PLUS LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
PREMIUM BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
PRESSURE ACTIVAT SAFETY LANCET MISC *lancets*	Preferred	QL 200 / 30 days
PRO COMFORT LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
PRO COMFORT LANCETS 31G MISC *lancets*	Preferred	QL 200 / 30 days
PRO VOICE V8 GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
PRO VOICE V8/V9 GLUCOSE STRIP *glucose blood*	Non-Preferred	
PRO VOICE V9 GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
PRODIGY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRODIGY NO CODING BLOOD GLUC STRIP *glucose blood*	Non-Preferred	
PRODIGY POCKET BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
PRODIGY SAFETY LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
PRODIGY TWIST TOP LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
PRODIGY VOICE BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
PROGESTERONE MICRONIZED POWDER *progesterone micronized (bulk)*	Preferred	
PROGESTERONE ULTRA MICRONIZED *progesterone micronized (bulk)*	Preferred	
PSS SELECT GP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
PSS SELECT SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
PUSH BUTTON SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
PUSH BUTTON SAFETY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
PX LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
PX LANCETS ULTRA THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
QC ALCOHOL SWABS 70 % PAD *alcohol swabs*	Preferred	
QC LANCETS SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
qc mineral oil heavy oil	Preferred	QL 45 / 1 days
qc nasal relief moisturizing 0.05 % solution	Preferred	QL 30 / 15 days
qc nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
qc no drip nasal relief 0.05 % solution	Preferred	QL 30 / 15 days
QC UNILET LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
QC UNILET LANCETS MICRO THIN MISC *lancets*	Preferred	QL 200 / 30 days
QUINTET AC BLOOD GLUCOSE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
QUINTET AC BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
QUINTET BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
QUINTET BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
RA E-ZJECT COLOR LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
READYLANCE SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REALITY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
REALITY TRIGGER LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
REFUAH PLUS BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
REFUAH PLUS MONITORING SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
RELION ALL-IN-ONE DEVICE *blood glucose meter disposable with test strips*	Non-Preferred	
RELION BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
RELION CONFIRM GLUCOSE MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
RELION CONFIRM/MICRO TEST STRIP *glucose blood*	Non-Preferred	
RELION LANCETS MICRO-THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
RELION LANCETS STANDARD 21G MISC *lancets*	Preferred	QL 200 / 30 days
RELION LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
RELION LANCETS ULTRA-THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
RELION MICRO W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
RELION PREMIER BLU MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
RELION PREMIER VOICE MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION PRIME MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
RELION PRIME TEST STRIP *glucose blood*	Non-Preferred	
RELION ULTIMA GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
RELION ULTIMA TEST STRIP *glucose blood*	Non-Preferred	
RELION ULTRA THIN LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
RELION ULTRA THIN PLUS LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
REVEAL BLOOD GLUCOSE MONITOR W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
REVEAL BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
REXALL BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
REXALL BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
REXALL LANCETS ULTRA THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
RIGHTEST GL300 LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
RIGHTEST GM100 BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
RIGHTEST GM300 BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
RIGHTEST GM550 BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIGHTEST GS100 BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
RIGHTEST GS300 BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
RIGHTEST GS550 BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
SAFE-T-LANCE MISC *lancets*	Preferred	QL 200 / 30 days
SAFE-T-LANCE PLUS MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCET 21G/PRESSURE ACT MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCET 23G/PRESSURE ACT MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCET 28G/PRESSURE ACT MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCET 30G/PRESSURE ACT MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY LET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SAFETY SEAL LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
saline mist spray 0.65 % solution	Preferred	
SAPS HEALTH TWIST TOP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SAPS TWIST TOP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAPSCARE TWIST TOP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
sb 12hr nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
SB ALCOHOL PREP 70 % PAD *alcohol swabs*	Preferred	
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC *insulin syringe/needle u-100*	Preferred	
SB LANCETS THIN MISC *lancets*	Preferred	QL 200 / 30 days
SB LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
sb nasal spray no-drip 0.05 % solution	Preferred	QL 30 / 15 days
sb saline nose 0.65 % solution	Preferred	
sb sinus relief 0.05 % solution	Preferred	QL 30 / 15 days
SHOPKO ON-THE-GO LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
SHOPKO UNILET LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
SHOPKO UNILET LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
SIDE BUTTON SAFETY LANCET MISC *lancets*	Preferred	QL 200 / 30 days
SINGLE-LET MISC *lancets*	Preferred	QL 200 / 30 days
sinus nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
sinus relief extra strength 1 % solution	Preferred	QL 30 / 30 days
sinus relief nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
SM ALCOHOL PREP PAD *alcohol swabs*	Preferred	
SM ALCOHOL PREP 70 % PAD *alcohol swabs*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SM LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
sm melatonin 3 mg tab	Preferred	QL 30 / 30 days
sm nasal spray 0.05 % solution	Preferred	QL 30 / 15 days
sm nasal spray 12 hour 0.05 % solution	Preferred	QL 30 / 15 days
sm nasal spray moisturizing 0.05 % solution	Preferred	QL 30 / 15 days
sm nasal spray saline 0.65 % solution	Preferred	
sm nasal spray sinus 0.05 % solution	Preferred	QL 30 / 15 days
sm nose drops nasal decongest 1 % solution	Preferred	QL 30 / 30 days
SMART SENSE COLOR LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
SMART SENSE PREMIUM SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
SMART SENSE PREMIUM TEST STRIP *glucose blood*	Non-Preferred	
SMART SENSE STANDARD LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SMART SENSE SUPER THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SMART SENSE THIN LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
SMART SENSE VALUE GLUCOSE SYS W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
SMART SENSE VALUE TEST STRIP *glucose blood*	Non-Preferred	
SMARTEST BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
SMARTEST EJECT DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMARTEST EJECT STARTER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
SMARTEST LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
SMARTEST PERSONA STARTER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
SMARTEST PRONTO STARTER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
SMARTEST PROTEGE DEVICE *blood glucose monitoring supplies*	Non-Preferred	
SMARTEST PROTEGE STARTER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
SODIUM HYALURONATE 20 MG/2ML SOLN PRSYR *sodium hyaluronate (viscosupplement)*	Non-Preferred	
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVICE *blood glucose monitoring supplies*	Non-Preferred	
SOLUS V2 LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
SOLUS V2 TEST STRIP *glucose blood*	Non-Preferred	
SOLUS V2 TWIST LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
SOSWEET SYRUP *oral vehicles*	Preferred	
STERILANCE TL MISC *lancets*	Preferred	QL 200 / 30 days
sterile water for irrigation	Preferred	
SUPARTZ FX *sodium hyaluronate (viscosupplement)*	Non-Preferred	
SUPER THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 18G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SURE COMFORT LANCETS 21G MISC *lancets*	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
SURE-LANCE FLAT LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SURE-LANCE LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
SURE-LANCE THIN LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
SURE-LANCE ULTRA THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SURE-TEST EASYPLUS MINI METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
SURE-TEST EASYPLUS MINI TEST STRIP *glucose blood*	Non-Preferred	
SURE-TOUCH LANCETS UNIVERSAL MISC *lancets*	Preferred	QL 200 / 30 days
SURELITE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
SWEETENING SUSPENDING COMPOUND SYRUP *oral vehicles*	Preferred	
SYNVISC *hylan*	Non-Preferred	
SYNVISC ONE *hylan*	Non-Preferred	
TECHLITE AST LANCETS MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TECHLITE LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
TECHLITE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
TELCARE BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
TELCARE BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
TGT BLOOD GLUCOSE MONITORING W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
TGT BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
TGT LANCET ALTERNATE SITE MISC *lancets*	Preferred	QL 200 / 30 days
TGT LANCET MICRO THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
TGT LANCET SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
TGT LANCET THIN 23G MISC *lancets*	Preferred	QL 200 / 30 days
TGT LANCET THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
TGT LANCET ULTRA THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
TGT LANCET ULTRA THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
THINLETS GP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
THINLETS LANCET MISC *lancets*	Preferred	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPCARE LANCETS MICRO-THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
TRAVEL LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
TRAVEL LANCETS ADVANCED 28G MISC *lancets*	Preferred	QL 200 / 30 days
TRILURON *sodium hyaluronate (viscosupplement)*	Non-Preferred	
TRIVISC *sodium hyaluronate (viscosupplement)*	Preferred	PA
TRUE COMFORT TWIST TOP LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
TRUE METRIX AIR GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
TRUE METRIX BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
TRUE METRIX GO GLUCOSE METER W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
TRUE METRIX METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
TRUE METRIX PRO BLOOD GLUCOSE STRIP *glucose blood*	Non-Preferred	
TRUEPLUS LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 33G MISC *lancets*	Preferred	QL 200 / 30 days
TRUEPLUS SAFETY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
TRUERESULT BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUETEST TEST STRIP *glucose blood*	Non-Preferred	
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
TRUETRACK SMART SYSTEM KIT *blood glucose monitoring supplies*	Non-Preferred	
TRUETRACK TEST STRIP *glucose blood*	Non-Preferred	
TRUSTEX LUBRICATED MISC *condoms latex lubricated - male*	Preferred	
ULTICARE THIN LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
ULTILET CLASSIC LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ULTILET LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ULTILET SAFETY LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ULTILET SAFETY LANCETS 23G MISC *lancets*	Preferred	QL 200 / 30 days
ULTIMA TEST STRIP *glucose blood*	Non-Preferred	
ULTRA THIN LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
ULTRA THIN LANCETS 31G MISC *lancets*	Preferred	QL 200 / 30 days
ULTRA TRAK PRO BLOOD GLUCOSE W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
ULTRA-CARE LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
ULTRA-THIN II AUTO LANCET MISC *lancets*	Preferred	QL 200 / 30 days
ULTRA-THIN II LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
ULTRATRAK ACTIVE DEVICE *blood glucose monitoring supplies*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRATRAK PRO DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ULTRATRAK PRO TEST STRIP *glucose blood*	Non-Preferred	
ULTRATRAK ULTIMATE MONITOR DEVICE *blood glucose monitoring supplies*	Non-Preferred	
ULTRATRAK ULTIMATE TEST STRIP *glucose blood*	Non-Preferred	
UNILET COMFORTOUCH LANCET MISC *lancets*	Preferred	QL 200 / 30 days
UNILET EXCELITE MISC *lancets*	Preferred	QL 200 / 30 days
UNILET EXCELITE II MISC *lancets*	Preferred	QL 200 / 30 days
UNILET G.P. LANCET MISC *lancets*	Preferred	QL 200 / 30 days
UNILET G.P. SUPERLITE LANCET MISC *lancets*	Preferred	QL 200 / 30 days
UNILET GP 28 ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
UNILET LANCET MISC *lancets*	Preferred	QL 200 / 30 days
UNILET MICRO-THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
UNILET SUPER-THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
UNILET SUPERLITE LANCET MISC *lancets*	Preferred	QL 200 / 30 days
UNILET ULTRA-THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK 3 GENTLE MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK PRO SAFETY LANCET MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK SAFETY LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTIK SAFETY LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 21G MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 23G MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 28G MISC *lancets*	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 30G MISC *lancets*	Preferred	QL 200 / 30 days
UNISTRIP1 GENERIC STRIP *glucose blood*	Non-Preferred	
UNIVERSAL 1 LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
UNIVERSAL 1 LANCETS THIN 33G MISC *lancets*	Preferred	QL 200 / 30 days
UNIVERSAL 1 LANCETS ULTRA THIN MISC *lancets*	Preferred	QL 200 / 30 days
VALUE PLUS LANCET STANDARD 21G MISC *lancets*	Preferred	QL 200 / 30 days
VALUE PLUS LANCETS SUPER THIN MISC *lancets*	Preferred	QL 200 / 30 days
VALUE PLUS LANCETS THIN 26G MISC *lancets*	Preferred	QL 200 / 30 days
VALUMARK LANCET SUPER THIN 30G MISC *lancets*	Preferred	QL 200 / 30 days
VALUMARK LANCET ULTRA THIN 28G MISC *lancets*	Preferred	QL 200 / 30 days
VALVED HOLDING CHAMBER *spacer/aerosol-holding chambers*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERASENS BLOOD GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
VERASENS BLOOD GLUCOSE SYSTEM W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
VERASENS BLOOD GLUCOSE TEST STRIP *glucose blood*	Non-Preferred	
VIDA MIA UNILET LANCETS 28G MISC *lancets*	Preferred	QL 200 / 30 days
VIDA MIA UNILET LANCETS 30G MISC *lancets*	Preferred	QL 200 / 30 days
VIOS AEROSOL DELIVERY SYSTEM *nebulizers*	Preferred	
VISCO-3 *sodium hyaluronate (viscosupplement)*	Preferred	PA
VITALET PRO LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
VITALET PRO PLUS LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
VIVAGUARD INO GLUCOSE METER DEVICE *blood glucose monitoring supplies*	Non-Preferred	
VIVAGUARD INO TEST STRIPS STRIP *glucose blood*	Non-Preferred	
VIVAGUARD LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
W&F LANCETS 26G MISC *lancets*	Preferred	QL 200 / 30 days
W&F LANCETS COLORED 21G MISC *lancets*	Preferred	QL 200 / 30 days
WALGREENS ADV TRAVEL LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
WALGREENS LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
WALGREENS LANCETS MICRO THIN MISC *lancets*	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WALGREENS LANCETS SUPER THIN MISC *lancets*	Preferred	QL 200 / 30 days
WALGREENS THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
WALGREENS ULTRA THIN LANCETS MISC *lancets*	Preferred	QL 200 / 30 days
water for irrigation, sterile	Preferred	
WAVESENSE AMP W/DEVICE KIT *blood glucose monitoring supplies*	Non-Preferred	
WAVESENSE PRESTO STRIP *glucose blood*	Non-Preferred	
OPHTHALMIC AGENTS OPHTHALMIC AGENTS, OTHER		
ak-poly-bac	Preferred	QL 7 / days
akwa tears 2-15-83 % ointment	Preferred	QL 3.5 / 15 days
artificial tears 83-15 % ointment	Preferred	QL 3.5 / 15 days
artificial tears 1.4 % solution	Preferred	QL 15 / 15 days
ATROPINE SULFATE 1 % SOLUTION *atropine sulfate (ophthalmic)*	Preferred	QL 5 / 18 days
bacitra-neomycin-polymyxin-hc	Preferred	
bacitracin-polymyxin b	Preferred	QL 7 / 18 days
BEOVU *brolucizumab-dbll*	Non-Preferred	
bion tears pf 0.1-0.3 % solution	Preferred	
BLEPHAMIDE *sulfacetamide sod-prednisolone*	Non-Preferred	QL 1 / 1 days
BLEPHAMIDE S.O.P. *sulfacetamide sod-prednisolone*	Non-Preferred	QL 7 / 18 days
CEQUA *cyclosporine (ophth)*	Non-Preferred	
cyclopentolate hcl 0.5 % solution	Preferred	QL 15 / 30 days
cyclopentolate hcl 1 % solution	Preferred	QL 5 / 25 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cyclopentolate hcl 2 % solution	Preferred	QL 15 / 30 days
EYLEA *aflibercept*	Preferred	PA
genteal tears 0.1-0.3 % solution	Preferred	QL 15 / 15 days
GENTEAL TEARS MODERATE PF 0.1-0.3 % SOLUTION *dextran 70-hypromellose*	Preferred	
genteal tears night-time ointment	Preferred	QL 3.5 / 15 days
GENTEAL TEARS PF 0.1-0.3 % SOLUTION *dextran 70-hypromellose*	Preferred	
gnp eye drops 0.5 % solution	Preferred	QL 15 / 7 days
gnp lubricant pm ointment	Preferred	QL 3.5 / 15 days
gnp lubricating plus eye drops 0.5 % solution	Preferred	QL 30 / 15 days
goodsense lubricating eye drop 0.5 % solution	Preferred	QL 30 / 15 days
hm lubricating plus 0.5 % solution	Preferred	QL 30 / 15 days
ISOPTO ATROPINE *atropine sulfate (ophthalmic)*	Preferred	QL 5 / 18 days
liquitears 1.4 % solution	Preferred	QL 15 / 15 days
lubricating plus eye drops 0.5 % solution	Preferred	QL 30 / 15 days
lubrifresh p.m. ointment	Preferred	QL 3.5 / 15 days
LUCENTIS *ranibizumab*	Preferred	PA
MACUGEN *pegaptanib sodium*	Preferred	PA
MAXITROL *neomycin-polymy-dexameth*	Non-Preferred	
MURO 128 2 % SOLUTION *sodium chloride hypertonic*	Preferred	
NAPHCON-A 0.025-0.3 % SOLUTION *naphazoline w/ pheniramine*	Preferred	QL 15 / 18 days
natural balance tears 0.1-0.3 % solution	Preferred	QL 15 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
natures tears 0.1-0.3 % solution	Preferred	QL 15 / 15 days
neo-polycin	Non-Preferred	
neo-polycin hc	Non-Preferred	
neomycin-bacitracin zn-polymyx	Non-Preferred	
neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension	Preferred	QL 5 / 18 days
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	Preferred	
neomycin-polymyxin-gramicidin	Non-Preferred	QL 10 / 15 days
neomycin-polymyxin-hc 3.5-10000-1 suspension	Non-Preferred	QL 10 / 15 days
phenylephrine hcl 2.5 % solution	Preferred	
polycin	Non-Preferred	
polymyxin b-trimethoprim	Preferred	QL 10 / 15 days
POLYTRIM *polymyxin b-trimethoprim*	Non-Preferred	
PRED-G *gentamicin-prednisolone acetate*	Preferred	
PRED-G S.O.P. *gentamicin-prednisolone acetate*	Preferred	
puralube 85-15 % ointment	Preferred	QL 3.5 / 15 days
REFRESH 1.4-0.6 % SOLUTION *polyvinyl alcohol-povidone (ophth)*	Preferred	QL 30 / 7 days
refresh lacri-lube ointment	Preferred	QL 3.5 / 15 days
REFRESH LIQUIGEL 1 % GEL *carboxymethylcellulose sodium (ophth)*	Preferred	QL 15 / 7 days
refresh p.m. ointment	Preferred	QL 3.5 / 15 days
REFRESH PLUS 0.5 % SOLUTION *carboxymethylcellulose sodium (ophth)*	Preferred	QL 30 / 15 days
REFRESH TEARS 0.5 % SOLUTION *carboxymethylcellulose sodium (ophth)*	Preferred	QL 15 / 7 days
RESTASIS *cyclosporine (ophth)*	Preferred	QL 2 / 1 days
RESTASIS MULTIDOSE *cyclosporine (ophth)*	Non-Preferred	QL 5.5 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm lubricating plus 0.5 % solution	Preferred	QL 30 / 15 days
sodium chloride (hypertonic) 5 % solution	Preferred	
sulfacetamide-prednisolone	Preferred	QL 1 / 1 days
systane nighttime ointment	Preferred	QL 3.5 / 15 days
tears naturale free 0.1-0.3 % solution	Preferred	
tears pure 0.1-0.3 % solution	Preferred	QL 15 / 15 days
TOBRADEX 0.3-0.1 % OINTMENT *tobramycin-dexamethasone*	Preferred	QL 3.5 / 18 days
TOBRADEX 0.3-0.1 % SUSPENSION *tobramycin-dexamethasone*	Preferred	QL 5 / 18 days
TOBRADEX ST *tobramycin-dexamethasone*	Non-Preferred	
tobramycin-dexamethasone	Preferred	QL 5 / 18 days
tropicamide 1 % solution	Preferred	QL 15 / 18 days
tropicamide 0.5 % solution	Preferred	QL 15 / 18 days
VISUDYNE *verteporfin*	Preferred	PA
XIIDRA *lifitegrast*	Non-Preferred	
ZYLET *loteprednol etabonate-tobramycin*	Preferred	
OPHTHALMIC ANTI-ALLERGY AGENTS		
alaway 0.025 % solution	Preferred	
alaway childrens allergy 0.025 % solution	Preferred	
ALOCRIL *nedocromil sodium (ophth)*	Non-Preferred	QL 5 / 18 days
ALOMIDE *lodoxamide tromethamine*	Preferred	QL 10 / 18 days
azelastine hcl 0.05 % solution	Preferred	
BEPREVE *bepotastine besilate*	Non-Preferred	
cromolyn sodium 4 % solution	Preferred	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
epinastine hcl	Non-Preferred	
eye itch relief 0.025 % solution	Preferred	QL 10 / 18 days
hm eye itch relief 0.025 % solution	Preferred	QL 10 / 18 days
ketotifen fumarate 0.025 % solution	Preferred	QL 10 / 18 days
LASTACAFT *alcaftadine*	Non-Preferred	
olopatadine hcl 0.2 % solution	Preferred	QL 2.5 / 30 days
olopatadine hcl 0.1 % solution	Preferred	QL 5 / 25 days
PATADAY 0.1 % SOLUTION *olopatadine hcl*	Non-Preferred	
PATADAY 0.2 % SOLUTION *olopatadine hcl*	Non-Preferred	
PATANOL *olopatadine hcl*	Non-Preferred	
PAZEO *olopatadine hcl*	Non-Preferred	
sm eye itch relief 0.025 % solution	Preferred	QL 10 / 18 days
ZADITOR 0.025 % SOLUTION *ketotifen fumarate (ophth)*	Preferred	
ZERVIATE *cetirizine hcl (ophth)*	Non-Preferred	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR *ketorolac tromethamine (ophth)*	Non-Preferred	
ACULAR LS *ketorolac tromethamine (ophth)*	Non-Preferred	
ACUVAIL *ketorolac tromethamine (ophth)*	Preferred	
ALREX *loteprednol etabonate*	Preferred	QL 5 / 18 days
bromfenac sodium (once-daily)	Non-Preferred	
BROMSITE *bromfenac sodium (ophth)*	Non-Preferred	
dexamethasone sodium phosphate 0.1 % solution	Preferred	QL 5 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXTENZA *dexamethasone (ophth)*	Non-Preferred	
DEXYCU *dexamethasone (ophth)*	Non-Preferred	
diclofenac sodium 0.1 % solution	Non-Preferred	
DUREZOL *difluprednate*	Preferred	
FLAREX *fluorometholone acetate*	Preferred	QL 5 / 18 days
fluorometholone	Preferred	QL 5 / 18 days
flurbiprofen sodium	Preferred	QL 5 / 10 days
FML *fluorometholone (ophth)*	Preferred	QL 3.5 / 18 days
FML FORTE *fluorometholone (ophth)*	Preferred	QL 10 / 30 days
FML LIQUIFILM *fluorometholone (ophth)*	Non-Preferred	
ILEVRO *nepafenac*	Preferred	
ILUVIEN *fluocinolone acetonide (ophth)*	Non-Preferred	
INVELTYS *loteprednol etabonate*	Non-Preferred	
ketorolac tromethamine 0.5 % solution	Preferred	QL 5 / 18 days
ketorolac tromethamine 0.4 % solution	Preferred	
LOTEMAX 0.5 % GEL *loteprednol etabonate*	Non-Preferred	
LOTEMAX 0.5 % SUSPENSION *loteprednol etabonate*	Preferred	
LOTEMAX 0.5 % OINTMENT *loteprednol etabonate*	Preferred	
LOTEMAX SM *loteprednol etabonate*	Non-Preferred	
loteprednol etabonate	Non-Preferred	
MAXIDEX *dexamethasone (ophth)*	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEVANAC *nepafenac*	Preferred	
OMNIPRED *prednisolone acetate (ophth)*	Non-Preferred	
OZURDEX *dexamethasone (ophth)*	Non-Preferred	
PRED FORTE *prednisolone acetate (ophth)*	Non-Preferred	
PRED MILD *prednisolone acetate (ophth)*	Preferred	QL 5 / 18 days
prednisolone acetate 1 % suspension	Preferred	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION *prednisolone sodium phosphate (ophth)*	Preferred	QL 10 / 18 days
PROLENSA *bromfenac sodium (ophth)*	Non-Preferred	
RETISERT *fluocinolone acetonide (ophth)*	Non-Preferred	
TRIESENCE *triamcinolone acetonide (ophth)*	Non-Preferred	
YUTIQ *fluocinolone acetonide (ophth)*	Non-Preferred	
OPHTHALMIC ANTIGLAUCOMA AGENTS		
ALPHAGAN P 0.1 % SOLUTION *brimonidine tartrate*	Non-Preferred	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION *brimonidine tartrate*	Non-Preferred	
apraclonidine hcl	Non-Preferred	
AZOPT *brinzolamide*	Non-Preferred	QL 10 / 24 days
betaxolol hcl 0.5 % solution	Non-Preferred	
BETOPTIC-S *betaxolol hcl (ophth)*	Non-Preferred	
brimonidine tartrate 0.15 % solution	Non-Preferred	QL 15 / 26 days
brimonidine tartrate 0.2 % solution	Preferred	QL 5 / 18 days
carteolol hcl	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMBIGAN *brimonidine tartrate-timolol maleate*	Non-Preferred	
COSOPT *dorzolamide hcl-timolol maleate*	Non-Preferred	
COSOPT PF *dorzolamide hcl-timolol maleate*	Non-Preferred	
dorzolamide hcl 2 % solution	Preferred	QL 10 / 18 days
dorzolamide hcl-timolol mal	Preferred	QL 10 / 18 days
dorzolamide hcl-timolol mal pf	Non-Preferred	
IOPIDINE *apraclonidine hcl*	Non-Preferred	
ISOPTO CARPINE *pilocarpine hcl*	Non-Preferred	
ISTALOL *timolol maleate (ophth)*	Non-Preferred	
levobunolol hcl	Preferred	QL 5 / 18 days
methazolamide 25 mg tab	Preferred	QL 4 / 1 days
methazolamide 50 mg tab	Preferred	QL 4 / 1 days
PHOSPHOLINE IODIDE *echothiophate iodide*	Non-Preferred	
pilocarpine hcl 2 % solution	Non-Preferred	QL 15 / 18 days
pilocarpine hcl 1 % solution	Non-Preferred	QL 15 / 18 days
pilocarpine hcl 4 % solution	Non-Preferred	QL 15 / 18 days
RHOPRESSA *netarsudil dimesylate*	Non-Preferred	
ROCKLATAN *netarsudil dimesylate-latanoprost*	Non-Preferred	
SIMBRINZA *brinzolamide-brimonidine tartrate*	Preferred	QL 8 / 25 days
timolol maleate 0.5 % solution	Preferred	QL 5 / 18 days
timolol maleate 0.5 % gel f soln	Non-Preferred	QL 5 / 18 days
timolol maleate 0.25 % solution	Preferred	QL 5 / 18 days
timolol maleate 0.5 % (daily) solution	Non-Preferred	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
timolol maleate 0.25 % gel f soln	Non-Preferred	QL 5 / 18 days
TIMOPTIC *timolol maleate (ophth)*	Non-Preferred	
TIMOPTIC OCUDOSE *timolol maleate (ophth)*	Non-Preferred	
TIMOPTIC-XE *timolol maleate (ophth)*	Non-Preferred	
TRUSOPT *dorzolamide hcl*	Non-Preferred	
VYZULTA *latanoprostene bunod*	Non-Preferred	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	Non-Preferred	
DURYSTA *bimatoprost*	Non-Preferred	
latanoprost 0.005 % solution	Preferred	QL 2.5 / 18 days
LUMIGAN *bimatoprost*	Non-Preferred	
TRAVATAN Z *travoprost*	Non-Preferred	QL 5 / 18 days
travoprost (bak free)	Non-Preferred	
XALATAN *latanoprost*	Non-Preferred	
XELPROS *latanoprost*	Non-Preferred	
ZIOPTAN *tafluprost*	Non-Preferred	
OTIC AGENTS		
acetasol hc	Preferred	
acetic acid 2 % solution	Preferred	
CIPRO HC *ciprofloxacin-hydrocortisone*	Preferred	
CIPRODEX *ciprofloxacin-dexamethasone*	Preferred	
CIPROFLOXACIN-FLUOCINOLONE PF *ciprofloxacin-fluocinolone acetonide*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COLY-MYCIN S *neomycin-colistin-hc-thonzonium*	Preferred	
CORTISPORIN-TC *neomycin-colistin-hc-thonzonium*	Non-Preferred	
ear drops 6.5 % solution	Preferred	QL 15 / 15 days
ear wax removal drops 6.5 % solution	Preferred	QL 15 / 15 days
ear wax removal kit 6.5 % solution	Preferred	QL 15 / 15 days
earwax removal 6.5 % solution	Preferred	QL 15 / 15 days
earwax removal kit 6.5 % solution	Preferred	QL 15 / 15 days
earwax treatment drops 6.5 % solution	Preferred	QL 15 / 15 days
flac	Preferred	QL 20 / 24 days
fluocinolone acetonide 0.01 % oil	Preferred	QL 20 / 24 days
gnp ear drops 6.5 % solution	Preferred	QL 15 / 15 days
gnp ear systems 6.5 % solution	Preferred	QL 15 / 15 days
gnp earwax removal drops 6.5 % solution	Preferred	QL 15 / 15 days
gnp earwax removal kit 6.5 % solution	Preferred	QL 15 / 15 days
hm earwax removal aid 6.5 % solution	Preferred	QL 15 / 15 days
hm earwax removal kit 6.5 % solution	Preferred	QL 15 / 15 days
hydrocortisone-acetic acid	Preferred	
neomycin-polymyxin-hc 3.5-10000-1 solution	Preferred	
neomycin-polymyxin-hc 1 % solution	Preferred	
OTOVEL *ciprofloxacin-fluocinolone acetonide*	Non-Preferred	
qc ear wax removal 6.5 % solution	Preferred	QL 15 / 15 days
qc earwax removal 6.5 % solution	Preferred	QL 15 / 15 days
sb ear wax remover 6.5 % solution	Preferred	QL 15 / 15 days
sm ear drops 6.5 % solution	Preferred	QL 15 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
allergy relief 50 mcg/act suspension	Non-Preferred	
ALVESCO *ciclesonide*	Non-Preferred	
ARMONAIR RESPICLICK 232 *fluticasone propionate (inhalation)*	Non-Preferred	
ARMONAIR RESPICLICK 55 *fluticasone propionate (inhalation)*	Non-Preferred	
ARNUITY ELLIPTA *fluticasone furoate (inhalation)*	Non-Preferred	QL 30 / 30 days
ASMANEX (120 METERED DOSES) *mometasone furoate (inhalation)*	Preferred	
ASMANEX (14 METERED DOSES) *mometasone furoate (inhalation)*	Preferred	
ASMANEX (30 METERED DOSES) *mometasone furoate (inhalation)*	Preferred	
ASMANEX (60 METERED DOSES) *mometasone furoate (inhalation)*	Preferred	
ASMANEX 30 METERED DOSES *mometasone furoate (inhalation)*	Preferred	
ASMANEX HFA *mometasone furoate (inhalation)*	Non-Preferred	
BECONASE AQ *beclomethasone diprop monohyd*	Non-Preferred	
budesonide 0.5 mg/2ml suspension	Preferred	QL 4 / 1 days
budesonide 32 mcg/act suspension	Non-Preferred	QL 8.43 / 30 days
budesonide 1 mg/2ml suspension	Non-Preferred	QL 2 / 1 days
budesonide 0.25 mg/2ml suspension	Preferred	QL 8 / 1 days
FLONASE ALLERGY RELIEF 50 MCG/ACT SUSPENSION *fluticasone propionate (nasal)*	Non-Preferred	
FLONASE SENSIMIST 27.5 MCG/SPRAY SUSPENSION *fluticasone furoate*	Non-Preferred	
FLOVENT DISKUS *fluticasone propionate (inhalation)*	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT HFA 220 MCG/ACT AEROSOL *fluticasone propionate hfa*	Preferred	QL 12 / 30 days
FLOVENT HFA 44 MCG/ACT AEROSOL *fluticasone propionate hfa*	Preferred	QL 10.6 / 30 days
FLOVENT HFA 110 MCG/ACT AEROSOL *fluticasone propionate hfa*	Preferred	QL 12 / 30 days
flunisolide 25 mcg/act (0.025%) solution	Preferred	QL 0.84 / 1 days
fluticasone propionate 50 mcg/act suspension	Preferred	QL 16 / 20 days
Fluticasone Propionate 50 MCG/ACT SUSPENSION (Rx)	Preferred	QL 16 / 20 days
gnp 24 hour nasal allergy 55 mcg/act aerosol	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
gnp budesonide nasal spray 32 mcg/act suspension	Non-Preferred	QL 8.43 / 30 days
gnp fluticasone propionate 50 mcg/act suspension	Non-Preferred	
gnp fluticasone propionate chl 50 mcg/act suspension	Non-Preferred	
goodsense nasal allergy spray 55 mcg/act aerosol	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
hm allergy relief 50 mcg/act suspension	Non-Preferred	
mometasone furoate 50 mcg/act suspension	Non-Preferred	
nasal allergy 24 hour 55 mcg/act aerosol	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
NASONEX *mometasone furoate (nasal)*	Non-Preferred	
OMNARIS *ciclesonide (nasal)*	Non-Preferred	
PULMICORT 0.25 MG/2ML SUSPENSION *budesonide (inhalation)*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PULMICORT 1 MG/2ML SUSPENSION *budesonide (inhalation)*	Non-Preferred	QL 2 / 1 days
PULMICORT 0.5 MG/2ML SUSPENSION *budesonide (inhalation)*	Non-Preferred	
PULMICORT FLEXHALER *budesonide (inhalation)*	Preferred	QL 1 / 30 days
qc allergy relief 50 mcg/act suspension	Non-Preferred	
QNASL *beclomethasone dipropionate (nasal)*	Non-Preferred	
QNASL CHILDRENS *beclomethasone dipropionate (nasal)*	Non-Preferred	
QVAR *beclomethasone dipropionate*	Non-Preferred	
QVAR REDIHALER *beclomethasone dipropionate hfa*	Preferred	QL 10.6 / 30 days
SINUVA *mometasone furoate (nasal)*	Non-Preferred	
sm allergy relief 50 mcg/act suspension	Non-Preferred	
triamcinolone acetonide 55 mcg/act aerosol	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
VERAMYST *fluticasone furoate*	Non-Preferred	
XHANCE *fluticasone propionate (nasal)*	Non-Preferred	
ZETONNA *ciclesonide (nasal)*	Non-Preferred	
ANTIHISTAMINES		
24hr allergy relief 180 mg tab	Preferred	QL 1 / 1 days
all day allergy 10 mg tab	Preferred	QL 120 / 30 days
all day allergy childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
all-day allergy childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
aller-chlor 4 mg tab	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aller-ease 60 mg tab	Preferred	QL 2 / 1 days
allergy 25 mg cap	Preferred	QL 6 / 1 days
allergy 10 mg tab	Preferred	QL 1 / 1 days
allergy 25 mg tab	Preferred	QL 6 / 1 days
allergy 4 mg tab	Preferred	QL 6 / 1 days
allergy 24-hr 180 mg tab	Preferred	
allergy childrens 5 mg/5ml syrup	Preferred	QL 10 / 1 days
allergy childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
allergy non-drowsy 10 mg tab	Preferred	QL 1 / 1 days
allergy relief 180 mg tab	Preferred	QL 1 / 1 days
allergy relief 4 mg tab	Preferred	QL 6 / 1 days
allergy relief 5 mg tab	Preferred	QL 1 / 1 days
allergy relief 25 mg cap	Preferred	QL 6 / 1 days
allergy relief 10 mg tab	Preferred	QL 1 / 1 days
allergy relief 25 mg tab	Preferred	QL 6 / 1 days
allergy relief 10 mg tab disp	Preferred	
allergy relief cetirizine 10 mg tab	Preferred	
allergy relief childrens 1 mg/ml solution	Preferred	
allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
allergy relief/indoor/outdoor 10 mg tab	Preferred	
allergy-time 4 mg tab	Preferred	QL 6 / 1 days
ASTEPRO *azelastine hcl*	Non-Preferred	
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 tab	Preferred	QL 6 / 1 days
banophen 25 mg cap	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
banophen 50 mg cap	Preferred	QL 6 / 1 days
banophen 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
cetirizine hcl 1 mg/ml solution	Preferred	QL 10 / 1 days
cetirizine hcl 5 mg tab	Preferred	QL 1 / 1 days
cetirizine hcl 10 mg chew tab	Preferred	QL 30 / 30 days
cetirizine hcl 5 mg chew tab	Preferred	QL 30 / 30 days
cetirizine hcl 10 mg tab	Preferred	QL 4 / 1 days
cetirizine hcl allergy child 5 mg/5ml solution	Preferred	QL 10 / 1 days
cetirizine hcl childrens 10 mg chew tab	Preferred	QL 30 / 30 days
cetirizine hcl childrens 5 mg chew tab	Preferred	QL 30 / 30 days
cetirizine hcl childrens alrgy 1 mg/ml solution	Preferred	QL 10 / 1 days
cetirizine hcl hives relief 5 mg/5ml solution	Preferred	
childrens loratadine 5 mg/5ml solution	Preferred	QL 10 / 1 days
chlorpheniramine maleate 4 mg tab	Preferred	QL 6 / 1 days
CLARINEX *desloratadine*	Non-Preferred	
CLARITIN 10 MG TAB *loratadine*	Non-Preferred	
CLARITIN REDITABS 10 MG TAB DISP *loratadine*	Non-Preferred	
complete allergy medicine 25 mg cap	Preferred	QL 6 / 1 days
cvs allergy relief 60 mg tab	Preferred	
cvs allergy relief childrens 5 mg chew tab	Non-Preferred	
cyproheptadine hcl 2 mg/5ml syrup	Preferred	QL 30 / 1 days
cyproheptadine hcl 4 mg tab	Preferred	QL 8 / 1 days
desloratadine	Non-Preferred	
diphenhist 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diphenhist 25 mg cap	Preferred	QL 6 / 1 days
diphenhist 25 mg tab	Preferred	QL 6 / 1 days
diphenhydramine hcl 25 mg cap	Preferred	QL 6 / 1 days
diphenhydramine hcl 25 mg tab	Preferred	QL 6 / 1 days
diphenhydramine hcl 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
diphenhydramine hcl 50 mg cap	Preferred	QL 6 / 1 days
diphenhydramine hcl 12.5 mg/5ml elixir	Preferred	QL 30 / 1 days
diphenhydramine hcl 50 mg/ml solution	Preferred	
dye-free allergy relief 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
ed chlorped jr 2 mg/5ml syrup	Preferred	QL 30 / 1 days
ed-chlortan 4 mg tab	Preferred	QL 6 / 1 days
fexofenadine hcl 60 mg tab	Preferred	QL 2 / 1 days
fexofenadine hcl 180 mg tab	Preferred	QL 1 / 1 days
fexofenadine hcl childrens 30 mg/5ml suspension	Preferred	QL 30 / 1 days
gnp all day allergy 10 mg tab	Preferred	QL 120 / 30 days
gnp all day allergy childrens 1 mg/ml solution	Preferred	QL 10 / 1 days
gnp allergy 25 mg cap	Preferred	QL 6 / 1 days
gnp allergy 25 mg tab	Preferred	QL 6 / 1 days
gnp allergy 4 mg tab	Preferred	QL 6 / 1 days
gnp allergy antihistamine 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
gnp allergy relief 180 mg tab	Preferred	QL 1 / 1 days
gnp allergy relief 25 mg cap	Preferred	QL 6 / 1 days
gnp allergy relief 25 mg tab	Preferred	QL 6 / 1 days
gnp childrens allergy 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
gnp loratadine 5 mg/5ml syrup	Preferred	QL 10 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp loratadine 10 mg tab	Preferred	QL 1 / 1 days
gnp loratadine childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
gnp loratadine childrens 5 mg/5ml syrup	Preferred	QL 10 / 1 days
goodsense all day allergy 5 mg/5ml solution	Preferred	
goodsense all day allergy 10 mg tab	Preferred	QL 120 / 30 days
goodsense aller-ease 180 mg tab	Preferred	QL 1 / 1 days
goodsense allergy relief 10 mg tab	Preferred	
hm all day allergy 5 mg/5ml solution	Preferred	QL 10 / 1 days
hm all day allergy 10 mg tab	Preferred	QL 120 / 30 days
hm all day allergy childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
hm allergy 25 mg tab	Preferred	QL 6 / 1 days
hm allergy childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
hm allergy multi symptom 25 mg cap	Preferred	QL 6 / 1 days
hm allergy relief 4 mg tab	Preferred	QL 6 / 1 days
hm allergy relief 25 mg cap	Preferred	QL 6 / 1 days
hm allergy relief 25 mg tab	Preferred	QL 6 / 1 days
hm allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
hm cetirizine hcl 10 mg tab	Preferred	
hm cetirizine hcl childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
hm fexofenadine hcl 180 mg tab	Preferred	QL 1 / 1 days
hm fexofenadine hcl 60 mg tab	Preferred	QL 2 / 1 days
hm loratadine 10 mg tab	Preferred	QL 1 / 1 days
hm loratadine childrens 5 mg/5ml syrup	Preferred	QL 10 / 1 days
hydroxyzine hcl 25 mg tab	Preferred	QL 6 / 1 days
hydroxyzine hcl 10 mg/5ml syrup	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydroxyzine hcl 10 mg tab	Preferred	QL 6 / 1 days
hydroxyzine hcl 50 mg tab	Preferred	QL 6 / 1 days
hydroxyzine pamoate 100 mg cap	Preferred	QL 6 / 1 days
hydroxyzine pamoate 25 mg cap	Preferred	QL 6 / 1 days
hydroxyzine pamoate 50 mg cap	Preferred	QL 6 / 1 days
levocetirizine dihydrochloride 5 mg tab	Preferred	QL 30 / 30 days
levocetirizine dihydrochloride 2.5 mg/5ml solution	Non-Preferred	
loratadine 10 mg cap	Non-Preferred	
loratadine 10 mg tab	Preferred	QL 1 / 1 days
loratadine childrens 5 mg/5ml syrup	Preferred	QL 10 / 1 days
loratadine childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
m-dryl 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
mm fexofenadine hcl 180 mg tab	Preferred	
olopatadine hcl 0.6 % solution	Non-Preferred	
PATANASE *olopatadine hcl (nasal)*	Non-Preferred	
pharbechlor 4 mg tab	Preferred	QL 6 / 1 days
pharbedryl 25 mg cap	Preferred	QL 6 / 1 days
PHENERGAN 25 MG/ML SOLUTION *promethazine hcl*	Non-Preferred	
PHENERGAN 50 MG/ML SOLUTION *promethazine hcl*	Non-Preferred	
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 50 mg/ml solution	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 25 mg/ml solution	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
promethazine hcl 25 mg tab	Preferred	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 6.25 mg/5ml syrup	Preferred	QL 30 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl 6.25 mg/5ml solution	Preferred	QL 30 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
qc all day allergy 10 mg tab	Preferred	QL 120 / 30 days
qc childrens allergy 5 mg/5ml solution	Preferred	
qc chlor-pheniramine 4 mg tab	Preferred	QL 6 / 1 days
qc complete allergy medicine 25 mg tab	Preferred	QL 6 / 1 days
qc fexofenadine hydrochloride 180 mg tab	Preferred	QL 1 / 1 days
qc loratadine allergy relief 10 mg tab	Preferred	QL 1 / 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
sb chlorpheniramine 4 mg tab	Preferred	QL 6 / 1 days
siladryl allergy 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
sm all day allergy 10 mg tab	Preferred	QL 120 / 30 days
sm all day allergy childrens 5 mg/5ml solution	Preferred	QL 10 / 1 days
sm allergy 4 hour 4 mg tab	Preferred	QL 6 / 1 days
sm allergy childrens 5 mg/5ml syrup	Preferred	
sm allergy relief 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
sm allergy relief 25 mg cap	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm allergy relief 25 mg tab	Preferred	QL 6 / 1 days
sm allergy relief childrens 12.5 mg/5ml liquid	Preferred	QL 30 / 1 days
sm childrens loratadine 5 mg/5ml syrup	Preferred	QL 10 / 1 days
sm fexofenadine hcl 60 mg tab	Preferred	QL 2 / 1 days
sm fexofenadine hcl 180 mg tab	Preferred	QL 1 / 1 days
sm loratadine 5 mg/5ml syrup	Preferred	QL 10 / 1 days
sm loratadine 10 mg tab	Preferred	QL 1 / 1 days
VISTARIL *hydroxyzine pamoate*	Non-Preferred	
ANTILEUKOTRIENES		
ACCOLATE *zafirlukast*	Non-Preferred	
montelukast sodium 4 mg chew tab	Preferred	QL 30 / 30 days
montelukast sodium 10 mg tab	Preferred	QL 1 / 1 days
montelukast sodium 4 mg packet	Preferred	QL 30 / 30 days
montelukast sodium 5 mg chew tab	Preferred	QL 1 / 1 days
SINGULAIR 10 MG TAB *montelukast sodium*	Non-Preferred	QL 1 / 1 days
SINGULAIR 4 MG PACKET *montelukast sodium*	Non-Preferred	QL 30 / 30 days
SINGULAIR 4 MG CHEW TAB *montelukast sodium*	Non-Preferred	QL 1 / 1 days
SINGULAIR 5 MG CHEW TAB *montelukast sodium*	Non-Preferred	QL 1 / 1 days
zafirlukast 10 mg tab	Non-Preferred	QL 4 / 1 days
zafirlukast 20 mg tab	Non-Preferred	QL 2 / 1 days
zileuton er	Non-Preferred	
ZYFLO *zileuton*	Non-Preferred	
ZYFLO CR *zileuton*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA *ipratropium bromide hfa*	Preferred	QL 12.9 / 26 days
INCRUSE ELLIPTA *umeclidinium bromide*	Non-Preferred	QL 30 / 30 days
ipratropium bromide 0.06 % solution	Preferred	
ipratropium bromide 0.03 % solution	Preferred	
ipratropium bromide 0.02 % solution	Preferred	QL 10 / 1 days
LONHALA MAGNAIR REFILL KIT *glycopyrrolate (inhalation)*	Non-Preferred	QL 2 / 1 days
LONHALA MAGNAIR STARTER KIT *glycopyrrolate (inhalation)*	Non-Preferred	QL 2 / 1 days
SEEBRI NEOHALER *glycopyrrolate (inhalation)*	Non-Preferred	
SPIRIVA HANDIHALER *tiotropium bromide monohydrate*	Preferred	QL 30 / 30 days PA
SPIRIVA RESPIMAT *tiotropium bromide monohydrate*	Preferred	QL 4 / 30 days PA
TUDORZA PRESSAIR *aclidinium bromide*	Non-Preferred	
YUPELRI *revefenacin*	Non-Preferred	
BRONCHODILATORS, SYMPATHOMIMETIC		
12 hour decongestant 120 mg tab er 12h	Preferred	QL 60 / 30 days
12 hour nasal decongestant 120 mg tab er 12h	Preferred	QL 60 / 30 days
albuterol sulfate 0.63 mg/3ml nebu soln	Preferred	
albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln	Preferred	
albuterol sulfate 2.5 mg/0.5ml nebu soln	Preferred	
albuterol sulfate 1.25 mg/3ml nebu soln	Preferred	
albuterol sulfate 2 mg/5ml syrup	Preferred	QL 40 / 1 days
albuterol sulfate 2 mg tab	Non-Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
albuterol sulfate (5 mg/ml) 0.5% nebu soln	Preferred	
albuterol sulfate 4 mg tab	Non-Preferred	QL 4 / 1 days
albuterol sulfate er	Non-Preferred	QL 4 / 1 days
albuterol sulfate hfa	Preferred	QLC 2 inhalers/month
ARCAPTA NEOHALER *indacaterol maleate*	Non-Preferred	
BROVANA *arformoterol tartrate*	Non-Preferred	
childrens silfedrine 15 mg/5ml liquid	Preferred	
decongestant 12hour max st 120 mg tab er 12h	Preferred	QL 60 / 30 days
epinephrine 0.15 mg/0.3ml soln a-inj	Preferred	
epinephrine 0.15 mg/0.15ml soln a-inj	Preferred	
epinephrine 0.3 mg/0.3ml soln a-inj	Preferred	
EPIPEN 2-PAK *epinephrine (anaphylaxis)*	Non-Preferred	
EPIPEN JR 2-PAK *epinephrine (anaphylaxis)*	Preferred	
gnp nasal decongestant 30 mg tab	Preferred	QL 4 / 1 days
gnp pseudoephedrine hcl 12 hr 120 mg tab er 12h	Preferred	QL 60 / 30 days
gnp suphedrin 15 mg/5ml liquid	Preferred	
hm nasal decongestant 30 mg tab	Preferred	QL 4 / 1 days
hm nasal decongestant 12 hour 120 mg tab er 12h	Preferred	QL 60 / 30 days
levalbuterol hcl 1.25 mg/0.5ml nebu soln	Non-Preferred	
levalbuterol hcl 0.31 mg/3ml nebu soln	Non-Preferred	
levalbuterol hcl 0.63 mg/3ml nebu soln	Non-Preferred	
levalbuterol hcl 1.25 mg/3ml nebu soln	Non-Preferred	
levalbuterol tartrate	Preferred	QL 30 / 30 days
METAPROTERENOL SULFATE 20 MG TAB *metaproterenol sulfate*	Non-Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METAPROTERENOL SULFATE 10 MG TAB *metaproterenol sulfate*	Non-Preferred	QL 4 / 1 days
metaproterenol sulfate 10 mg/5ml syrup	Non-Preferred	QL 40 / 1 days
nasal decongestant 30 mg tab	Preferred	QL 4 / 1 days
nasal decongestant max st 30 mg tab	Preferred	QL 4 / 1 days
PERFOROMIST *formoterol fumarate*	Non-Preferred	
PROAIR DIGIHALER *albuterol sulfate*	Non-Preferred	
PROAIR HFA *albuterol sulfate*	Preferred	QLC 2 inhalers/month
PROAIR RESPICLICK *albuterol sulfate*	Preferred	
PROVENTIL HFA *albuterol sulfate*	Preferred	QLC 2 inhalers/month
pseudoephedrine hcl 30 mg tab	Preferred	QL 4 / 1 days
pseudoephedrine hcl er 120 mg tab er 12h	Preferred	QL 60 / 30 days
qc suphedrine 30 mg tab	Preferred	QL 4 / 1 days
qc suphedrine maximum strength 120 mg tab er 12h	Preferred	QL 60 / 30 days
SEREVENT DISKUS *salmeterol xinafoate*	Preferred	QL 60 / 30 days PA
sinus 12 hour 120 mg tab er 12h	Preferred	QL 60 / 30 days
sm 12 hour sinus decongestant 120 mg tab er 12h	Preferred	QL 60 / 30 days
sm nasal decongestant 120 mg tab er 12h	Preferred	QL 60 / 30 days
sm nasal decongestant max st 30 mg tab	Preferred	QL 4 / 1 days
STRIVERDI RESPIMAT *olodaterol hcl*	Non-Preferred	QL 4 / 30 days
sudogest 30 mg tab	Preferred	QL 4 / 1 days
sudogest 12 hour 120 mg tab er 12h	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sudogest maximum strength 30 mg tab	Preferred	QL 4 / 1 days
SYMJEPI *epinephrine (anaphylaxis)*	Non-Preferred	
terbutaline sulfate 5 mg tab	Non-Preferred	QL 3 / 1 days
terbutaline sulfate 2.5 mg tab	Non-Preferred	QL 3 / 1 days
VENTOLIN HFA *albuterol sulfate*	Preferred	QLC 2 inhalers/month
XOPENEX *levalbuterol hcl*	Non-Preferred	
XOPENEX CONCENTRATE *levalbuterol hcl*	Non-Preferred	
XOPENEX HFA *levalbuterol tartrate*	Preferred	QL 30 / 30 days
CYSTIC FIBROSIS AGENTS		
BETHKIS *tobramycin*	Non-Preferred	
CAYSTON *aztreonam lysine*	Non-Preferred	
KITABIS PAK *tobramycin*	Preferred	
TOBI *tobramycin*	Non-Preferred	
TOBI PODHALER *tobramycin*	Non-Preferred	
TOBRAMYCIN 300 MG/5ML NEBU SOLN *tobramycin*	Non-Preferred	
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	Preferred	QL 8 / 1 days
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
caffeine citrate	Preferred	
DALIRESP *roflumilast*	Non-Preferred	
THEO-24 *theophylline*	Preferred	
THEOCHRON 100 MG TAB ER 12H *theophylline*	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THEOCHRON 200 MG TAB ER 12H *theophylline*	Preferred	QL 3 / 1 days
theophylline	Preferred	QL 75 / 1 days
theophylline er 300 mg tab er 12h	Preferred	QL 2 / 1 days
theophylline er 450 mg tab er 12h	Preferred	QL 1 / 1 days
theophylline er 200 mg tab er 12h	Preferred	QL 3 / 1 days
theophylline er 600 mg tab er 24h	Preferred	QL 1 / 1 days
theophylline er 100 mg tab er 12h	Preferred	QL 4 / 1 days
theophylline er 400 mg tab er 24h	Preferred	QL 1 / 1 days
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA *tadalafil (pulmonary hypertension)*	Non-Preferred	PA
ADEMPAS *riociguat*	Non-Preferred	
alyq	Non-Preferred	PA
ambrisentan	Preferred	PA
bosentan	Non-Preferred	
LETAIRIS *ambrisentan*	Non-Preferred	
OPSUMIT *macitentan*	Non-Preferred	
ORENITRAM *treprostinil diolamine*	Non-Preferred	
REVATIO 20 MG TAB *sildenafil citrate (pulmonary hypertension)*	Non-Preferred	QL 90 / 30 days
REVATIO 10 MG/ML RECON SUSP *sildenafil citrate (pulmonary hypertension)*	Non-Preferred	
sildenafil citrate 10 mg/ml recon susp	Non-Preferred	
sildenafil citrate 20 mg tab	Preferred	QL 90 / 30 days PA
tadalafil (pah)	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRACLEER 62.5 MG TAB *bosentan*	Preferred	PA
TRACLEER 32 MG TAB SOL *bosentan*	Non-Preferred	
TRACLEER 125 MG TAB *bosentan*	Preferred	PA
TYVASO *treprostinil*	Preferred	PA
TYVASO REFILL *treprostinil*	Preferred	PA
TYVASO STARTER *treprostinil*	Preferred	PA
UPTRAVI *selexipag*	Non-Preferred	
VENTAVIS *iloprost*	Preferred	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET *pirfenidone*	Preferred	PA
OFEV *nintedanib esylate*	Preferred	PA
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine 10 % solution	Preferred	
acetylcysteine 20 % solution	Preferred	
ADVAIR DISKUS *fluticasone-salmeterol*	Non-Preferred	QL 60 / 30 days
ADVAIR HFA *fluticasone-salmeterol*	Preferred	QL 12 / 30 days
AIRDUO DIGIHALER *fluticasone-salmeterol*	Non-Preferred	
AIRDUO RESPICLICK 113/14 *fluticasone-salmeterol*	Non-Preferred	
AIRDUO RESPICLICK 232/14 *fluticasone-salmeterol*	Non-Preferred	
AIRDUO RESPICLICK 55/14 *fluticasone-salmeterol*	Non-Preferred	
all day allergy d 5-120 mg tab er 12h	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
all day allergy-d 5-120 mg tab er 12h	Non-Preferred	
allergy relief d 5-120 mg tab er 12h	Non-Preferred	
allergy relief d-12 5-120 mg tab er 12h	Non-Preferred	
allergy relief d-24 10-240 mg tab er 24h	Preferred	
allergy relief-d 10-240 mg tab er 24h	Preferred	
allergy relief/nasal decongest 10-240 mg tab er 24h	Preferred	
allergy/congestion relief 5-120 mg tab er 12h	Non-Preferred	
ANORO ELLIPTA *umeclidinium-vilanterol*	Preferred	QL 60 / 30 days
antihistamine & nasal deconges 60-120 mg tab er 12h	Non-Preferred	
azelastine-fluticasone	Non-Preferred	
benzonatate 200 mg cap	Preferred	QL 3 / 1 days
benzonatate 100 mg cap	Preferred	QL 3 / 1 days
BEVESPI AEROSPHERE *glycopyrrolate-formoterol fumarate*	Preferred	
BREO ELLIPTA *fluticasone furoate-vilanterol*	Non-Preferred	QL 60 / 30 days
BREZTRI AEROSPHERE *budesonide-glycopyrrolate-formoterol fumarate*	Non-Preferred	
bromfed dm	Preferred	
BROTAPP DM 15-1-5 MG/5ML LIQUID *pseudoephed-bromphen-dm*	Preferred	
budesonide-formoterol fumarate	Non-Preferred	QL 10.2 / 30 days
cetirizine-pseudoephedrine er 5-120 mg tab er 12h	Non-Preferred	
childrens mucus relief expect 100 mg/5ml liquid	Preferred	QL 240 / 14 days
CLARINEX-D 12 HOUR *desloratadine-pseudoephedrine*	Non-Preferred	
COMBIVENT RESPIMAT *ipratropium-albuterol*	Preferred	QL 4 / 20 days
cough syrup 100 mg/5ml syrup	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cough/chest congestion dm 10-100 mg/5ml syrup	Preferred	QL 240 / 14 days
coughtab 200 mg tab	Preferred	QL 12 / 1 days
dextromethorphan-guaifenesin 10-100 mg/5ml syrup	Preferred	QL 240 / 14 days
dextromethorphan-guaifenesin 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
dextromethorphan-guaifenesin 20-200 mg/10ml liquid	Preferred	QL 240 / 14 days
diabetic siltussin das-na 100 mg/5ml liquid	Preferred	QL 240 / 14 days
diabetic siltussin-dm 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
dm-guaifenesin er 60-1200 mg tab er 12h	Preferred	
DUAKLIR PRESSAIR *aclidinium bromide-formoterol fumarate*	Non-Preferred	
DULERA 50-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	Preferred	
DULERA 100-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	Preferred	QL 13 / 30 days
DULERA 200-5 MCG/ACT AEROSOL *mometasone furoate-formoterol fumarate dihydrate*	Preferred	QL 13 / 30 days
DYMISTA *azelastine hcl-fluticasone propionate*	Non-Preferred	
extra action cough 10-100 mg/5ml syrup	Preferred	QL 240 / 14 days
FASENRA *benralizumab*	Preferred	PA
FASENRA PEN *benralizumab*	Preferred	PA
fexofenadine-pseudoephed er 60-120 mg tab er 12h	Non-Preferred	
fluticasone-salmeterol 113-14 mcg/act aer pow ba	Preferred	QL 1 / 30 days
fluticasone-salmeterol 55-14 mcg/act aer pow ba	Preferred	QL 1 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluticasone-salmeterol 250-50 mcg/dose aer pow ba	Preferred	QL 60 / 30 days
fluticasone-salmeterol 232-14 mcg/act aer pow ba	Preferred	QL 1 / 30 days
fluticasone-salmeterol 500-50 mcg/dose aer pow ba	Preferred	QL 60 / 30 days
fluticasone-salmeterol 100-50 mcg/dose aer pow ba	Preferred	QL 60 / 30 days
gnp all day allergy-d 5-120 mg tab er 12h	Non-Preferred	
gnp allergy & congestion 10-240 mg tab er 24h	Preferred	
gnp allergy/congestion relief 10-240 mg tab er 24h	Preferred	
gnp fexofenadine/pse er 60-120 mg tab er 12h	Non-Preferred	
gnp loratadine-d 12hr 5-120 mg tab er 12h	Non-Preferred	
gnp loratadine-d 24 hour 10-240 mg tab er 24h	Preferred	
gnp mucus d 12 hr 60-600 mg tab er 12h	Preferred	QL 4 / 1 days
gnp mucus dm max strength 60-1200 mg tab er 12h	Preferred	
gnp mucus er 1200 mg tab er 12h	Preferred	QL 60 / 30 days
gnp mucus relief childrens 100 mg/5ml liquid	Preferred	QL 240 / 14 days
gnp tussin dm 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
gnp tussin dm cough 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
gnp tussin mucus & chest cong 100 mg/5ml liquid	Preferred	QL 240 / 14 days
goodsense mucus-d 60-600 mg tab er 12h	Preferred	QL 4 / 1 days
guaifenesin 100 mg/5ml liquid	Preferred	QL 240 / 14 days
guaifenesin 300 mg/15ml solution	Preferred	QL 240 / 14 days
guaifenesin 100 mg/5ml solution	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
guaifenesin 200 mg tab	Preferred	QL 12 / 1 days
guaifenesin 200 mg/10ml solution	Preferred	QL 240 / 14 days
guaifenesin er 1200 mg tab er 12h	Preferred	QL 60 / 30 days
guaifenesin-dm 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
hm allergy & congestion 5-120 mg tab er 12h	Non-Preferred	
hm allergy complete-d 5-120 mg tab er 12h	Non-Preferred	
hm allergy relief/nasal decong 10-240 mg tab er 24h	Preferred	
hm mucus er 1200 mg tab er 12h	Preferred	QL 60 / 30 days
hm mucus relief 600 mg tab er 12h	Preferred	QL 60 / 30 days
hm mucus relief d 60-600 mg tab er 12h	Preferred	QL 4 / 1 days
hm mucus relief dm max st 60-1200 mg tab er 12h	Preferred	
hm tussin adult 100 mg/5ml liquid	Preferred	QL 240 / 14 days
hm tussin adult dm 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
ipratropium-albuterol	Preferred	
kls aller-tec d 5-120 mg tab er 12h	Non-Preferred	
loratadine-d 12hr 5-120 mg tab er 12h	Non-Preferred	
loratadine-d 24hr 10-240 mg tab er 24h	Preferred	
mucinex chest congestion child 100 mg/5ml liquid	Preferred	QL 240 / 14 days
MUCINEX D MAX STRENGTH 120-1200 MG TAB ER 12H *pseudoephedrine-guaifenesin*	Preferred	
MUCINEX DM 30-600 MG TAB ER 12H *dextromethorphan-guaifenesin*	Preferred	QL 90 / 30 days
MUCINEX DM MAXIMUM STRENGTH 60-1200 MG TAB ER 12H *dextromethorphan-guaifenesin*	Preferred	
mucus & chest congestion 100 mg/5ml liquid	Preferred	QL 240 / 14 days
mucus d 60-600 mg tab er 12h	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mucus d 120-1200 mg tab er 12h	Preferred	
mucus dm 30-600 mg tab er 12h	Preferred	QL 90 / 30 days
mucus relief 600 mg tab er 12h	Preferred	QL 60 / 30 days
mucus relief chest congestion 200 mg tab	Preferred	QL 12 / 1 days
mucus relief childrens 100 mg/5ml liquid	Preferred	QL 240 / 14 days
mucus relief d 60-600 mg tab er 12h	Preferred	QL 4 / 1 days
mucus relief dm 30-600 mg tab er 12h	Preferred	QL 90 / 30 days
mucus relief dm max 60-1200 mg tab er 12h	Preferred	
mucus relief er 600 mg tab er 12h	Preferred	QL 60 / 30 days
mucus relief max st 1200 mg tab er 12h	Preferred	QL 60 / 30 days
mucus-d 60-600 mg tab er 12h	Preferred	QL 4 / 1 days
mucus-dm 30-600 mg tab er 12h	Preferred	QL 90 / 30 days
mucus-dm max 60-1200 mg tab er 12h	Preferred	
mucus-dm maximum strength 60-1200 mg tab er 12h	Preferred	
mucus-er 600 mg tab er 12h	Preferred	QL 60 / 30 days
mucus-er max 1200 mg tab er 12h	Preferred	QL 60 / 30 days
NUCALA *mepolizumab*	Preferred	PA
organ-i nr 200 mg tab	Preferred	QL 12 / 1 days
promethazine vc plain	Preferred	QL 6 / 1 days
promethazine-dm 6.25-15 mg/5ml syrup	Preferred	
PROMETHAZINE-DM 6.25-15 MG/5ML SOLUTION *promethazine-dm*	Preferred	
promethazine-phenylephrine	Preferred	QL 6 / 1 days
pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup	Preferred	
pseudoephedrine-guaifenesin er 60-600 mg tab er 12h	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pseudoephedrine-guaifenesin er 120-1200 mg tab er 12h	Preferred	
qc loratadine-d 10-240 mg tab er 24h	Preferred	
qc medifin mucus relief child 100 mg/5ml liquid	Preferred	QL 240 / 14 days
qc mucus relief 600 mg tab er 12h	Preferred	QL 60 / 30 days
qc mucus relief er 1200 mg tab er 12h	Preferred	QL 60 / 30 days
qc tussin dm cough/congestion 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
qc tussin mucus/congestion 100 mg/5ml liquid	Preferred	QL 240 / 14 days
robafen 100 mg/5ml syrup	Preferred	QL 240 / 14 days
robafen dm 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
robafen dm cgh/chest congest 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
robafen dm cough 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
robafen dm cough clear 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
robafen dm peak cold cgh/cong 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
robafen mucus/chest congestion 200 mg/10ml liquid	Preferred	QL 240 / 14 days
sb cough control 100 mg/5ml syrup	Preferred	QL 240 / 14 days
sb cough control dm 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
sb coughtab 200 mg tab	Preferred	QL 12 / 1 days
SEMPREX-D *acrivastine & pseudoephedrine*	Non-Preferred	
siltussin das 100 mg/5ml liquid	Preferred	QL 240 / 14 days
siltussin dm das 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
siltussin sa 100 mg/5ml syrup	Preferred	QL 240 / 14 days
siltussin-dm alcohol free 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm all day allergy-d 5-120 mg tab er 12h	Non-Preferred	
sm lorata-dine d 10-240 mg tab er 24h	Preferred	
sm loratadine d 5-120 mg tab er 12h	Non-Preferred	
sm loratadine d 12hr 5-120 mg tab er 12h	Non-Preferred	
sm mucus relief 600 mg tab er 12h	Preferred	QL 60 / 30 days
sm mucus relief childrens 100 mg/5ml liquid	Preferred	QL 240 / 14 days
sm mucus relief d 60-600 mg tab er 12h	Preferred	QL 4 / 1 days
sm mucus relief max strength 1200 mg tab er 12h	Preferred	QL 60 / 30 days
sm tussin cough/chest congest 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
sm tussin dm 100-10 mg/5ml syrup	Preferred	QL 240 / 14 days
sm tussin mucus+chest congest 100 mg/5ml liquid	Preferred	QL 240 / 14 days
sodium chloride 3 % nebu soln	Preferred	
sodium chloride 7 % nebu soln	Preferred	QL 480 / 30 days
STIOLTO RESPIMAT *tiotropium bromide-olodaterol hcl*	Non-Preferred	QL 4 / 30 days
SYMBICORT *budesonide-formoterol fumarate dihydrate*	Preferred	QL 10.2 / 30 days
tobramycin 300 mg/5ml nebu soln	Preferred	
TRELEGY ELLIPTA *fluticasone-umeclidinium-vilanterol*	Non-Preferred	
tusnel diabetic 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
tussin 100 mg/5ml syrup	Preferred	QL 240 / 14 days
tussin dm 100-10 mg/5ml liquid	Preferred	QL 240 / 14 days
tussin dm cough + chest 10-100 mg/5ml liquid	Preferred	QL 240 / 14 days
tussin mucus & chest congest 100 mg/5ml liquid	Preferred	QL 240 / 14 days
tussin mucus+chest congestion 100 mg/5ml liquid	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UTIBRON NEOHALER *indacaterol maleate-glycopyrrolate*	Non-Preferred	
wixela inhub	Non-Preferred	QL 60 / 30 days
XOLAIR 150 MG RECON SOLN *omalizumab*	Preferred	PA
XOLAIR 75 MG/0.5ML SOLN PRSYR *omalizumab*	Non-Preferred	
XOLAIR 150 MG/ML SOLN PRSYR *omalizumab*	Non-Preferred	
SKELETAL MUSCLE RELAXANTS		
AMRIX *cyclobenzaprine hcl*	Non-Preferred	
carisoprodol 250 mg tab	Non-Preferred	
carisoprodol 350 mg tab	Non-Preferred	QL 4 / 1 days
CARISOPRODOL-ASPIRIN *carisoprodol w/ aspirin*	Non-Preferred	QL 3 / 1 days
chlorzoxazone 375 mg tab	Non-Preferred	
chlorzoxazone 500 mg tab	Non-Preferred	QL 6 / 1 days
chlorzoxazone 750 mg tab	Non-Preferred	
cyclobenzaprine hcl 10 mg tab	Preferred	QL 3 / 1 days
cyclobenzaprine hcl 5 mg tab	Preferred	QL 6 / 1 days
cyclobenzaprine hcl 7.5 mg tab	Preferred	
cyclobenzaprine hcl er	Non-Preferred	
DYSPORT *abobotulinumtoxina*	Preferred	PA
FEXMID *cyclobenzaprine hcl*	Non-Preferred	
lorzone	Non-Preferred	
metaxall	Non-Preferred	
metaxalone	Non-Preferred	
methocarbamol 750 mg tab	Preferred	QL 10 / 1 days
methocarbamol 500 mg tab	Preferred	QL 16 / 1 days
MYOBLOC *rimabotulinumtoxinb*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORGESIC FORTE *orphenadrine w/ aspirin & caff*	Non-Preferred	
orphenadrine citrate er	Non-Preferred	QL 2 / 1 days
orphenadrine-asa-caffeine	Non-Preferred	
orphengesic forte 50-770-60 mg tab	Non-Preferred	
ROBAXIN-750 *methocarbamol*	Non-Preferred	
SKELAXIN *metaxalone*	Non-Preferred	
SOMA *carisoprodol*	Non-Preferred	
vanadom	Non-Preferred	
SLEEP DISORDER AGENTS GABA RECEPTOR MODULATORS		
AMBIEN *zolpidem tartrate*	Non-Preferred	QL 30 / 30 days
AMBIEN CR *zolpidem tartrate*	Non-Preferred	QL 30 / 30 days
DORAL *quazepam*	Non-Preferred	
EDLUAR *zolpidem tartrate*	Non-Preferred	
estazolam	Non-Preferred	QL 1 / 1 days
eszopiclone	Preferred	QL 1 / 1 days
FLURAZEPAM HCL *flurazepam hcl*	Non-Preferred	QL 1 / 1 days
HALCION *triazolam*	Non-Preferred	
INTERMEZZO *zolpidem tartrate*	Non-Preferred	
LUNESTA *eszopiclone*	Non-Preferred	QL 1 / 1 days
QUAZEPAM *quazepam*	Non-Preferred	
RESTORIL 22.5 MG CAP *temazepam*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESTORIL 15 MG CAP *temazepam*	Non-Preferred	QL 30 / 30 days
RESTORIL 7.5 MG CAP *temazepam*	Non-Preferred	
RESTORIL 30 MG CAP *temazepam*	Non-Preferred	QL 30 / 30 days
temazepam 22.5 mg cap	Non-Preferred	
temazepam 7.5 mg cap	Non-Preferred	
temazepam 15 mg cap	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
temazepam 30 mg cap	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
triazolam 0.25 mg tab	Non-Preferred	QL 1 / 1 days
triazolam 0.125 mg tab	Non-Preferred	QL 60 / 30 days
zaleplon	Preferred	QL 2 / 1 days
zolpidem tartrate 1.75 mg sl tab	Non-Preferred	
zolpidem tartrate 5 mg tab	Preferred	QL 30 / 30 days
zolpidem tartrate 10 mg tab	Preferred	QL 30 / 30 days
zolpidem tartrate 3.5 mg sl tab	Non-Preferred	
zolpidem tartrate er	Non-Preferred	QL 30 / 30 days
ZOLPIMIST *zolpidem tartrate*	Non-Preferred	
SLEEP DISORDERS, OTHER		
armodafinil	Preferred	PA
BELSOMRA *suvorexant*	Non-Preferred	QL 1 / 1 days
BUTISOL SODIUM *butabarbital sodium*	Non-Preferred	
DAYVIGO *lemborexant*	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxepin hcl 3 mg tab	Non-Preferred	
doxepin hcl 6 mg tab	Non-Preferred	
gnp nighttime sleep aid 25 mg tab	Preferred	QL 4 / 1 days
gnp sleep aid 25 mg tab	Preferred	QL 4 / 1 days
HETLIOZ *tasimelteon*	Non-Preferred	
hm nighttime sleep aid 25 mg tab	Preferred	QL 4 / 1 days
hm sleep aid 25 mg tab	Preferred	QL 4 / 1 days
modafinil	Preferred	PA
night time sleep aid 25 mg tab	Preferred	QL 4 / 1 days
nighttime sleep aid 25 mg tab	Preferred	QL 4 / 1 days
NUVIGIL *armodafinil*	Non-Preferred	
PROVIGIL *modafinil*	Non-Preferred	
qc rest simply 25 mg tab	Preferred	QL 4 / 1 days
ramelteon	Non-Preferred	
ROZEREM *ramelteon*	Non-Preferred	
sb sleep 25 mg tab	Preferred	QL 4 / 1 days
SECONAL *secobarbital sodium*	Non-Preferred	
SILENOR *doxepin hcl (sleep)*	Non-Preferred	
sleep aid 25 mg tab	Preferred	QL 4 / 1 days
sleep aid (diphenhydramine) 25 mg tab	Preferred	QL 4 / 1 days
sleep tabs 25 mg tab	Preferred	QL 4 / 1 days
sm nighttime sleep aid 25 mg tab	Preferred	QL 4 / 1 days
sm sleep aid 25 mg tab	Preferred	QL 4 / 1 days
sm sleep aid night time 25 mg tab	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUNOSI *solriamfetol hcl*	Non-Preferred	
WAKIX *pitolisant hcl*	Non-Preferred	

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