



Molina Complete Care

**January 2023**

**Molina Complete Care**

**Medicaid**

**Preferred Drug List  
(Formulary)/**

**Lista de Medicamentos Preferidos  
(Formulario)**



## Discrimination is against the law

Molina Complete Care (MCC) follows the law. We treat all people equally. We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
  - Large print
  - Audio
  - Accessible electronic formats
  - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

Contact us at 1-800-424-4524 (TTY 711) for Commonwealth Coordinated Care Plus (CCC Plus), or 1-800-424-4518 (TTY 711) for Medallion 4.0 if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you may file a report by calling the Molina AlertLine at 1-866-606-3889 or online at <https://molinahealthcare.alertline.com>.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone.

**U.S. Department of Health and Human Services**

200 Independence  
Avenue, SW Room  
509F, HHH Building  
Washington, D.C.  
20201  
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Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

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(01/01/2023)

## FORMULARY GUIDE (ENGLISH)

### INTRODUCTION

We are pleased to provide the *2022 Molina Complete Care (MCC) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

The drugs in this guide have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved before being included. This guide reflects current medical practice as of the date of review.

The information in this guide is provided solely for the benefit of medical providers. We do not guarantee accuracy of such information. This guide is not intended to be comprehensive in nature. All the information in the guide is provided as a reference for drug therapy selection.

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

MCC is not responsible for the actions or omissions of any medical provider based on information in this guide. The medical provider should check the drug manufacturer's product literature or standard references for more detailed information.

### PREFACE

This guide is organized by sections. Each section is divided by therapeutic drug class by type.

### PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

We use the services of a Pharmacy and Therapeutics Committee ("P&T Committee") to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists who all have a broad background of clinical and academic expertise on prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

### DRUG LIST PRODUCT DESCRIPTIONS

To help you understand which specific strengths and dosage forms are covered, some general guidelines are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms will be consistent with the category and use where listed.

## GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, the generic should be just as safe and effective as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

- This guide represents MCC and Virginia Medicaid's Common Core Formulary. Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. Medications not on the list will usually cost the most.

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by MCC as represented. MCC covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). MCC will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on

drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into [www.MCCofVA.com](http://www.MCCofVA.com) to check coverage.

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the MCC Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to MCC at (844) 278-5731. You can find these forms at [www.MCCofVA.com](http://www.MCCofVA.com). We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

## PRIOR AUTHORIZATION HELPFUL HINTS

For the quickest response possible from MCC's pharmacy department, please provide relevant information with the Prior Authorization request.

The following are examples:

<b>Class of Medication/Diagnosis</b>	<b>Requested Clinical Information</b>
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

## EXCLUDED SERVICES

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

- Drugs used for anorexia or weight gain
- Drugs used to promote fertility
- Agents used for cosmetic purposes or hair growth
- Agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective. Compound prescriptions, which include a DESI drug, are not covered
- Drugs which have been recalled
- Experimental drugs or non-FDA-approved drugs
- Any legend drugs marketed by a manufacturer who does not participate in the Medicaid Drug Rebate program

## NOTICE

The information contained in this guide is proprietary. The information may not be copied in whole or in part without written permission. ©2022. All rights reserved.

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

## FORMULARY UPDATES

Please review the formulary changes which pertain to the pharmacy benefit. If you have questions, contact MCC Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time.

- Commonwealth Coordinated Care Plus: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

Key			
AGE=Age Limit	CL=Closed Class Medication	MED=Max 90 mg Morphine Equivalent Dose Per Day	OTC= Over the Counter
PA=Prior Authorization	PA, QL=Quantity Limit is applied after Prior Authorization approval	QL=Quantity Limit	SP=Specialty Drugs
ST=Step Therapy			

Date Effective	Product Name	Change	Notes
1/1/2023	ADAKVEO 100 MG/10 ML VIAL	Add to formulary, non-preferred, PA, Age limit	Min Age 16
1/1/2023	ADVATE 1,201-1,800 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADVATE 1,801-2,400 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADVATE 2,401-3,600 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADVATE 200-400 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADVATE 3,601-4,800 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADVATE 401-800 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADVATE 801-1,200 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ADYNOVATE 1,251-2,500 UNIT VL	Add to formulary, preferred	
1/1/2023	ADYNOVATE 1,500	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
	UNIT VIAL		
1/1/2023	ADYNOVATE 200-400 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ADYNOVATE 3,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ADYNOVATE 401-800 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ADYNOVATE 750 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ADYNOVATE 801-1,250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 1,500 UNIT RANGE VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 2,500 UNIT RANGE VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 3,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	AFSTYLA 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANATE 1,000-400 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANATE 1,500-600 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANATE 2,000-800 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANATE 250-100 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANATE 500-200 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANINE SD 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANINE SD 1,500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANINE SD 1,500 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ALPHANINE SD 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ALPHANINE SD 500 UNITS VIAL	Add to formulary, preferred	
1/1/2023	ALPROLIX 1,000 UNIT	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
	NOMINAL		
1/1/2023	ALPROLIX 2,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ALPROLIX 250 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ALPROLIX 3,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ALPROLIX 4,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ALPROLIX 500 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ARFORMOTEROL 15 MCG/2 ML SOLN	Update to preferred	
1/1/2023	BAQSIMI 3 MG SPRAY ONE PACK	Add to formulary, Preferred	
1/1/2023	BAQSIMI 3 MG SPRAY TWO PACK	Add to formulary, Preferred	
1/1/2023	BENEFIX 1,000 UNIT RANGE	Add to formulary, preferred	
1/1/2023	BENEFIX 2,000 UNIT RANGE	Add to formulary, preferred	
1/1/2023	BENEFIX 250 UNIT RANGE	Add to formulary, preferred	
1/1/2023	BENEFIX 3,000 UNIT RANGE	Add to formulary, preferred	
1/1/2023	BENEFIX 500 UNIT RANGE	Add to formulary, preferred	
1/1/2023	CLONIDINE 0.1 MG/DAY PATCH	Update to preferred	
1/1/2023	CLONIDINE 0.2 MG/DAY PATCH	Update to preferred	
1/1/2023	CLONIDINE 0.3 MG/DAY PATCH	Update to preferred	
1/1/2023	COAGADEX 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	COAGADEX 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	CONTRAVE ER 8-90 MG TABLET	Add to formulary, preferred, PA, Age limit	Min age 18
1/1/2023	CORIFACT KIT	Add to formulary, preferred	
1/1/2023	DEXMETHYLPHENIDATE ER 10 MG CP	Update to preferred	
1/1/2023	DEXMETHYLPHENIDATE	Update to preferred	

Date Effective	Product Name	Change	Notes
	ER 15 MG CP		
1/1/2023	DEXMETHYLPHENIDATE ER 20 MG CP	Update to preferred	
1/1/2023	DEXMETHYLPHENIDATE ER 25 MG CP	Update to preferred	
1/1/2023	DEXMETHYLPHENIDATE ER 30 MG CP	Update to preferred	
1/1/2023	DEXMETHYLPHENIDATE ER 35 MG CP	Update to preferred	
1/1/2023	DEXMETHYLPHENIDATE ER 40 MG CP	Update to preferred	
1/1/2023	DEXMETHYLPHENIDATE ER 5 MG CAP	Update to preferred	
1/1/2023	DIAZOXIDE 50 MG/ML ORAL SUSP	Add to formulary, non- preferred with PA	
1/1/2023	DROXIA 200 MG CAPSULE	Add to formulary, preferred, Age limit	Min age 18
1/1/2023	DROXIA 300 MG CAPSULE	Add to formulary, preferred, Age limit	Min age 18
1/1/2023	DROXIA 400 MG CAPSULE	Add to formulary, preferred, Age limit	Min age 18
1/1/2023	DROXIA CAP 200MG	Add PA	
1/1/2023	DROXIA CAP 300MG	Add PA	
1/1/2023	DROXIA CAP 400MG	Add PA	
1/1/2023	DUPIXENT 100 MG/0.67 ML SYRING	Update to preferred with PA	
1/1/2023	DUPIXENT 200 MG/1.14 ML PEN	Update to preferred with PA	
1/1/2023	DUPIXENT 200 MG/1.14 ML SYRING	Update to preferred with PA	
1/1/2023	DUPIXENT 300 MG/2 ML PEN	Update to preferred with PA	
1/1/2023	DUPIXENT 300 MG/2 ML SAFE SYRG	Update to preferred with PA	
1/1/2023	ELOCTATE 1,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 1,500 UNIT	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
	NOMINAL		
1/1/2023	ELOCTATE 2,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 250 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 3,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 4,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 5,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 500 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 6,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ELOCTATE 750 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	ENDARI 5 GRAM POWDER PACKET	Add to formulary, preferred, Age limit	Min age 5
1/1/2023	ENDARI POW 5GM	Add PA	
1/1/2023	EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Update to preferred	
1/1/2023	EPIPEN JR 2-PAK 0.15 MG INJCTR	Update to preferred	
1/1/2023	ESPEROCT 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ESPEROCT 1,500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ESPEROCT 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ESPEROCT 3,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	ESPEROCT 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	EXELON 13.3 MG/24HR PATCH	Update to non-preferred with PA	
1/1/2023	EXELON 4.6 MG/24HR PATCH	Update to non-preferred with PA	
1/1/2023	EXELON 9.5 MG/24HR PATCH	Update to non-preferred with PA	
1/1/2023	FEIBA NF 1,000 UNIT (NOMINAL)	Add to formulary, preferred	
1/1/2023	FEIBA NF 2,500 UNIT (NOMINAL)	Add to formulary, preferred	



<b>Date Effective</b>	<b>Product Name</b>	<b>Change</b>	<b>Notes</b>
1/1/2023	FEIBA NF 500 UNIT (NOMINAL)	Add to formulary, preferred	
1/1/2023	FOCALIN XR 10 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 15 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 20 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 25 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 30 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 35 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 40 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	FOCALIN XR 5 MG CAPSULE	Update to non-preferred with PA	
1/1/2023	GLUCAGEN 1 MG HYPOKIT	Update to non-preferred with PA	
1/1/2023	GLUCAGON 1 MG EMERGENCY KIT	Add to formulary, preferred	(Fresenius, NDC 63323058282)
1/1/2023	GVOKE 1 MG/0.2 ML KIT	Add to formulary, preferred	
1/1/2023	HEMLIBRA 105 MG/0.7 ML VIAL	Add to formulary, preferred	
1/1/2023	HEMLIBRA 150 MG/ML VIAL	Add to formulary, preferred	
1/1/2023	HEMLIBRA 30 MG/ML VIAL	Add to formulary, preferred	
1/1/2023	HEMLIBRA 60 MG/0.4 ML VIAL	Add to formulary, preferred	
1/1/2023	HEMOFIL M 1,000 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	HEMOFIL M 1,700 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	HEMOFIL M 250 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	HEMOFIL M 500 UNIT NOMINAL	Add to formulary, preferred	
1/1/2023	HUMATE-P 1,200 UNIT VWF:RCO	Add to formulary, preferred	
1/1/2023	HUMATE-P 2,400 UNIT VWF:RCO	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
1/1/2023	HUMATE-P 600 UNIT VWF:RCO	Add to formulary, preferred	
1/1/2023	IDELVION 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	IDELVION 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	IDELVION 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	IDELVION 3,500 UNIT RANGE VIAL	Add to formulary, preferred	
1/1/2023	IDELVION 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	IMCIVREE 10 MG/ML VIAL	Add to formulary, non-preferred, PA, Age limit	Min Age 6
1/1/2023	IXINITY 1,000 UNIT RANGE	Add to formulary, preferred	
1/1/2023	IXINITY 1,500 UNIT RANGE	Add to formulary, preferred	
1/1/2023	IXINITY 2,000 UNIT RANGE	Add to formulary, preferred	
1/1/2023	IXINITY 250 UNIT RANGE	Add to formulary, preferred	
1/1/2023	IXINITY 3,000 UNIT RANGE	Add to formulary, preferred	
1/1/2023	IXINITY 500 UNIT RANGE	Add to formulary, preferred	
1/1/2023	JIVI 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	JIVI 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	JIVI 3,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	JIVI 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOATE 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOATE 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOATE 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOGENATE FS 1,000 UNITS VIAL	Add to formulary, preferred	
1/1/2023	KOGENATE FS 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOGENATE FS 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOGENATE FS 3,000 UNITS VIAL	Add to formulary, preferred	
1/1/2023	KOGENATE FS 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	KOVALTRY 1,000 UNIT	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
	KIT		
1/1/2023	KOVALTRY 2,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	KOVALTRY 250 UNIT KIT	Add to formulary, preferred	
1/1/2023	KOVALTRY 3,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	KOVALTRY 500 UNIT KIT	Add to formulary, preferred	
1/1/2023	LACOSAMIDE 10 MG/ML SOLUTION	Update to preferred	
1/1/2023	LACOSAMIDE 100 MG TABLET	Update to preferred	
1/1/2023	LACOSAMIDE 150 MG TABLET	Update to preferred	
1/1/2023	LACOSAMIDE 200 MG TABLET	Update to preferred	
1/1/2023	LACOSAMIDE 50 MG TABLET	Update to preferred	
1/1/2023	NOVOEIGHT 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NOVOEIGHT 1,500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NOVOEIGHT 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NOVOEIGHT 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NOVOEIGHT 3,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NOVOEIGHT 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NOVOSEVEN RT 1 MG VIAL	Add to formulary, preferred	
1/1/2023	NOVOSEVEN RT 2 MG VIAL	Add to formulary, preferred	
1/1/2023	NOVOSEVEN RT 5 MG VIAL	Add to formulary, preferred	
1/1/2023	NOVOSEVEN RT 8 MG VIAL	Add to formulary, preferred	
1/1/2023	NUWIIQ 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIIQ 1,000 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	NUWIIQ 1,500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIIQ 1,500 UNIT	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
	VIAL PACK		
1/1/2023	NUWIQ 2,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIQ 2,000 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	NUWIQ 2,500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIQ 2,500 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	NUWIQ 250 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIQ 250 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	NUWIQ 3,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIQ 3,000 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	NUWIQ 4,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIQ 4,000 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	NUWIQ 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	NUWIQ 500 UNIT VIAL PACK	Add to formulary, preferred	
1/1/2023	OBIZUR 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	OXBRYTA 300 MG TABLET FOR SUSP	Add to formulary, preferred, Age limit	Min age 4
1/1/2023	OXBRYTA 500 MG TABLET	Add to formulary, preferred, Age limit	Min age 4
1/1/2023	OXBRYTA TAB 300MG	Add PA	
1/1/2023	OXBRYTA TAB 500MG	Add PA	
1/1/2023	PROFILNINE 1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	PROFILNINE 1,000 UNITS VIAL	Add to formulary, preferred	
1/1/2023	PROFILNINE 1,500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	PROFILNINE 1,500 UNITS VIAL	Add to formulary, preferred	
1/1/2023	PROFILNINE 500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	PROFILNINE 500 UNITS VIAL	Add to formulary, preferred	
1/1/2023	PROGLYCEM 50 MG/ML	Add to formulary, preferred	

Date Effective	Product Name	Change	Notes
	ORAL SUSP		
1/1/2023	QSYMIA 11.25 MG-69 MG CAPSULE	Add to formulary, preferred, PA, Age limit	Min age 12
1/1/2023	QSYMIA 15 MG-92 MG CAPSULE	Add to formulary, preferred, PA, Age limit	Min age 12
1/1/2023	QSYMIA 3.75 MG-23 MG CAPSULE	Add to formulary, preferred, PA, Age limit	Min age 12
1/1/2023	QSYMIA 7.5 MG-46 MG CAPSULE	Add to formulary, preferred, PA, Age limit	Min age 12
1/1/2023	RECOMBINATE 1,241-1,800 UNIT V	Add to formulary, preferred	
1/1/2023	RECOMBINATE 1,801-2,400 UNIT V	Add to formulary, preferred	
1/1/2023	RECOMBINATE 220-400 UNIT VIAL	Add to formulary, preferred	
1/1/2023	RECOMBINATE 401-800 UNIT VIAL	Add to formulary, preferred	
1/1/2023	RECOMBINATE 801-1,240 UNIT VL	Add to formulary, preferred	
1/1/2023	SAXENDA 18 MG/3 ML PEN	Add to formulary, preferred, PA, Age limit	Min age 12
1/1/2023	SEVENFACT 1 MG VIAL	Add to formulary, preferred	
1/1/2023	SEVENFACT 5 MG VIAL	Add to formulary, preferred	
1/1/2023	SIKLOS 1,000 MG TABLET	Add to formulary, non-preferred, PA, Age limit	Min Age 2
1/1/2023	SIKLOS 100 MG TABLET	Add to formulary, non-preferred, PA, Age limit	Min Age 2
1/1/2023	TOBRAMYCIN 300 MG/5 ML AMPULE	Update to preferred, QL	280 per 22 days
1/1/2023	VIMPAT 10 MG/ML SOLUTION	Update to non-preferred with PA	
1/1/2023	VIMPAT 100 MG TABLET	Update to non-preferred with PA	
1/1/2023	VIMPAT 150 MG TABLET	Update to non-preferred with PA	
1/1/2023	VIMPAT 200 MG TABLET	Update to non-preferred with PA	
1/1/2023	VIMPAT 50 MG TABLET	Update to non-preferred with PA	
1/1/2023	VONVENDI 1,300 UNIT VIAL	Add to formulary, preferred	
1/1/2023	VONVENDI 650 UNIT VIAL	Add to formulary, preferred	
1/1/2023	WEGOVY 0.25 MG/0.5	Add to formulary, preferred,	Min age 18

Date Effective	Product Name	Change	Notes
	ML PEN	PA, Age limit	
1/1/2023	WEGOVY 0.5 MG/0.5 ML PEN	Add to formulary, preferred, PA, Age limit	Min age 18
1/1/2023	WEGOVY 1 MG/0.5 ML PEN	Add to formulary, preferred, PA, Age limit	Min age 18
1/1/2023	WEGOVY 1.7 MG/0.75 ML PEN	Add to formulary, preferred, PA, Age limit	Min age 18
1/1/2023	WEGOVY 2.4 MG/0.75 ML PEN	Add to formulary, preferred, PA, Age limit	Min age 18
1/1/2023	WILATE 1,000-1,000 UNIT VIAL	Add to formulary, preferred	
1/1/2023	WILATE 500-500 UNIT VIAL	Add to formulary, preferred	
1/1/2023	XENICAL 120 MG CAPSULES	Add to formulary, preferred, PA, Age limit	Min age 12
1/1/2023	XYNTHA 1,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA 2,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA 250 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA 500 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA SOLOFUSE 1,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA SOLOFUSE 2,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA SOLOFUSE 250 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA SOLOFUSE 3,000 UNIT KIT	Add to formulary, preferred	
1/1/2023	XYNTHA SOLOFUSE 500 UNIT KIT	Add to formulary, preferred	
1/1/2023	ZEGALOGUE 0.6 MG/0.6 ML SYRING	Add to formulary, non-preferred, PA	
1/1/2023	ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	Add to formulary, non-preferred, PA	

## LEGEND

<b>AGE</b>	Age Limit
<b>CL</b>	Closed Class Medication
<b>MED</b>	Max 90 mg Morphine Equivalent Dose per day
<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug
<b>ST</b>	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

# GUÍA DE FORMULARIO (ESPAÑOL)

## INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de [Molina Complete Care (MCC)] [2022] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos que se indican en esta guía fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados antes de su inclusión. Esta guía refleja la práctica médica actual a la fecha de revisión.

La información en esta guía se proporciona únicamente para el beneficio de los proveedores médicos. No garantizamos la exactitud de dicha información. Esta guía no fue hecha con un propósito integral. Toda la información de esta guía se proporciona como referencia para la selección de la terapia con medicamentos.

Esta guía está sujeta a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

[MCC] no asume la responsabilidad por las acciones u omisiones de cualquier proveedor médico en función de la información contenida en esta guía. El proveedor médico debe revisar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

## PREFACIO

Esta guía está organizada en secciones. Cada sección se divide según la clase terapéutica del fármaco, por tipo.

## COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Utilizamos los servicios de un Comité de Farmacia y Terapéutica (P&T) para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica en medicamentos recetados. Los miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

## DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación cubiertas, algunas pautas generales se describen a continuación.



- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/Límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación serán coherentes con la categoría y el uso en que se clasificaron.

## SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera lo efectivos ni seguros que son.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, el medicamento genérico debe ser igual de efectivo y seguro que el medicamento de marca (equivalencia terapéutica).

## DISEÑO DE PLANES

Esta guía representa el Formulario Básico Común de [MCC] y Virginia Medicaid. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio. Los medicamentos de marca, por lo general, serán más caros que las versiones genéricas. Los medicamentos que no están presentes en la lista suelen tener el mayor precio.

En esta guía se indican los medicamentos de la siguiente manera:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

Categoría 3: Medicamentos de Marca no Preferidos: Los medicamentos que no aparecen en el documento se consideran como “No Preferidos”

Los medicamentos que aparecen en esta guía están cubiertos por [MCC] según lo que se representa. [MCC] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [MCC] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [[www.MCCofVA.com](http://www.MCCofVA.com)] para revisar la cobertura.

## **PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA**

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de [MCC] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [MCC] al [(844) 278-5731]. Puede encontrar estos formularios en [[www.MCCofVA.com](http://www.MCCofVA.com)]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

## **CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA**

Para la respuesta más rápida posible del Departamento de Farmacia de [MCC], proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

<b>Clase de medicamento o diagnóstico</b>	<b>Información clínica solicitada</b>
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

## **SERVICIOS EXCLUIDOS**

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos contra la anorexia, pérdida de peso o aumento de peso.
- Medicamentos para promover la fertilidad.
- Medicamentos para fines cosméticos o el crecimiento del cabello.
- Medicamentos para el tratamiento de disfunción sexual o eréctil; a menos que dichos medicamentos se utilicen para tratar una afección distinta de la disfunción eréctil; para la que los medicamentos estén aprobados por la FDA.
- Todos los medicamentos DESI (*Drug Efficacy Study Implementation*, Implementación del Estudio de la Eficacia de los Medicamentos) que, según la definición de la FDA, no tengan el nivel requerido de eficacia. Recetas de compuestos, lo que incluye medicamentos DESI no cubiertos.
- Medicamentos que se hayan retirado del Mercado.
- Medicamentos experimentales o no aprobados por la FDA.
- Cualquier medicamento de venta bajo receta archivada que se comercialice por un fabricante no perteneciente al Programa de Devolución de Medicamentos de Medicaid.

## **AVISO**

La información contenida en esta guía es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2022. Todos los derechos reservados.

Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

## **ACTUALIZACIONES DEL FORMULARIO**

Revise los cambios de formulario que pertenecen al beneficio de farmacia. Si tiene preguntas, comuníquese con el Departamento de Servicios para Miembros de [MCC]. Atendemos de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local.

- Commonwealth Coordinated Care Plus: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

<b>Siglas</b>			
AGE=Límite de edad	CL=Medicamentos de Clase Cerrada	MED=Dosis equivalente de morfina de 90 mg como máximo por día	OTC=Over-the-Counter
PA=Autorización previa	PA, QL=Límite de cantidad que se aplica después de la aprobación de la Autorización Previa	QL=Límite de Cantidad	SP=Medicamento de especialidad
ST=Terapia progresiva			

<b>Fecha de vigencia</b>	<b>Nombre del producto</b>	<b>Cambio</b>	<b>Notas</b>
1/1/2023	ADAKVEO 100 MG/10 ML VIAL	Agregar al formulario, no preferido, PA, límite de edad	Edad mínima 16
1/1/2023	ADVATE 1,201-1,800 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADVATE 1,801-2,400 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADVATE 2,401-3,600 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADVATE 200-400 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADVATE 3,601-4,800 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADVATE 401-800 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADVATE 801-1,200 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADYNOVATE 1,251-2,500 UNIT VL	Agregar al formulario, producto preferido	
1/1/2023	ADYNOVATE 1,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADYNOVATE 200-400 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADYNOVATE 3,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADYNOVATE 401-800 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ADYNOVATE 750 UNIT VIAL	Agregar al formulario, producto	

Fecha de vigencia	Nombre del producto	Cambio	Notas
		preferido	
1/1/2023	ADYNOVATE 801-1,250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 1,500 UNIT RANGE VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 2,500 UNIT RANGE VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 3,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	AFSTYLA 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANATE 1,000-400 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANATE 1,500-600 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANATE 2,000-800 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANATE 250-100 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANATE 500-200 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANINE SD 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANINE SD 1,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANINE SD 1,500 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANINE SD 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPHANINE SD 500 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	ALPROLIX 1,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ALPROLIX 2,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ALPROLIX 250 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ALPROLIX 3,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ALPROLIX 4,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ALPROLIX 500 UNIT NOMINAL	Agregar al formulario, producto	

Fecha de vigencia	Nombre del producto	Cambio	Notas
		preferido	
1/1/2023	ARFORMOTEROL 15 MCG/2 ML SOLN	Actualizar a preferido	
1/1/2023	BAQSIMI 3 MG SPRAY ONE PACK	Agregar al formulario, producto preferido	
1/1/2023	BAQSIMI 3 MG SPRAY TWO PACK	Agregar al formulario, producto preferido	
1/1/2023	BENEFIX 1,000 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	BENEFIX 2,000 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	BENEFIX 250 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	BENEFIX 3,000 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	BENEFIX 500 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	CLONIDINE 0.1 MG/DAY PATCH	Actualizar a preferido	
1/1/2023	CLONIDINE 0.2 MG/DAY PATCH	Actualizar a preferido	
1/1/2023	CLONIDINE 0.3 MG/DAY PATCH	Actualizar a preferido	
1/1/2023	COAGADEX 250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	COAGADEX 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	CONTRAVE ER 8-90 MG TABLET	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 18
1/1/2023	CORIFACT KIT	Agregar al formulario, producto preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 10 MG CP	Actualizar a preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 15 MG CP	Actualizar a preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 20 MG CP	Actualizar a preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 25 MG CP	Actualizar a preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 30 MG CP	Actualizar a preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 35 MG	Actualizar a preferido	

Fecha de vigencia	Nombre del producto	Cambio	Notas
	CP		
1/1/2023	DEXMETHYLPHENIDATE ER 40 MG CP	Actualizar a preferido	
1/1/2023	DEXMETHYLPHENIDATE ER 5 MG CAP	Actualizar a preferido	
1/1/2023	DIAZOXIDE 50 MG/ML ORAL SUSP	Agregar al formulario, no preferido con autorización previa	
1/1/2023	DROXIA 200 MG CAPSULE	Agregar al formulario, producto preferido, Age limit	Edad mínima 18
1/1/2023	DROXIA 300 MG CAPSULE	Agregar al formulario, producto preferido, Age limit	Edad mínima 18
1/1/2023	DROXIA 400 MG CAPSULE	Agregar al formulario, producto preferido, Age limit	Edad mínima 18
1/1/2023	DROXIA CAP 200MG	Añadir autorización previa	
1/1/2023	DROXIA CAP 300MG	Añadir autorización previa	
1/1/2023	DROXIA CAP 400MG	Añadir autorización previa	
1/1/2023	DUPIXENT 100 MG/0.67 ML SYRING	Actualizar a preferido with PA	
1/1/2023	DUPIXENT 200 MG/1.14 ML PEN	Actualizar a preferido with PA	
1/1/2023	DUPIXENT 200 MG/1.14 ML SYRING	Actualizar a preferido with PA	
1/1/2023	DUPIXENT 300 MG/2 ML PEN	Actualizar a preferido with PA	
1/1/2023	DUPIXENT 300 MG/2 ML SAFE SYRG	Actualizar a preferido with PA	
1/1/2023	ELOCTATE 1,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 1,500 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 2,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 250 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 3,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 4,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 5,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 500 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 6,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ELOCTATE 750 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	ENDARI 5 GRAM POWDER	Agregar al formulario, producto	Edad mínima 5

Fecha de vigencia	Nombre del producto	Cambio	Notas
	PACKET	preferido, Age limit	
1/1/2023	ENDARI POW 5GM	Añadir autorización previa	
1/1/2023	EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Actualizar a preferido	
1/1/2023	EPIPEN JR 2-PAK 0.15 MG INJCTR	Actualizar a preferido	
1/1/2023	ESPEROCT 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ESPEROCT 1,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ESPEROCT 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ESPEROCT 3,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	ESPEROCT 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	EXELON 13.3 MG/24HR PATCH	Actualizar a no preferente con autorización previa	
1/1/2023	EXELON 4.6 MG/24HR PATCH	Actualizar a no preferente con autorización previa	
1/1/2023	EXELON 9.5 MG/24HR PATCH	Actualizar a no preferente con autorización previa	
1/1/2023	FEIBA NF 1,000 UNIT (NOMINAL)	Agregar al formulario, producto preferido	
1/1/2023	FEIBA NF 2,500 UNIT (NOMINAL)	Agregar al formulario, producto preferido	
1/1/2023	FEIBA NF 500 UNIT (NOMINAL)	Agregar al formulario, producto preferido	
1/1/2023	FOCALIN XR 10 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 15 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 20 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 25 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 30 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 35 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 40 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	FOCALIN XR 5 MG CAPSULE	Actualizar a no preferente con autorización previa	
1/1/2023	GLUCAGEN 1 MG HYPOKIT	Actualizar a no preferente con autorización previa	
1/1/2023	GLUCAGON 1 MG EMERGENCY KIT	Agregar al formulario, producto preferido	(Fresenius, NDC 63323058282)



Fecha de vigencia	Nombre del producto	Cambio	Notas
1/1/2023	GVOKE 1 MG/0.2 ML KIT	Agregar al formulario, producto preferido	
1/1/2023	HEMLIBRA 105 MG/0.7 ML VIAL	Agregar al formulario, producto preferido	
1/1/2023	HEMLIBRA 150 MG/ML VIAL	Agregar al formulario, producto preferido	
1/1/2023	HEMLIBRA 30 MG/ML VIAL	Agregar al formulario, producto preferido	
1/1/2023	HEMLIBRA 60 MG/0.4 ML VIAL	Agregar al formulario, producto preferido	
1/1/2023	HEMOFIL M 1,000 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	HEMOFIL M 1,700 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	HEMOFIL M 250 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	HEMOFIL M 500 UNIT NOMINAL	Agregar al formulario, producto preferido	
1/1/2023	HUMATE-P 1,200 UNIT VWF:RCO	Agregar al formulario, producto preferido	
1/1/2023	HUMATE-P 2,400 UNIT VWF:RCO	Agregar al formulario, producto preferido	
1/1/2023	HUMATE-P 600 UNIT VWF:RCO	Agregar al formulario, producto preferido	
1/1/2023	IDELVION 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	IDELVION 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	IDELVION 250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	IDELVION 3,500 UNIT RANGE VIAL	Agregar al formulario, producto preferido	
1/1/2023	IDELVION 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	IMCIVREE 10 MG/ML VIAL	Agregar al formulario, no preferido, PA, límite de edad	Edad mínima 6
1/1/2023	IXINITY 1,000 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	IXINITY 1,500 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	IXINITY 2,000 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	IXINITY 250 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	IXINITY 3,000 UNIT RANGE	Agregar al formulario, producto preferido	
1/1/2023	IXINITY 500 UNIT RANGE	Agregar al formulario, producto preferido	

Fecha de vigencia	Nombre del producto	Cambio	Notas
1/1/2023	JIVI 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	JIVI 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	JIVI 3,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	JIVI 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOATE 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOATE 250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOATE 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOGENATE FS 1,000 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOGENATE FS 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOGENATE FS 250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOGENATE FS 3,000 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOGENATE FS 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	KOVALTRY 1,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	KOVALTRY 2,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	KOVALTRY 250 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	KOVALTRY 3,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	KOVALTRY 500 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	LACOSAMIDE 10 MG/ML SOLUTION	Actualizar a preferido	
1/1/2023	LACOSAMIDE 100 MG TABLET	Actualizar a preferido	
1/1/2023	LACOSAMIDE 150 MG TABLET	Actualizar a preferido	
1/1/2023	LACOSAMIDE 200 MG TABLET	Actualizar a preferido	
1/1/2023	LACOSAMIDE 50 MG TABLET	Actualizar a preferido	
1/1/2023	NOVOEIGHT 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOEIGHT 1,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOEIGHT 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOEIGHT 250 UNIT VIAL	Agregar al formulario, producto preferido	

Fecha de vigencia	Nombre del producto	Cambio	Notas
1/1/2023	NOVOEIGHT 3,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOEIGHT 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOSEVEN RT 1 MG VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOSEVEN RT 2 MG VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOSEVEN RT 5 MG VIAL	Agregar al formulario, producto preferido	
1/1/2023	NOVOSEVEN RT 8 MG VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 1,000 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 1,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 1,500 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 2,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 2,000 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 2,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 2,500 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 250 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 250 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 3,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 3,000 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 4,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 4,000 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	NUWIQ 500 UNIT VIAL PACK	Agregar al formulario, producto preferido	
1/1/2023	OBIZUR 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	OXBRYTA 300 MG TABLET FOR SUSP	Agregar al formulario, producto preferido, Age limit	Edad mínima 4

Fecha de vigencia	Nombre del producto	Cambio	Notas
1/1/2023	OXBRYTA 500 MG TABLET	Agregar al formulario, producto preferido, Age limit	Edad mínima 4
1/1/2023	OXBRYTA TAB 300MG	Añadir autorización previa	
1/1/2023	OXBRYTA TAB 500MG	Añadir autorización previa	
1/1/2023	PROFILNINE 1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	PROFILNINE 1,000 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	PROFILNINE 1,500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	PROFILNINE 1,500 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	PROFILNINE 500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	PROFILNINE 500 UNITS VIAL	Agregar al formulario, producto preferido	
1/1/2023	PROGLYCEM 50 MG/ML ORAL SUSP	Agregar al formulario, producto preferido	
1/1/2023	QSYMIA 11.25 MG-69 MG CAPSULE	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 12
1/1/2023	QSYMIA 15 MG-92 MG CAPSULE	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 12
1/1/2023	QSYMIA 3.75 MG-23 MG CAPSULE	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 12
1/1/2023	QSYMIA 7.5 MG-46 MG CAPSULE	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 12
1/1/2023	RECOMBINATE 1,241-1,800 UNIT V	Agregar al formulario, producto preferido	
1/1/2023	RECOMBINATE 1,801-2,400 UNIT V	Agregar al formulario, producto preferido	
1/1/2023	RECOMBINATE 220-400 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	RECOMBINATE 401-800 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	RECOMBINATE 801-1,240 UNIT VL	Agregar al formulario, producto preferido	
1/1/2023	SAXENDA 18 MG/3 ML PEN	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 12
1/1/2023	SEVENFACT 1 MG VIAL	Agregar al formulario, producto preferido	
1/1/2023	SEVENFACT 5 MG VIAL	Agregar al formulario, producto preferido	
1/1/2023	SIKLOS 1,000 MG TABLET	Agregar al formulario, no preferido, PA, límite de edad	Edad mínima 2
1/1/2023	SIKLOS 100 MG TABLET	Agregar al formulario, no preferido, PA, límite de edad	Edad mínima 2
1/1/2023	TOBRAMYCIN 300 MG/5 ML AMPULE	Actualizar a preferido, QL	280 por 22 días

Fecha de vigencia	Nombre del producto	Cambio	Notas
1/1/2023	VIMPAT 10 MG/ML SOLUTION	Actualizar a no preferente con autorización previa	
1/1/2023	VIMPAT 100 MG TABLET	Actualizar a no preferente con autorización previa	
1/1/2023	VIMPAT 150 MG TABLET	Actualizar a no preferente con autorización previa	
1/1/2023	VIMPAT 200 MG TABLET	Actualizar a no preferente con autorización previa	
1/1/2023	VIMPAT 50 MG TABLET	Actualizar a no preferente con autorización previa	
1/1/2023	VONVENDI 1,300 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	VONVENDI 650 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	WEGOVY 0.25 MG/0.5 ML PEN	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 18
1/1/2023	WEGOVY 0.5 MG/0.5 ML PEN	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 18
1/1/2023	WEGOVY 1 MG/0.5 ML PEN	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 18
1/1/2023	WEGOVY 1.7 MG/0.75 ML PEN	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 18
1/1/2023	WEGOVY 2.4 MG/0.75 ML PEN	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 18
1/1/2023	WILATE 1,000-1,000 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	WILATE 500-500 UNIT VIAL	Agregar al formulario, producto preferido	
1/1/2023	XENICAL 120 MG CAPSULES	Agregar al formulario, producto preferido, PA, Age limit	Edad mínima 12
1/1/2023	XYNTHA 1,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA 2,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA 250 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA 500 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA SOLOFUSE 1,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA SOLOFUSE 2,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA SOLOFUSE 250 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA SOLOFUSE 3,000 UNIT KIT	Agregar al formulario, producto preferido	
1/1/2023	XYNTHA SOLOFUSE 500 UNIT KIT	Agregar al formulario, producto preferido	

<b>Fecha de vigencia</b>	<b>Nombre del producto</b>	<b>Cambio</b>	<b>Notas</b>
1/1/2023	ZEGALOGUE 0.6 MG/0.6 ML SYRING	agregar al formulario, no preferido, autorización previa	
1/1/2023	ZEGALOGUE 0.6 MG/0.6ML AUTOINJ	agregar al formulario, no preferido, autorización previa	

**LEYENDA**

<b>AGE</b>	Límite de edad
<b>CL</b>	Medicamentos de Clase Cerrada
<b>MED</b>	Dosis equivalente de morfina de 90 mg como máximo por día
<b>OTC</b>	Medicamento de venta libre, beneficio cubierto con una receta médica
<b>PA</b>	Autorización previa
<b>PA, QL</b>	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
<b>QL</b>	Límite de Cantidad
<b>SP</b>	Medicamento de especialidad
<b>ST</b>	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
<b>MAYÚSCULA</b>	Indica disponibilidad de la marca

## Molina Complete Care Effective 01/01/2023

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

#### AMPHETAMINES

Drug Name	Drug Tier	Requirements/Limits
ADDERALL TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL TAB 15MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL TAB 20MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL TAB 30MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADDERALL XR CAP 5MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
ADDERALL XR CAP 10MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
ADDERALL XR CAP 15MG	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
ADDERALL XR CAP 20MG	Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
ADDERALL XR CAP 25MG	Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
ADDERALL XR CAP 30MG	Pref	QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
ADZENYS XR TAB 3.1MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADZENYS XR TAB 6.3MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADZENYS XR TAB 9.4MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADZENYS XR TAB 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADZENYS XR TAB 15.7 MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
ADZENYS XR TAB 18.8MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Non-Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Non-Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE (Min 4, Max 17); CL
DESOXYN TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
DEXEDRINE CAP 10MG CR	Non-Pref	PA; AGE (Min 4, Max 17); CL
DEXEDRINE CAP 15MG CR	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate tab 5 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 10 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate tab 15 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate tab 20 mg</i>	Pref	AGE (Min 4, Max 17); CL
<i>dextroamphetamine sulfate tab 30 mg</i>	Pref	AGE (Min 4, Max 17); CL
EVEKEO ODT TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
EVEKEO ODT TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
EVEKEO ODT TAB 15MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
EVEKEO ODT TAB 20MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
EVEKEO TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
EVEKEO TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methamphetamine hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
MYDAYIS CAP 25MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
MYDAYIS CAP 50MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>procentra sol 5mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
VYVANSE CAP 10MG	Pref	AGE (Min 4, Max 17); CL
VYVANSE CAP 20MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
VYVANSE CAP 30MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
VYVANSE CAP 40MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
VYVANSE CAP 50MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
VYVANSE CAP 60MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
VYVANSE CAP 70MG	Pref	QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
VYVANSE CHW 10MG	Pref	AGE (Min 4, Max 17); CL
VYVANSE CHW 20MG	Pref	AGE (Min 4, Max 17); CL
VYVANSE CHW 30MG	Pref	AGE (Min 4, Max 17); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CHW 40MG	Pref	AGE (Min 4, Max 17); CL
VYVANSE CHW 50MG	Pref	AGE (Min 4, Max 17); CL
VYVANSE CHW 60MG	Pref	AGE (Min 4, Max 17); CL
<i>zenzedi tab 2.5mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>zenzedi tab 5mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>zenzedi tab 7.5mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>zenzedi tab 10mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>zenzedi tab 15mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>zenzedi tab 20mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>zenzedi tab 30mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL

### **ANOREXIANTS NON-AMPHETAMINE**

QSYMIA CAP 3.75-23	Pref	PA; AGE (Min 12)
QSYMIA CAP 7.5-46MG	Pref	PA; AGE (Min 12)
QSYMIA CAP 11.25-69	Pref	PA; AGE (Min 12)
QSYMIA CAP 15-92MG	Pref	PA; AGE (Min 12)

### **ANTI-OBESITY AGENTS**

CONTRAVE TAB 8-90MG	Pref	PA; AGE (Min 18)
IMCIVREE INJ 10MG/ML	Non-Pref	SP, PA; AGE (Min 6)
SAXENDA INJ 18MG/3ML	Pref	PA; AGE (Min 12)
WEGOVY INJ 0.5MG	Pref	PA; AGE (Min 18)
WEGOVY INJ 0.25MG	Pref	PA; AGE (Min 18)
WEGOVY INJ 1.7MG	Pref	PA; AGE (Min 18)
WEGOVY INJ 1MG	Pref	PA; AGE (Min 18)
WEGOVY INJ 2.4MG	Pref	PA; AGE (Min 18)
XENICAL CAP 120MG	Pref	PA; AGE (Min 12)

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Pref	CL; 90 day supply
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Pref	CL; 90 day supply
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Pref	CL; 90 day supply
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Pref	CL; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Pref	CL; 90 day supply
INTUNIV TAB 1MG	Non-Pref	PA; CL; 90 day supply
INTUNIV TAB 2MG	Non-Pref	PA; CL; 90 day supply
INTUNIV TAB 3MG	Non-Pref	PA; CL; 90 day supply
INTUNIV TAB 4MG	Non-Pref	PA; CL; 90 day supply
QELBREE CAP 100MG ER	Non-Pref	PA; AGE (Min 6, Max 17); CL
QELBREE CAP 150MG ER	Non-Pref	PA; AGE (Min 6, Max 17); CL
QELBREE CAP 200MG ER	Non-Pref	PA; AGE (Min 6, Max 17); CL
STRATTERA CAP 10MG	Non-Pref	PA, QL (1 cap every 1 day); CL
STRATTERA CAP 18MG	Non-Pref	PA, QL (1 cap every 1 day); CL
STRATTERA CAP 25MG	Non-Pref	PA, QL (1 cap every 1 day); CL
STRATTERA CAP 40MG	Non-Pref	PA, QL (1 cap every 1 day); CL
STRATTERA CAP 60MG	Non-Pref	PA, QL (1 cap every 1 day); CL
STRATTERA CAP 80MG	Non-Pref	PA, QL (1 cap every 1 day); CL
STRATTERA CAP 100MG	Non-Pref	PA, QL (1 cap every 1 day); CL

### **HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**

WAKIX TAB 4.45MG	Non-Pref	SP, PA; CL
WAKIX TAB 17.8MG	Non-Pref	SP, PA; CL

### **STIMULANTS - MISC.**

ADHANSIA XR CAP 25MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 6, Max 17); CL
ADHANSIA XR CAP 35MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 6, Max 17); CL
ADHANSIA XR CAP 45MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 6, Max 17); CL
ADHANSIA XR CAP 55MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 6, Max 17); CL
ADHANSIA XR CAP 70MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 6, Max 17); CL
ADHANSIA XR CAP 85MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 6, Max 17); CL
APTENSIO XR CAP 10MG	Non-Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
APTENSIO XR CAP 15MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APTENSIO XR CAP 20MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
APTENSIO XR CAP 30MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
APTENSIO XR CAP 40MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
APTENSIO XR CAP 50MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
APTENSIO XR CAP 60MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>armodafinil tab 50 mg</i>	Non-Pref	PA; CL
<i>armodafinil tab 150 mg</i>	Non-Pref	PA; CL
<i>armodafinil tab 200 mg</i>	Non-Pref	PA; CL
<i>armodafinil tab 250 mg</i>	Non-Pref	PA; CL
AZSTARYS CAP 26.1-5.2	Non-Pref	PA; AGE (Min 6, Max 17); CL
AZSTARYS CAP 39.2-7.8	Non-Pref	PA; AGE (Min 6, Max 17); CL
AZSTARYS CAP 52.3-10.	Non-Pref	PA; AGE (Min 6, Max 17); CL
CONCERTA TAB 18MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
CONCERTA TAB 27MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
CONCERTA TAB 36MG	Pref	QL (2 tabs every 1 day); AGE (Min 4, Max 17); CL
CONCERTA TAB 54MG	Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
COTEMPLA TAB 8.6MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
COTEMPLA TAB 17.3MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
COTEMPLA TAB 25.9MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
DAYTRANA DIS 10MG/9HR	Pref	QL (1 patch every 1 day); AGE (Min 4, Max 17); CL
DAYTRANA DIS 15MG/9HR	Pref	QL (1 patch every 1 day); AGE (Min 4, Max 17); CL
DAYTRANA DIS 20MG/9HR	Pref	QL (1 patch every 1 day); AGE (Min 4, Max 17); CL
DAYTRANA DIS 30MG/9HR	Pref	QL (1 patch every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl tab 5 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
<i>dexmethylphenidate hcl tab 10 mg</i>	Pref	PA; AGE (Min 4, Max 17); CL
FOCALIN TAB 2.5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
FOCALIN TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
FOCALIN TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
FOCALIN XR CAP 5MG	Non-Pref	PA; CL
FOCALIN XR CAP 10MG	Non-Pref	PA; CL
FOCALIN XR CAP 15MG	Non-Pref	PA; CL
FOCALIN XR CAP 20MG	Non-Pref	PA; CL
FOCALIN XR CAP 25MG	Non-Pref	PA; CL
FOCALIN XR CAP 30MG	Non-Pref	PA; CL
FOCALIN XR CAP 35MG	Non-Pref	PA; CL
FOCALIN XR CAP 40MG	Non-Pref	PA; CL
JORNAY PM CAP 20MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
JORNAY PM CAP 40MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
JORNAY PM CAP 60MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
JORNAY PM CAP 80MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
JORNAY PM CAP 100MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
METHYLIN SOL 5MG/5ML	Non-Pref	PA; AGE (Min 4, Max 17); CL
METHYLIN SOL 10MG/5ML	Non-Pref	PA; AGE (Min 4, Max 17); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METHYLPHENID TAB 72MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	Non-Pref	PA, QL (2 caps every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl chew tab 5 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl chew tab 10 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl soln 5 mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl soln 10 mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab 5 mg</i>	Pref	AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab 10 mg</i>	Pref	AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab 20 mg</i>	Pref	AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er 10 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er 20 mg</i>	Non-Pref	PA; AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 4, Max 17); CL
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 4, Max 17); CL
<i>modafinil tab 100 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); CL
<i>modafinil tab 200 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); CL
NUVIGIL TAB 50MG	Non-Pref	PA; CL
NUVIGIL TAB 150MG	Non-Pref	PA; CL
NUVIGIL TAB 200MG	Non-Pref	PA; CL
NUVIGIL TAB 250MG	Non-Pref	PA; CL
PROVIGIL TAB 100MG	Non-Pref	PA, QL (1 tab every 1 day); CL
PROVIGIL TAB 200MG	Non-Pref	PA, QL (1 tab every 1 day); CL
QUILLICHEW CHW 20MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
QUILLICHEW CHW 30MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL
QUILLICHEW CHW 40MG ER	Non-Pref	PA; AGE (Min 4, Max 17); CL

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUILLIVANT SUS 25MG/5ML	Non-Pref	PA; AGE (Min 4, Max 17); CL
RELEXXII TAB 72MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
RITALIN LA CAP 10MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
RITALIN LA CAP 20MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
RITALIN LA CAP 30MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
RITALIN LA CAP 40MG	Non-Pref	PA, QL (1 cap every 1 day); AGE (Min 4, Max 17); CL
RITALIN TAB 5MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
RITALIN TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17); CL
RITALIN TAB 20MG	Non-Pref	PA; AGE (Min 4, Max 17); CL

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**

### **ALLERGENIC EXTRACTS**

ORALAIR SUB 300 IR	Non-Pref	PA; AGE (Min 5)
PALFORZIA CAP ESCALAT	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 1	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 2	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 3	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 4	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 5	Non-Pref	SP, PA, QL (31 ea every 27 days)
PALFORZIA CAP LEVEL 6	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 7	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 8	Non-Pref	SP, PA
PALFORZIA CAP LEVEL 9	Non-Pref	SP, PA, QL (31 ea every 27 days)
PALFORZIA CAP LEVEL 10	Non-Pref	SP, PA
PALFORZIA POW LEVEL 11	Non-Pref	SP, PA
PALFORZIA POW LEVEL 11	Non-Pref	SP, PA, QL (31 packets every 27 days)

## **ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES**

### **ALTERNATIVE MEDICINE - C'S**

<i>coenzyme q10 cap 50 mg</i>	Pref	OTC
<i>coenzyme q10 cap 100 mg</i>	Pref	OTC
<i>coq10 cap 100mg</i>	Pref	OTC
<i>cvs coq-10 cap 50mg</i>	Pref	OTC
<i>cvs coq-10 cap 100mg</i>	Pref	OTC
<i>eql coq10 cap 100mg</i>	Pref	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gnp co q10 cap 100mg</i>	Pref	OTC
<i>gnp co q-10 cap 100mg</i>	Pref	OTC
<i>q-sorb cap 100mg</i>	Pref	OTC
<i>q-sorb co-q cap 100mg</i>	Pref	OTC
<i>ra coenzyme cap 100mg</i>	Pref	OTC
<i>sm coq-10 cap 50mg</i>	Pref	OTC

### **ALTERNATIVE MEDICINE - M'S**

MELATONIN SUB 3MG	Pref	OTC
<i>melatonin tab 1 mg</i>	Pref	OTC
<i>melatonin tab 3 mg</i>	Pref	OTC
<i>melatonin tab 5 mg</i>	Pref	OTC

### **ALTERNATIVE MEDICINE COMBINATIONS**

<i>cosamin ds tab 500-400</i>	Pref	OTC
<i>glu/chond pm tab 500-400</i>	Pref	OTC
<i>glucos/chond tab 500-400</i>	Pref	OTC
<i>melatonin-pyridoxine tab 5-10 mg</i>	Pref	OTC
RA MELATONIN TAB 3MG	Pref	OTC

### **AMEBICIDES - DRUGS TO TREAT INFECTIONS**

#### **AMEBICIDES - DRUGS TO TREAT INFECTIONS**

SOLOSEC GRA 2GM	Non-Pref	PA
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### **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

#### **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

ARIKAYCE SUS	Non-Pref	PA; AGE (Min 18); CL
BETHKIS NEB 300/4ML	Pref	SP; AGE (Min 6); CL
KITABIS PAK NEB 300/5ML	Pref	SP, PA; AGE (Min 6); CL
<i>neomycin sulfate tab 500 mg</i>	Pref	
<i>paromomycin sulfate cap 250 mg</i>	Non-Pref	PA
TOBI NEB 300/5ML	Non-Pref	SP, PA; AGE (Min 6); CL
TOBI PODHALR CAP 28MG	Pref	SP, PA; AGE (Min 6); CL
<i>tobramycin nebu soln 300 mg/4ml</i>	Non-Pref	SP, PA; AGE (Min 6); CL
<i>tobramycin nebu soln 300 mg/5ml</i>	Pref	SP, PA, QL (280 mL every 22 days); AGE (Min 6); CL

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

#### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML	Pref	SP; CL
HUMIRA INJ 20/0.2ML	Pref	SP; CL
HUMIRA INJ 40/0.4ML	Pref	SP; CL
HUMIRA KIT 40MG/0.8	Pref	SP; CL
HUMIRA PEDIA INJ CROHNS	Pref	SP; CL
HUMIRA PEN INJ 40/0.4ML	Pref	SP; CL
HUMIRA PEN INJ 40MG/0.8	Pref	SP; CL
HUMIRA PEN INJ 80/0.8ML	Pref	SP; CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN INJ CD/UC/HS	Pref	SP; CL
HUMIRA PEN INJ PS/UV	Pref	SP; CL
HUMIRA PEN KIT CD/UC/HS	Pref	SP; CL
HUMIRA PEN KIT PED UC	Pref	SP; CL
HUMIRA PEN KIT PS/UV	Pref	SP; CL
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	SP, PA; CL
SIMPONI INJ 50/0.5ML	Non-Pref	SP, PA; CL
SIMPONI INJ 100MG/ML	Non-Pref	SP, PA; CL

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

OLUMIANT TAB 1MG	Non-Pref	SP, PA; AGE (Min 18); CL
OLUMIANT TAB 2MG	Non-Pref	SP, PA; AGE (Min 18); CL
OLUMIANT TAB 4MG	Non-Pref	SP, PA; AGE (Min 18); CL
RINVOQ TAB 15MG ER	Non-Pref	SP, PA; CL; Preferred agent for Rheumatoid Arthritis and Psoriatic Arthritis
RINVOQ TAB 30MG ER	Non-Pref	SP, PA; CL
RINVOQ TAB 45MG ER	Non-Pref	SP, PA; CL
XELJANZ SOL 1MG/ML	Non-Pref	SP, PA; CL
XELJANZ TAB 5MG	Non-Pref	SP, PA; CL
XELJANZ TAB 10MG	Non-Pref	SP, PA; CL
XELJANZ XR TAB 11MG	Non-Pref	SP, PA; CL
XELJANZ XR TAB 22MG	Non-Pref	SP, PA; CL

### **ANTIRHEUMATIC ANTIMETABOLITES**

OTREXUP INJ 10MG	Non-Pref	PA
OTREXUP INJ 12.5/0.4	Non-Pref	PA
OTREXUP INJ 15MG	Non-Pref	PA
OTREXUP INJ 17.5/0.4	Non-Pref	PA
OTREXUP INJ 20MG	Non-Pref	PA
OTREXUP INJ 22.5/0.4	Non-Pref	PA
OTREXUP INJ 25MG	Non-Pref	PA
RASUVO INJ 7.5MG	Non-Pref	PA
RASUVO INJ 10MG	Non-Pref	PA
RASUVO INJ 12.5MG	Non-Pref	PA
RASUVO INJ 15MG	Non-Pref	PA
RASUVO INJ 17.5MG	Non-Pref	PA
RASUVO INJ 20MG	Non-Pref	PA
RASUVO INJ 22.5MG	Non-Pref	PA
RASUVO INJ 25MG	Non-Pref	PA
RASUVO INJ 30MG	Non-Pref	PA
REDITREX INJ 7.5/.3ML	Non-Pref	SP, PA
REDITREX INJ 10/.4ML	Non-Pref	SP, PA
REDITREX INJ 12.5/0.5	Non-Pref	SP, PA
REDITREX INJ 15/.6ML	Non-Pref	SP, PA
REDITREX INJ 17.5/0.7	Non-Pref	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REDITREX INJ 20/.8ML	Non-Pref	SP, PA
REDITREX INJ 22.5/0.9	Non-Pref	SP, PA
REDITREX INJ 25MG/ML	Non-Pref	SP, PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ	Non-Pref	SP, PA; CL
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS INJ 150MG/ML	Non-Pref	SP, PA; CL
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 80MG/4ML	Non-Pref	SP, PA; CL
ACTEMRA INJ 162/0.9	Non-Pref	SP, PA; CL
ACTEMRA INJ 200/10ML	Non-Pref	SP, PA; CL
ACTEMRA INJ 400/20ML	Non-Pref	SP, PA; CL
ACTEMRA INJ ACTPEN	Non-Pref	SP, PA; CL
KEVZARA INJ 150/1.14	Non-Pref	SP, PA; AGE (Min 18); CL
KEVZARA INJ 200/1.14	Non-Pref	SP, PA; AGE (Min 18); CL
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	PA
CELEBREX CAP 100MG	Non-Pref	PA
CELEBREX CAP 200MG	Non-Pref	PA
CELEBREX CAP 400MG	Non-Pref	PA
<i>celecoxib cap 50 mg</i>	Non-Pref	PA
<i>celecoxib cap 100 mg</i>	Pref	PA
<i>celecoxib cap 200 mg</i>	Pref	
<i>celecoxib cap 400 mg</i>	Non-Pref	PA
DAYPRO TAB 600MG	Non-Pref	PA
<i>diclofenac potassium cap 25 mg</i>	Non-Pref	PA
<i>diclofenac potassium tab 25 mg</i>	Non-Pref	PA
<i>diclofenac potassium tab 50 mg</i>	Non-Pref	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab er 24hr 100 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tab 375mg</i>	Pref	90 day supply
<i>ec-naproxen tab 500mg</i>	Pref	90 day supply
<i>etodolac cap 200 mg</i>	Pref	
<i>etodolac cap 300 mg</i>	Pref	
<i>etodolac tab 400 mg</i>	Pref	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac tab 500 mg</i>	Pref	
<i>etodolac tab er 24hr 400 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 600 mg</i>	Non-Pref	PA
FELDENE CAP 10MG	Non-Pref	PA
FELDENE CAP 20MG	Non-Pref	PA
<i>fenoprofen calcium cap 400 mg</i>	Non-Pref	PA
<i>fenoprofen calcium tab 600 mg</i>	Non-Pref	PA
<i>flurbiprofen tab 100 mg</i>	Pref	
<i>gnp naproxen cap 220mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen cap 200 mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen chew tab 100 mg</i>	Pref	OTC
<i>ibuprofen susp 40 mg/ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen susp 100 mg/5ml</i>	Pref	90 day supply
<i>ibuprofen susp 100 mg/5ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen tab 200 mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen tab 400 mg</i>	Pref	90 day supply
<i>ibuprofen tab 600 mg</i>	Pref	90 day supply
<i>ibuprofen tab 800 mg</i>	Pref	90 day supply
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUP 50MG	Non-Pref	PA
INDOCIN SUS 25MG/5ML	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	
<i>indomethacin cap 50 mg</i>	Pref	
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	
<i>lofena tab 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i>	Non-Pref	PA
<i>meloxicam cap 10 mg</i>	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i>	Pref	
<i>meloxicam tab 15 mg</i>	Pref	
<i>nabumetone tab 500 mg</i>	Non-Pref	PA
<i>nabumetone tab 750 mg</i>	Non-Pref	PA
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA
<i>naproxen sodium cap 220 mg</i>	Pref	OTC; 90 day supply

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen sodium tab 220 mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium tab 275 mg</i>	Pref	90 day supply
<i>naproxen sodium tab 550 mg</i>	Pref	90 day supply
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen susp 125 mg/5ml</i>	Non-Pref	PA
<i>naproxen tab 250 mg</i>	Pref	90 day supply
<i>naproxen tab 375 mg</i>	Pref	90 day supply
<i>naproxen tab 500 mg</i>	Pref	90 day supply
<i>naproxen tab ec 375 mg</i>	Pref	90 day supply
<i>naproxen tab ec 500 mg</i>	Pref	90 day supply
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	Non-Pref	PA
<i>oxaprozin tab 600 mg</i>	Non-Pref	PA
<i>piroxicam cap 10 mg</i>	Non-Pref	PA
<i>piroxicam cap 20 mg</i>	Non-Pref	PA
RELAFEN DS TAB 1000MG	Non-Pref	PA
SPRIX SPR 15.75MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	90 day supply
<i>sulindac tab 200 mg</i>	Pref	90 day supply
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
ZIPSOR CAP 25MG	Non-Pref	PA
ZORVOLEX CAP 18MG	Non-Pref	PA
ZORVOLEX CAP 35MG	Non-Pref	PA

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA TAB 10/20/30	Non-Pref	SP, PA; CL
OTEZLA TAB 30MG	Non-Pref	SP, PA; CL

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide tab 10 mg</i>	Pref	
<i>leflunomide tab 20 mg</i>	Pref	

#### **SELECTIVE COSTIMULATION MODULATORS**

ORENCIA CLCK INJ 125MG/ML	Non-Pref	SP, PA; CL
ORENCIA INJ 50/0.4ML	Non-Pref	SP, PA; CL
ORENCIA INJ 87.5/0.7	Non-Pref	SP, PA; CL
ORENCIA INJ 125MG/ML	Non-Pref	SP, PA; CL
ORENCIA INJ 250MG	Non-Pref	SP, PA; CL

Drug Name	Drug Tier	Requirements/Limits
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**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25/0.5ML	Pref	SP; AGE (Min 2); CL
ENBREL INJ 25MG	Pref	SP; AGE (Min 2); CL
ENBREL INJ 50MG/ML	Pref	SP; AGE (Min 2); CL
ENBREL MINI INJ 50MG/ML	Pref	SP; AGE (Min 2); CL
ENBREL SRCLK INJ 50MG/ML	Pref	SP; AGE (Min 2); CL

**ANALGESICS - NONNARCOTIC  
ANALGESIC COMBINATIONS**

<i>bac tab</i>	Pref	QL (6 tabs every 1 day)
<i>bayer tab migraine</i>	Pref	OTC
<i>butalbital-acetaminophen tab 50-325 mg</i>	Pref	QL (6 tabs every 1 day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Pref	QL (6 tabs every 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps every 1 day)
<i>cvs headache tab rel/rr</i>	Pref	OTC
<i>cvs headache tab relief</i>	Pref	OTC
<i>cvs migraine tab relief</i>	Pref	OTC
<i>eq headache tab relief</i>	Pref	OTC
<i>eql migraine tab formula</i>	Pref	OTC
<i>extraprin tab</i>	Pref	OTC
<i>extraprin tab ex str</i>	Pref	OTC
<i>gnp headach tab relief</i>	Pref	OTC
<i>gnp headache tab extra st</i>	Pref	OTC
<i>gnp migraine tab relief</i>	Pref	OTC
<i>headache rel tab</i>	Pref	OTC
<i>headache rel tab added st</i>	Pref	OTC
<i>headache tab formula</i>	Pref	OTC
<i>headache tab relief</i>	Pref	OTC
<i>hm migraine tab formula</i>	Pref	OTC
<i>kls headache tab relief</i>	Pref	OTC
<i>migraine tab formula</i>	Pref	OTC
<i>migraine tab relief</i>	Pref	OTC
<i>pain relieve tab ext str</i>	Pref	OTC
<i>pain relievr tab ex st</i>	Pref	OTC
<i>pain relievr tab plus</i>	Pref	OTC
<i>pain-off tab</i>	Pref	OTC
<i>pamprin max tab</i>	Pref	OTC
<i>px headache tab relief</i>	Pref	OTC
<i>px migraine tab relief</i>	Pref	OTC
<i>qc headache tab relief</i>	Pref	OTC
<i>ra headache tab formula</i>	Pref	OTC
<i>ra migraine tab relief</i>	Pref	OTC
<i>sb pain relf tab x-str</i>	Pref	OTC
<i>sm migraine tab relief</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS OTHER</b>		
<i>acetaminophen cap 500 mg</i>	Pref	OTC
<i>acetaminophen chew tab 80 mg</i>	Pref	OTC
<i>acetaminophen chew tab 160 mg</i>	Pref	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	OTC
<i>acetaminophen suppos 650 mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg</i>	Pref	OTC
FEVERALL INF SUP 80MG	Pref	OTC
FEVERALL SUP 325MG	Pref	OTC

### **SALICYLATES**

<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Pref	QL (24 tabs every 1 day), OTC
<i>aspirin chew tab 81 mg</i>	Pref	OTC
ASPIRIN SUP 300MG	Pref	OTC
<i>aspirin tab 325 mg</i>	Pref	OTC
<i>aspirin tab delayed release 81 mg</i>	Pref	OTC
<i>aspirin tab delayed release 325 mg</i>	Pref	OTC
<i>diflunisal tab 500 mg</i>	Pref	

### **ANALGESICS - OPIOID - DRUGS TO TREAT PAIN**

#### **OPIOID AGONISTS**

ACTIQ LOZ 200MCG	Non-Pref	PA; MED
ACTIQ LOZ 400MCG	Non-Pref	PA; MED
ACTIQ LOZ 600MCG	Non-Pref	PA; MED
ACTIQ LOZ 800MCG	Non-Pref	PA; MED
ACTIQ LOZ 1200MCG	Non-Pref	PA; MED
ACTIQ LOZ 1600MCG	Non-Pref	PA; MED
CODEINE SULF TAB 15MG	Non-Pref	PA; AGE (Min 12); MED
CODEINE SULF TAB 60MG	Non-Pref	PA; AGE (Min 12); MED
<i>codeine sulfate tab 30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
CONZIP CAP 100MG	Non-Pref	PA; AGE (Min 12); MED
CONZIP CAP 200MG	Non-Pref	PA; AGE (Min 12); MED
CONZIP CAP 300MG	Non-Pref	PA; AGE (Min 12); MED
DILAUDID LIQ 1MG/ML	Non-Pref	PA; MED
DILAUDID TAB 2MG	Non-Pref	PA, QL (11.2 tabs every 1 day); MED
DILAUDID TAB 4MG	Non-Pref	PA, QL (5.6 tabs every 1 day); MED



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DILAUDID TAB 8MG	Non-Pref	PA, QL (2.8 tabs every 1 day); MED
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Pref	QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Pref	QL (0.334 patches every 1 day); MED
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Pref	QL (0.334 patches every 1 day); MED
FENTORA TAB 100MCG	Non-Pref	PA; MED
FENTORA TAB 200MCG	Non-Pref	PA; MED
FENTORA TAB 400MCG	Non-Pref	PA; MED
FENTORA TAB 600MCG	Non-Pref	PA; MED
FENTORA TAB 800MCG	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Non-Pref	PA; MED
HYDROMORPHON SUP 3MG	Non-Pref	PA; MED

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl liqd 1 mg/ml</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Pref	QL (11.2 tabs every 1 day); MED
<i>hydromorphone hcl tab 4 mg</i>	Pref	QL (5.6 tabs every 1 day); MED
<i>hydromorphone hcl tab 8 mg</i>	Pref	QL (2.8 tabs every 1 day); MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MED
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MED
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MED
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA; MED
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA; MED
<i>methadone hcl conc 10 mg/ml</i>	Non-Pref	PA; AGE (Max 1); MED
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA; AGE (Max 1); MED
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA; AGE (Max 1); MED
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA; AGE (Max 1); MED
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA; AGE (Max 1); MED
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA; AGE (Max 1); MED
METHADOSE CON 10MG/ML	Non-Pref	PA; AGE (Max 1); MED
METHADOSE SF CON 10MG/ML	Non-Pref	PA; AGE (Max 1); MED
<i>methadose tab 40mg</i>	Non-Pref	PA; AGE (Max 1); MED
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate oral soln 10 mg/5ml</i>	Pref	QL (45 mL every 1 day); MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Pref	QL (22.5 mL every 1 day); MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Pref	QL (4.5 mL every 1 day); MED
<i>morphine sulfate suppos 5 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate tab 15 mg</i>	Pref	QL (6 tabs every 1 day); MED
<i>morphine sulfate tab 30 mg</i>	Pref	QL (3 tabs every 1 day); MED
<i>morphine sulfate tab er 15 mg</i>	Pref	QL (4 tabs every 1 day); MED
<i>morphine sulfate tab er 30 mg</i>	Pref	QL (3 tabs every 1 day); MED
<i>morphine sulfate tab er 60 mg</i>	Pref	QL (2 tabs every 1 day); MED
<i>morphine sulfate tab er 100 mg</i>	Pref	QL (1 tab every 1 day); MED
<i>morphine sulfate tab er 200 mg</i>	Pref	QL (1 tab every 1 day); MED
MS CONTIN TAB 15MG ER	Non-Pref	PA, QL (4 tabs every 1 day); MED
MS CONTIN TAB 30MG ER	Non-Pref	PA, QL (3 tabs every 1 day); MED
MS CONTIN TAB 60MG ER	Non-Pref	PA, QL (2 tabs every 1 day); MED
MS CONTIN TAB 100MG ER	Non-Pref	PA, QL (1 tab every 1 day); MED
MS CONTIN TAB 200MG ER	Non-Pref	PA, QL (1 tab every 1 day); MED
NUCYNTA ER TAB 50MG	Non-Pref	PA; MED
NUCYNTA ER TAB 100MG	Non-Pref	PA; MED
NUCYNTA ER TAB 150MG	Non-Pref	PA; MED
NUCYNTA ER TAB 200MG	Non-Pref	PA; MED
NUCYNTA ER TAB 250MG	Non-Pref	PA; MED
NUCYNTA TAB 50MG	Non-Pref	PA; MED
NUCYNTA TAB 75MG	Non-Pref	PA; MED
NUCYNTA TAB 100MG	Non-Pref	PA; MED
OXAYDO TAB 5MG	Non-Pref	PA, QL (12 tabs every 1 day); MED
OXAYDO TAB 7.5MG	Non-Pref	PA; MED

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl cap 5 mg</i>	Pref	QL (12 caps every 1 day); MED
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	QL (60 mL every 1 day); MED
<i>oxycodone hcl tab 5 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>oxycodone hcl tab 10 mg</i>	Pref	QL (6 tabs every 1 day); MED
<i>oxycodone hcl tab 15 mg</i>	Pref	QL (4 tabs every 1 day); MED
<i>oxycodone hcl tab 20 mg</i>	Pref	QL (3 tabs every 1 day); MED
<i>oxycodone hcl tab 30 mg</i>	Pref	QL (2 tabs every 1 day); MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA; MED
OXYCONTIN TAB 10MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 15MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 20MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 30MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 40MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 60MG ER	Non-Pref	PA; MED
OXYCONTIN TAB 80MG ER	Non-Pref	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MED
ROXICODONE TAB 15MG	Non-Pref	PA, QL (4 tabs every 1 day); MED
ROXICODONE TAB 30MG	Non-Pref	PA, QL (2 tabs every 1 day); MED
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min 12); MED

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab 50 mg</i>	Pref	QL (8 tabs every 1 day); AGE (Min 12); MED
<i>tramadol hcl tab 100 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min 12); MED
TRAMADOL SOL 5MG/ML	Non-Pref	PA; AGE (Min 12); MED
XTAMPZA ER CAP 9MG	Non-Pref	PA; MED
XTAMPZA ER CAP 13.5MG	Non-Pref	PA; MED
XTAMPZA ER CAP 18MG	Non-Pref	PA; MED
XTAMPZA ER CAP 27MG	Non-Pref	PA; MED
XTAMPZA ER CAP 36MG	Non-Pref	PA; MED

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Pref	QL (150 mL every 1 day); AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	QL (10 tabs every 1 day); AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	QL (10 tabs every 1 day); AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	QL (10 tabs every 1 day); AGE (Min 12); MED
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA; AGE (Min 12); MED
APADAZ TAB 4.08-325	Non-Pref	PA; AGE (Min 18); MED
APADAZ TAB 6.12-325	Non-Pref	PA; AGE (Min 18); MED
APADAZ TAB 8.16-325	Non-Pref	PA; AGE (Min 18); MED
<i>ascomp/cod cap 30mg</i>	Non-Pref	PA; AGE (Min 12); MED
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; AGE (Min 18); MED
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; AGE (Min 18); MED
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; AGE (Min 18); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>endocet tab 5-325mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>endocet tab 7.5-325</i>	Pref	QL (8 tabs every 1 day); MED
<i>endocet tab 10-325mg</i>	Pref	QL (6 tabs every 1 day); MED

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIORICET CAP CODEINE	Non-Pref	PA; AGE (Min 12); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	QL (180 mL every 1 day); MED
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	QL (9 tabs every 1 day); MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	QL (9 tabs every 1 day); MED
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Pref	QL (5 tabs every 1 day); MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Pref	QL (5 tabs every 1 day); MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Pref	QL (5 tabs every 1 day); MED
LORTAB ELX 10-300MG	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Pref	QL (60 mL every 1 day); MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Pref	QL (12 tabs every 1 day); MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Pref	QL (8 tabs every 1 day); MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Pref	QL (6 tabs every 1 day); MED
PERCOCET TAB 2.5-325	Non-Pref	PA, QL (12 tabs every 1 day); MED
PERCOCET TAB 5-325MG	Non-Pref	PA, QL (12 tabs every 1 day); MED
PERCOCET TAB 7.5-325	Non-Pref	PA, QL (8 tabs every 1 day); MED
PERCOCET TAB 10-325MG	Non-Pref	PA, QL (6 tabs every 1 day); MED
SEGLENTIS TAB 56-44MG	Non-Pref	PA, QL (4 tabs every 1 day); AGE (Min 18); MED
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	QL (8 tabs every 1 day); AGE (Min 12); MED

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	Non-Pref	PA; MED
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**AGE** - Age Limit   **CL** - Closed Class Medication   **MED** - Max 90 mg Morphine EQ Dose Per Day  
**Non-Pref** - Non-Preferred   **OTC** - Over the counter   **PA** - Prior Authorization   **Pref** - Preferred   **QL** -  
Quantity Limits   **SP** - Specialty   **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BELBUCA MIS 150MCG	Non-Pref	PA; MED
BELBUCA MIS 300MCG	Non-Pref	PA; MED
BELBUCA MIS 450MCG	Non-Pref	PA; MED
BELBUCA MIS 600MCG	Non-Pref	PA; MED
BELBUCA MIS 750MCG	Non-Pref	PA; MED
BELBUCA MIS 900MCG	Non-Pref	PA; MED
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Pref	PA, QL (3 tabs every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (3 films every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (1 film every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (3 films every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	PA, QL (3 tabs every 1 day); AGE (Min 16); CL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	PA, QL (3 tabs every 1 day); AGE (Min 16); CL
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Pref	QL (0.29 patches every 1 day); MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Pref	QL (0.29 ea every 1 day); MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Pref	QL (0.29 patches every 1 day); MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Pref	QL (0.15 patches every 1 day); MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Pref	QL (0.15 patches every 1 day); MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA; MED
BUTRANS DIS 5MCG/HR	Pref	QL (0.29 patches every 1 day); MED
BUTRANS DIS 7.5/HR	Pref	QL (0.29 patches every 1 day); MED
BUTRANS DIS 10MCG/HR	Pref	QL (0.29 patches every 1 day); MED
BUTRANS DIS 15MCG/HR	Pref	QL (0.15 patches every 1 day); MED
BUTRANS DIS 20MCG/HR	Pref	QL (0.15 patches every 1 day); MED
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MED
SUBLOCADE INJ 100/0.5	Pref	SP; CL
SUBLOCADE INJ 300/1.5	Pref	SP; CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBOXONE MIS 2-0.5MG	Pref	PA, QL (3 films every 1 day); AGE (Min 16); CL
SUBOXONE MIS 4-1MG	Pref	PA, QL (1 film every 1 day); AGE (Min 16); CL
SUBOXONE MIS 8-2MG	Pref	PA, QL (3 films every 1 day); AGE (Min 16); CL
SUBOXONE MIS 12-3MG	Pref	PA, QL (2 films every 1 day); AGE (Min 16); CL
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 16); CL

## **ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES**

### **ANDROGENS**

ANDRODERM DIS 2MG/24HR	Pref	AGE (Min 18)
ANDRODERM DIS 4MG/24HR	Pref	AGE (Min 18)
ANDROGEL GEL 1%(25MG)	Non-Pref	PA; AGE (Min 18)
ANDROGEL GEL 1.62%	Pref	AGE (Min 18)
FORTESTA GEL 10MG/ACT	Non-Pref	PA; AGE (Min 18)
NATESTO GEL 5.5MG	Non-Pref	PA; AGE (Min 18)
TESTIM GEL 1%(50MG)	Non-Pref	PA; AGE (Min 18)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Pref	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Pref	
<i>testosterone td gel 10mg/act (2%)</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone td gel 12.5 mg/act (1%)</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Pref	AGE (Min 18)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone td gel 50 mg/5gm (1%)</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA; AGE (Min 18)
VOGELXO GEL 1%(50MG)	Non-Pref	PA; AGE (Min 18)
VOGELXO GEL PUMP 1%	Non-Pref	PA; AGE (Min 18)

## **ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS**

### **INTRARECTAL STEROIDS**

UCERIS AER 2MG/ACT	Non-Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
<b>RECTAL COMBINATIONS</b>		
<i>hemorrhoidal oin</i>	Pref	OTC
<i>hemorrhoidal oin cvs</i>	Pref	OTC
<i>hemorrhoidal sup</i>	Pref	OTC
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Pref	OTC
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Pref	OTC
<i>preparation sup h</i>	Pref	OTC
<i>qc hemorrhoi oin</i>	Pref	OTC
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>anecream5 cre 5%</i>	Pref	OTC
<i>gnp anorctal cre 5%</i>	Pref	OTC
<i>hemorrhoidal cre relief</i>	Pref	OTC
<i>lidocaine anorectal cream 5%</i>	Pref	OTC
<i>lipocaine 5 cre 5%</i>	Pref	OTC
<i>pramoxine hcl perianal foam 1%</i>	Pref	OTC
<i>ra anorectal cre 5%</i>	Pref	OTC
<i>rectasmoothe cre 5%</i>	Pref	OTC
<b>RECTAL STEROIDS</b>		
ANUSOL-HC CRE 2.5%	Pref	
hydrocortisone rectal cream 2.5%	Pref	
PROCTOCORT CRE 1%	Pref	
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<b>ANTACID COMBINATIONS</b>		
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Pref	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Pref	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Pref	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Pref	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Pref	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate tab 325 mg</i>	Pref	OTC
<i>sodium bicarbonate tab 650 mg</i>	Pref	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
CALCIUM CARB TAB 648MG	Pref	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide tab 400 mg</i>	Pref	OTC
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<i>albendazole tab 200 mg</i>	Pref	PA, QL (4 tabs every 1 day)
<i>ivermectin tab 3 mg</i>	Pref	
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
AEMCOLO TAB 194MG	Non-Pref	PA
FLAGYL CAP 375MG	Non-Pref	PA
<i>metronidazole cap 375 mg</i>	Non-Pref	PA
<i>metronidazole tab 250 mg</i>	Pref	
<i>metronidazole tab 500 mg</i>	Pref	
<i>tinidazole tab 250 mg</i>	Non-Pref	PA
<i>tinidazole tab 500 mg</i>	Non-Pref	PA
<i>trimethoprim tab 100 mg</i>	Pref	
TRIMETHOPRIM TAB 100MG	Pref	
XIFAXAN TAB 200MG	Non-Pref	PA
XIFAXAN TAB 550MG	Non-Pref	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Pref	90 day supply
<i>sulfatrim pd sus 200-40/5</i>	Pref	90 day supply
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	Pref	PA
<i>nitazoxanide tab 500 mg</i>	Non-Pref	PA
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	PA
VANCOGIN CAP 125MG	Non-Pref	PA
VANCOGIN CAP 250MG	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Pref	
VANCOMYCIN SOL 250/5ML	Non-Pref	PA
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Pref	
<i>dapsone tab 100 mg</i>	Pref	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	Pref	QL (4 caps every 1 day)
<i>clindamycin hcl cap 300 mg</i>	Pref	QL (4 caps every 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Pref	QL (70 mL every 1 day)
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG	Non-Pref	SP, PA; AGE (Min 7); CL
<b>OXAZOLIDINONES</b>		
<i>linezolid tab 600 mg</i>	Pref	QL (2 tabs every 1 day)
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Pref	
<i>methenamine hippurate tab 1 gm</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Pref	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Pref	
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Pref	QL (2 tabs every 1 day)
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	QL (2 tabs every 1 day)
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (12 tabs every 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (12 tabs every 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (12 tabs every 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (12 tabs every 1 day)
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs every 1 day)
NITRO-BID OIN 2%	Pref	QL (4 gm every 1 day)
<i>nitroglycerin sl tab 0.3 mg</i>	Pref	QL (6 tabs every 1 day)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (6 tabs every 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch every 1 day)
<b>ANTIANSIETY AGENTS - DRUGS TO TREAT ANXIETY</b>		
<b>ANTIANSIETY AGENTS - MISC.</b>		
<i>bupirone hcl tab 5 mg</i>	Pref	
<i>bupirone hcl tab 10 mg</i>	Pref	
<i>bupirone hcl tab 15 mg</i>	Pref	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref	AGE (Min 2)
<i>hydroxyzine hcl tab 10 mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine hcl tab 25 mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine hcl tab 50 mg</i>	Pref	AGE (Min 2)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine pamoate cap 25 mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine pamoate cap 50 mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine pamoate cap 100 mg</i>	Pref	

**BENZODIAZEPINES**

<i>alprazolam tab 0.5 mg</i>	Pref	QL (4 tabs every 1 day)
<i>alprazolam tab 0.25 mg</i>	Pref	QL (4 tabs every 1 day)
<i>alprazolam tab 1 mg</i>	Pref	QL (4 tabs every 1 day)
<i>alprazolam tab 2 mg</i>	Pref	QL (5 tabs every 1 day)
<i>chlordiazepoxide hcl cap 5 mg</i>	Pref	QL (4 caps every 1 day)
<i>chlordiazepoxide hcl cap 10 mg</i>	Pref	QL (30 caps every 1 day)
<i>chlordiazepoxide hcl cap 25 mg</i>	Pref	QL (12 caps every 1 day)
<i>clorazepate dipotassium tab 3.75 mg</i>	Non-Pref	PA; CL
<i>clorazepate dipotassium tab 7.5 mg</i>	Non-Pref	PA; CL
<i>clorazepate dipotassium tab 15 mg</i>	Non-Pref	PA; CL
<i>diazepam conc 5 mg/ml</i>	Pref	
<i>diazepam oral soln 1 mg/ml</i>	Pref	
<i>diazepam tab 2 mg</i>	Pref	
<i>diazepam tab 5 mg</i>	Pref	
<i>diazepam tab 10 mg</i>	Pref	
<i>lorazepam tab 0.5 mg</i>	Pref	QL (3 tabs every 1 day)
<i>lorazepam tab 1 mg</i>	Pref	QL (3 tabs every 1 day)
<i>lorazepam tab 2 mg</i>	Pref	QL (5 tabs every 1 day)
TRANXENE T TAB 7.5MG	Non-Pref	PA; CL

**ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS**

**ANTIARRHYTHMICS TYPE I-B**

LIDOCAINE INJ 20MG/ML	Pref	
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**ANTIARRHYTHMICS TYPE I-C**

<i>flecainide acetate tab 50 mg</i>	Pref	
<i>flecainide acetate tab 100 mg</i>	Pref	
<i>flecainide acetate tab 150 mg</i>	Pref	
<i>propafenone hcl tab 150 mg</i>	Pref	
<i>propafenone hcl tab 225 mg</i>	Pref	
<i>propafenone hcl tab 300 mg</i>	Pref	

**ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl tab 100 mg</i>	Pref	
<i>amiodarone hcl tab 200 mg</i>	Pref	
<i>amiodarone hcl tab 400 mg</i>	Pref	
<i>pacerone tab 100mg</i>	Pref	
<i>pacerone tab 200mg</i>	Pref	
<i>pacerone tab 400mg</i>	Pref	

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

**ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

NUCALA INJ 100MG/ML	Pref	SP, PA, QL (0.04 injections every 1 day)
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**BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA AER 17MCG	Pref	CL; 90 day supply
INCRUSE ELPT INH 62.5MCG	Non-Pref	PA; CL
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	CL; 90 day supply
LONHALA MAGN SOL 25MCG	Non-Pref	PA; CL
SPIRIVA AER 1.25MCG	Pref	CL
SPIRIVA CAP HANDIHLR	Pref	CL; 90 day supply
SPIRIVA SPR 2.5MCG	Pref	CL
TUDORZA PRES AER 400/ACT	Non-Pref	PA; CL
YUPELRI SOL	Non-Pref	PA; CL

**LEUKOTRIENE MODULATORS**

ACCOLATE TAB 10MG	Non-Pref	PA
ACCOLATE TAB 20MG	Non-Pref	PA
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Pref	PA; AGE (Max 5)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Pref	AGE (Max 14)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Non-Pref	PA; 90 day supply
<i>montelukast sodium tab 10 mg (base equiv)</i>	Pref	
SINGULAIR CHW 4MG	Non-Pref	PA; AGE (Max 5)
SINGULAIR CHW 5MG	Non-Pref	PA; AGE (Max 14)
SINGULAIR GRA 4MG	Non-Pref	PA; 90 day supply
SINGULAIR TAB 10MG	Non-Pref	PA
<i>zafirlukast tab 10 mg</i>	Non-Pref	PA
<i>zafirlukast tab 20 mg</i>	Non-Pref	PA
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA
ZYFLO TAB 600MG	Non-Pref	PA

**SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

DALIRESP TAB 250MCG	Non-Pref	PA; CL
DALIRESP TAB 500MCG	Non-Pref	PA; CL

**STEROID INHALANTS**

ALVESCO AER 80MCG	Non-Pref	PA; CL
ALVESCO AER 160MCG	Non-Pref	PA; CL
ARMONAIR DIG AER 55MCG	Non-Pref	PA
ARMONAIR DIG AER 113MCG	Non-Pref	PA
ARMONAIR DIG AER 232MCG	Non-Pref	PA
ARNUITY ELPT INH 50MCG	Non-Pref	PA; CL
ARNUITY ELPT INH 100MCG	Non-Pref	PA; CL
ARNUITY ELPT INH 200MCG	Non-Pref	PA; CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASMANEX 14 AER 220MCG	Pref	CL; 90 day supply
ASMANEX 30 AER 110MCG	Pref	CL; 90 day supply
ASMANEX 30 AER 220MCG	Pref	CL; 90 day supply
ASMANEX 60 AER 220MCG	Pref	CL; 90 day supply
ASMANEX 120 AER 220MCG	Pref	CL; 90 day supply
ASMANEX HFA AER 50MCG	Non-Pref	PA; CL
ASMANEX HFA AER 100 MCG	Non-Pref	PA; CL
ASMANEX HFA AER 200 MCG	Non-Pref	PA; CL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Pref	CL
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Pref	PA; CL
<i>budesonide inhalation susp 1 mg/2ml</i>	Pref	CL
FLOVENT DISK AER 50MCG	Pref	CL; 90 day supply
FLOVENT DISK AER 100MCG	Pref	CL; 90 day supply
FLOVENT DISK AER 250MCG	Pref	CL; 90 day supply
FLOVENT HFA AER 44MCG	Pref	PA; CL; 90 day supply
FLOVENT HFA AER 110MCG	Pref	PA; CL; 90 day supply
FLOVENT HFA AER 220MCG	Pref	PA; CL; 90 day supply
FLUTICAS HFA AER 44MCG	Non-Pref	PA; CL
FLUTICAS HFA AER 110MCG	Non-Pref	PA; CL
FLUTICAS HFA AER 220MCG	Non-Pref	PA; CL
PULMICORT INH 90MCG	Pref	CL; 90 day supply
PULMICORT INH 180MCG	Pref	CL; 90 day supply
PULMICORT SUS 0.5MG/2	Non-Pref	PA; CL
PULMICORT SUS 0.25MG/2	Non-Pref	PA; CL
PULMICORT SUS 1MG/2ML	Non-Pref	PA; CL
QVAR REDIIHA AER 80MCG	Non-Pref	PA; CL
QVAR REDIIHAL AER 40MCG	Non-Pref	PA; CL

### **SYMPATHOMIMETICS**

ADVAIR DISKU AER 100/50	Pref	PA; CL; 90 day supply
ADVAIR DISKU AER 250/50	Pref	PA; CL; 90 day supply
ADVAIR DISKU AER 500/50	Pref	PA; CL; 90 day supply
ADVAIR HFA AER 45/21	Pref	CL; 90 day supply
ADVAIR HFA AER 115/21	Pref	CL; 90 day supply
ADVAIR HFA AER 230/21	Pref	CL; 90 day supply
AIRDUO DGHLR INH 55-14	Non-Pref	PA
AIRDUO DGHLR INH 113-14	Non-Pref	PA
AIRDUO DGHLR INH 232-14	Non-Pref	PA
AIRDUO RESPI INH 55-14	Non-Pref	PA; CL
AIRDUO RESPI INH 113-14	Non-Pref	PA; CL
AIRDUO RESPI INH 232-14	Non-Pref	PA; CL
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	
<i>albuterol sulfate syrup 2 mg/5ml</i>	Pref	
ANORO ELLIPT AER 62.5-25	Pref	CL; 90 day supply
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Pref	PA
BEVESPI AER 9-4.8MCG	Non-Pref	PA; CL; 90 day supply
BREO ELLIPTA INH 100-25	Non-Pref	PA; CL
BREO ELLIPTA INH 200-25	Non-Pref	PA; CL
BREZTRI AERO AER SPHERE	Non-Pref	PA; CL
BROVANA NEB 15MCG	Non-Pref	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non-Pref	PA; CL; 90 day supply
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non-Pref	PA; CL; 90 day supply
COMBIVENT AER 20-100	Pref	CL; 90 day supply
DUAKLIR AER 400/12	Non-Pref	PA; CL
DULERA AER 50-5MCG	Pref	CL; 90 day supply
DULERA AER 100-5MCG	Pref	CL; 90 day supply
DULERA AER 200-5MCG	Pref	CL; 90 day supply
FLUTIC/VILAN INH 100-25	Non-Pref	PA; CL
FLUTIC/VILAN INH 200-25	Non-Pref	PA; CL
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA; CL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Non-Pref	PA; CL; 90 day supply
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA; CL
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA; CL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Non-Pref	PA; CL; 90 day supply
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Non-Pref	PA; CL; 90 day supply
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Non-Pref	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	CL; 90 day supply
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Non-Pref	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA
PERFOROMIST NEB 20MCG	Non-Pref	PA
PROAIR DIGIH AER	Non-Pref	PA
PROAIR RESPI AER	Non-Pref	PA
PROVENTIL AER HFA	Non-Pref	PA
SEREVENT DIS AER 50MCG	Pref	AGE (Min 3)
STIOLTO AER 2.5-2.5	Pref	CL; 90 day supply
STRIVERDI AER 2.5MCG	Pref	
SYMBICORT AER 80-4.5	Pref	CL; 90 day supply
SYMBICORT AER 160-4.5	Pref	CL; 90 day supply
TRELEGY AER 100MCG	Non-Pref	PA; CL
TRELEGY AER 200MCG	Non-Pref	PA; CL
VENTOLIN HFA AER	Pref	
<i>wixela inhub aer 100/50</i>	Non-Pref	PA; CL; 90 day supply
<i>wixela inhub aer 250/50</i>	Non-Pref	PA; CL; 90 day supply
<i>wixela inhub aer 500/50</i>	Non-Pref	PA; CL; 90 day supply
XOPENEX CONC NEB 1.25/0.5	Non-Pref	PA
XOPENEX HFA AER	Non-Pref	PA
XOPENEX NEB 0.31MG	Non-Pref	PA
XOPENEX NEB 0.63MG	Non-Pref	PA
XOPENEX NEB 1.25/3ML	Non-Pref	PA

## **ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**

### **COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 2 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 2.5 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 3 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 4 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 5 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 6 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 7.5 mg</i>	Pref	CL; 90 day supply
<i>warfarin sodium tab 10 mg</i>	Pref	CL; 90 day supply

### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS ST P TAB 5MG	Pref	CL
ELIQUIS TAB 2.5MG	Pref	CL; 90 day supply
ELIQUIS TAB 5MG	Pref	CL; 90 day supply
SAVAYSA TAB 15MG	Non-Pref	PA; CL
SAVAYSA TAB 30MG	Non-Pref	PA; CL
SAVAYSA TAB 60MG	Non-Pref	PA; CL
XARELTO STAR TAB 15/20MG	Pref	CL
XARELTO SUS 1MG/ML	Pref	CL; 90 day supply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XARELTO TAB 2.5MG	Pref	CL; 90 day supply
XARELTO TAB 10MG	Pref	CL; 90 day supply
XARELTO TAB 15MG	Pref	CL; 90 day supply
XARELTO TAB 20MG	Pref	CL; 90 day supply

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

ARIXTRA INJ 2.5/0.5	Non-Pref	PA; CL
ARIXTRA INJ 5/0.4ML	Non-Pref	PA; CL
ARIXTRA INJ 7.5/0.6	Non-Pref	PA; CL
ARIXTRA INJ 10/0.8ML	Non-Pref	PA; CL
<i>enoxaparin sodium inj 300 mg/3ml</i>	Pref	PA; CL
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Pref	CL
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Pref	CL
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Pref	CL
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Pref	CL
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Pref	PA; CL
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Pref	PA; CL
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Pref	CL
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Non-Pref	PA; CL
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Non-Pref	PA; CL
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Non-Pref	PA; CL
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Non-Pref	PA; CL
FRAGMIN INJ 2500/0.2	Non-Pref	PA; CL
FRAGMIN INJ 5000/0.2	Non-Pref	PA; CL
FRAGMIN INJ 7500/0.3	Non-Pref	PA; CL
FRAGMIN INJ 10000/ML	Non-Pref	PA; CL
FRAGMIN INJ 12500UNT	Non-Pref	PA; CL
FRAGMIN INJ 15000UNT	Non-Pref	PA; CL
FRAGMIN INJ 18000UNT	Non-Pref	PA; CL
FRAGMIN INJ 95000UNT	Non-Pref	PA; CL
LOVENOX INJ 30/0.3ML	Non-Pref	PA; CL
LOVENOX INJ 40/0.4ML	Non-Pref	PA; CL
LOVENOX INJ 60/0.6ML	Non-Pref	PA; CL
LOVENOX INJ 80/0.8ML	Non-Pref	PA; CL
LOVENOX INJ 100MG/ML	Non-Pref	PA; CL
LOVENOX INJ 120/0.8	Non-Pref	PA; CL
LOVENOX INJ 150MG/ML	Non-Pref	PA; CL
LOVENOX INJ 300/3ML	Non-Pref	PA; CL

### **THROMBIN INHIBITORS**

PRADAXA CAP 75MG	Pref	CL; 90 day supply
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**AGE** - Age Limit **CL** - Closed Class Medication **MED** - Max 90 mg Morphine EQ Dose Per Day  
**Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** -  
Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 110MG	Pref	CL; 90 day supply
PRADAXA CAP 150MG	Pref	CL; 90 day supply

## ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

### AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	Non-Pref	PA; CL
FYCOMPA TAB 2MG	Non-Pref	PA; CL
FYCOMPA TAB 4MG	Non-Pref	PA; CL
FYCOMPA TAB 6MG	Non-Pref	PA; CL
FYCOMPA TAB 8MG	Non-Pref	PA; CL
FYCOMPA TAB 10MG	Non-Pref	PA; CL
FYCOMPA TAB 12MG	Non-Pref	PA; CL

### ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	Pref	CL
<i>clobazam tab 10 mg</i>	Pref	CL
<i>clobazam tab 20 mg</i>	Pref	CL
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Non-Pref	PA; CL
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Non-Pref	PA; CL
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Non-Pref	PA; CL
<i>clonazepam orally disintegrating tab 1 mg</i>	Non-Pref	PA; CL
<i>clonazepam orally disintegrating tab 2 mg</i>	Non-Pref	PA; CL
<i>clonazepam tab 0.5 mg</i>	Pref	PA; CL
<i>clonazepam tab 1 mg</i>	Pref	CL
<i>clonazepam tab 2 mg</i>	Pref	PA; CL
DIASTAT ACDL GEL 5-10MG	Pref	AGE (Min 2); CL
DIASTAT ACDL GEL 12.5-20	Pref	AGE (Min 2); CL
DIASTAT PED GEL 2.5M GEL	Pref	PA; AGE (Min 2); CL
<i>diazepam rectal gel delivery system 2.5 mg</i>	Pref	PA; AGE (Min 2); CL
<i>diazepam rectal gel delivery system 10 mg</i>	Pref	PA; AGE (Min 2); CL
<i>diazepam rectal gel delivery system 20 mg</i>	Pref	PA; AGE (Min 2); CL
KLONOPIN TAB 0.5MG	Non-Pref	PA; CL
KLONOPIN TAB 1MG	Non-Pref	PA; CL
KLONOPIN TAB 2MG	Non-Pref	PA; CL
NAYZILAM SPR 5MG	Non-Pref	PA; CL
ONFI SUS 2.5MG/ML	Non-Pref	PA; CL
ONFI TAB 10MG	Non-Pref	PA; CL
ONFI TAB 20MG	Non-Pref	PA; CL
SYMPAZAN MIS 5MG	Non-Pref	PA; CL
SYMPAZAN MIS 10MG	Non-Pref	PA; CL
SYMPAZAN MIS 20MG	Non-Pref	PA; CL
VALTOCO SPR 5MG	Pref	CL
VALTOCO SPR 10MG	Pref	CL
VALTOCO SPR 15MG	Pref	CL
VALTOCO SPR 20MG	Pref	CL

Drug Name	Drug Tier	Requirements/Limits
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TAB 200MG	Non-Pref	PA; CL
APTIOM TAB 400MG	Non-Pref	PA; CL
APTIOM TAB 600MG	Non-Pref	PA; CL
APTIOM TAB 800MG	Non-Pref	PA; CL
BANZEL SUS 40MG/ML	Non-Pref	PA; CL
BANZEL TAB 200MG	Non-Pref	PA; CL
BANZEL TAB 400MG	Non-Pref	PA; CL
BRIVIACT SOL 10MG/ML	Non-Pref	PA; CL
BRIVIACT TAB 10MG	Non-Pref	PA; CL
BRIVIACT TAB 25MG	Non-Pref	PA; CL
BRIVIACT TAB 50MG	Non-Pref	PA; CL
BRIVIACT TAB 75MG	Non-Pref	PA; CL
BRIVIACT TAB 100MG	Non-Pref	PA; CL
<i>carbamazepine cap er 12hr 100 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>carbamazepine cap er 12hr 200 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>carbamazepine cap er 12hr 300 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>carbamazepine chew tab 100 mg</i>	Pref	CL; 90 day supply
<i>carbamazepine susp 100 mg/5ml</i>	Pref	CL; 90 day supply
<i>carbamazepine tab 200 mg</i>	Pref	CL; 90 day supply
<i>carbamazepine tab er 12hr 100 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>carbamazepine tab er 12hr 200 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>carbamazepine tab er 12hr 400 mg</i>	Non-Pref	PA; CL; 90 day supply
CARBATROL CAP 100MG	Pref	CL; 90 day supply
CARBATROL CAP 200MG	Pref	PA; CL; 90 day supply
CARBATROL CAP 300MG	Pref	PA; CL; 90 day supply
DIACOMIT CAP 250MG	Non-Pref	SP, PA; CL
DIACOMIT CAP 500MG	Non-Pref	SP, PA; CL
DIACOMIT PAK 250MG	Non-Pref	SP, PA; CL
DIACOMIT PAK 500MG	Non-Pref	SP, PA; CL
ELEPSIA XR TAB 1000MG	Non-Pref	PA; CL
ELEPSIA XR TAB 1500MG	Non-Pref	PA; CL
EPIDIOLEX SOL 100MG/ML	Pref	SP, PA; AGE (Min 1, Max 17); CL
<i>epitol tab 200mg</i>	Pref	CL; 90 day supply
EPRONTIA SOL 25MG/ML	Non-Pref	PA; CL
FINTEPLA SOL 2.2MG/ML	Non-Pref	PA; AGE (Min 2, Max 18); CL
<i>gabapentin cap 100 mg</i>	Pref	PA
<i>gabapentin cap 300 mg</i>	Pref	
<i>gabapentin cap 400 mg</i>	Pref	
<i>gabapentin oral soln 250 mg/5ml</i>	Pref	PA
<i>gabapentin tab 600 mg</i>	Pref	
<i>gabapentin tab 800 mg</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEPPRA SOL 100MG/ML	Non-Pref	PA; CL; 90 day supply
KEPPRA TAB 250MG	Non-Pref	PA; CL; 90 day supply
KEPPRA TAB 500MG	Non-Pref	PA; CL; 90 day supply
KEPPRA TAB 750MG	Non-Pref	PA; CL; 90 day supply
KEPPRA TAB 1000MG	Non-Pref	PA; CL; 90 day supply
KEPPRA XR TAB 500MG	Non-Pref	PA; CL; 90 day supply
KEPPRA XR TAB 750MG	Non-Pref	PA; CL; 90 day supply
<i>lacosamide oral solution 10 mg/ml</i>	Pref	PA; CL; 90 day supply
<i>lacosamide tab 50 mg</i>	Pref	PA; CL; 90 day supply
<i>lacosamide tab 100 mg</i>	Pref	PA; CL
<i>lacosamide tab 150 mg</i>	Pref	PA; CL
<i>lacosamide tab 200 mg</i>	Pref	PA; CL; 90 day supply
LAMICTAL CHW 5MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL CHW 25MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL KIT START 35	Non-Pref	PA; CL
LAMICTAL KIT START 49	Non-Pref	PA; CL
LAMICTAL KIT START 98	Non-Pref	PA; CL
LAMICTAL ODT KIT	Pref	CL
LAMICTAL ODT TAB 25MG	Pref	CL
LAMICTAL ODT TAB 50MG	Pref	CL
LAMICTAL ODT TAB 100MG	Pref	PA; CL
LAMICTAL ODT TAB 200MG	Pref	CL
LAMICTAL TAB 25MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL TAB 100MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL TAB 150MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL TAB 200MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL XR KIT	Non-Pref	PA; CL
LAMICTAL XR TAB 25MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL XR TAB 50MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL XR TAB 100MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL XR TAB 200MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL XR TAB 250MG	Non-Pref	PA; CL; 90 day supply
LAMICTAL XR TAB 300MG	Non-Pref	PA; CL; 90 day supply
<i>lamotrigine orally disintegrating tab 25 mg</i>	Non-Pref	PA; CL
<i>lamotrigine orally disintegrating tab 50 mg</i>	Non-Pref	PA; CL
<i>lamotrigine orally disintegrating tab 100 mg</i>	Non-Pref	PA; CL
<i>lamotrigine orally disintegrating tab 200 mg</i>	Non-Pref	PA; CL
<i>lamotrigine tab 25 mg</i>	Pref	CL; 90 day supply
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Non-Pref	PA; CL
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Non-Pref	PA; CL
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Non-Pref	PA; CL
<i>lamotrigine tab 100 mg</i>	Pref	PA; CL; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 150 mg</i>	Pref	PA; CL; 90 day supply
<i>lamotrigine tab 200 mg</i>	Pref	PA; CL; 90 day supply
<i>lamotrigine tab chewable dispersible 5 mg</i>	Pref	CL; 90 day supply
<i>lamotrigine tab chewable dispersible 25 mg</i>	Pref	CL; 90 day supply
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	Non-Pref	PA; CL
<i>lamotrigine tab er 24hr 25 mg</i>	Pref	PA; CL; 90 day supply
<i>lamotrigine tab er 24hr 50 mg</i>	Pref	PA; CL; 90 day supply
<i>lamotrigine tab er 24hr 100 mg</i>	Pref	PA; CL; 90 day supply
<i>lamotrigine tab er 24hr 200 mg</i>	Pref	CL; 90 day supply
<i>lamotrigine tab er 24hr 250 mg</i>	Pref	PA; CL; 90 day supply
<i>lamotrigine tab er 24hr 300 mg</i>	Pref	PA; CL; 90 day supply
<i>levetiracetam oral soln 100 mg/ml</i>	Pref	CL; 90 day supply
<i>levetiracetam tab 250 mg</i>	Pref	CL; 90 day supply
<i>levetiracetam tab 500 mg</i>	Pref	PA; CL; 90 day supply
<i>levetiracetam tab 750 mg</i>	Pref	PA; CL; 90 day supply
<i>levetiracetam tab 1000 mg</i>	Pref	CL; 90 day supply
<i>levetiracetam tab er 24hr 500 mg</i>	Pref	CL; 90 day supply
<i>levetiracetam tab er 24hr 750 mg</i>	Pref	CL; 90 day supply
LYRICA CAP 25MG	Non-Pref	PA
LYRICA CAP 50MG	Non-Pref	PA
LYRICA CAP 75MG	Non-Pref	PA
LYRICA CAP 100MG	Non-Pref	PA
LYRICA CAP 150MG	Non-Pref	PA
LYRICA CAP 200MG	Non-Pref	PA
LYRICA CAP 225MG	Non-Pref	PA
LYRICA CAP 300MG	Non-Pref	PA
LYRICA SOL 20MG/ML	Non-Pref	PA
MYSOLINE TAB 50MG	Non-Pref	PA; CL; 90 day supply
MYSOLINE TAB 250MG	Non-Pref	PA; CL; 90 day supply
NEURONTIN CAP 100MG	Non-Pref	PA
NEURONTIN CAP 300MG	Non-Pref	PA
NEURONTIN CAP 400MG	Non-Pref	PA
NEURONTIN SOL 250/5ML	Non-Pref	PA
NEURONTIN TAB 600MG	Non-Pref	PA
NEURONTIN TAB 800MG	Non-Pref	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Non-Pref	PA; CL; 90 day supply
<i>oxcarbazepine tab 150 mg</i>	Pref	CL; 90 day supply
<i>oxcarbazepine tab 300 mg</i>	Pref	CL; 90 day supply
<i>oxcarbazepine tab 600 mg</i>	Pref	CL; 90 day supply
OXTELLAR XR TAB 150MG	Non-Pref	PA; CL
OXTELLAR XR TAB 300MG	Non-Pref	PA; CL
OXTELLAR XR TAB 600MG	Non-Pref	PA; CL
<i>pregabalin cap 25 mg</i>	Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin cap 50 mg</i>	Pref	PA
<i>pregabalin cap 75 mg</i>	Pref	PA
<i>pregabalin cap 100 mg</i>	Pref	
<i>pregabalin cap 150 mg</i>	Pref	
<i>pregabalin cap 200 mg</i>	Pref	PA
<i>pregabalin cap 225 mg</i>	Pref	
<i>pregabalin cap 300 mg</i>	Pref	PA
<i>pregabalin soln 20 mg/ml</i>	Non-Pref	PA
<i>primidone tab 50 mg</i>	Pref	PA; CL; 90 day supply
<i>primidone tab 250 mg</i>	Pref	PA; CL; 90 day supply
QUDEXY XR CAP 25/24HR	Non-Pref	PA; CL
QUDEXY XR CAP 50/24HR	Non-Pref	PA; CL
QUDEXY XR CAP 100/24HR	Non-Pref	PA; CL
QUDEXY XR CAP 150/24HR	Non-Pref	PA; CL
QUDEXY XR CAP 200/24HR	Non-Pref	PA; CL
<i>roweepra tab 500mg</i>	Pref	PA; CL; 90 day supply
<i>rufinamide susp 40 mg/ml</i>	Non-Pref	PA; CL
<i>rufinamide tab 200 mg</i>	Non-Pref	PA; CL
<i>rufinamide tab 400 mg</i>	Non-Pref	PA; CL
SPRITAM TAB 250MG	Non-Pref	PA; CL
SPRITAM TAB 500MG	Non-Pref	PA; CL
SPRITAM TAB 750MG	Non-Pref	PA; CL
SPRITAM TAB 1000MG	Non-Pref	PA; CL
<i>subvenite kit start 35</i>	Non-Pref	PA; CL
<i>subvenite kit start 49</i>	Non-Pref	PA; CL
<i>subvenite kit start 98</i>	Non-Pref	PA; CL
<i>subvenite tab 25mg</i>	Pref	CL; 90 day supply
<i>subvenite tab 100mg</i>	Pref	PA; CL; 90 day supply
<i>subvenite tab 150mg</i>	Pref	PA; CL; 90 day supply
<i>subvenite tab 200mg</i>	Pref	PA; CL; 90 day supply
TEGRETOL SUS 100/5ML	Non-Pref	PA; CL; 90 day supply
TEGRETOL TAB 200MG	Non-Pref	PA; CL; 90 day supply
TEGRETOL-XR TAB 100MG	Pref	CL; 90 day supply
TEGRETOL-XR TAB 200MG	Pref	CL; 90 day supply
TEGRETOL-XR TAB 400MG	Pref	PA; CL; 90 day supply
TOPAMAX SPR CAP 15MG	Non-Pref	PA; CL; 90 day supply
TOPAMAX SPR CAP 25MG	Non-Pref	PA; CL; 90 day supply
TOPAMAX TAB 25MG	Non-Pref	PA; CL; 90 day supply
TOPAMAX TAB 50MG	Non-Pref	PA; CL; 90 day supply
TOPAMAX TAB 100MG	Non-Pref	PA; CL; 90 day supply
TOPAMAX TAB 200MG	Non-Pref	PA; CL; 90 day supply
<i>topiramate cap er 24hr sprinkle 25 mg</i>	Non-Pref	PA; CL
<i>topiramate cap er 24hr sprinkle 50 mg</i>	Non-Pref	PA; CL
<i>topiramate cap er 24hr sprinkle 100 mg</i>	Non-Pref	PA; CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>topiramate cap er 24hr sprinkle 150 mg</i>	Non-Pref	PA; CL
<i>topiramate cap er 24hr sprinkle 200 mg</i>	Non-Pref	PA; CL
<i>topiramate sprinkle cap 15 mg</i>	Pref	PA; CL; 90 day supply
<i>topiramate sprinkle cap 25 mg</i>	Pref	PA; CL; 90 day supply
<i>topiramate tab 25 mg</i>	Pref	PA; CL; 90 day supply
<i>topiramate tab 50 mg</i>	Pref	CL; 90 day supply
<i>topiramate tab 100 mg</i>	Pref	CL; 90 day supply
<i>topiramate tab 200 mg</i>	Pref	CL; 90 day supply
TRILEPTAL SUS 300MG/5M	Pref	PA; CL; 90 day supply
TRILEPTAL TAB 150MG	Non-Pref	PA; CL; 90 day supply
TRILEPTAL TAB 300MG	Non-Pref	PA; CL; 90 day supply
TRILEPTAL TAB 600MG	Non-Pref	PA; CL; 90 day supply
TROKENDI XR CAP 25MG	Non-Pref	PA; CL
TROKENDI XR CAP 50MG	Non-Pref	PA; CL
TROKENDI XR CAP 100MG	Non-Pref	PA; CL
TROKENDI XR CAP 200MG	Non-Pref	PA; CL
VIMPAT SOL 10MG/ML	Non-Pref	PA; CL
VIMPAT TAB 50MG	Non-Pref	PA; CL
VIMPAT TAB 100MG	Non-Pref	PA; CL
VIMPAT TAB 150MG	Non-Pref	PA; CL
VIMPAT TAB 200MG	Non-Pref	PA; CL
<i>zonisamide cap 25 mg</i>	Pref	CL; 90 day supply
<i>zonisamide cap 50 mg</i>	Pref	CL; 90 day supply
<i>zonisamide cap 100 mg</i>	Pref	CL; 90 day supply

### **CARBAMATES**

<i>felbamate susp 600 mg/5ml</i>	Non-Pref	PA; CL
<i>felbamate tab 400 mg</i>	Non-Pref	PA; CL
<i>felbamate tab 600 mg</i>	Non-Pref	PA; CL
FELBATOL SUS 600/5ML	Non-Pref	PA; CL
FELBATOL TAB 400MG	Non-Pref	PA; CL
FELBATOL TAB 600MG	Non-Pref	PA; CL
XCOPRI PAK 12.5-25	Non-Pref	PA; CL
XCOPRI PAK 50-100MG	Non-Pref	PA; CL
XCOPRI PAK 100-150	Non-Pref	PA; CL
XCOPRI PAK 150-200	Non-Pref	PA; CL
XCOPRI TAB 50MG	Non-Pref	PA; CL
XCOPRI TAB 100MG	Non-Pref	PA; CL
XCOPRI TAB 150MG	Non-Pref	PA; CL
XCOPRI TAB 200MG	Non-Pref	PA; CL

### **GABA MODULATORS**

GABITRIL TAB 2MG	Pref	PA; CL; 90 day supply
GABITRIL TAB 4MG	Pref	PA; CL; 90 day supply
GABITRIL TAB 12MG	Pref	PA; CL; 90 day supply
GABITRIL TAB 16MG	Pref	CL; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SABRIL POW 500MG	Non-Pref	PA; CL
SABRIL TAB 500MG	Non-Pref	PA; CL
<i>tiagabine hcl tab 2 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>tiagabine hcl tab 4 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>tiagabine hcl tab 12 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>tiagabine hcl tab 16 mg</i>	Non-Pref	PA; CL; 90 day supply
<i>vigabatrin powd pack 500 mg</i>	Non-Pref	PA; CL
<i>vigabatrin tab 500 mg</i>	Non-Pref	PA; CL
<i>vigadrone pow 500mg</i>	Non-Pref	PA; CL

### **HYDANTOINS**

DILANTIN CAP 30MG	Pref	CL
DILANTIN CAP 100MG	Non-Pref	PA; CL; 90 day supply
DILANTIN CHW 50MG	Non-Pref	PA; CL; 90 day supply
DILANTIN-125 SUS 125/5ML	Non-Pref	PA; CL; 90 day supply
PHENYTEK CAP 200MG	Non-Pref	PA; CL; 90 day supply
PHENYTEK CAP 300MG	Non-Pref	PA; CL; 90 day supply
<i>phenytoin chew tab 50 mg</i>	Pref	CL; 90 day supply
<i>phenytoin sodium extended cap 100 mg</i>	Pref	CL; 90 day supply
<i>phenytoin sodium extended cap 200 mg</i>	Pref	PA; CL; 90 day supply
<i>phenytoin sodium extended cap 300 mg</i>	Pref	CL; 90 day supply
<i>phenytoin susp 125 mg/5ml</i>	Pref	PA; CL; 90 day supply

### **SUCCINIMIDES**

CELONTIN CAP 300MG	Non-Pref	PA; CL
<i>ethosuximide cap 250 mg</i>	Pref	CL; 90 day supply
<i>ethosuximide soln 250 mg/5ml</i>	Pref	AGE (Min 3); CL; 90 day supply
ZARONTIN CAP 250MG	Non-Pref	PA; CL; 90 day supply
ZARONTIN SOL 250/5ML	Non-Pref	PA; AGE (Min 3); CL; 90 day supply

### **VALPROIC ACID**

DEPAKOTE ER TAB 250MG	Non-Pref	PA; CL; 90 day supply
DEPAKOTE ER TAB 500MG	Non-Pref	PA; CL; 90 day supply
DEPAKOTE SPR CAP 125MG	Non-Pref	PA; CL; 90 day supply
DEPAKOTE TAB 125MG DR	Non-Pref	PA; CL; 90 day supply
DEPAKOTE TAB 250MG DR	Non-Pref	PA; CL; 90 day supply
DEPAKOTE TAB 500MG DR	Non-Pref	PA; CL; 90 day supply
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Pref	PA; CL; 90 day supply
<i>divalproex sodium tab delayed release 125 mg</i>	Pref	PA; CL; 90 day supply
<i>divalproex sodium tab delayed release 250 mg</i>	Pref	CL; 90 day supply
<i>divalproex sodium tab delayed release 500 mg</i>	Pref	PA; CL; 90 day supply
<i>divalproex sodium tab er 24 hr 250 mg</i>	Pref	CL; 90 day supply
<i>divalproex sodium tab er 24 hr 500 mg</i>	Pref	CL; 90 day supply



Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Pref	CL; 90 day supply
<i>valproic acid cap 250 mg</i>	Pref	CL; 90 day supply

## ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

### ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	Pref	PA
<i>mirtazapine orally disintegrating tab 30 mg</i>	Pref	PA
<i>mirtazapine orally disintegrating tab 45 mg</i>	Pref	
<i>mirtazapine tab 7.5 mg</i>	Pref	
<i>mirtazapine tab 15 mg</i>	Pref	
<i>mirtazapine tab 30 mg</i>	Pref	
<i>mirtazapine tab 45 mg</i>	Pref	
REMERON SLTB TAB 15MG	Non-Pref	PA
REMERON SLTB TAB 30MG	Non-Pref	PA
REMERON SLTB TAB 45MG	Non-Pref	PA
REMERON TAB 15MG	Non-Pref	PA
REMERON TAB 30MG	Non-Pref	PA

### ANTIDEPRESSANTS - MISC.

ALENZIN TAB 174MG	Non-Pref	PA
ALENZIN TAB 348MG	Non-Pref	PA
ALENZIN TAB 522MG	Non-Pref	PA
<i>bupropion hcl tab 75 mg</i>	Pref	
<i>bupropion hcl tab 100 mg</i>	Pref	
<i>bupropion hcl tab er 12hr 100 mg</i>	Pref	
<i>bupropion hcl tab er 12hr 150 mg</i>	Pref	
<i>bupropion hcl tab er 12hr 200 mg</i>	Pref	
<i>bupropion hcl tab er 24hr 150 mg</i>	Pref	PA
<i>bupropion hcl tab er 24hr 300 mg</i>	Pref	PA
<i>bupropion hcl tab er 24hr 450 mg</i>	Non-Pref	PA
FORFIVO XL TAB 450MG	Non-Pref	PA
WELLBUTRIN TAB 100MG SR	Non-Pref	PA
WELLBUTRIN TAB 150MG SR	Non-Pref	PA
WELLBUTRIN TAB 200MG SR	Non-Pref	PA
WELLBUTRIN TAB XL 150MG	Non-Pref	PA
WELLBUTRIN TAB XL 300MG	Non-Pref	PA

### MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	Non-Pref	PA
EMSAM DIS 9MG/24HR	Non-Pref	PA
EMSAM DIS 12MG/24H	Non-Pref	PA
MARPLAN TAB 10MG	Non-Pref	PA
NARDIL TAB 15MG	Non-Pref	PA
<i>phenelzine sulfate tab 15 mg</i>	Pref	PA
<i>tranylcypromine sulfate tab 10 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
CELEXA TAB 10MG	Non-Pref	PA
CELEXA TAB 20MG	Non-Pref	PA
CELEXA TAB 40MG	Non-Pref	PA
CITALOPRAM CAP 30MG	Non-Pref	PA
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Pref	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Pref	PA
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Pref	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Pref	PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Pref	PA, QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Pref	PA, QL (1.5 tabs every 1 day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Pref	
<i>fluoxetine hcl cap 10 mg</i>	Pref	PA
<i>fluoxetine hcl cap 20 mg</i>	Pref	PA
<i>fluoxetine hcl cap 40 mg</i>	Pref	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non-Pref	PA
<i>fluoxetine hcl solution 20 mg/5ml</i>	Pref	
<i>fluoxetine hcl tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 20 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 60 mg</i>	Non-Pref	PA
FLUOXETINE TAB 60MG	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tab 25 mg</i>	Pref	
<i>fluvoxamine maleate tab 50 mg</i>	Pref	
<i>fluvoxamine maleate tab 100 mg</i>	Pref	
LEXAPRO TAB 5MG	Non-Pref	PA, QL (1.5 tabs every 1 day)
LEXAPRO TAB 10MG	Non-Pref	PA, QL (1.5 tabs every 1 day)
LEXAPRO TAB 20MG	Non-Pref	PA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>paroxetine hcl tab 10 mg</i>	Pref	
<i>paroxetine hcl tab 20 mg</i>	Pref	PA
<i>paroxetine hcl tab 30 mg</i>	Pref	PA
<i>paroxetine hcl tab 40 mg</i>	Pref	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 25 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Non-Pref	PA
PAXIL CR TAB 12.5MG	Non-Pref	PA
PAXIL CR TAB 25MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PAXIL CR TAB 37.5MG	Non-Pref	PA
PAXIL SUS 10MG/5ML	Non-Pref	PA
PAXIL TAB 10MG	Non-Pref	PA
PAXIL TAB 20MG	Non-Pref	PA
PAXIL TAB 30MG	Non-Pref	PA
PAXIL TAB 40MG	Non-Pref	PA
PEXEVA TAB 10MG	Non-Pref	PA
PEXEVA TAB 20MG	Non-Pref	PA
PEXEVA TAB 30MG	Non-Pref	PA
PROZAC CAP 10MG	Non-Pref	PA
PROZAC CAP 20MG	Non-Pref	PA
PROZAC CAP 40MG	Non-Pref	PA
SERTRALINE CAP 150MG	Non-Pref	PA
SERTRALINE CAP 200MG	Non-Pref	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Pref	PA
<i>sertraline hcl tab 25 mg</i>	Pref	PA
<i>sertraline hcl tab 50 mg</i>	Pref	
<i>sertraline hcl tab 100 mg</i>	Pref	
ZOLOFT CON 20MG/ML	Non-Pref	PA
ZOLOFT TAB 25MG	Non-Pref	PA
ZOLOFT TAB 50MG	Non-Pref	PA
ZOLOFT TAB 100MG	Non-Pref	PA

**SEROTONIN MODULATORS**

<i>nefazodone hcl tab 50 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 100 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 150 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 200 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 250 mg</i>	Non-Pref	PA
<i>trazodone hcl tab 50 mg</i>	Pref	
<i>trazodone hcl tab 100 mg</i>	Pref	
<i>trazodone hcl tab 150 mg</i>	Pref	
<i>trazodone hcl tab 300 mg</i>	Pref	
TRINTELLIX TAB 5MG	Non-Pref	PA
TRINTELLIX TAB 10MG	Non-Pref	PA
TRINTELLIX TAB 20MG	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA
VIIBRYD TAB 10MG	Non-Pref	PA
VIIBRYD TAB 20MG	Non-Pref	PA
VIIBRYD TAB 40MG	Non-Pref	PA
<i>vilazodone hcl tab 10 mg</i>	Non-Pref	PA
<i>vilazodone hcl tab 20 mg</i>	Non-Pref	PA
<i>vilazodone hcl tab 40 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CAP 20MG	Non-Pref	PA
CYMBALTA CAP 30MG	Non-Pref	PA
CYMBALTA CAP 60MG	Non-Pref	PA
DESVENLAFAX TAB 50MG ER	Non-Pref	PA; 90 day supply
DESVENLAFAX TAB 100MG ER	Non-Pref	PA; 90 day supply
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Pref	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Pref	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Pref	PA
DRIZALMA CAP 20MG DR	Non-Pref	PA
DRIZALMA CAP 30MG DR	Non-Pref	PA
DRIZALMA CAP 40MG DR	Non-Pref	PA
DRIZALMA CAP 60MG DR	Non-Pref	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Pref	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Pref	PA
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Non-Pref	PA
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Pref	
EFFEXOR XR CAP 37.5MG	Non-Pref	PA, QL (1 cap every 1 day)
EFFEXOR XR CAP 75MG	Non-Pref	PA, QL (3 caps every 1 day)
EFFEXOR XR CAP 150MG	Non-Pref	PA
FETZIMA CAP 20MG	Non-Pref	PA
FETZIMA CAP 40MG	Non-Pref	PA
FETZIMA CAP 80MG	Non-Pref	PA
FETZIMA CAP 120MG	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TAB 25MG	Non-Pref	PA
PRISTIQ TAB 50MG	Non-Pref	PA
PRISTIQ TAB 100MG	Non-Pref	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Pref	QL (1 cap every 1 day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Pref	QL (3 caps every 1 day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Pref	PA
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non-Pref	PA

**TRICYCLIC AGENTS**

<i>amitriptyline hcl tab 10 mg</i>	Pref
<i>amitriptyline hcl tab 25 mg</i>	Pref
<i>amitriptyline hcl tab 50 mg</i>	Pref
<i>amitriptyline hcl tab 75 mg</i>	Pref
<i>amitriptyline hcl tab 100 mg</i>	Pref
<i>amitriptyline hcl tab 150 mg</i>	Pref
<i>clomipramine hcl cap 25 mg</i>	Pref
<i>clomipramine hcl cap 50 mg</i>	Pref
<i>clomipramine hcl cap 75 mg</i>	Pref
<i>desipramine hcl tab 10 mg</i>	Pref
<i>desipramine hcl tab 25 mg</i>	Pref
<i>desipramine hcl tab 50 mg</i>	Pref
<i>desipramine hcl tab 75 mg</i>	Pref
<i>desipramine hcl tab 100 mg</i>	Pref
<i>desipramine hcl tab 150 mg</i>	Pref
<i>doxepin hcl cap 10 mg</i>	Pref
<i>doxepin hcl cap 25 mg</i>	Pref
<i>doxepin hcl cap 50 mg</i>	Pref
<i>doxepin hcl cap 75 mg</i>	Pref
<i>doxepin hcl cap 100 mg</i>	Pref
<i>doxepin hcl cap 150 mg</i>	Pref
<i>doxepin hcl conc 10 mg/ml</i>	Pref
<i>imipramine hcl tab 10 mg</i>	Pref
<i>imipramine hcl tab 25 mg</i>	Pref
<i>imipramine hcl tab 50 mg</i>	Pref
<i>imipramine pamoate cap 75 mg</i>	Pref
<i>imipramine pamoate cap 100 mg</i>	Pref
<i>imipramine pamoate cap 150 mg</i>	Pref
<i>nortriptyline hcl cap 10 mg</i>	Pref
<i>nortriptyline hcl cap 25 mg</i>	Pref
<i>nortriptyline hcl cap 50 mg</i>	Pref
<i>nortriptyline hcl cap 75 mg</i>	Pref

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
<i>acarbose tab 25 mg</i>	Pref	PA; AGE (Min 18)
<i>acarbose tab 50 mg</i>	Pref	AGE (Min 18)
<i>acarbose tab 100 mg</i>	Pref	AGE (Min 18)
<i>miglitol tab 25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>miglitol tab 50 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>miglitol tab 100 mg</i>	Non-Pref	PA; AGE (Min 18)
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG	Non-Pref	PA; CL
SYMLINPEN 120 INJ 1000MCG	Non-Pref	PA; CL
<b>ANTIDIABETIC COMBINATIONS</b>		
ACTOPLUS MET TAB 15-850MG	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA; AGE (Min 18); CL
DUETACT TAB 30-2MG	Non-Pref	PA; AGE (Min 18)
DUETACT TAB 30-4MG	Non-Pref	PA; AGE (Min 18)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Pref	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Pref	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Pref	
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	AGE (Min 18)
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	AGE (Min 18)
<i>glyburide-metformin tab 5-500 mg</i>	Pref	AGE (Min 18)
GLYXAMBI TAB 10-5 MG	Non-Pref	PA; AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
GLYXAMBI TAB 25-5 MG	Non-Pref	PA; AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET TAB 50-500MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN
INVOKAMET TAB 50-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN
INVOKAMET TAB 150-500	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN
INVOKAMET TAB 150-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVOKAMET XR TAB 50-500MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 50-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-500	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JANUMET TAB 50-500MG	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
JANUMET TAB 50-1000	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
JANUMET XR TAB 50-500MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 50-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 100-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-500	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-850	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB XR	Non-Pref	PA; AGE (Min 18); CL
KAZANO 12.5- TAB 500MG	Non-Pref	PA; AGE (Min 18); CL
KAZANO 12.5- TAB 1000MG	Non-Pref	PA; AGE (Min 18); CL
KOMBIGLYZ XR TAB 2.5-1000	Non-Pref	PA; AGE (Min 18); CL
KOMBIGLYZ XR TAB 5-500MG	Non-Pref	PA; AGE (Min 18); CL
KOMBIGLYZ XR TAB 5-1000MG	Non-Pref	PA; AGE (Min 18); CL
OSENI TAB 12.5-15	Non-Pref	PA; AGE (Min 18); CL
OSENI TAB 12.5-30	Non-Pref	PA; AGE (Min 18); CL
OSENI TAB 12.5-45	Non-Pref	PA; AGE (Min 18); CL
OSENI TAB 25-15MG	Non-Pref	PA; AGE (Min 18); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OSENI TAB 25-30MG	Non-Pref	PA; AGE (Min 18); CL
OSENI TAB 25-45MG	Non-Pref	PA; AGE (Min 18); CL
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Non-Pref	PA; AGE (Min 18)
QTERN TAB 5-5MG	Non-Pref	PA; AGE (Min 18); CL
QTERN TAB 10-5MG	Non-Pref	PA; AGE (Min 18); CL
SEGLUROMET TAB 2.5-500	Non-Pref	PA; AGE (Min 18); CL
SEGLUROMET TAB 2.5-1000	Non-Pref	PA; AGE (Min 18); CL
SEGLUROMET TAB 7.5-500	Non-Pref	PA; AGE (Min 18); CL
SEGLUROMET TAB 7.5-1000	Non-Pref	PA; AGE (Min 18); CL
SOLIQUA INJ 100/33	Non-Pref	PA; CL
STEGLUJAN TAB 5-100MG	Non-Pref	PA; AGE (Min 18); CL
STEGLUJAN TAB 15-100MG	Non-Pref	PA; AGE (Min 18); CL
SYNJARDY TAB	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 5-500MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 5-1000MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 12.5-500	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY XR TAB	Non-Pref	PA; AGE (Min 18); CL
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA; AGE (Min 18); CL
SYNJARDY XR TAB 10-1000	Non-Pref	PA; AGE (Min 18); CL
SYNJARDY XR TAB 25-1000	Non-Pref	PA; AGE (Min 18); CL
TRIJARDY XR TAB	Non-Pref	PA; AGE (Min 18); CL
XIGDUO XR TAB 2.5-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-500MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-1000MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-500MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply

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



Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-1000	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
XULTOPHY INJ 100/3.6	Non-Pref	PA; CL

### **BIGUANIDES**

GLUMETZA TAB 500MG	Non-Pref	PA; AGE (Min 10)
GLUMETZA TAB 1000MG	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl oral soln 500 mg/5ml</i>	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl tab 500 mg</i>	Pref	AGE (Min 10)
<i>metformin hcl tab 850 mg</i>	Pref	AGE (Min 10)
<i>metformin hcl tab 1000 mg</i>	Pref	AGE (Min 10)
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	AGE (Min 10)
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	AGE (Min 10)
<i>metformin hcl tab er 24hr modified release 500 mg</i>	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	Non-Pref	PA; AGE (Min 10)
RIOMET SOL	Non-Pref	PA; AGE (Min 10)
RIOMET SOL 500/5ML	Non-Pref	PA; AGE (Min 10)

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE	Pref	
BAQSIMI TWO POW 3MG/DOSE	Pref	
<i>diazoxide susp 50 mg/ml</i>	Non-Pref	PA
GLUCAGEN INJ HYPOKIT	Non-Pref	PA
<i>glucagon (rdna) for inj kit 1 mg</i>	Non-Pref	PA
GLUCAGON EMR SOL 1MG	Pref	(Fresenius, NDC 63323058282)
GLUCOSE CHEW TABS	Pref	OTC
GVOKE HYPO 1 INJ 1MG/.2ML	Pref	
GVOKE HYPO 1 INJ .5/.1ML	Pref	
GVOKE KIT SOL 1MG/0.2M	Pref	
GVOKE PFS INJ	Pref	
PROGLYCEM SUS 50MG/ML	Pref	
ZEGALOGUE INJ 0.6/0.6	Non-Pref	PA

### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18); CL
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18); CL
JANUVIA TAB 25MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUVIA TAB 50MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
JANUVIA TAB 100MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
NESINA TAB 6.25MG	Non-Pref	PA; AGE (Min 18); CL
NESINA TAB 12.5MG	Non-Pref	PA; AGE (Min 18); CL
NESINA TAB 25MG	Non-Pref	PA; AGE (Min 18); CL
ONGLYZA TAB 2.5MG	Non-Pref	PA; AGE (Min 18); CL
ONGLYZA TAB 5MG	Non-Pref	PA; AGE (Min 18); CL
TRADJENTA TAB 5MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply

### **INCRETIN MIMETIC AGENTS**

ADLYXIN INJ 10/20MCG	Non-Pref	PA; CL
ADLYXIN INJ 20MCG	Non-Pref	PA; CL
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA; CL
BYETTA INJ 5MCG	Pref	CL; 90 day supply
BYETTA INJ 10MCG	Pref	CL; 90 day supply
MOUNJARO INJ 2.5/0.5	Non-Pref	PA; AGE (Min 18); CL
MOUNJARO INJ 5MG/0.5	Non-Pref	PA; AGE (Min 18); CL
MOUNJARO INJ 7.5/0.5	Non-Pref	PA; AGE (Min 18); CL
MOUNJARO INJ 10MG/0.5	Non-Pref	PA; AGE (Min 18); CL
MOUNJARO INJ 12.5/0.5	Non-Pref	PA; AGE (Min 18); CL
MOUNJARO INJ 15MG/0.5	Non-Pref	PA; AGE (Min 18); CL
OZEMPIC INJ 2/1.5ML	Non-Pref	PA; CL
OZEMPIC INJ 4MG/3ML	Non-Pref	PA; AGE (Min 18); CL
OZEMPIC INJ 8MG/3ML	Non-Pref	PA; AGE (Min 18); CL
RYBELSUS TAB 3MG	Non-Pref	PA; AGE (Min 18); CL
RYBELSUS TAB 7MG	Non-Pref	PA; AGE (Min 18); CL
RYBELSUS TAB 14MG	Non-Pref	PA; AGE (Min 18); CL
TRULICITY INJ 0.75/0.5	Pref	CL; 90 day supply
TRULICITY INJ 1.5/0.5	Pref	CL; 90 day supply
TRULICITY INJ 3/0.5	Pref	CL; 90 day supply
TRULICITY INJ 4.5/0.5	Pref	CL; 90 day supply
VICTOZA INJ 18MG/3ML	Pref	CL; 90 day supply

### **INSULIN**

ADMELOG INJ 100U/ML	Pref	90 day supply
ADMELOG SOLO INJ 100U/ML	Pref	
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 4UNIT	Non-Pref	PA
AFREZZA POW 8 UNIT	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFREZZA POW 8-12UNIT	Non-Pref	PA
AFREZZA POW 12 UNIT	Non-Pref	PA
APIDRA INJ SOLOSTAR	Non-Pref	PA
APIDRA INJ U-100	Non-Pref	PA
BASAGLAR INJ 100UNIT	Pref	90 day supply
FIASP FLEX INJ TOUCH	Non-Pref	PA
FIASP INJ 100/ML	Non-Pref	PA
FIASP PENFIL INJ U-100	Non-Pref	PA
HUMALOG INJ 100/ML	Pref	90 day supply
HUMALOG JR INJ 100/ML	Pref	
HUMALOG KWIK INJ 100/ML	Pref	
HUMALOG KWIK INJ 200/ML	Non-Pref	PA
HUMALOG MIX INJ 50/50	Pref	90 day supply
HUMALOG MIX INJ 50/50KWP	Pref	
HUMALOG MIX INJ 75/25KWP	Pref	
HUMALOG MIX SUS 75/25	Pref	90 day supply
HUMULIN INJ 70/30	Pref	PA, OTC; 90 day supply
HUMULIN INJ 70/30KWP	Pref	OTC; 90 day supply
HUMULIN N INJ U-100	Pref	PA, OTC; 90 day supply
HUMULIN N INJ U-100KWP	Pref	OTC; 90 day supply
HUMULIN R INJ U-100	Pref	PA, OTC; 90 day supply
HUMULIN R INJ U-500	Pref	90 day supply
HUMULIN R U-500 KWIKPEN	Pref	90 day supply
INS ASP PROT INJ FLEXPEN	Pref	PA; 90 day supply
INSULIN ASPA INJ 70/30	Pref	PA; 90 day supply
INSULIN ASPA INJ 100/ML	Pref	90 day supply
INSULIN ASPA INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ PENFILL	Pref	90 day supply
INSULIN GLAR INJ 100U/ML	Pref	
INSULIN GLAR INJ 100U/ML	Pref	PA; 90 day supply
INSULIN GLAR SOL 100U/ML	Pref	PA
INSULIN GLAR SOL 100U/ML	Pref	PA
INSULIN LISP INJ 100/ML	Pref	
INSULIN LISP INJ 100/ML	Pref	90 day supply
INSULIN LISP INJ JUNIOR	Pref	
INSULIN LISP INJ PROTAMIN	Pref	
LANTUS INJ 100/ML	Pref	PA; 90 day supply
LANTUS SOLOS INJ 100/ML	Pref	90 day supply
LEVEMIR INJ	Pref	90 day supply
LEVEMIR INJ FLEXTOU	Pref	90 day supply
LYUMJEV INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 200UT/ML	Non-Pref	PA
NOVOLIN70/30 INJ RELION	Non-Pref	PA, OTC; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN INJ 70/30	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30 FP	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ 100 UNIT	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ U-100	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R INJ 100 UNIT	Non-Pref	PA, OTC
NOVOLIN R INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R INJ U-100	Non-Pref	PA, OTC; 90 day supply
NOVOLOG INJ 100/ML	Pref	90 day supply
NOVOLOG INJ FLEX REL	Pref	
NOVOLOG INJ FLEXPEN	Pref	90 day supply
NOVOLOG INJ PENFILL	Pref	90 day supply
NOVOLOG INJ RELION	Pref	90 day supply
NOVOLOG MIX INJ 70/30	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEX REL	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEXPEN	Non-Pref	PA; 90 day supply
NOVOLOG RELI INJ 70/30	Non-Pref	PA; 90 day supply
SEMGLEE INJ 100U/ML	Non-Pref	PA
SEMGLEE SOL 100U/ML	Non-Pref	PA
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA
TRESIBA INJ 100UNIT	Non-Pref	PA

### **INSULIN SENSITIZING AGENTS**

ACTOS TAB 15MG	Non-Pref	PA; AGE (Min 18)
ACTOS TAB 30MG	Non-Pref	PA; AGE (Min 18)
ACTOS TAB 45MG	Non-Pref	PA; AGE (Min 18)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Pref	PA; AGE (Min 18)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Pref	PA; AGE (Min 18)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Pref	PA; AGE (Min 18)

### **MEGLITINIDE ANALOGUES**

<i>nateglinide tab 60 mg</i>	Pref	AGE (Min 18)
<i>nateglinide tab 120 mg</i>	Pref	AGE (Min 18)
<i>repaglinide tab 0.5 mg</i>	Pref	AGE (Min 18)
<i>repaglinide tab 1 mg</i>	Pref	AGE (Min 18)
<i>repaglinide tab 2 mg</i>	Pref	AGE (Min 18)

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

FARXIGA TAB 5MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
FARXIGA TAB 10MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVOKANA TAB 100MG	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
INVOKANA TAB 300MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL; PRIOR USE OF METFORMIN
JARDIANCE TAB 10MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
JARDIANCE TAB 25MG	Pref	AGE (Min 18); CL; PRIOR USE OF METFORMIN; 90 day supply
STEGLATRO TAB 5MG	Non-Pref	PA; AGE (Min 18); CL
STEGLATRO TAB 15MG	Non-Pref	PA; AGE (Min 18); CL
<b>SULFONYLUREAS</b>		
AMARYL TAB 1MG	Non-Pref	PA; AGE (Min 18); 90 day supply
AMARYL TAB 2MG	Non-Pref	PA; AGE (Min 18); 90 day supply
AMARYL TAB 4MG	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>glimepiride tab 1 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glimepiride tab 2 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glimepiride tab 4 mg</i>	Pref	PA; AGE (Min 18); 90 day supply
<i>glipizide tab 5 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide tab 10 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide tab er 24hr 2.5 mg</i>	Pref	PA; AGE (Min 18); 90 day supply
<i>glipizide tab er 24hr 5 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide tab er 24hr 10 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide xl tab 2.5mg</i>	Pref	PA; AGE (Min 18); 90 day supply
<i>glipizide xl tab 5mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide xl tab 10mg</i>	Pref	AGE (Min 18); 90 day supply
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA; AGE (Min 18); 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCOTROL XL TAB 5MG	Non-Pref	PA; AGE (Min 18); 90 day supply
GLUCOTROL XL TAB 10MG	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>glyburide micronized tab 1.5 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glyburide micronized tab 3 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glyburide micronized tab 6 mg</i>	Pref	PA; AGE (Min 18); 90 day supply
<i>glyburide tab 1.25 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glyburide tab 2.5 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glyburide tab 5 mg</i>	Pref	AGE (Min 18); 90 day supply
GLYNASE TAB 1.5MG	Non-Pref	PA; AGE (Min 18); 90 day supply
GLYNASE TAB 3MG	Non-Pref	PA; AGE (Min 18); 90 day supply
GLYNASE TAB 6MG	Non-Pref	PA; AGE (Min 18); 90 day supply

## **ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA**

### **ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.**

<i>abatinec cap 680mg</i>	Pref	OTC
<i>acidoph/prob tab formula</i>	Pref	OTC
<i>acidophilus cap 10mg</i>	Pref	OTC
<i>acidophilus cap 100mg</i>	Pref	OTC
<i>acidophilus cap ex st</i>	Pref	OTC
ACIDOPHILUS CAP GOATMILK	Pref	OTC
ACIDOPHILUS CAP HIGH POT	Pref	OTC
ACIDOPHILUS CAP HIGH-POT	Pref	OTC
ACIDOPHILUS CAP PEARLS	Pref	OTC
<i>acidophilus cap probioti</i>	Pref	OTC
ACIDOPHILUS CAP PROBIOTI	Pref	OTC
ACIDOPHILUS TAB BLEND	Pref	OTC
<i>acidophilus tab probiotc</i>	Pref	OTC
<i>acidophilus tab probioti</i>	Pref	OTC
ACTIPHLOA CAP 433.34MG	Pref	OTC
ADVANCED CAP PROBIOTI	Pref	OTC
ADVANCED PRO CAP 14	Pref	OTC
ALIGN CAP 4MG	Pref	OTC
ALIGN CAP EXTR STR	Pref	OTC
ALOE 10000 CAP PROBIOTI	Pref	OTC
<i>azo complete cap fem blnc</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZO DUAL CAP PROTECT	Pref	OTC
BACID CAP	Pref	OTC
BACID TAB	Pref	OTC
BIO-KULT CAP	Pref	OTC
BIOMEPRO CAP	Pref	OTC
<i>biotinex cap</i>	Pref	OTC
<i>bismuth subsalicylate chew tab 262 mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Pref	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Pref	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Pref	OTC
<i>cultrl total cap balance</i>	Pref	OTC
CULTUR KIDS POW PURELY	Pref	OTC
CULTURE KIDS PAK PROB FIB	Pref	OTC
CULTURELLE CAP ADV REG	Pref	OTC
<i>culturelle cap hlth/wel</i>	Pref	OTC
CULTURELLE CAP IMMUNE	Pref	OTC
CULTURELLE CAP PRO-WELL	Pref	OTC
CULTURELLE CAP WOMENS	Pref	OTC
<i>culturelle chw womens</i>	Pref	OTC
CULTURELLE PAK KIDS	Pref	OTC
CULTURELLE PAK PROBIOT	Pref	OTC
CVS PROBIOTI CAP	Pref	OTC
CVS PROBIOTI CAP ADULT 50	Pref	OTC
CVS SENIOR CAP PROBIOTC	Pref	OTC
CVSDIGESTIVE CAP PROBIOTC	Pref	OTC
DAILY DIGEST CAP PROBIOTI	Pref	OTC
<i>daily probio cap 250mg</i>	Pref	OTC
DIFF-STAT CAP	Pref	OTC
<i>diges probio cap 250mg</i>	Pref	OTC
DIGESTIVE AD CAP BWL SUP	Pref	OTC
DIGESTIVE AD CAP DGS/IMMN	Pref	OTC
DIGESTIVE AD CAP GAS SUP	Pref	OTC
DIGESTIVE AD CAP LACT SUP	Pref	OTC
DIGESTIVE AD CAP MUL-STRN	Pref	OTC
DIGESTIVE CAP ADVANTAG	Pref	OTC
<i>digestive cap health</i>	Pref	OTC
DIGESTIVE CAP PROBIOTC	Pref	OTC
<i>digestive cap probioti</i>	Pref	OTC
<i>dual prenata cap immunity</i>	Pref	OTC
ENVIVE CAP 115MG	Pref	OTC
EQ PROBIOTIC CAP	Pref	OTC
EQL 4X TAB PROBIOTC	Pref	OTC
EQL DAILY CAP PROBIOTI	Pref	OTC
EQL PROBIOTI CAP COLON	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EVERYDAY CAR CAP PROBIOTI	Pref	OTC
FEM-DOPHILUS CAP WOMENS	Pref	OTC
FLORAJEN3 CAP	Pref	OTC
FLORAJEN CAP 4KIDS	Pref	OTC
FLORAJEN CAP ACIDOPHI	Pref	OTC
FLORAJEN CAP DIGESTIO	Pref	OTC
FLORAJEN CAP WOMEN	Pref	OTC
<i>floranex gra</i>	Pref	OTC
<i>floranex tab</i>	Pref	OTC
FLORASTOR CAP SELECT	Pref	OTC
FORTFY DAILY CAP PROBIOTI	Pref	OTC
HIGH POTENCY CAP PROBIOTI	Pref	OTC
<i>hm probiotic cap</i>	Pref	OTC
JARRO-DOPHIL CAP EPS	Pref	OTC
JARRO-DOPHIL CAP PROBIOTI	Pref	OTC
KIDS PROBIOT PAK FIBER	Pref	OTC
LACTO-PECTIN CAP	Pref	OTC
<i>lactobacillu cap</i>	Pref	OTC
<i>lactobacillu tab probioti</i>	Pref	OTC
<i>lactobacillus - packet</i>	Pref	OTC
<i>lactobacillus cap</i>	Pref	OTC
<i>lactobacillus tab</i>	Pref	OTC
MEGA CAP PROBIOTI	Pref	OTC
META BIOTIC CAP BIO-ACT	Pref	OTC
METABOLISM CAP WEIGHT	Pref	OTC
MOMMYS BLISS POW PROBIOTI	Pref	OTC
NATRUL CAP PROBIOTI	Pref	OTC
NEWFLOA CAP PROBIOTI	Pref	OTC
PEARLS IC CAP	Pref	OTC
PHILLIPS CAP COLON	Pref	OTC
<i>prenatal chw wellness</i>	Pref	OTC
<i>primadophilu cap</i>	Pref	OTC
PRO-FLORA CAP IMMUNE	Pref	OTC
<i>probiata tab</i>	Pref	OTC
PROBIO COLON CAP SUPPORT	Pref	OTC
PROBIOMAX CAP COMPLETE	Pref	OTC
PROBIOMAX CAP DAILY DF	Pref	OTC
PROBIOMAX CAP LEAN DF	Pref	OTC
PROBIOMAX SB CAP DF	Pref	OTC
PROBIOT DIG CAP SUP INUL	Pref	OTC
PROBIOT DIG CAP SUPPORT	Pref	OTC
PROBIOT PRLS CAP MAX POTE	Pref	OTC
PROBIOT PRLS CAP WOMENS	Pref	OTC
PROBIOTIC & CAP ACIDOPHI	Pref	OTC



Drug Name	Drug Tier	Requirements/Limits
PROBIOTIC + CAP OMEGA-3	Pref	OTC
<i>probiotic cap</i>	Pref	OTC
PROBIOTIC CAP	Pref	OTC
<i>probiotic cap acidophi</i>	Pref	OTC
PROBIOTIC CAP ACIDOPHI	Pref	OTC
PROBIOTIC CAP ADLT 50+	Pref	OTC
PROBIOTIC CAP ADULT	Pref	OTC
PROBIOTIC CAP BLEND	Pref	OTC
PROBIOTIC CAP COLON	Pref	OTC
PROBIOTIC CAP COMPLEX	Pref	OTC
PROBIOTIC CAP DAILY	Pref	OTC
PROBIOTIC CAP DIGESTIV	Pref	OTC
<i>probiotic cap gold</i>	Pref	OTC
PROBIOTIC CAP MAX STR	Pref	OTC
PROBIOTIC CAP MAX STRE	Pref	OTC
PROBIOTIC CAP MOOD	Pref	OTC
PROBIOTIC CAP PEARLS	Pref	OTC
PROBIOTIC CAP PREBIOTI	Pref	OTC
PROBIOTIC CAP SUPER	Pref	OTC
PROBIOTIC CAP TURMERIC	Pref	OTC
PROBIOTIC CAP VITA C	Pref	OTC
<i>probiotic chw children</i>	Pref	OTC
<i>probiotic pak children</i>	Pref	OTC
PROBIOTIC TAB 2 IN 1	Pref	OTC
PROBIOTIC TAB ENZYME	Pref	OTC
PROBIOTIC TAB TRIPLE	Pref	OTC
PROBIOTIC-10 CAP ULTIMATE	Pref	OTC
PROBIZEN CAP	Pref	OTC
PROVELLA TAB	Pref	OTC
QUAD-PROBIOT CAP	Pref	OTC
RA PROBIOTIC CAP DIGESTIV	Pref	OTC
REJUVAFLOR CAP	Pref	OTC
REPHRESH CAP PRO-B	Pref	OTC
RESTORA CAP	Pref	OTC
RISA-BID TAB PROBIO	Pref	OTC
RISAQUAD CAP	Pref	OTC
RISAQUAD-2 CAP	Pref	OTC
<i>saccharomyces boulardii cap 250 mg</i>	Pref	OTC
<i>saccharomyces cap 250mg</i>	Pref	OTC
SD PROBIOTIC CAP 10 CMLX	Pref	OTC
SM 4X TAB PROBIOTI	Pref	OTC
<i>sm probiotic cap 250mg</i>	Pref	OTC
SM PROBIOTIC CAP ADVANCED	Pref	OTC
<i>stablegi cap 250mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
SUPERIOR CAP PROBIOTI	Pref	OTC
TRUBIOTICS CAP	Pref	OTC
TRUBIOTICS CAP DIG+IMMU	Pref	OTC
ULTRAFLOA CAP IMMUNE	Pref	OTC
UP4 PROBIOTI CAP ADULTS	Pref	OTC
UP4 PROBIOTI CAP ULTRA	Pref	OTC
UP4 PROBIOTI CAP WOMENS	Pref	OTC
VISBIOME HIG CAP POTENCY	Pref	OTC
VSL#3 CAP 112.5BIL	Pref	OTC
WOMENS CAP 50 BIL	Pref	OTC
4X PROBIOTIC TAB	Pref	OTC

### **ANTIDIARRHEAL/PROBIOTIC COMBINATIONS**

ACIDOPHILUS/ TAB CIT PECT	Pref	OTC
CULTR ULTIMA CAP STRENGTH	Pref	OTC
CULTUR DIGES CAP DAILY	Pref	OTC
CULTUR DIGES CAP DLY PRO	Pref	OTC
CULTURELLE CAP	Pref	OTC
CULTURELLE CAP DIGESTIV	Pref	OTC
CULTURELLE CAP HLTH/WEL	Pref	OTC
DIGESTIVE CAP SUPPORT	Pref	OTC
<i>eql probioti cap acidophi</i>	Pref	OTC
KALA TAB	Pref	OTC
<i>lactobacillus acidophilus-pectin cap</i>	Pref	OTC

### **ANTIPERISTALTIC AGENTS**

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Pref	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Pref	
<i>loperamide hcl cap 2 mg</i>	Pref	
<i>loperamide hcl cap 2 mg</i>	Pref	OTC
<i>loperamide hcl tab 2 mg</i>	Pref	OTC
<i>loperamide sus 1mg/7.5</i>	Pref	OTC

## **ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**

### **ANTIDOTES - CHELATING AGENTS**

<i>deferasirox granules packet 180 mg</i>	Pref	PA
<i>deferasirox granules packet 360 mg</i>	Pref	PA
<i>deferasirox tab 90 mg</i>	Pref	PA
<i>deferasirox tab 180 mg</i>	Pref	PA
<i>deferasirox tab 360 mg</i>	Pref	PA

### **OPIOID ANTAGONISTS**

KLOXXADO SPR 8MG	Pref	PA; CL
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	CL
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	CL
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Pref	CL

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	CL
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	CL
<i>naltrexone hcl tab 50 mg</i>	Pref	CL
NARCAN SPR 4MG	Pref	CL
VIVITROL INJ 380MG	Pref	CL
ZIMHI SOL	Pref	CL

## ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

### 5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG	Non-Pref	PA; Max 10 Per Claim
<i>granisetron hcl inj 1 mg/ml</i>	Non-Pref	PA
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Non-Pref	PA
<i>granisetron hcl tab 1 mg</i>	Non-Pref	PA
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Non-Pref	PA
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Non-Pref	PA
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Non-Pref	PA
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Pref	
<i>ondansetron hcl tab 4 mg</i>	Pref	
<i>ondansetron hcl tab 8 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Non-Pref	PA
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Non-Pref	PA
PALONOSETRON INJ 0.25/2ML	Non-Pref	PA
SANCUSO DIS 3.1MG	Non-Pref	PA
SUSTOL INJ 10/0.4ML	Non-Pref	PA

### ANTIEMETICS - ANTICHOLINERGIC

ANTIVERT CHW 25MG	Pref	
DIMENHYDRIN INJ 50MG/ML	Non-Pref	PA
<i>dimenhydrinate tab 50 mg</i>	Pref	OTC
<i>meclizine hcl chew tab 25 mg</i>	Pref	OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	
<i>meclizine hcl tab 12.5 mg</i>	Pref	OTC
<i>meclizine hcl tab 25 mg</i>	Pref	
<i>meclizine hcl tab 25 mg</i>	Pref	OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	Non-Pref	PA
TIGAN INJ 100MG/ML	Non-Pref	PA
TRANSDERM-SC DIS 1MG/3DAY	Non-Pref	PA
<i>trimethobenzamide hcl cap 300 mg</i>	Pref	

### ANTIEMETICS - ANTIDOPAMINERGIC

BARHEMSYS INJ 5MG/2ML	Non-Pref	PA
BARHEMSYS INJ 10MG/4ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEMETICS - MISCELLANEOUS</b>		
AKYNZEO CAP 300-0.5	Non-Pref	PA
AKYNZEO INJ	Non-Pref	PA
AKYNZEO INJ 235-0.25	Non-Pref	PA
BONJESTA TAB 20-20MG	Non-Pref	PA; AGE (Min 18)
DICLEGIS TAB 10-10MG	Non-Pref	PA; AGE (Min 18)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>dronabinol cap 2.5 mg</i>	Pref	PA
<i>dronabinol cap 5 mg</i>	Pref	PA
<i>dronabinol cap 10 mg</i>	Pref	PA
MARINOL CAP 2.5MG	Non-Pref	PA
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	Non-Pref	PA
<i>aprepitant capsule 80 mg</i>	Non-Pref	PA
<i>aprepitant capsule 125 mg</i>	Non-Pref	PA
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Non-Pref	PA
CINVANTI INJ 130/18ML	Non-Pref	PA
EMEND CAP 80MG	Non-Pref	PA
EMEND SOL 150MG	Non-Pref	PA
EMEND SUS 125MG	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	Non-Pref	PA
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
<b>ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS</b>		
BREXAFEMME TAB 150MG	Non-Pref	PA
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS</b>		
ANCOBON CAP 250MG	Non-Pref	PA
ANCOBON CAP 500MG	Non-Pref	PA
<i>flucytosine cap 250 mg</i>	Non-Pref	PA
<i>flucytosine cap 500 mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Pref	90 day supply
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA
<i>nystatin tab 500000 unit</i>	Pref	90 day supply
<i>terbinafine hcl tab 250 mg</i>	Pref	90 day supply
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
DIFLUCAN SUS 10MG/ML	Non-Pref	PA; 90 day supply
DIFLUCAN SUS 40MG/ML	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 50MG	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 100MG	Non-Pref	PA; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIFLUCAN TAB 150MG	Non-Pref	PA
DIFLUCAN TAB 200MG	Non-Pref	PA; 90 day supply
<i>fluconazole for susp 10 mg/ml</i>	Pref	PA; 90 day supply
<i>fluconazole for susp 40 mg/ml</i>	Pref	90 day supply
<i>fluconazole tab 50 mg</i>	Pref	PA; 90 day supply
<i>fluconazole tab 100 mg</i>	Pref	90 day supply
<i>fluconazole tab 150 mg</i>	Pref	
<i>fluconazole tab 200 mg</i>	Pref	90 day supply
<i>itraconazole cap 100 mg</i>	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml</i>	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Non-Pref	PA
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole tab delayed release 100 mg</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA
SPORANOX SOL 10MG/ML	Non-Pref	PA
TOLSURA CAP 65MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
<i>voriconazole for susp 40 mg/ml</i>	Non-Pref	PA
<i>voriconazole tab 50 mg</i>	Non-Pref	PA
<i>voriconazole tab 200 mg</i>	Non-Pref	PA

## **ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES**

### **ANTIHIISTAMINES - ALKYLAMINES**

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Pref	OTC
<i>chlorpheniramine tab 4 mg</i>	Pref	OTC
<i>chlorpheniramine tab er 12 mg</i>	Pref	OTC

### **ANTIHIISTAMINES - ETHANOLAMINES**

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Pref	AGE (Min 2)
<i>carbinoxamine maleate tab 4 mg</i>	Pref	AGE (Min 2)
<i>clemastine fumarate tab 2.68 mg</i>	Pref	AGE (Min 2)
<i>diphenhydramine hcl cap 25 mg</i>	Pref	OTC
<i>diphenhydramine hcl cap 50 mg</i>	Pref	OTC
<i>diphenhydramine hcl chew tab 12.5 mg</i>	Pref	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	
<i>diphenhydramine hcl inj 50 mg/ml</i>	Pref	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Pref	OTC
<i>diphenhydramine hcl tab 25 mg</i>	Pref	OTC

### **ANTIHIISTAMINES - NON-SEDATING**

<i>all day allg cap 10mg</i>	Non-Pref	PA, OTC
<i>allergy chld sus 30mg/5ml</i>	Non-Pref	PA, OTC
<i>allergy rel cap 10mg</i>	Non-Pref	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>allergy relf tab 5mg</i>	Pref	OTC
<i>allergy relf tab 5mg</i>	Pref	OTC; 90 day supply
<i>cetirizine hcl chew tab 5 mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl chew tab 10 mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	OTC
<i>cetirizine hcl tab 5 mg</i>	Pref	OTC; 90 day supply
<i>cetirizine hcl tab 10 mg</i>	Pref	OTC
CLARINEX TAB 5MG	Non-Pref	PA
<i>desloratadine tab 5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA
<i>fexofenadine hcl tab 60 mg</i>	Non-Pref	PA, OTC
<i>fexofenadine hcl tab 180 mg</i>	Non-Pref	PA, OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	
<i>loratadine chw 5mg</i>	Non-Pref	PA, OTC; AGE (Min 2)
<i>loratadine rapidly-disintegrating tab 10 mg</i>	Pref	OTC
<i>loratadine syrup 5 mg/5ml</i>	Pref	OTC; AGE (Min 2)
<i>loratadine tab 10 mg</i>	Pref	OTC

#### **ANTI-HISTAMINES - PHENOTHIAZINES**

PHENERGAN INJ 25MG/ML	Non-Pref	PA
PHENERGAN INJ 50MG/ML	Non-Pref	PA
<i>promethazine hcl inj 25 mg/ml</i>	Pref	
<i>promethazine hcl inj 50 mg/ml</i>	Pref	
<i>promethazine hcl suppos 12.5 mg</i>	Pref	AGE (Min 2)
<i>promethazine hcl suppos 25 mg</i>	Pref	AGE (Min 2)
<i>promethazine hcl suppos 50 mg</i>	Pref	AGE (Min 2)
<i>promethazine hcl tab 12.5 mg</i>	Pref	AGE (Min 2)
<i>promethazine hcl tab 25 mg</i>	Pref	AGE (Min 2)
<i>promethazine hcl tab 50 mg</i>	Pref	AGE (Min 2)

#### **ANTI-HISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Pref	AGE (Min 2)
<i>cyproheptadine hcl tab 4 mg</i>	Pref	AGE (Min 2)

#### **ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL**

##### **ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL TAB 180MG	Non-Pref	PA; AGE (Min 18)
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##### **ANTIHYPERLIPIDEMICS - COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXLIZET TAB 180/10MG	Non-Pref	PA; AGE (Min 18)
VYTORIN TAB 10-10MG	Non-Pref	PA
VYTORIN TAB 10-20MG	Non-Pref	PA
VYTORIN TAB 10-40MG	Non-Pref	PA
VYTORIN TAB 10-80MG	Non-Pref	PA
<b>ANTIHYPERTENSIVES - MISC.</b>		
<i>icosapent ethyl cap 0.5 gm</i>	Non-Pref	PA; AGE (Min 18)
<i>icosapent ethyl cap 1 gm</i>	Non-Pref	PA
LOVAZA CAP 1GM	Non-Pref	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	Pref	PA
VASCEPA CAP 0.5GM	Non-Pref	PA; AGE (Min 18)
VASCEPA CAP 1GM	Non-Pref	PA
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Pref	PA
<i>cholestyramine light powder packets 4 gm</i>	Pref	
<i>cholestyramine powder 4 gm/dose</i>	Pref	PA
<i>cholestyramine powder packets 4 gm</i>	Pref	PA
<i>colesevelam hcl packet for susp 3.75 gm</i>	Non-Pref	PA
<i>colesevelam hcl tab 625 mg</i>	Non-Pref	PA
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA
COLESTID FLA GRA 5GM	Non-Pref	PA
COLESTID GRA 5GM	Non-Pref	PA
COLESTID POW 5GM	Non-Pref	PA
COLESTID TAB 1GM	Non-Pref	PA
<i>colestipol hcl granule packets 5 gm</i>	Non-Pref	PA
<i>colestipol hcl granules 5 gm</i>	Non-Pref	PA
<i>colestipol hcl tab 1 gm</i>	Pref	PA
<i>prevalite pow 4gm</i>	Pref	PA
<i>prevalite pow 4gm pk</i>	Pref	
QUESTRAN POW 4GM	Non-Pref	PA
QUESTRAN POW 4GM LITE	Non-Pref	PA
WELCHOL PAK 3.75GM	Non-Pref	PA
WELCHOL TAB 625MG	Non-Pref	PA
<b>FIBRIC ACID DERIVATIVES</b>		
ANTARA CAP 30MG	Non-Pref	PA
ANTARA CAP 90MG	Non-Pref	PA
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>fenofibrate cap 50 mg</i>	Non-Pref	PA
<i>fenofibrate cap 150 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 30 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 43 mg</i>	Non-Pref	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate micronized cap 67 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 90 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 130 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 134 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 200 mg</i>	Non-Pref	PA
<i>fenofibrate tab 40 mg</i>	Non-Pref	PA
<i>fenofibrate tab 48 mg</i>	Pref	
<i>fenofibrate tab 54 mg</i>	Non-Pref	PA
<i>fenofibrate tab 120 mg</i>	Non-Pref	PA
<i>fenofibrate tab 145 mg</i>	Pref	PA
<i>fenofibrate tab 160 mg</i>	Non-Pref	PA
<i>fenofibric acid tab 35 mg</i>	Pref	
<i>fenofibric acid tab 105 mg</i>	Non-Pref	PA
FENOGLIDE TAB 40MG	Non-Pref	PA
FENOGLIDE TAB 120MG	Non-Pref	PA
<i>gemfibrozil tab 600 mg</i>	Pref	
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA
TRICOR TAB 48MG	Non-Pref	PA
TRICOR TAB 145MG	Non-Pref	PA
TRILIPIX CAP 45MG	Non-Pref	PA
TRILIPIX CAP 135MG	Non-Pref	PA

### **HMG COA REDUCTASE INHIBITORS**

ALTOPREV TAB 20MG ER	Non-Pref	PA
ALTOPREV TAB 40MG ER	Non-Pref	PA
ALTOPREV TAB 60MG ER	Non-Pref	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Pref	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Pref	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Pref	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Pref	
CRESTOR TAB 5MG	Non-Pref	PA
CRESTOR TAB 10MG	Non-Pref	PA
CRESTOR TAB 20MG	Non-Pref	PA
CRESTOR TAB 40MG	Non-Pref	PA
EZALLOR SPR CAP 5MG	Non-Pref	PA
EZALLOR SPR CAP 10MG	Non-Pref	PA
EZALLOR SPR CAP 20MG	Non-Pref	PA
EZALLOR SPR CAP 40MG	Non-Pref	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Non-Pref	PA
LESCOL XL TAB 80MG	Non-Pref	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIPITOR TAB 10MG	Non-Pref	PA
LIPITOR TAB 20MG	Non-Pref	PA
LIPITOR TAB 40MG	Non-Pref	PA
LIPITOR TAB 80MG	Non-Pref	PA
LIVALO TAB 1MG	Non-Pref	PA
LIVALO TAB 2MG	Non-Pref	PA
LIVALO TAB 4MG	Non-Pref	PA
<i>lovastatin tab 10 mg</i>	Pref	
<i>lovastatin tab 20 mg</i>	Pref	
<i>lovastatin tab 40 mg</i>	Pref	
<i>pravastatin sodium tab 10 mg</i>	Pref	
<i>pravastatin sodium tab 20 mg</i>	Pref	
<i>pravastatin sodium tab 40 mg</i>	Pref	
<i>pravastatin sodium tab 80 mg</i>	Pref	90 day supply
<i>rosuvastatin calcium tab 5 mg</i>	Pref	
<i>rosuvastatin calcium tab 10 mg</i>	Pref	PA
<i>rosuvastatin calcium tab 20 mg</i>	Pref	PA
<i>rosuvastatin calcium tab 40 mg</i>	Pref	
<i>simvastatin tab 5 mg</i>	Pref	
<i>simvastatin tab 10 mg</i>	Pref	PA
<i>simvastatin tab 20 mg</i>	Pref	PA
<i>simvastatin tab 40 mg</i>	Pref	
<i>simvastatin tab 80 mg</i>	Pref	
ZOCOR TAB 10MG	Non-Pref	PA
ZOCOR TAB 20MG	Non-Pref	PA
ZOCOR TAB 40MG	Non-Pref	PA
ZYPITAMAG TAB 2MG	Non-Pref	PA
ZYPITAMAG TAB 4MG	Non-Pref	PA
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	Pref	
ZETIA TAB 10MG	Non-Pref	PA
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP 5MG	Non-Pref	SP, PA
JUXTAPID CAP 10MG	Non-Pref	SP, PA
JUXTAPID CAP 20MG	Non-Pref	SP, PA
JUXTAPID CAP 30MG	Non-Pref	SP, PA
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Pref	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Pref	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Pref	
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
LEQVIO SOL	Non-Pref	PA
PRALUENT INJ 75MG/ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
PRALUENT INJ 150MG/ML	Non-Pref	PA
REPATHA INJ 140MG/ML	Non-Pref	PA
REPATHA PUSH INJ 420/3.5	Non-Pref	PA
REPATHA SURE INJ 140MG/ML	Non-Pref	PA

## ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

### ACE INHIBITORS

ACCUPRIL TAB 5MG	Non-Pref	PA
ACCUPRIL TAB 10MG	Non-Pref	PA
ACCUPRIL TAB 20MG	Non-Pref	PA
ACCUPRIL TAB 40MG	Non-Pref	PA
ALTACE CAP 1.25MG	Non-Pref	PA
ALTACE CAP 2.5MG	Non-Pref	PA
ALTACE CAP 5MG	Non-Pref	PA
ALTACE CAP 10MG	Non-Pref	PA
<i>benazepril hcl tab 5 mg</i>	Pref	
<i>benazepril hcl tab 10 mg</i>	Pref	
<i>benazepril hcl tab 20 mg</i>	Pref	
<i>benazepril hcl tab 40 mg</i>	Pref	
<i>captopril tab 12.5 mg</i>	Non-Pref	PA
<i>captopril tab 25 mg</i>	Non-Pref	PA
<i>captopril tab 50 mg</i>	Non-Pref	PA
<i>captopril tab 100 mg</i>	Non-Pref	PA
<i>enalapril maleate oral soln 1 mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tab 2.5 mg</i>	Pref	PA
<i>enalapril maleate tab 5 mg</i>	Pref	PA
<i>enalapril maleate tab 10 mg</i>	Pref	PA
<i>enalapril maleate tab 20 mg</i>	Pref	PA
EPANED SOL 1MG/ML	Non-Pref	PA
<i>fosinopril sodium tab 10 mg</i>	Pref	
<i>fosinopril sodium tab 20 mg</i>	Pref	
<i>fosinopril sodium tab 40 mg</i>	Pref	
<i>lisinopril tab 2.5 mg</i>	Pref	PA
<i>lisinopril tab 5 mg</i>	Pref	
<i>lisinopril tab 10 mg</i>	Pref	
<i>lisinopril tab 20 mg</i>	Pref	
<i>lisinopril tab 30 mg</i>	Pref	
<i>lisinopril tab 40 mg</i>	Pref	
LOTENSIN TAB 10MG	Non-Pref	PA
LOTENSIN TAB 20MG	Non-Pref	PA
LOTENSIN TAB 40MG	Non-Pref	PA
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA

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**Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** -  
Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA
QBRELIS SOL 1MG/ML	Non-Pref	PA
<i>quinapril hcl tab 5 mg</i>	Pref	PA
<i>quinapril hcl tab 10 mg</i>	Pref	PA
<i>quinapril hcl tab 20 mg</i>	Pref	PA
<i>quinapril hcl tab 40 mg</i>	Pref	PA
<i>ramipril cap 1.25 mg</i>	Pref	
<i>ramipril cap 2.5 mg</i>	Pref	
<i>ramipril cap 5 mg</i>	Pref	
<i>ramipril cap 10 mg</i>	Pref	PA
<i>trandolapril tab 1 mg</i>	Pref	
<i>trandolapril tab 2 mg</i>	Pref	
<i>trandolapril tab 4 mg</i>	Pref	
VASOTEC TAB 2.5MG	Non-Pref	PA
VASOTEC TAB 5MG	Non-Pref	PA
VASOTEC TAB 10MG	Non-Pref	PA
VASOTEC TAB 20MG	Non-Pref	PA
ZESTRIL TAB 2.5MG	Non-Pref	PA
ZESTRIL TAB 5MG	Non-Pref	PA
ZESTRIL TAB 10MG	Non-Pref	PA
ZESTRIL TAB 20MG	Non-Pref	PA
ZESTRIL TAB 30MG	Non-Pref	PA
ZESTRIL TAB 40MG	Non-Pref	PA

**ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND TAB 4MG	Non-Pref	PA
ATACAND TAB 8MG	Non-Pref	PA
ATACAND TAB 16MG	Non-Pref	PA
ATACAND TAB 32MG	Non-Pref	PA
AVAPRO TAB 75MG	Non-Pref	PA
AVAPRO TAB 150MG	Non-Pref	PA
AVAPRO TAB 300MG	Non-Pref	PA
BENICAR TAB 5MG	Non-Pref	PA
BENICAR TAB 20MG	Non-Pref	PA
BENICAR TAB 40MG	Non-Pref	PA
<i>candesartan cilexetil tab 4 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 8 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 16 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 32 mg</i>	Non-Pref	PA
COZAAR TAB 25MG	Non-Pref	PA
COZAAR TAB 50MG	Non-Pref	PA
COZAAR TAB 100MG	Non-Pref	PA
DIOVAN TAB 40MG	Non-Pref	PA
DIOVAN TAB 80MG	Non-Pref	PA
DIOVAN TAB 160MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIOVAN TAB 320MG	Non-Pref	PA
EDARBI TAB 40MG	Non-Pref	PA
EDARBI TAB 80MG	Non-Pref	PA
<i>irbesartan tab 75 mg</i>	Pref	
<i>irbesartan tab 150 mg</i>	Pref	
<i>irbesartan tab 300 mg</i>	Pref	
<i>losartan potassium tab 25 mg</i>	Pref	PA
<i>losartan potassium tab 50 mg</i>	Pref	
<i>losartan potassium tab 100 mg</i>	Pref	PA
MICARDIS TAB 20MG	Non-Pref	PA
MICARDIS TAB 40MG	Non-Pref	PA
MICARDIS TAB 80MG	Non-Pref	PA
<i>olmesartan medoxomil tab 5 mg</i>	Pref	PA
<i>olmesartan medoxomil tab 20 mg</i>	Pref	PA
<i>olmesartan medoxomil tab 40 mg</i>	Pref	PA
<i>telmisartan tab 20 mg</i>	Non-Pref	PA
<i>telmisartan tab 40 mg</i>	Non-Pref	PA
<i>telmisartan tab 80 mg</i>	Non-Pref	PA
<i>valsartan tab 40 mg</i>	Pref	
<i>valsartan tab 80 mg</i>	Pref	
<i>valsartan tab 160 mg</i>	Pref	
<i>valsartan tab 320 mg</i>	Pref	PA

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine hcl tab 0.1 mg</i>	Pref	CL; 90 day supply
<i>clonidine hcl tab 0.2 mg</i>	Pref	CL; 90 day supply
<i>clonidine hcl tab 0.3 mg</i>	Pref	CL; 90 day supply
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Pref	PA; CL; 90 day supply
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Pref	PA; CL; 90 day supply
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Pref	PA; CL; 90 day supply
<i>doxazosin mesylate tab 1 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 2 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 4 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 8 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab 1 mg</i>	Pref	CL; 90 day supply
<i>guanfacine hcl tab 2 mg</i>	Pref	CL; 90 day supply
<i>prazosin hcl cap 1 mg</i>	Pref	
<i>prazosin hcl cap 2 mg</i>	Pref	
<i>prazosin hcl cap 5 mg</i>	Pref	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	90 day supply

### **ANTIHYPERTENSIVE COMBINATIONS**

ACCURETIC TAB 10-12.5	Non-Pref	PA
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**AGE** - Age Limit **CL** - Closed Class Medication **MED** - Max 90 mg Morphine EQ Dose Per Day  
**Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** -  
Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACCURETIC TAB 20-12.5	Non-Pref	PA
ACCURETIC TAB 20-25MG	Non-Pref	PA
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	PA
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Pref	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Pref	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Pref	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Pref	PA
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Pref	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Non-Pref	PA
ATACAND HCT TAB 16-12.5	Non-Pref	PA
ATACAND HCT TAB 32-12.5	Non-Pref	PA
ATACAND HCT TAB 32-25MG	Non-Pref	PA
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Pref	PA
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Pref	PA
AVALIDE TAB 150-12.5	Non-Pref	PA
AVALIDE TAB 300-12.5	Non-Pref	PA
AZOR TAB 5-20MG	Non-Pref	PA
AZOR TAB 5-40MG	Non-Pref	PA
AZOR TAB 10-20MG	Non-Pref	PA
AZOR TAB 10-40MG	Non-Pref	PA
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	PA
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	PA
BENICAR HCT TAB 20-12.5	Non-Pref	PA
BENICAR HCT TAB 40-12.5	Non-Pref	PA
BENICAR HCT TAB 40-25MG	Non-Pref	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Non-Pref	PA
DIOVAN HCT TAB 80/12.5	Non-Pref	PA
DIOVAN HCT TAB 160-12.5	Non-Pref	PA
DIOVAN HCT TAB 160-25MG	Non-Pref	PA
DIOVAN HCT TAB 320-12.5	Non-Pref	PA
DIOVAN HCT TAB 320-25MG	Non-Pref	PA
EDARBYCLOR TAB 40-12.5	Non-Pref	PA
EDARBYCLOR TAB 40-25MG	Non-Pref	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Pref	90 day supply
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Pref	PA
EXFORGE TAB 5-160MG	Non-Pref	PA
EXFORGE TAB 5-320MG	Non-Pref	PA
EXFORGE TAB 10-160MG	Non-Pref	PA
EXFORGE TAB 10-320MG	Non-Pref	PA
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA
EXFORGEH/5- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA
EXFORGEH/10- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 320-25	Non-Pref	PA
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
HYZAAR TAB 50-12.5	Non-Pref	PA
HYZAAR TAB 100-12.5	Non-Pref	PA
HYZAAR TAB 100-25	Non-Pref	PA
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Pref	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Pref	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	PA
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	PA
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	PA

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Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Pref	PA
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Pref	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA
LOTREL CAP 5-10MG	Non-Pref	PA
LOTREL CAP 5-20MG	Non-Pref	PA
LOTREL CAP 10-20MG	Non-Pref	PA
LOTREL CAP 10-40MG	Non-Pref	PA
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Pref	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Pref	
MICARDIS HCT TAB 40/12.5	Non-Pref	PA
MICARDIS HCT TAB 80-25MG	Non-Pref	PA
MICARDIS HCT TAB 80/12.5	Non-Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Non-Pref	PA
TEKTRNA HCT TAB 150-12.5	Non-Pref	PA
TEKTRNA HCT TAB 300-12.5	Non-Pref	PA
TEKTRNA HCT TAB 300-25MG	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Non-Pref	PA
TENORETIC TAB 50	Non-Pref	PA
TENORETIC TAB 100	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Pref	PA
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Pref	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Pref	PA
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Pref	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Pref	
VASERETIC TAB 10-25MG	Non-Pref	PA
ZESTORETIC TAB 10-12.5	Non-Pref	PA
ZESTORETIC TAB 20-12.5	Non-Pref	PA
ZESTORETIC TAB 20-25MG	Non-Pref	PA
ZIAC TAB 2.5/6.25	Non-Pref	PA
ZIAC TAB 5-6.25MG	Non-Pref	PA
ZIAC TAB 10/6.25	Non-Pref	PA

**DIRECT RENIN INHIBITORS**

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Non-Pref	PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Non-Pref	PA
TEKTURNA TAB 150MG	Non-Pref	PA
TEKTURNA TAB 300MG	Non-Pref	PA

**VASODILATORS**

<i>hydralazine hcl tab 10 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 25 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 50 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 100 mg</i>	Pref	90 day supply
<i>minoxidil tab 2.5 mg</i>	Pref	
<i>minoxidil tab 10 mg</i>	Pref	

**ANTIMALARIALS - DRUGS TO TREAT MALARIA**

**ANTIMALARIAL COMBINATIONS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Pref	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Pref	



Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>chloroquine phosphate tab 250 mg</i>	Pref	PA
<i>chloroquine phosphate tab 500 mg</i>	Pref	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Pref	
<i>mefloquine hcl tab 250 mg</i>	Pref	
<i>quinine sulfate cap 324 mg</i>	Pref	QL (42 caps every 292 days)

**ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

**ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Pref	
<i>pyridostigmine bromide tab 60 mg</i>	Pref	

**ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

**ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

<i>ethambutol hcl tab 100 mg</i>	Pref	
<i>ethambutol hcl tab 400 mg</i>	Pref	
<i>isoniazid syrup 50 mg/5ml</i>	Pref	
<i>isoniazid tab 100 mg</i>	Pref	
<i>isoniazid tab 300 mg</i>	Pref	
<i>rifabutin cap 150 mg</i>	Pref	PA
<i>rifampin cap 150 mg</i>	Pref	
<i>rifampin cap 300 mg</i>	Pref	

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER**

**ALKYLATING AGENTS**

<i>cyclophosphamide cap 25 mg</i>	Pref	SP, PA
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, PA
LEUKERAN TAB 2MG	Pref	
<i>melphalan tab 2 mg</i>	Pref	
<i>temozolomide cap 5 mg</i>	Pref	SP, PA
<i>temozolomide cap 20 mg</i>	Pref	SP, PA
<i>temozolomide cap 100 mg</i>	Pref	SP, PA
<i>temozolomide cap 140 mg</i>	Pref	SP, PA
<i>temozolomide cap 180 mg</i>	Pref	SP, PA
<i>temozolomide cap 250 mg</i>	Pref	SP, PA

**ANTIMETABOLITES**

<i>capecitabine tab 150 mg</i>	Pref	SP, PA
<i>capecitabine tab 500 mg</i>	Pref	SP, PA
<i>mercaptopurine tab 50 mg</i>	Pref	
<i>methotrexate sodium for inj 1 gm</i>	Pref	90 day supply
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	90 day supply
TREXALL TAB 5MG	Non-Pref	PA
TREXALL TAB 7.5MG	Non-Pref	PA
TREXALL TAB 10MG	Non-Pref	PA
TREXALL TAB 15MG	Non-Pref	PA
XATMEP SOL 2.5MG/ML	Non-Pref	PA

### **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate tab 250 mg</i>	Pref	SP, PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	Pref	SP, PA, QL (2 tabs every 1 day)
<i>anastrozole tab 1 mg</i>	Pref	
<i>bicalutamide tab 50 mg</i>	Pref	
<i>flutamide cap 125 mg</i>	Pref	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Non-Pref	PA; CL
<i>letrozole tab 2.5 mg</i>	Pref	
<i>megestrol acetate susp 40 mg/ml</i>	Pref	
<i>megestrol acetate tab 20 mg</i>	Pref	
<i>megestrol acetate tab 40 mg</i>	Pref	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	

### **ANTINEOPLASTIC ENZYME INHIBITORS**

<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Pref	SP, PA, QL (8 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Pref	SP, PA, QL (2 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Pref	SP, PA, QL (7 caps every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Pref	SP, PA, QL (3 caps every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap every 1 day)

### **ANTINEOPLASTICS MISC.**

<i>hydroxyurea cap 500 mg</i>	Pref	
<i>tretinoin cap 10 mg</i>	Pref	PA, QL (90 caps every 292 days)

Drug Name	Drug Tier	Requirements/Limits
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**CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS**

<i>leucovorin calcium tab 5 mg</i>	Pref	
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	

**MITOTIC INHIBITORS**

<i>etoposide cap 50 mg</i>	Pref	
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**ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

**ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate tab 0.5 mg</i>	Pref	90 day supply
<i>benztropine mesylate tab 1 mg</i>	Pref	90 day supply
<i>benztropine mesylate tab 2 mg</i>	Pref	90 day supply
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Pref	
<i>trihexyphenidyl hcl tab 2 mg</i>	Pref	
<i>trihexyphenidyl hcl tab 5 mg</i>	Pref	

**ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl cap 100 mg</i>	Pref	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Pref	90 day supply
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Pref	
DHIVY TAB 25-100MG	Pref	90 day supply
MIRAPEX ER TAB 0.75MG	Non-Pref	PA
MIRAPEX ER TAB 0.375MG	Non-Pref	PA
MIRAPEX ER TAB 1.5MG	Non-Pref	PA
MIRAPEX ER TAB 2.25MG	Non-Pref	PA
MIRAPEX ER TAB 3.75MG	Non-Pref	PA
MIRAPEX ER TAB 3MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIRAPEX ER TAB 4.5MG	Non-Pref	PA
NEUPRO DIS 1MG/24HR	Non-Pref	PA
NEUPRO DIS 2MG/24HR	Non-Pref	PA
NEUPRO DIS 3MG/24HR	Non-Pref	PA
NEUPRO DIS 4MG/24HR	Non-Pref	PA
NEUPRO DIS 6MG/24HR	Non-Pref	PA
NEUPRO DIS 8MG/24HR	Non-Pref	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Pref	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Pref	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>selegiline hcl cap 5 mg</i>	Pref	
<i>selegiline hcl tab 5 mg</i>	Pref	

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES**

#### **ANTIMANIC AGENTS**

<i>lithium carbonate cap 150 mg</i>	Pref	90 day supply
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lithium carbonate cap 300 mg</i>	Pref	90 day supply
<i>lithium carbonate cap 600 mg</i>	Pref	90 day supply
<i>lithium carbonate tab 300 mg</i>	Pref	90 day supply
<i>lithium carbonate tab er 300 mg</i>	Pref	90 day supply
<i>lithium carbonate tab er 450 mg</i>	Pref	90 day supply

### **ANTIPSYCHOTICS - MISC.**

CAPLYTA CAP 10.5MG	Non-Pref	PA; AGE (Min 18)
CAPLYTA CAP 21MG	Non-Pref	PA; AGE (Min 18)
CAPLYTA CAP 42MG	Non-Pref	PA; AGE (Min 18); CL
EQUETRO CAP 100MG	Non-Pref	PA; CL
EQUETRO CAP 200MG	Non-Pref	PA; CL
EQUETRO CAP 300MG	Non-Pref	PA; CL
GEODON CAP 20MG	Non-Pref	PA; AGE (Min 18); CL
GEODON CAP 40MG	Non-Pref	PA; AGE (Min 18); CL
GEODON CAP 60MG	Non-Pref	PA; AGE (Min 18); CL
GEODON CAP 80MG	Non-Pref	PA; AGE (Min 18); CL
GEODON INJ 20MG	Non-Pref	PA; AGE (Min 18); CL
LATUDA TAB 20MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
LATUDA TAB 40MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
LATUDA TAB 60MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
LATUDA TAB 80MG	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
LATUDA TAB 120MG	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
NUPLAZID CAP 34MG	Non-Pref	SP, PA, QL (2 caps every 1 day); AGE (Min 18); CL
NUPLAZID TAB 10MG	Non-Pref	SP, PA, QL (2 tabs every 1 day); AGE (Min 18); CL
VRAYLAR CAP 1.5-3MG	Non-Pref	PA; AGE (Min 18); CL
VRAYLAR CAP 1.5MG	Non-Pref	PA; AGE (Min 18); CL
VRAYLAR CAP 3MG	Non-Pref	PA; AGE (Min 18); CL
VRAYLAR CAP 4.5MG	Non-Pref	PA; AGE (Min 18); CL
VRAYLAR CAP 6MG	Non-Pref	PA; AGE (Min 18); CL
<i>ziprasidone hcl cap 20 mg</i>	Pref	AGE (Min 18); CL
<i>ziprasidone hcl cap 40 mg</i>	Pref	AGE (Min 18); CL
<i>ziprasidone hcl cap 60 mg</i>	Pref	PA; AGE (Min 18); CL
<i>ziprasidone hcl cap 80 mg</i>	Pref	PA; AGE (Min 18); CL
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Non-Pref	PA; AGE (Min 18); CL

### **BENZISOXAZOLES**

FANAPT PAK	Non-Pref	PA; AGE (Min 18); CL
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT TAB 1MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
FANAPT TAB 2MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
FANAPT TAB 4MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
FANAPT TAB 6MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
FANAPT TAB 8MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
FANAPT TAB 10MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
FANAPT TAB 12MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
INVEGA HAFYE INJ 1092MG	Pref	AGE (Min 18); CL
INVEGA HAFYE INJ 1560MG	Pref	AGE (Min 18); CL
INVEGA SUST INJ 39/0.25	Pref	AGE (Min 18); CL
INVEGA SUST INJ 78/0.5ML	Pref	AGE (Min 18); CL
INVEGA SUST INJ 117/0.75	Pref	AGE (Min 18); CL
INVEGA SUST INJ 156MG/ML	Pref	AGE (Min 18); CL
INVEGA SUST INJ 234/1.5	Pref	AGE (Min 18); CL
INVEGA TAB 1.5MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
INVEGA TAB 3MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
INVEGA TAB 6MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
INVEGA TAB 9MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
INVEGA TRINZ INJ 273MG	Pref	AGE (Min 18); CL
INVEGA TRINZ INJ 410MG	Pref	AGE (Min 18); CL
INVEGA TRINZ INJ 546MG	Pref	AGE (Min 18); CL
INVEGA TRINZ INJ 819MG	Pref	AGE (Min 18); CL
<i>paliperidone tab er 24hr 1.5 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>paliperidone tab er 24hr 3 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>paliperidone tab er 24hr 6 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>paliperidone tab er 24hr 9 mg</i>	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
PERSERIS INJ 90MG	Non-Pref	PA; AGE (Min 18); CL
PERSERIS INJ 120MG	Non-Pref	PA; AGE (Min 18); CL
RISPERDAL INJ 12.5MG	Pref	AGE (Min 18); CL
RISPERDAL INJ 25MG	Pref	AGE (Min 18); CL
RISPERDAL INJ 37.5MG	Pref	AGE (Min 18); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL INJ 50MG	Pref	AGE (Min 18); CL
RISPERDAL SOL 1MG/ML	Non-Pref	PA, QL (2 mL every 1 day); AGE (Min 18); CL
RISPERDAL TAB 0.5MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
RISPERDAL TAB 1MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
RISPERDAL TAB 2MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
RISPERDAL TAB 3MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
RISPERDAL TAB 4MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone orally disintegrating tab 0.5 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone orally disintegrating tab 0.25 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone orally disintegrating tab 1 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone orally disintegrating tab 2 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone orally disintegrating tab 3 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone orally disintegrating tab 4 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone soln 1 mg/ml</i>	Pref	QL (2 mL every 1 day); AGE (Min 18); CL
<i>risperidone tab 0.5 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone tab 0.25 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone tab 1 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone tab 2 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone tab 3 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL
<i>risperidone tab 4 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 18); CL

### **BUTYROPHENONES**

HALDOL DECAN INJ 50MG/ML	Non-Pref	PA; AGE (Min 18); CL; 90 day supply
HALDOL DECAN INJ 100MG/ML	Non-Pref	PA; AGE (Min 18); CL; 90 day supply
<i>haloperidol decanoate im soln 50 mg/ml</i>	Pref	AGE (Min 18); CL; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>haloperidol decanoate im soln 100 mg/ml</i>	Pref	PA; AGE (Min 18); CL; 90 day supply
<i>haloperidol lactate inj 5 mg/ml</i>	Pref	AGE (Min 18); CL
<i>haloperidol lactate oral conc 2 mg/ml</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>haloperidol tab 0.5 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>haloperidol tab 1 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>haloperidol tab 2 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>haloperidol tab 5 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>haloperidol tab 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>haloperidol tab 20 mg</i>	Pref	AGE (Min 18); CL; 90 day supply

### **DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>clozapine orally disintegrating tab 25 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>clozapine orally disintegrating tab 100 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>clozapine orally disintegrating tab 150 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>clozapine orally disintegrating tab 200 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>clozapine tab 25 mg</i>	Pref	PA; AGE (Min 18); CL
<i>clozapine tab 50 mg</i>	Pref	PA; AGE (Min 18); CL
<i>clozapine tab 100 mg</i>	Pref	PA; AGE (Min 18); CL
<i>clozapine tab 200 mg</i>	Pref	PA; AGE (Min 18); CL
CLOZARIL TAB 25MG	Non-Pref	PA; AGE (Min 18); CL
CLOZARIL TAB 50MG	Non-Pref	PA; AGE (Min 18); CL
CLOZARIL TAB 100MG	Non-Pref	PA; AGE (Min 18); CL
CLOZARIL TAB 200MG	Non-Pref	PA; AGE (Min 18); CL
<i>loxapine succinate cap 5 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>loxapine succinate cap 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>loxapine succinate cap 25 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>loxapine succinate cap 50 mg</i>	Pref	AGE (Min 18); CL; 90 day supply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine for im inj 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>olanzapine orally disintegrating tab 5 mg</i>	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
<i>olanzapine orally disintegrating tab 10 mg</i>	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
<i>olanzapine orally disintegrating tab 15 mg</i>	Pref	PA; AGE (Min 18); CL
<i>olanzapine orally disintegrating tab 20 mg</i>	Pref	PA; AGE (Min 18); CL
<i>olanzapine tab 2.5 mg</i>	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
<i>olanzapine tab 5 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>olanzapine tab 7.5 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>olanzapine tab 10 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>olanzapine tab 15 mg</i>	Pref	AGE (Min 18); CL
<i>olanzapine tab 20 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab 25 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab 50 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab 100 mg</i>	Pref	PA; AGE (Min 18); CL
<i>quetiapine fumarate tab 150 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab 200 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab 300 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab 400 mg</i>	Pref	AGE (Min 18); CL
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Pref	QL (1 tab every 1 day); AGE (Min 18); CL
SAPHRIS SUB 2.5MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
SAPHRIS SUB 5MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
SAPHRIS SUB 10MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE (Min 18); CL
SECUADO DIS 3.8MG	Non-Pref	PA; AGE (Min 18); CL
SECUADO DIS 5.7MG	Non-Pref	PA; AGE (Min 18); CL
SECUADO DIS 7.6MG	Non-Pref	PA; AGE (Min 18); CL
SEROQUEL TAB 25MG	Non-Pref	PA; AGE (Min 18); CL
SEROQUEL TAB 50MG	Non-Pref	PA; AGE (Min 18); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROQUEL TAB 100MG	Non-Pref	PA; AGE (Min 18); CL
SEROQUEL TAB 200MG	Non-Pref	PA; AGE (Min 18); CL
SEROQUEL TAB 300MG	Non-Pref	PA; AGE (Min 18); CL
SEROQUEL TAB 400MG	Non-Pref	PA; AGE (Min 18); CL
SEROQUEL XR TAB 50MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
SEROQUEL XR TAB 150MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
SEROQUEL XR TAB 200MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
SEROQUEL XR TAB 300MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
SEROQUEL XR TAB 400MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
VERSACLOZ SUS 50MG/ML	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA INJ 10MG	Non-Pref	PA; AGE (Min 18); CL; 90 day supply
ZYPREXA RELP INJ 210MG	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA RELP INJ 300MG	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA RELP INJ 405MG	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA TAB 2.5MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ZYPREXA TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ZYPREXA TAB 7.5MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ZYPREXA TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ZYPREXA TAB 15MG	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA TAB 20MG	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA ZYDI TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ZYPREXA ZYDI TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ZYPREXA ZYDI TAB 15MG	Non-Pref	PA; AGE (Min 18); CL
ZYPREXA ZYDI TAB 20MG	Non-Pref	PA; AGE (Min 18); CL

### **DIHYDROINDOLONES**

<i>molindone hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>molindone hcl tab 10 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>molindone hcl tab 25 mg</i>	Non-Pref	PA; AGE (Min 18); CL

### **PHENOTHIAZINES**

CHLORPROMAZI CON 30MG/ML	Pref	AGE (Min 18); CL
CHLORPROMAZI CON 100MG/ML	Pref	AGE (Min 18); CL
<i>chlorpromazine hcl inj 25 mg/ml</i>	Pref	AGE (Min 18); CL
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Pref	AGE (Min 18); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorpromazine hcl tab 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>chlorpromazine hcl tab 25 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>chlorpromazine hcl tab 50 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>chlorpromazine hcl tab 100 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>chlorpromazine hcl tab 200 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>compro sup 25mg</i>	Non-Pref	PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Pref	AGE (Min 18); CL
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>fluphenazine hcl tab 1 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>fluphenazine hcl tab 2.5 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>fluphenazine hcl tab 5 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>fluphenazine hcl tab 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine tab 2 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine tab 4 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine tab 8 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine tab 16 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Non-Pref	PA; AGE (Min 2)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Pref	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Pref	
<i>prochlorperazine suppos 25 mg</i>	Non-Pref	PA
<i>thioridazine hcl tab 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>thioridazine hcl tab 25 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>thioridazine hcl tab 50 mg</i>	Pref	AGE (Min 18); CL; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>thioridazine hcl tab 100 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Pref	AGE (Min 18); CL; 90 day supply

### **QUINOLINONE DERIVATIVES**

ABILIFY MAIN INJ 300MG	Pref	AGE (Min 18); CL
ABILIFY MAIN INJ 400MG	Pref	AGE (Min 18); CL
ABILIFY MYCI TAB 2MG MANT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 2MG STRT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 5MG MANT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 5MG STRT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 10MG MNT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 10MG STR	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 15MG MNT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 15MG STR	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 20MG MNT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 20MG STR	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 30MG MNT	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCI TAB 30MG STR	Non-Pref	PA; AGE (Min 18)
ABILIFY TAB 2MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ABILIFY TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ABILIFY TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ABILIFY TAB 15MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ABILIFY TAB 20MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ABILIFY TAB 30MG	Non-Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Pref	PA; AGE (Min 18); CL
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>aripiprazole tab 2 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>aripiprazole tab 5 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 10 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>aripiprazole tab 15 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>aripiprazole tab 20 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
<i>aripiprazole tab 30 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE (Min 18); CL
ARISTADA INJ 441MG/1.	Pref	AGE (Min 18); CL
ARISTADA INJ 662MG/2	Pref	AGE (Min 18); CL
ARISTADA INJ 882MG/3	Pref	AGE (Min 18); CL
ARISTADA INJ 1064MG	Pref	AGE (Min 18); CL
ARISTADA INJ INITIO	Pref	AGE (Min 18); CL
REXULTI TAB 0.5MG	Non-Pref	PA; AGE (Min 18); CL
REXULTI TAB 0.25MG	Non-Pref	PA; AGE (Min 18); CL
REXULTI TAB 1MG	Non-Pref	PA; AGE (Min 18); CL
REXULTI TAB 2MG	Non-Pref	PA; AGE (Min 18); CL
REXULTI TAB 3MG	Non-Pref	PA; AGE (Min 18); CL
REXULTI TAB 4MG	Non-Pref	PA; AGE (Min 18); CL

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>thiothixene cap 2 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>thiothixene cap 5 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>thiothixene cap 10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply

### **ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT**

#### **CHLORINE ANTISEPTICS**

<i>h-chlor 12 sol 0.125%</i>	Pref	OTC
<i>hysept sol 0.25%</i>	Pref	OTC

### **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Pref	QL (30 mL every 1 day); CL
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day); CL
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab every 1 day); CL
APRETUDE SUS 600MG ER	Pref	CL
APTIVUS CAP 250MG	Pref	QL (4 caps every 1 day); CL
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Pref	QL (2 caps every 1 day); CL
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Pref	QL (1 cap every 1 day); CL
BIKTARVY TAB 30-120-15 MG	Pref	QL (1 tab every 1 day); CL
BIKTARVY TAB 50-200-25 MG	Pref	QL (1 tab every 1 day); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABENUVA SUS 400-600	Pref	CL; 90 day supply
CABENUVA SUS 600-900	Pref	CL; 90 day supply
CIMDUO TAB 300-300	Pref	QL (1 tab every 1 day); CL
COMBIVIR TAB 150-300	Pref	QL (2 tabs every 1 day); CL
COMPLERA TAB	Pref	QL (1 tab every 1 day); CL
DELSTRIGO TAB	Pref	QL (1 tab every 1 day); CL
DESCOVY TAB 120-15MG	Pref	QL (1 tab every 1 day); CL
DESCOVY TAB 200/25MG	Pref	QL (1 tab every 1 day); CL
DOVATO TAB 50-300MG	Pref	QL (1 tab every 1 day); CL
EDURANT TAB 25MG	Pref	QL (2 tabs every 1 day); CL
<i>efavirenz cap 50 mg</i>	Pref	QL (3 caps every 1 day); CL
<i>efavirenz cap 200 mg</i>	Pref	QL (2 caps every 1 day); CL
<i>efavirenz tab 600 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>emtricitabine caps 200 mg</i>	Pref	QL (24 caps every 1 day); CL
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab every 1 day); CL
EMTRIVA CAP 200MG	Pref	QL (24 caps every 1 day); CL
EMTRIVA SOL 10MG/ML	Pref	QL (1 mL every 1 day); CL
EPIVIR SOL 10MG/ML	Pref	QL (30 mL every 1 day); CL
EPIVIR TAB 150MG	Pref	QL (2 tabs every 1 day); CL
EPIVIR TAB 300MG	Pref	QL (1 tab every 1 day); CL
EPZICOM TAB 600-300	Pref	QL (1 tab every 1 day); CL
<i>etravirine tab 100 mg</i>	Pref	QL (2 tabs every 1 day); CL
<i>etravirine tab 200 mg</i>	Pref	QL (2 tabs every 1 day); CL
EVOTAZ TAB 300-150	Pref	QL (1 tab every 1 day); CL
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Pref	QL (4 tabs every 1 day); CL
FUZEON INJ 90MG	Pref	QL (2 vials every 1 day); CL
GENVOYA TAB	Pref	QL (1 tab every 1 day); CL
INTELENCE TAB 25MG	Pref	QL (4 tabs every 1 day); CL
INTELENCE TAB 100MG	Pref	QL (2 tabs every 1 day); CL
INTELENCE TAB 200MG	Pref	QL (2 tabs every 1 day); CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS CHW 25MG	Pref	QL (6 tabs every 1 day); CL
ISENTRESS CHW 100MG	Pref	QL (6 tabs every 1 day); CL
ISENTRESS HD TAB 600MG	Pref	CL; 90 day supply
ISENTRESS POW 100MG	Pref	QL (2 packets every 1 day); CL
ISENTRESS TAB 400MG	Pref	QL (2 tabs every 1 day); CL
JULUCA TAB 50-25MG	Pref	QL (1 tab every 1 day); CL
KALETRA SOL	Pref	QL (4 mL every 1 day); CL
KALETRA TAB 100-25MG	Pref	QL (10 tabs every 1 day); CL
KALETRA TAB 200-50MG	Pref	QL (4 tabs every 1 day); CL
<i>lamivudine oral soln 10 mg/ml</i>	Pref	QL (30 mL every 1 day); CL
<i>lamivudine tab 150 mg</i>	Pref	QL (2 tabs every 1 day); CL
<i>lamivudine tab 300 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs every 1 day); CL
LEXIVA SUS 50MG/ML	Pref	QL (56 mL every 1 day); CL
LEXIVA TAB 700MG	Pref	QL (4 tabs every 1 day); CL
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (4 mL every 1 day); CL
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (10 tabs every 1 day); CL
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (4 tabs every 1 day); CL
<i>maraviroc tab 150 mg</i>	Pref	QL (2 tabs every 1 day); CL
<i>maraviroc tab 300 mg</i>	Pref	QL (4 tabs every 1 day); CL
<i>nevirapine susp 50 mg/5ml</i>	Pref	QL (40 mL every 1 day); CL
<i>nevirapine tab 200 mg</i>	Pref	QL (2 tabs every 1 day); CL
<i>nevirapine tab er 24hr 100 mg</i>	Pref	QL (1 tab every 1 day); CL
<i>nevirapine tab er 24hr 400 mg</i>	Pref	QL (1 tab every 1 day); CL
NORVIR POW 100MG	Pref	QL (12 packets every 1 day); CL
NORVIR SOL 80MG/ML	Pref	QL (15 mL every 1 day); CL
NORVIR TAB 100MG	Pref	QL (12 tabs every 1 day); CL
ODEFSEY TAB	Pref	QL (1 tab every 1 day); CL
PIFELTRO TAB 100MG	Pref	QL (1 tab every 1 day); CL
PREZCOBIX TAB 800-150	Pref	QL (1 tab every 1 day); CL
PREZISTA SUS 100MG/ML	Pref	QL (12 mL every 1 day); CL
PREZISTA TAB 75MG	Pref	QL (2 tabs every 1 day); CL
PREZISTA TAB 150MG	Pref	QL (2 tabs every 1 day); CL
PREZISTA TAB 600MG	Pref	QL (2 tabs every 1 day); CL
PREZISTA TAB 800MG	Pref	QL (1 tab every 1 day); CL
RETROVIR CAP 100MG	Pref	QL (2 caps every 1 day); CL
RETROVIR SYP 50MG/5ML	Pref	QL (60 mL every 1 day); CL
REYATAZ CAP 200MG	Pref	QL (2 caps every 1 day); CL
REYATAZ CAP 300MG	Pref	QL (1 cap every 1 day); CL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REYATAZ POW 50MG	Pref	QL (6 packets every 1 day); CL
<i>ritonavir tab 100 mg</i>	Pref	QL (12 tabs every 1 day); CL
RUKOBIA TAB 600MG ER	Pref	QL (2 tabs every 1 day); CL
SELZENTRY SOL 20MG/ML	Pref	CL; 90 day supply
SELZENTRY TAB 25MG	Pref	QL (8 tabs every 1 day); CL
SELZENTRY TAB 75MG	Pref	QL (2 tabs every 1 day); CL
SELZENTRY TAB 150MG	Pref	QL (2 tabs every 1 day); CL
SELZENTRY TAB 300MG	Pref	QL (4 tabs every 1 day); CL
<i>stavudine cap 30 mg</i>	Pref	
STRIBILD TAB	Pref	QL (1 tab every 1 day); CL
SUSTIVA CAP 50MG	Pref	QL (3 caps every 1 day); CL
SUSTIVA CAP 200MG	Pref	QL (2 caps every 1 day); CL
SYMFI LO TAB	Pref	QL (1 tab every 1 day); CL
SYMFI TAB	Pref	QL (1 tab every 1 day); CL
SYMTUZA TAB	Pref	QL (1 tab every 1 day); CL
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Pref	QL (1 tab every 1 day); CL
TIVICAY PD TAB 5MG	Pref	CL; 90 day supply
TIVICAY TAB 10MG	Pref	QL (2 tabs every 1 day); CL
TIVICAY TAB 25MG	Pref	QL (2 tabs every 1 day); CL
TIVICAY TAB 50MG	Pref	QL (2 tabs every 1 day); CL
TRIUMEQ PD TAB	Pref	QL (1 tab every 1 day); CL; 90 day supply
TRIUMEQ TAB	Pref	QL (1 tab every 1 day); CL
TRIZIVIR TAB	Pref	QL (2 tabs every 1 day); CL
TROGARZO INJ 150MG/ML	Non-Pref	PA; CL
TRUVADA TAB 100-150	Pref	QL (1 tab every 1 day); CL
TRUVADA TAB 133-200	Pref	QL (1 tab every 1 day); CL
TRUVADA TAB 167-250	Pref	QL (1 tab every 1 day); CL
TRUVADA TAB 200-300	Pref	QL (1 tab every 1 day); CL
TYBOST TAB 150MG	Pref	QL (1 tab every 1 day); CL
VIRACEPT TAB 250MG	Pref	QL (10 tabs every 1 day); CL
VIRACEPT TAB 625MG	Pref	QL (4 tabs every 1 day); CL
VIREAD POW 40MG/GM	Pref	QL (1 gm every 1 day); CL
VIREAD TAB 150MG	Pref	QL (8 tabs every 1 day); CL
VIREAD TAB 200MG	Pref	QL (1 tab every 1 day); CL
VIREAD TAB 250MG	Pref	QL (1 tab every 1 day); CL
VIREAD TAB 300MG	Pref	QL (1 tab every 1 day); CL
ZIAGEN SOL 20MG/ML	Pref	QL (30 mL every 1 day); CL
ZIAGEN TAB 300MG	Pref	QL (2 tabs every 1 day); CL
<i>zidovudine cap 100 mg</i>	Pref	QL (2 caps every 1 day); CL
<i>zidovudine syrup 10 mg/ml</i>	Pref	QL (60 mL every 1 day); CL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zidovudine tab 300 mg</i>	Pref	CL; 90 day supply
<b>HEPATITIS AGENTS</b>		
<i>entecavir tab 0.5 mg</i>	Pref	PA, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	Pref	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	Non-Pref	SP, PA; AGE (Min 3); CL
EPCLUSA PAK 200-50MG	Non-Pref	SP, PA; AGE (Min 3); CL
EPCLUSA TAB 200-50MG	Non-Pref	SP, PA; AGE (Min 3); CL
EPCLUSA TAB 400-100	Non-Pref	SP, PA; AGE (Min 6); CL
HARVONI PAK	Non-Pref	SP, PA; AGE (Min 3); CL
HARVONI PAK 45-200MG	Non-Pref	SP, PA; AGE (Min 3); CL
HARVONI TAB 45-200MG	Non-Pref	SP, PA; AGE (Min 3); CL
HARVONI TAB 90-400MG	Non-Pref	SP, PA; AGE (Min 3); CL
<i>lamivudine tab 100 mg (hbv)</i>	Pref	
LEDIP-SOFOSB TAB 90-400MG	Non-Pref	SP, PA; AGE (Min 3); CL
MAVYRET PAK 50-20MG	Pref	SP; AGE (Min 3); CL; 84 day supply
MAVYRET TAB 100-40MG	Pref	SP; AGE (Min 3); CL; 84 day supply
<i>ribavirin cap 200 mg</i>	Pref	SP, QL (6 caps every 1 day)
<i>ribavirin tab 200 mg</i>	Pref	SP, QL (6 tabs every 1 day)
SOFOS/VELPAT TAB 400-100	Pref	SP, PA; AGE (Min 6); CL
SOVALDI PAK 150MG	Non-Pref	SP, PA; CL
SOVALDI PAK 200MG	Non-Pref	SP, PA; CL
SOVALDI TAB 200MG	Non-Pref	SP, PA; CL
SOVALDI TAB 400MG	Non-Pref	SP, PA; CL
VIEKIRA PAK TAB	Non-Pref	SP, PA; CL
VOSEVI TAB	Non-Pref	SP, PA; CL
ZEPATIER TAB 50-100MG	Non-Pref	SP, PA; CL
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	Pref	90 day supply
<i>acyclovir susp 200 mg/5ml</i>	Pref	90 day supply
<i>acyclovir tab 400 mg</i>	Pref	90 day supply
<i>acyclovir tab 800 mg</i>	Pref	90 day supply
<i>famciclovir tab 125 mg</i>	Pref	90 day supply
<i>famciclovir tab 250 mg</i>	Pref	90 day supply
<i>famciclovir tab 500 mg</i>	Pref	90 day supply
SITAVIG TAB 50MG	Non-Pref	PA
<i>valacyclovir hcl tab 1 gm</i>	Pref	90 day supply
<i>valacyclovir hcl tab 500 mg</i>	Pref	90 day supply
VALTrex TAB 1GM	Non-Pref	PA; 90 day supply
VALTrex TAB 500MG	Non-Pref	PA; 90 day supply
ZOVIRAX SUS 200/5ML	Non-Pref	PA; 90 day supply
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Pref	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Pref	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Pref	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Pref	
RELENZA MIS DISKHALE	Non-Pref	PA
<i>rimantadine hydrochloride tab 100 mg</i>	Non-Pref	PA
TAMIFLU CAP 30MG	Non-Pref	PA
TAMIFLU CAP 45MG	Non-Pref	PA
TAMIFLU CAP 75MG	Non-Pref	PA
TAMIFLU SUS 6MG/ML	Non-Pref	PA
XOFLUZA TAB 40MG	Non-Pref	PA
XOFLUZA TAB 80MG	Non-Pref	PA

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

### ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Non-Pref	PA; 90 day supply
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Non-Pref	PA; 90 day supply
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Non-Pref	PA; 90 day supply
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Non-Pref	PA; 90 day supply
<i>carvedilol tab 3.125 mg</i>	Pref	PA; 90 day supply
<i>carvedilol tab 6.25 mg</i>	Pref	PA; 90 day supply
<i>carvedilol tab 12.5 mg</i>	Pref	PA; 90 day supply
<i>carvedilol tab 25 mg</i>	Pref	PA; 90 day supply
COREG TAB 3.125MG	Non-Pref	PA; 90 day supply
COREG TAB 6.25MG	Non-Pref	PA; 90 day supply
COREG TAB 12.5MG	Non-Pref	PA; 90 day supply
COREG TAB 25MG	Non-Pref	PA; 90 day supply
<i>labetalol hcl tab 100 mg</i>	Pref	90 day supply
<i>labetalol hcl tab 200 mg</i>	Pref	90 day supply
<i>labetalol hcl tab 300 mg</i>	Pref	90 day supply

### BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Pref	
<i>acebutolol hcl cap 400 mg</i>	Pref	
<i>atenolol tab 25 mg</i>	Pref	PA; 90 day supply
<i>atenolol tab 50 mg</i>	Pref	90 day supply
<i>atenolol tab 100 mg</i>	Pref	90 day supply
<i>betaxolol hcl tab 10 mg</i>	Non-Pref	PA
<i>betaxolol hcl tab 20 mg</i>	Non-Pref	PA
<i>bisoprolol fumarate tab 5 mg</i>	Pref	90 day supply
<i>bisoprolol fumarate tab 10 mg</i>	Pref	90 day supply
BYSTOLIC TAB 2.5MG	Non-Pref	PA
BYSTOLIC TAB 5MG	Non-Pref	PA
BYSTOLIC TAB 10MG	Non-Pref	PA
BYSTOLIC TAB 20MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KAPSPARGO CAP 25MG	Non-Pref	PA
KAPSPARGO CAP 50MG	Non-Pref	PA
KAPSPARGO CAP 100MG	Non-Pref	PA
KAPSPARGO CAP 200MG	Non-Pref	PA
LOPRESSOR TAB 50MG	Non-Pref	PA; 90 day supply
LOPRESSOR TAB 100MG	Non-Pref	PA; 90 day supply
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Pref	PA; 90 day supply
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Pref	PA; 90 day supply
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol tartrate tab 25 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 50 mg</i>	Pref	PA; 90 day supply
<i>metoprolol tartrate tab 75 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 100 mg</i>	Pref	PA; 90 day supply
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Non-Pref	PA
TENORMIN TAB 25MG	Non-Pref	PA; 90 day supply
TENORMIN TAB 50MG	Non-Pref	PA; 90 day supply
TENORMIN TAB 100MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 25MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 50MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 100MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 200MG	Non-Pref	PA; 90 day supply

### **BETA BLOCKERS NON-SELECTIVE**

BETAPACE AF TAB 80MG	Non-Pref	PA; 90 day supply
BETAPACE AF TAB 120MG	Non-Pref	PA
BETAPACE AF TAB 160MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 80MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 120MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 160MG	Non-Pref	PA; 90 day supply
CORGARD TAB 20MG	Non-Pref	PA
CORGARD TAB 40MG	Non-Pref	PA
CORGARD TAB 80MG	Non-Pref	PA
HEMANGEOL SOL 4.28/ML	Non-Pref	PA
INDERAL LA CAP 60MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 80MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 120MG	Non-Pref	PA; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INDERAL LA CAP 160MG	Non-Pref	PA; 90 day supply
INDERAL XL CAP 80MG	Non-Pref	PA
INDERAL XL CAP 120MG	Non-Pref	PA
INNOPRAN XL CAP 80MG	Non-Pref	PA
INNOPRAN XL CAP 120MG	Non-Pref	PA
<i>nadolol tab 20 mg</i>	Non-Pref	PA
<i>nadolol tab 40 mg</i>	Non-Pref	PA
<i>nadolol tab 80 mg</i>	Non-Pref	PA
<i>pindolol tab 5 mg</i>	Non-Pref	PA
<i>pindolol tab 10 mg</i>	Non-Pref	PA
<i>propranolol hcl cap er 24hr 60 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 80 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 120 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 160 mg</i>	Pref	90 day supply
<i>propranolol hcl oral soln 20 mg/5ml</i>	Pref	90 day supply
<i>propranolol hcl oral soln 40 mg/5ml</i>	Pref	90 day supply
<i>propranolol hcl tab 10 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 20 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 40 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 60 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 80 mg</i>	Pref	90 day supply
<i>sorine tab 80mg</i>	Pref	90 day supply
<i>sorine tab 120mg</i>	Pref	PA; 90 day supply
<i>sorine tab 160mg</i>	Pref	PA; 90 day supply
<i>sorine tab 240mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/af) tab 80 mg</i>	Pref	PA; 90 day supply
<i>sotalol hcl (afib/af) tab 120 mg</i>	Pref	
<i>sotalol hcl (afib/af) tab 160 mg</i>	Pref	PA; 90 day supply
<i>sotalol hcl tab 80 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 120 mg</i>	Pref	PA; 90 day supply
<i>sotalol hcl tab 160 mg</i>	Pref	PA; 90 day supply
<i>sotalol hcl tab 240 mg</i>	Pref	90 day supply
SOTYLIZE SOL 5MG/ML	Non-Pref	PA
<i>timolol maleate tab 5 mg</i>	Non-Pref	PA
<i>timolol maleate tab 10 mg</i>	Non-Pref	PA
<i>timolol maleate tab 20 mg</i>	Non-Pref	PA

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

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

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Pref	PA
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Pref	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Pref	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CALAN SR TAB 120MG	Non-Pref	PA
CALAN SR TAB 180MG	Non-Pref	PA
CALAN SR TAB 240MG	Non-Pref	PA
CARDIZEM CD CAP 120MG/24	Non-Pref	PA
CARDIZEM CD CAP 180MG/24	Non-Pref	PA
CARDIZEM CD CAP 240MG/24	Non-Pref	PA
CARDIZEM CD CAP 300MG/24	Non-Pref	PA
CARDIZEM CD CAP 360MG/24	Non-Pref	PA
CARDIZEM LA TAB 120MG	Non-Pref	PA
CARDIZEM LA TAB 180MG	Non-Pref	PA
CARDIZEM LA TAB 240MG	Non-Pref	PA
CARDIZEM LA TAB 300MG/24	Non-Pref	PA
CARDIZEM LA TAB 360MG	Non-Pref	PA
CARDIZEM LA TAB 420MG/24	Non-Pref	PA
CARDIZEM TAB 30MG	Non-Pref	PA
CARDIZEM TAB 60MG	Non-Pref	PA
CARDIZEM TAB 120MG	Non-Pref	PA
<i>cartia xt cap 120/24hr</i>	Pref	
<i>cartia xt cap 180/24hr</i>	Pref	
<i>cartia xt cap 240/24hr</i>	Pref	
<i>cartia xt cap 300/24hr</i>	Pref	
<i>dilt-xr cap 120mg</i>	Pref	
<i>dilt-xr cap 180mg</i>	Pref	
<i>dilt-xr cap 240mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	90 day supply
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Pref	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Pref	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Pref	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Pref	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Pref	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	Pref	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	Pref	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	Pref	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	Pref	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	Pref	PA
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Pref	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Pref	90 day supply
<i>diltiazem hcl tab 30 mg</i>	Pref	
<i>diltiazem hcl tab 60 mg</i>	Pref	PA
<i>diltiazem hcl tab 90 mg</i>	Pref	90 day supply
<i>diltiazem hcl tab 120 mg</i>	Pref	PA
<i>felodipine tab er 24hr 2.5 mg</i>	Pref	
<i>felodipine tab er 24hr 5 mg</i>	Pref	
<i>felodipine tab er 24hr 10 mg</i>	Pref	
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA
<i>isradipine cap 5 mg</i>	Non-Pref	PA
KATERZIA SUS 1MG/ML	Non-Pref	PA
<i>levamlodipine maleate tab 5 mg</i>	Non-Pref	PA
<i>matzim la tab 180mg/24</i>	Non-Pref	PA
<i>matzim la tab 240mg/24</i>	Non-Pref	PA
<i>matzim la tab 300mg/24</i>	Non-Pref	PA
<i>matzim la tab 360mg/24</i>	Non-Pref	PA
<i>matzim la tab 420mg/24</i>	Non-Pref	PA
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA
<i>nifedipine cap 10 mg</i>	Pref	
<i>nifedipine cap 20 mg</i>	Pref	
<i>nifedipine tab er 24hr 30 mg</i>	Pref	
<i>nifedipine tab er 24hr 60 mg</i>	Pref	
<i>nifedipine tab er 24hr 90 mg</i>	Pref	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Pref	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Pref	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Pref	PA
<i>nisoldipine tab er 24hr 8.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 17 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 20 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 30 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 34 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 40 mg</i>	Non-Pref	PA
NORLIQVA SOL 1MG/ML	Non-Pref	PA
NORVASC TAB 2.5MG	Non-Pref	PA
NORVASC TAB 5MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVASC TAB 10MG	Non-Pref	PA
PROCARDIA XL TAB 30MG CR	Non-Pref	PA
PROCARDIA XL TAB 60MG CR	Non-Pref	PA
PROCARDIA XL TAB 90MG CR	Non-Pref	PA
SULAR TAB 8.5MG	Non-Pref	PA
SULAR TAB 17MG	Non-Pref	PA
SULAR TAB 34MG	Non-Pref	PA
<i>taztia xt cap 120mg/24</i>	Pref	
<i>taztia xt cap 180mg/24</i>	Pref	
<i>taztia xt cap 240mg/24</i>	Pref	90 day supply
<i>taztia xt cap 300mg er</i>	Pref	90 day supply
<i>taztia xt cap 360mg/24</i>	Pref	90 day supply
<i>tiadylt cap 120mg/24</i>	Pref	
<i>tiadylt cap 180mg/24</i>	Pref	
<i>tiadylt cap 240mg/24</i>	Pref	90 day supply
<i>tiadylt cap 300mg/24</i>	Pref	90 day supply
<i>tiadylt cap 360mg/24</i>	Pref	90 day supply
<i>tiadylt cap 420mg/24</i>	Pref	90 day supply
TIAZAC CAP 120MG/24	Non-Pref	PA
TIAZAC CAP 180MG/24	Non-Pref	PA
TIAZAC CAP 240MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 300MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 360MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 420MG/24	Non-Pref	PA; 90 day supply
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 120 mg</i>	Pref	PA
<i>verapamil hcl cap er 24hr 180 mg</i>	Pref	
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 240 mg</i>	Pref	PA
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA
<i>verapamil hcl tab 80 mg</i>	Pref	
<i>verapamil hcl tab 120 mg</i>	Pref	
<i>verapamil hcl tab er 120 mg</i>	Pref	
<i>verapamil hcl tab er 180 mg</i>	Pref	PA
<i>verapamil hcl tab er 240 mg</i>	Pref	PA
VERELAN CAP 120MG SR	Non-Pref	PA
VERELAN CAP 180MG SR	Non-Pref	PA
VERELAN CAP 240MG SR	Non-Pref	PA
VERELAN CAP 360MG SR	Non-Pref	PA
VERELAN PM CAP 100MG ER	Non-Pref	PA
VERELAN PM CAP 200MG ER	Non-Pref	PA
VERELAN PM CAP 300MG ER	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
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**CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS**

**CARDIAC GLYCOSIDES**

<i>digoxin oral soln 0.05 mg/ml</i>	Pref	90 day supply
<i>digoxin tab 125 mcg (0.125 mg)</i>	Pref	90 day supply
<i>digoxin tab 250 mcg (0.25 mg)</i>	Pref	90 day supply

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

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Non-Pref	PA
CADUET TAB 5-10MG	Non-Pref	PA
CADUET TAB 5-20MG	Non-Pref	PA
CADUET TAB 5-40MG	Non-Pref	PA
CADUET TAB 5-80MG	Non-Pref	PA
CADUET TAB 10-20MG	Non-Pref	PA
CADUET TAB 10-40MG	Non-Pref	PA
CADUET TAB 10-80MG	Non-Pref	PA
ENTRESTO TAB 24-26MG	Pref	QL (2 tabs every 1 day); AGE (Min 18)
ENTRESTO TAB 49-51MG	Pref	QL (2 tabs every 1 day); AGE (Min 18)
ENTRESTO TAB 97-103MG	Pref	QL (2 tabs every 1 day); AGE (Min 18)

**IMPOTENCE AGENTS**

CIALIS TAB 2.5MG	Non-Pref	PA; AGE (Min 18)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIALIS TAB 5MG	Non-Pref	PA; AGE (Min 18)
<i>tadalafil tab 2.5 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>tadalafil tab 5 mg</i>	Non-Pref	PA; AGE (Min 18)
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG	Non-Pref	SP, PA
ORENITRAM TAB 0.125MG	Non-Pref	SP, PA
ORENITRAM TAB 1MG	Non-Pref	SP, PA
ORENITRAM TAB 2.5MG	Non-Pref	SP, PA
ORENITRAM TAB 5MG	Non-Pref	SP, PA
TYVASO DPI POW 16-32-48	Non-Pref	SP, PA
TYVASO DPI POW 16-32MCG	Non-Pref	SP, PA
TYVASO DPI POW 16MCG	Non-Pref	SP, PA
TYVASO DPI POW 32-48MCG	Non-Pref	SP, PA
TYVASO DPI POW 32MCG	Non-Pref	SP, PA
TYVASO DPI POW 48MCG	Non-Pref	SP, PA
TYVASO DPI POW 64MCG	Non-Pref	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Non-Pref	SP, PA
TYVASO SOL 0.6MG/ML	Non-Pref	SP, PA
TYVASO START SOL 0.6MG/ML	Non-Pref	SP, PA
VENTAVIS SOL 10MCG/ML	Pref	SP, PA
VENTAVIS SOL 20MCG/ML	Pref	SP, PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	Pref	SP, PA; AGE (Min 18)
<i>ambrisentan tab 10 mg</i>	Pref	SP, PA; AGE (Min 18)
<i>bosentan tab 62.5 mg</i>	Pref	SP, PA
<i>bosentan tab 125 mg</i>	Pref	SP, PA
LETAIRIS TAB 5MG	Non-Pref	SP, PA; AGE (Min 18)
LETAIRIS TAB 10MG	Non-Pref	SP, PA; AGE (Min 18)
OPSUMIT TAB 10MG	Non-Pref	SP, PA
TRACLEER TAB 32MG	Non-Pref	SP, PA
TRACLEER TAB 62.5MG	Pref	SP, PA
TRACLEER TAB 125MG	Pref	SP, PA
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TAB 20MG	Non-Pref	SP, PA; AGE (Min 18)
<i>alyq tab 20mg</i>	Pref	SP, PA; AGE (Min 18)
REVATIO SUS 10MG/ML	Non-Pref	SP, PA; AGE (Min 18)
REVATIO TAB 20MG	Non-Pref	SP, PA; AGE (Min 18)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Pref	SP, PA; AGE (Min 18)
<i>sildenafil citrate tab 20 mg</i>	Pref	SP, PA; AGE (Min 18)
<i>tadalafil tab 20 mg (pah)</i>	Pref	SP, PA; AGE (Min 18)
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI PACK TAB 200/800	Non-Pref	SP, PA
UPTRAVI TAB 200MCG	Non-Pref	SP, PA

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 400MCG	Non-Pref	SP, PA
UPTRAVI TAB 600MCG	Non-Pref	SP, PA
UPTRAVI TAB 800MCG	Non-Pref	SP, PA
UPTRAVI TAB 1000MCG	Non-Pref	SP, PA
UPTRAVI TAB 1200MCG	Non-Pref	SP, PA
UPTRAVI TAB 1400MCG	Non-Pref	SP, PA
UPTRAVI TAB 1600MCG	Non-Pref	SP, PA

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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

### **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

#### **CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil cap 500 mg</i>	Pref	
<i>cefadroxil for susp 500 mg/5ml</i>	Pref	
<i>cefadroxil tab 1 gm</i>	Pref	
<i>cephalexin cap 250 mg</i>	Pref	
<i>cephalexin cap 500 mg</i>	Pref	
<i>cephalexin for susp 125 mg/5ml</i>	Pref	
<i>cephalexin for susp 250 mg/5ml</i>	Pref	

#### **CEPHALOSPORINS - 2ND GENERATION**

<i>cefaclor cap 250 mg</i>	Pref	
<i>cefaclor cap 500 mg</i>	Pref	
CEFACLOR ER TAB 500MG	Non-Pref	PA
<i>cefaclor for susp 125 mg/5ml</i>	Non-Pref	PA
<i>cefaclor for susp 375 mg/5ml</i>	Non-Pref	PA
<i>cefprozil for susp 125 mg/5ml</i>	Pref	
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	
<i>cefprozil tab 500 mg</i>	Pref	
<i>cefuroxime axetil tab 250 mg</i>	Pref	
<i>cefuroxime axetil tab 500 mg</i>	Pref	

#### **CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	Pref	
<i>cefdinir for susp 125 mg/5ml</i>	Pref	
<i>cefdinir for susp 250 mg/5ml</i>	Pref	
<i>cefixime cap 400 mg</i>	Non-Pref	PA
<i>cefixime for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefixime for susp 200 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepodoxime proxetil tab 100 mg</i>	Non-Pref	PA
<i>cefepodoxime proxetil tab 200 mg</i>	Non-Pref	PA
SUPRAX CAP 400MG	Non-Pref	PA
SUPRAX CHW 100MG	Non-Pref	PA
SUPRAX CHW 200MG	Non-Pref	PA
SUPRAX SUS 200/5ML	Non-Pref	PA
SUPRAX SUS 500/5ML	Non-Pref	PA

## **CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING**

### **LIQUIDS**

SESAME OIL	Pref	
SESAME OIL	Pref	OTC

### **SOLIDS**

BHT POW	Pref	
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## **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

### **COMBINATION CONTRACEPTIVES - ORAL**

<i>afirmelle tab 0.1-0.02</i>	Pref	QL (1 tab every 1 day)
<i>altavera tab</i>	Pref	365 day supply
<i>alyacen tab 1/35</i>	Pref	365 day supply
<i>alyacen tab 7/7/7</i>	Pref	365 day supply
<i>amethia tab</i>	Pref	365 day supply
<i>apri tab</i>	Pref	365 day supply
<i>aranelle tab</i>	Pref	365 day supply
<i>ashlyna tab</i>	Pref	365 day supply
<i>aubra eq tab 0.1-0.02</i>	Pref	QL (1 tab every 1 day)
<i>aubra tab 0.1-0.02</i>	Pref	QL (1 tab every 1 day)
<i>aurovela fe tab 1.5/30</i>	Pref	365 day supply
<i>aurovela fe tab 1/20</i>	Pref	365 day supply
<i>aurovela tab 1.5/30</i>	Pref	365 day supply
<i>aurovela tab 1/20</i>	Pref	QL (1 tab every 1 day)
<i>aviane tab</i>	Pref	QL (1 tab every 1 day)
<i>ayuna tab</i>	Pref	365 day supply
<i>azurette tab</i>	Pref	365 day supply
BALCOLTRA TAB 0.1-20	Pref	365 day supply
<i>balziva tab</i>	Pref	365 day supply
<i>blisovi fe tab 1.5/30</i>	Pref	365 day supply
<i>blisovi fe tab 1/20</i>	Pref	365 day supply
<i>briellyn tab</i>	Pref	365 day supply
<i>camrese lo tab</i>	Pref	365 day supply
<i>camrese tab</i>	Pref	365 day supply
<i>charlotte 24 chw fe 1/20</i>	Pref	365 day supply
<i>chateal eq tab 0.15/30</i>	Pref	365 day supply
<i>chateal tab 0.15/30</i>	Pref	365 day supply
<i>cryselle-28 tab 28 tabs</i>	Pref	365 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyred eq tab</i>	Pref	365 day supply
<i>cyred tab</i>	Pref	365 day supply
<i>dasetta tab 1/35</i>	Pref	365 day supply
<i>dasetta tab 7/7/7</i>	Pref	365 day supply
<i>daysee tab</i>	Pref	365 day supply
<i>delyla tab 0.1-0.02</i>	Pref	QL (1 tab every 1 day)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref	365 day supply
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Pref	365 day supply
<i>elinest tab</i>	Pref	365 day supply
<i>enpresse-28 tab</i>	Pref	365 day supply
<i>enskyce tab</i>	Pref	365 day supply
<i>estarylla tab 0.25-35</i>	Pref	365 day supply
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	365 day supply
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	365 day supply
<i>falmina tab</i>	Pref	QL (1 tab every 1 day)
<i>femynor tab 0.25-35</i>	Pref	365 day supply
<i>finzala chw fe 1/20</i>	Pref	365 day supply
<i>gemmily cap 1/20</i>	Pref	365 day supply
<i>hailey fe tab 1.5/30</i>	Pref	365 day supply
<i>hailey fe tab 1/20</i>	Pref	365 day supply
<i>hailey tab 1.5/30</i>	Pref	365 day supply
<i>iclevia tab</i>	Pref	365 day supply
<i>introvale tab</i>	Pref	365 day supply
<i>isibloom tab</i>	Pref	365 day supply
<i>jaimiess tab</i>	Pref	365 day supply
<i>jasmiel tab 3-0.02mg</i>	Pref	365 day supply
<i>jolessa tab</i>	Pref	365 day supply
<i>juleber tab</i>	Pref	365 day supply
<i>junel 1.5/30 tab</i>	Pref	365 day supply
<i>junel 1/20 tab</i>	Pref	QL (1 tab every 1 day)
<i>junel fe tab 1.5/30</i>	Pref	365 day supply
<i>junel fe tab 1/20</i>	Pref	365 day supply
<i>kaitlib fe chw</i>	Pref	365 day supply
<i>kalliga tab</i>	Pref	365 day supply
<i>kariva tab 28 day</i>	Pref	365 day supply

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kelnor 1/50 tab</i>	Pref	365 day supply
<i>kelnor tab 1/35</i>	Pref	365 day supply
<i>kurvelo tab 0.15/30</i>	Pref	365 day supply
<i>larin fe tab 1.5/30</i>	Pref	365 day supply
<i>larin fe tab 1/20</i>	Pref	365 day supply
<i>larin tab 1.5/30</i>	Pref	365 day supply
<i>larin tab 1/20</i>	Pref	QL (1 tab every 1 day)
<i>layolis fe chw</i>	Pref	365 day supply
<i>leena tab</i>	Pref	365 day supply
<i>lessina tab</i>	Pref	QL (1 tab every 1 day)
<i>levonest tab</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	365 day supply
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	QL (1 tab every 1 day)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	365 day supply
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	365 day supply
<i>levora-28 tab 0.15/30</i>	Pref	365 day supply
<i>lo-zumandimi tab 3-0.02mg</i>	Pref	365 day supply
<i>loestrin 21 tab 1.5/30</i>	Pref	365 day supply
<i>loestrin fe tab 1.5/30</i>	Pref	365 day supply
<i>loestrin fe tab 1/20</i>	Pref	365 day supply
<i>loestrin tab 1/20-21</i>	Pref	QL (1 tab every 1 day)
<i>lojaimiess tab</i>	Pref	365 day supply
<i>loryna tab 3-0.02mg</i>	Pref	365 day supply
<i>low-ogestrel tab</i>	Pref	365 day supply
<i>lutra tab</i>	Pref	QL (1 tab every 1 day)
<i>marlissa tab 0.15/30</i>	Pref	365 day supply
<i>merzee cap 1/20</i>	Pref	365 day supply
<i>microgestin tab 1.5/30</i>	Pref	365 day supply
<i>microgestin tab 1/20</i>	Pref	QL (1 tab every 1 day)
<i>microgestin tab fe1.5/30</i>	Pref	365 day supply
<i>microgestin tab fe 1/20</i>	Pref	365 day supply
<i>mili tab 0.25/35</i>	Pref	365 day supply
<i>mono-lynyah tab 0.25-35</i>	Pref	365 day supply
<b>NATAZIA TAB</b>	Pref	365 day supply
<i>necon tab 0.5/35</i>	Pref	365 day supply
<b>NEXTSTELLIS TAB 3-14.2MG</b>	Pref	365 day supply
<i>nikki tab 3-0.02mg</i>	Pref	365 day supply

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Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	365 day supply
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref	365 day supply
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Pref	365 day supply
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	QL (1 tab every 1 day)
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	365 day supply
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Pref	365 day supply
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Pref	365 day supply
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Pref	365 day supply
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Pref	365 day supply
<i>nortrel tab 0.5/35</i>	Pref	365 day supply
<i>nortrel tab 1/35</i>	Pref	365 day supply
<i>nortrel tab 7/7/7</i>	Pref	365 day supply
<i>nylia tab 1/35</i>	Pref	365 day supply
<i>nylia tab 7/7/7</i>	Pref	365 day supply
<i>nymyo tab 0.25-35</i>	Pref	365 day supply
<i>ocella tab 3-0.03mg</i>	Pref	365 day supply
<i>philith tab 0.4-35</i>	Pref	365 day supply
<i>pimtrea tab</i>	Pref	365 day supply
<i>pirmella tab 1/35</i>	Pref	365 day supply
<i>pirmella tab 7/7/7</i>	Pref	365 day supply
<i>portia-28 tab</i>	Pref	365 day supply
<i>reclipsen tab</i>	Pref	365 day supply
<i>setlakin tab</i>	Pref	365 day supply
<i>simliya tab 28 day</i>	Pref	365 day supply
<i>simpesse tab</i>	Pref	365 day supply
<i>sprintec 28 tab 28 day</i>	Pref	365 day supply
<i>sronyx tab</i>	Pref	QL (1 tab every 1 day)
<i>syeda tab 3-0.03mg</i>	Pref	365 day supply
<i>tarina fe tab 1/20</i>	Pref	365 day supply
<i>tarina fe tab 1/20 eq</i>	Pref	365 day supply
<i>taysofy cap 1/20</i>	Pref	365 day supply
<i>tilia fe tab</i>	Pref	365 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri femynor tab</i>	Pref	365 day supply
<i>tri-estaryll tab</i>	Pref	365 day supply
<i>tri-legest tab fe</i>	Pref	365 day supply
<i>tri-linyah tab</i>	Pref	365 day supply
<i>tri-lo tab estaryll</i>	Pref	365 day supply
<i>tri-lo- tab marzia</i>	Pref	365 day supply
<i>tri-lo- tab sprintec</i>	Pref	365 day supply
<i>tri-lo-mili tab</i>	Pref	365 day supply
<i>tri-mili tab</i>	Pref	365 day supply
<i>tri-nymyo tab</i>	Pref	365 day supply
<i>tri-sprintec tab</i>	Pref	365 day supply
<i>tri-vylibra tab</i>	Pref	365 day supply
<i>tri-vylibra tab lo</i>	Pref	365 day supply
<i>trivora-28 tab</i>	Pref	365 day supply
TYBLUME CHW 0.1-0.02	Pref	365 day supply
<i>tydemy tab</i>	Pref	365 day supply
<i>velivet pak</i>	Pref	365 day supply
<i>vestura tab 3-0.02mg</i>	Pref	365 day supply
<i>vienva tab 0.1-20</i>	Pref	QL (1 tab every 1 day)
<i>viorele tab</i>	Pref	365 day supply
<i>volnea tab</i>	Pref	365 day supply
<i>vyfemla tab 0.4-35</i>	Pref	365 day supply
<i>vylibra tab 0.25-35</i>	Pref	365 day supply
<i>wera tab 0.5/35</i>	Pref	365 day supply
<i>wymzya fe chw 0.4mg-35</i>	Pref	365 day supply
<i>zovia 1/35 tab</i>	Pref	365 day supply
<i>zumandimine tab 3-0.03mg</i>	Pref	365 day supply
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>xulane dis 150-35</i>	Pref	QL (0.12 patches every 1 day)
<i>zafemy dis 150/35</i>	Pref	QL (0.12 patches every 1 day)
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>eluryng mis</i>	Pref	QL (0.04 rings every 1 day)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Pref	QL (0.04 rings every 1 day)
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A	Pref	365 day supply
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG	Pref	365 day supply
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML	Non-Pref	PA
DEPO-SQ PROV INJ 104	Pref	PA; 365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Pref	PA
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Pref	PA

**PROGESTIN CONTRACEPTIVES - IUD**

KYLEENA IUD 19.5MG	Pref	365 day supply
LILETTA IUD 52MG	Pref	365 day supply
MIRENA IUD SYSTEM	Pref	365 day supply
SKYLA IUD 13.5MG	Pref	365 day supply

**PROGESTIN CONTRACEPTIVES - ORAL**

<i>camila tab 0.35mg</i>	Pref	365 day supply
<i>deblitane tab 0.35mg</i>	Pref	365 day supply
<i>errin tab 0.35mg</i>	Pref	365 day supply
<i>heather tab 0.35mg</i>	Pref	365 day supply
<i>incassia tab 0.35mg</i>	Pref	365 day supply
<i>jencycla tab 0.35mg</i>	Pref	365 day supply
<i>lyleq tab 0.35mg</i>	Pref	365 day supply
<i>lyza tab 0.35mg</i>	Pref	365 day supply
<i>nora-be tab 0.35mg</i>	Pref	365 day supply
<i>norethindrone tab 0.35 mg</i>	Pref	365 day supply
<i>norlyroc tab 0.35mg</i>	Pref	365 day supply
<i>sharobel tab 0.35mg</i>	Pref	365 day supply

**CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

**GLUCOCORTICOSTEROIDS**

ALKINDI SPRI CAP 0.5MG	Non-Pref	SP, PA; AGE (Max 17)
ALKINDI SPRI CAP 1MG	Non-Pref	SP, PA; AGE (Max 17)
ALKINDI SPRI CAP 2MG	Non-Pref	SP, PA; AGE (Max 17)
ALKINDI SPRI CAP 5MG	Non-Pref	SP, PA; AGE (Max 17)
<i>budesonide delayed release particles cap 3 mg</i>	Pref	
<i>budesonide tab er 24hr 9 mg</i>	Non-Pref	PA
CORTEF TAB 5MG	Non-Pref	PA
CORTEF TAB 10MG	Non-Pref	PA
CORTEF TAB 20MG	Non-Pref	PA
DEXAMETHASON CON 1MG/ML	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	
<i>dexamethasone tab 0.5 mg</i>	Pref	
<i>dexamethasone tab 0.75 mg</i>	Pref	
<i>dexamethasone tab 1 mg</i>	Pref	
<i>dexamethasone tab 1.5 mg</i>	Pref	
<i>dexamethasone tab 2 mg</i>	Pref	
<i>dexamethasone tab 4 mg</i>	Pref	
<i>dexamethasone tab 6 mg</i>	Pref	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Non-Pref	PA

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Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Non-Pref	PA
EMFLAZA SUS 22.75/ML	Non-Pref	SP, PA; AGE (Min 2)
EMFLAZA TAB 6MG	Non-Pref	SP, PA; AGE (Min 2)
EMFLAZA TAB 18MG	Non-Pref	SP, PA; AGE (Min 2)
EMFLAZA TAB 30MG	Non-Pref	SP, PA; AGE (Min 2)
EMFLAZA TAB 36MG	Non-Pref	SP, PA; AGE (Min 2)
HEMADY TAB 20MG	Non-Pref	PA
<i>hydrocortisone tab 5 mg</i>	Pref	PA
<i>hydrocortisone tab 10 mg</i>	Pref	PA
<i>hydrocortisone tab 20 mg</i>	Pref	PA
MEDROL TAB 2MG	Non-Pref	PA
MEDROL TAB 4MG	Non-Pref	PA
MEDROL TAB 8MG	Non-Pref	PA
MEDROL TAB 16MG	Non-Pref	PA
<i>methylprednisolone tab 4 mg</i>	Pref	PA
<i>methylprednisolone tab 8 mg</i>	Non-Pref	PA
<i>methylprednisolone tab 16 mg</i>	Non-Pref	PA
<i>methylprednisolone tab 32 mg</i>	Non-Pref	PA
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Pref	PA
ORTIKOS CAP 6MG ER	Non-Pref	PA
ORTIKOS CAP 9MG ER	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Pref	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Pref	
<i>prednisolone soln 15 mg/5ml</i>	Pref	
PREDNISON CON 5MG/ML	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Pref	90 day supply
<i>prednisone tab 1 mg</i>	Pref	90 day supply
<i>prednisone tab 2.5 mg</i>	Pref	90 day supply
<i>prednisone tab 5 mg</i>	Pref	90 day supply
<i>prednisone tab 10 mg</i>	Pref	90 day supply

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Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisone tab 20 mg</i>	Pref	90 day supply
<i>prednisone tab 50 mg</i>	Pref	90 day supply
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	90 day supply
RAYOS TAB 1MG	Non-Pref	PA
RAYOS TAB 2MG	Non-Pref	PA
RAYOS TAB 5MG	Non-Pref	PA
<i>taperdex pak 6 day</i>	Non-Pref	PA
<i>taperdex pak 7-day</i>	Non-Pref	PA
<i>taperdex pak 12-day</i>	Non-Pref	PA
TARPEYO CAP 4MG	Non-Pref	PA
UCERIS TAB 9MG	Non-Pref	PA

### **MINERALOCORTICOIDS**

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

#### **ANTITUSSIVES**

<i>benzonatate cap 100 mg</i>	Pref	QL (6 caps every 1 day); AGE (Min 6)
<i>benzonatate cap 200 mg</i>	Pref	QL (2 caps every 1 day)
<i>cough dm sus 30mg/5ml</i>	Pref	OTC
<i>cough gels cap 15mg</i>	Pref	OTC
<i>cough relief liq 15mg/5ml</i>	Pref	OTC
<i>cvs cough dm sus 30mg/5ml</i>	Pref	OTC
<i>dextromethorphan hbr cap 15 mg</i>	Pref	OTC
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	Pref	OTC
<i>eq cough dm sus 30mg/5ml</i>	Pref	OTC
<i>eql cough dm sus 30mg/5ml</i>	Pref	OTC
<i>giltuss hone liq 30/10ml</i>	Pref	OTC
<i>gnp cough dm sus 30mg/5ml</i>	Pref	OTC
<i>hm cough dm sus 30mg/5ml</i>	Pref	OTC
<i>honey dm chi liq 15mg/5ml</i>	Pref	OTC
HYCODAN SYP 5-1.5/5	Pref	QL (30 mL every 1 day); AGE (Min 6)
HYCODAN TAB 5-1.5MG	Non-Pref	PA; AGE (Min 6)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Pref	QL (30 mL every 1 day); AGE (Min 6)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Non-Pref	PA; AGE (Min 6)
<i>hydromet syp 5-1.5/5</i>	Pref	QL (30 mL every 1 day); AGE (Min 6)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ra cough dm sus 30mg/5ml</i>	Pref	OTC
<i>robitussin sus 30mg/5ml</i>	Pref	OTC
<i>sm cough dm sus 30mg/5ml</i>	Pref	OTC
<i>sm cough rel syp 15mg/5ml</i>	Pref	OTC
<i>tussin cough cap 15mg</i>	Pref	OTC
<i>tussin cough syp 15mg/5ml</i>	Pref	OTC
<i>tussin long liq 15mg/5ml</i>	Pref	OTC
<i>tussin max syp 15mg/5ml</i>	Pref	OTC
<i>wal-tussin cap cough</i>	Pref	OTC
<i>wal-tussin liq 15mg/5ml</i>	Pref	OTC
<i>wal-tussin syp 15mg/5ml</i>	Pref	OTC

### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>antihistamin tab 60-120mg</i>	Pref	OTC
<i>aprodine tab 2.5-60mg</i>	Pref	OTC
<i>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</i>	Pref	OTC
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	Pref	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Non-Pref	PA, OTC
<i>cgh cong dm liq 5-100/5</i>	Pref	OTC
<i>cgh/cld/sore liq thr/chld</i>	Pref	OTC
<i>chest conges tab 20-400mg</i>	Pref	OTC
<i>chest conges tab relf dm</i>	Pref	OTC
<i>childrens liq 5-100mg</i>	Pref	OTC
<i>chlorpheniramine &amp; phenylephrine tab 4-10 mg</i>	Pref	OTC
<b>CLARINEX-D TAB 2.5-120</b>	Non-Pref	PA
<i>cld/flu/sore liq throat</i>	Pref	OTC
<i>cold &amp; cough liq children</i>	Pref	OTC
<i>cold relief liq children</i>	Pref	OTC
<i>cold/cgh dm liq 2.5-1-5</i>	Pref	OTC
<i>cold/cough liq child</i>	Pref	OTC
<i>cold/cough liq dm child</i>	Pref	OTC
<i>cold/fever liq children</i>	Pref	OTC
<i>cold/flu liq daytime</i>	Pref	OTC
<i>cong/cough liq 5-100/5</i>	Pref	OTC
<i>cough child liq 5-100/5</i>	Pref	OTC
<i>cough/chest liq 20-400</i>	Pref	OTC
<i>cvs cold/flu liq daytime</i>	Pref	OTC
<i>cvs daytime liq cold/flu</i>	Pref	OTC
<i>cvstussin dm liq 20-400mg</i>	Pref	OTC
<i>day cold/flu liq 10-5-325</i>	Pref	OTC
<i>day-time liq cold/flu</i>	Pref	OTC
<i>daytime liq cold/flu</i>	Pref	OTC
<i>delsym cough liq congs dm</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Pref	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Pref	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Pref	OTC
<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i>	Pref	OTC
<i>dibromm dm liq cold/cgh</i>	Pref	OTC
<i>dimaphen dm liq 2.5-1-5</i>	Pref	OTC
<i>dimetapp liq</i>	Pref	OTC
<i>dimetapp liq cold/cgh</i>	Pref	OTC
<i>dm max adult liq 20-400</i>	Pref	OTC
<i>endacof-dm liq 2.5-1-5</i>	Pref	OTC
<i>eq ms cold liq children</i>	Pref	OTC
<i>eq mucus dm tab 60-1200</i>	Pref	OTC
<i>eq mucus rel liq dm</i>	Pref	OTC
<i>eql cold/cgh liq children</i>	Pref	OTC
<i>eql daytime liq cold/flu</i>	Pref	OTC
<i>fenesin dm tab 20-400</i>	Pref	OTC
<i>fexofen/pse tab 60-120mg</i>	Non-Pref	PA, OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	Pref	OTC
<i>flu/cold day liq 10-5-325</i>	Pref	OTC
<i>gnp cold/cgh liq child</i>	Pref	OTC
<i>gnp mucus liq rlf dm</i>	Pref	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	OTC; AGE (Min 6)
<i>herbiomed liq cld /flu</i>	Pref	OTC
<b>HISTEX-AC SYP</b>	Non-Pref	PA, OTC; AGE (Min 6)
<i>hm cold/cgh liq children</i>	Pref	OTC
<i>hm mucus dm tab 60-1200</i>	Pref	OTC
<i>hm mucus rel liq cgh chld</i>	Pref	OTC
<i>12hr allergy tab 60-120mg</i>	Pref	OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Non-Pref	PA; AGE (Min 6)
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	Non-Pref	PA, OTC
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	Non-Pref	PA, OTC
<b>M-CLEAR WC LIQ 100-6.3</b>	Non-Pref	PA, OTC; AGE (Min 6)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
M-END PE LIQ	Non-Pref	PA, OTC; AGE (Min 6)
MAR-COF CG LIQ 225-7.5	Non-Pref	PA, OTC; AGE (Min 6)
MUCINEX CGH GRA 5-100MG	Pref	OTC
<i>mucinex cgh liq 5-100mg</i>	Pref	OTC
<i>mucinex dm liq 20-400</i>	Pref	OTC
<i>mucinex dm liq max str</i>	Pref	OTC
<i>mucinex free liq cong/cgh</i>	Pref	OTC
<i>mucinex liq freeform</i>	Pref	OTC
<i>mucus conges liq &amp; cough</i>	Pref	OTC
<i>mucus dm max tab 60-1200</i>	Pref	OTC
<i>mucus dm tab 60-1200</i>	Pref	OTC
<i>mucus rel dm liq</i>	Pref	OTC
<i>mucus rel dm liq 5-100/5</i>	Pref	OTC
<i>mucus rel dm liq 20-400mg</i>	Pref	OTC
<i>mucus relief liq 5-100mg</i>	Pref	OTC
<i>mucus relief liq child</i>	Pref	OTC
<i>mucus relief liq children</i>	Pref	OTC
<i>mucus relief liq cold/flu</i>	Pref	OTC
<i>mucus relief liq cong/cgh</i>	Pref	OTC
<i>mucus relief liq max st</i>	Pref	OTC
<i>mucus relief liq max str</i>	Pref	OTC
<i>mucus relief liq multi sy</i>	Pref	OTC
<i>mucus relief tab 20-400mg</i>	Pref	OTC
<i>mucus relief tab 60-1200</i>	Pref	OTC
<i>mucus relief tab dm</i>	Pref	OTC
<i>mucus relief tab dm cough</i>	Pref	OTC
<i>mucus rlf dm liq 5-100/5</i>	Pref	OTC
<i>mucus rlf dm liq 20-400mg</i>	Pref	OTC
<i>mucus rlf dm tab 20-400mg</i>	Pref	OTC
<i>mucus-dm max tab 60-1200</i>	Pref	OTC
<i>mucus/cough liq 5-100mg</i>	Pref	OTC
<i>multsym cold liq childr +</i>	Pref	OTC
<i>multsym cold liq childrns</i>	Pref	OTC
<i>multsym cold liq fev/chld</i>	Pref	OTC
NINJACOF-XG LIQ 200-8/5	Non-Pref	PA, OTC; AGE (Min 6)
<i>nohist-lq liq 4-10/5ml</i>	Pref	OTC
<i>pharbinex-dm tab 20-400mg</i>	Pref	OTC
POLY-TUSSIN LIQ 10-4-10	Non-Pref	PA, OTC; AGE (Min 6)
<i>prometh vc syp 6.25-5/5</i>	Pref	AGE (Min 6)
<i>prometh vc/ syp codeine</i>	Non-Pref	PA; AGE (Min 6)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Pref	AGE (Min 6)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	AGE (Min 6)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	AGE (Min 2)

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Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Non-Pref	PA; AGE (Min 6)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	AGE (Min 2)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	OTC
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	Pref	OTC
<i>px daytime liq cold/flu</i>	Pref	OTC
<i>qc daytime liq cold/flu</i>	Pref	OTC
<i>qc dibromm liq cld/cgh</i>	Pref	OTC
<i>qc medifin tab dm</i>	Pref	OTC
<i>qc mucus rel liq cong/cgh</i>	Pref	OTC
<i>ra cold/cgh liq child</i>	Pref	OTC
<i>ra cold/cgh liq dm</i>	Pref	OTC
<i>ra daytime liq cold/flu</i>	Pref	OTC
<i>refenesen dm tab 400-20mg</i>	Pref	OTC
<i>robitussin liq 20-400</i>	Pref	OTC
<i>robitussin liq 20-400mg</i>	Pref	OTC
<i>robitussin liq severe</i>	Pref	OTC
<i>rompe pecho liq</i>	Pref	OTC
<i>rynex dm liq</i>	Pref	OTC
<i>sb cold/cgh liq dm child</i>	Pref	OTC
<i>sb daytime liq</i>	Pref	OTC
<i>sb flu relf liq daytime</i>	Pref	OTC
<i>sev cld/cgh liq day rlf</i>	Pref	OTC
<i>severe cong liq cough</i>	Pref	OTC
<i>sm cold/cgh liq dm child</i>	Pref	OTC
<i>sm day time liq cold/flu</i>	Pref	OTC
<i>sm tussin dm liq 5-100/5</i>	Pref	OTC
<i>tab tussin tab 20-400mg</i>	Pref	OTC
<i>tab tussin tab dm</i>	Pref	OTC
<i>theraflu liq exprsmx</i>	Pref	OTC
<i>tussin cf liq cgh/flu</i>	Pref	OTC
<i>tussin dm liq 5-100mg</i>	Pref	OTC
<i>tussin dm liq 20-400mg</i>	Pref	OTC
<i>tussin dm liq 20-400ml</i>	Pref	OTC
<i>tussin dm mx liq</i>	Pref	OTC
<i>tussin dm mx liq 5-100/5</i>	Pref	OTC
<i>vick dayquil liq cold/flu</i>	Pref	OTC
<i>wal-act tab 2.5-60mg</i>	Pref	OTC
<i>wal-flu liq 10-5-325</i>	Pref	OTC
<i>wal-tussin liq cf max</i>	Pref	OTC
<b>EXPECTORANTS</b>		
<i>cvs mucus tab 1200 er</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eql mucus-er tab 1200mg</i>	Pref	OTC
<i>gnp mucus er tab 1200mg</i>	Pref	OTC
<i>guaifenesin liquid 100 mg/5ml</i>	Pref	OTC
<i>guaifenesin tab 200 mg</i>	Pref	OTC
<i>guaifenesin tab 400 mg</i>	Pref	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	Pref	OTC
<i>mucus er max tab 1200mg</i>	Pref	OTC
<i>mucus relief tab 1200 er</i>	Pref	OTC
<i>mucus relief tab 1200mg</i>	Pref	OTC
<i>qc mucus rel tab 1200 er</i>	Pref	OTC
<i>sm mucus rel tab 1200 er</i>	Pref	OTC

### **MISC. RESPIRATORY INHALANTS**

<i>sodium chloride soln nebu 0.9%</i>	Pref	
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### **MUCOLYTICS**

<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	

## **DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS**

### **ACNE PRODUCTS**

<i>ACANYA GEL 1.2-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>acne cleanse cre cvs cont</i>	Pref	OTC
<i>acne control cre clns 10%</i>	Pref	OTC
<i>acne max str cre 10%</i>	Pref	OTC
<i>acne medicat gel 2.5%</i>	Pref	PA, OTC; AGE (Max 18)
<i>adapalene cream 0.1%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene gel 0.1%</i>	Pref	PA, QL (1.5 gm every 1 day), OTC; AGE (Max 18)
<i>adapalene gel 0.3%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>AKLIEF CRE 0.005%</i>	Non-Pref	PA; AGE (Max 18)
<i>ALTRENO LOT 0.05%</i>	Non-Pref	PA; AGE (Max 18)
<i>AMZEEQ AER 4%</i>	Non-Pref	PA; AGE (Max 18)
<i>ARAZLO LOT 0.045%</i>	Non-Pref	PA; AGE (Max 18)
<i>ATRALIN GEL 0.05%</i>	Non-Pref	PA; AGE (Max 18)
<i>avar cleanse liq 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>AVAR LS LIQ 10-2%</i>	Non-Pref	PA; AGE (Max 18)
<i>avar-e emoll cre 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>avar-e green cre 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>AVAR-E LS CRE 10-2%</i>	Non-Pref	PA; AGE (Max 18)
<i>avita cre 0.025%</i>	Non-Pref	PA; AGE (Max 18)
<i>avita gel 0.025%</i>	Non-Pref	PA; AGE (Max 18)
<i>BENZAMYCIN GEL 5-3%</i>	Non-Pref	PA; AGE (Max 18)
<i>benzefoam aer 5.3%</i>	Non-Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide gel 2.5%</i>	Pref	PA, OTC; AGE (Max 18)

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Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benzoyl peroxide gel 5%</i>	Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide gel 10%</i>	Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide liq 5%</i>	Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide liq 10%</i>	Pref	PA, OTC; AGE (Max 18)
BENZOYL PEROXIDE LOTION 5%	Pref	PA, OTC; AGE (Max 18)
BENZOYL PEROXIDE LOTION 10%	Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Non-Pref	PA; AGE (Max 18)
<i>bp 10-1 emu</i>	Non-Pref	PA; AGE (Max 18)
<i>bp cleansing emu 10-4%</i>	Non-Pref	PA; AGE (Max 18)
<i>bpo cloths mis 6%</i>	Non-Pref	PA, OTC; AGE (Max 18)
<i>clearasil cre acne</i>	Pref	OTC
<i>clearasil cre spot 10%</i>	Pref	OTC
<i>clearskin cre 10%</i>	Pref	OTC
CLEOCIN-T LOT 1%	Non-Pref	PA; AGE (Max 18)
CLINDACIN KIT ETZ 1%	Non-Pref	PA; AGE (Max 18)
CLINDACIN KIT PAC 1%	Non-Pref	PA; AGE (Max 18)
<i>clindacin mis etz 1%</i>	Pref	PA; AGE (Max 18)
<i>clindacin-p pad 1%</i>	Pref	PA; AGE (Max 18)
CLINDAGEL GEL 1%	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	PA, QL (1.5 gm every 1 day); AGE (Max 18)
<i>clindamycin phosphate foam 1%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate gel 1%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate lotion 1%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate soln 1%</i>	Pref	PA; AGE (Max 18)
<i>clindamycin phosphate swab 1%</i>	Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA; AGE (Max 18)
<i>cvs acne cre 10%</i>	Pref	OTC
<i>dapsone gel 5%</i>	Non-Pref	PA; AGE (Max 18)
<i>dapsone gel 7.5%</i>	Non-Pref	PA; AGE (Max 18)
DIFFERIN CRE 0.1%	Non-Pref	PA; AGE (Max 18)
DIFFERIN GEL 0.1%	Pref	PA, QL (1.5 gm every 1 day), OTC; AGE (Max 18)
DIFFERIN GEL 0.3%	Non-Pref	PA; AGE (Max 18)
DIFFERIN LOT 0.1%	Non-Pref	PA; AGE (Max 18)
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA; AGE (Max 18)
EPSOLAY CRE 5%	Non-Pref	PA; AGE (Min 18)
<i>ery pad 2%</i>	Non-Pref	PA; AGE (Max 18)
ERYGEL GEL 2%	Non-Pref	PA; AGE (Max 18)
<i>erythromycin gel 2%</i>	Non-Pref	PA; AGE (Max 18)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin soln 2%</i>	Pref	PA; AGE (Max 18)
EVOCLIN AER 1%	Non-Pref	PA; AGE (Max 18)
FABIOR AER 0.1%	Non-Pref	PA; AGE (Max 18)
<i>isotretinoin</i>	Pref	PA, QL (2 caps every 1 day)
<i>neuac gel 1.2-5%</i>	Non-Pref	PA, QL (1.5 gm every 1 day); AGE (Max 18)
NEUAC KIT 1.2-5%	Non-Pref	PA; AGE (Max 18)
ONEXTON GEL 1.2-3.75	Non-Pref	PA; AGE (Max 18)
RETIN-A CRE 0.1%	Pref	PA; AGE (Max 18)
RETIN-A CRE 0.05%	Pref	PA; AGE (Max 18)
RETIN-A CRE 0.025%	Pref	PA; AGE (Max 18)
RETIN-A GEL 0.01%	Pref	PA; AGE (Max 18)
RETIN-A GEL 0.025%	Pref	PA; AGE (Max 18)
RETIN-A MICR GEL 0.1%	Non-Pref	PA; AGE (Max 18)
RETIN-A MICR GEL 0.1%PUMP	Non-Pref	PA; AGE (Max 18)
RETIN-A MICR GEL 0.04%	Non-Pref	PA; AGE (Max 18)
RETIN-A MICR GEL 0.04%PMP	Non-Pref	PA; AGE (Max 18)
RETIN-A MICR GEL 0.06%	Non-Pref	PA; AGE (Max 18)
RETIN-A MICR GEL 0.08%	Non-Pref	PA; AGE (Max 18)
SOD SUL/SULF EMU 10-5%	Non-Pref	PA; AGE (Max 18)
SOD SUL/SULF SUS 10-5%	Non-Pref	PA; AGE (Max 18)
<i>sss 10-5 aer 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>sss cre 10%-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium lotion 10% (acne)</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non-Pref	PA; AGE (Max 18)
SUMADAN KIT	Non-Pref	PA; AGE (Max 18)
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMADAN XLT KIT 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMAXIN CP KIT	Non-Pref	PA; AGE (Max 18)
TAZAROTENE AER 0.1%	Pref	PA; AGE (Max 18)
<i>tretinoin cream 0.1%</i>	Pref	PA; AGE (Max 18)
<i>tretinoin cream 0.05%</i>	Pref	PA; AGE (Max 18)
<i>tretinoin cream 0.025%</i>	Pref	PA; AGE (Max 18)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin gel 0.01%</i>	Pref	PA; AGE (Max 18)
<i>tretinoin gel 0.05%</i>	Non-Pref	PA; AGE (Max 18)
<i>tretinoin gel 0.025%</i>	Pref	PA; AGE (Max 18)
<i>tretinoin microsphere gel 0.1%</i>	Non-Pref	PA; AGE (Max 18)
<i>tretinoin microsphere gel 0.04%</i>	Non-Pref	PA; AGE (Max 18)
TWYNEO CRE 0.1-3%	Non-Pref	PA
WINLEVI CRE 1%	Non-Pref	PA; AGE (Min 12, Max 18)
ZIANA GEL	Non-Pref	PA; AGE (Max 18)

### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

<i>arthr pain gel 1%</i>	Pref	OTC
<i>diclofenac epolamine patch 1.3%</i>	Pref	PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Pref	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Pref	OTC
<i>diclofenac sodium soln 1.5%</i>	Non-Pref	PA
<i>diclofenac sodium soln 2%</i>	Non-Pref	PA
FLECTOR DIS 1.3%	Non-Pref	PA
<i>goodsense gel art pain</i>	Pref	OTC
LICART DIS 1.3%	Non-Pref	PA
PENNSAID SOL 2%	Non-Pref	PA
<i>qc diclofena gel 1%</i>	Pref	OTC

### **ANTIBIOTICS - TOPICAL**

<i>antib + pain cre relief</i>	Pref	OTC
<i>bacitracin oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin-polymyxin b oint</i>	Pref	OTC
CENTANY AT KIT 2%	Non-Pref	PA
CENTANY OIN 2%	Non-Pref	PA
<i>cvs antibiot cre pain rel</i>	Pref	OTC
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	
<i>multi antibi cre plus</i>	Pref	OTC
<i>mupirocin oint 2%</i>	Pref	PA
<i>neomycin-bacitracin-polymyxin oint</i>	Pref	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Pref	OTC
<i>ra antibioti cre plus</i>	Pref	OTC
<i>sm antibioti cre plus</i>	Pref	OTC

### **ANTIFUNGALS - TOPICAL**

ALEVAZOL OIN 1%	Non-Pref	PA, OTC
<i>butenafine hcl cream 1%</i>	Non-Pref	PA, OTC
<i>ciclodan sol 8%</i>	Pref	
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA

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

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

### **ANTIHISTAMINES-TOPICAL**

<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Pref	OTC
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### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	PA, QL (3.334 gm every 1 day)
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<i>fluorouracil cream 5%</i>	Pref	
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<i>fluorouracil soln 5%</i>	Pref	
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### **ANTIPSORIATICS**

<i>calcipotriene cream 0.005%</i>	Pref	PA
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<i>calcipotriene foam 0.005%</i>	Non-Pref	PA
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<i>calcipotriene oint 0.005%</i>	Pref	
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<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	
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<i>calcitriol oint 3 mcg/gm</i>	Non-Pref	PA; AGE (Max 18)
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COSENTYX INJ 75MG/0.5	Non-Pref	SP, PA; CL
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COSENTYX INJ 150MG/ML	Non-Pref	SP, PA; CL
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COSENTYX INJ 300DOSE	Non-Pref	SP, PA; CL
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COSENTYX PEN INJ 150MG/ML	Non-Pref	SP, PA; CL
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COSENTYX PEN INJ 300DOSE	Non-Pref	SP, PA; CL
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DOVONEX CRE 0.005%	Non-Pref	PA
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ILUMYA SOL 100MG/ML	Non-Pref	SP, PA; AGE (Min 18); CL
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SILIQ INJ 210/1.5	Non-Pref	SP, PA; AGE (Min 18); CL
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SKYRIZI INJ 150DOSE	Non-Pref	SP, PA; CL
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SKYRIZI INJ 150MG/ML	Non-Pref	SP, PA; CL
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SKYRIZI PEN INJ 150MG/ML	Non-Pref	SP, PA; CL
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SORILUX AER 0.005%	Non-Pref	PA
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STELARA INJ 45MG/0.5	Non-Pref	SP, PA; CL
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STELARA INJ 90MG/ML	Non-Pref	SP, PA; CL
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TALTZ INJ 80MG/ML	Non-Pref	SP, PA; CL
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Drug Name	Drug Tier	Requirements/Limits
<i>tazarotene cream 0.1%</i>	Non-Pref	PA; AGE (Max 18)
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA; CL
VECTICAL OIN 3MCG/GM	Non-Pref	PA; AGE (Max 18)
VTAMA CRE 1%	Non-Pref	PA; AGE (Min 18)

### **ANTISEBORRHEIC PRODUCTS**

OVACE PLUS AER 9.8%	Non-Pref	PA; AGE (Max 18)
OVACE PLUS CRE 10%	Non-Pref	PA; AGE (Max 18)
OVACE PLUS GEL 10% WASH	Non-Pref	PA; AGE (Max 18)
OVACE PLUS LIQ 10% WASH	Non-Pref	PA; AGE (Max 18)
OVACE PLUS LOT 9.8%	Non-Pref	PA; AGE (Max 18)
OVACE PLUS SHA 10%	Non-Pref	PA; AGE (Max 18)
OVACE WASH LIQ 10%	Non-Pref	PA; AGE (Max 18)
<i>selenium sulfide lotion 1%</i>	Pref	OTC
<i>selenium sulfide lotion 2.5%</i>	Pref	
<i>selenium sulfide shampoo 2.25%</i>	Pref	
<i>sulfacetamide sodium cleansing gel 10%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium liquid 10%</i>	Non-Pref	PA; AGE (Max 18)
<i>sulfacetamide sodium shampoo 10%</i>	Non-Pref	PA; AGE (Max 18)

### **ANTIVIRALS - TOPICAL**

<i>acyclovir cream 5%</i>	Pref	PA
<i>acyclovir oint 5%</i>	Pref	PA
DENAVIR CRE 1%	Non-Pref	PA
<i>docosanol cream 10%</i>	Pref	OTC
<i>hm docosan cre 10%</i>	Pref	OTC
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CRE 5%	Non-Pref	PA
ZOVIRAX OIN 5%	Non-Pref	PA

### **BURN PRODUCTS**

<i>silver sulfadiazine cream 1%</i>	Pref	
<i>ssd cre 1%</i>	Pref	

### **CORTICOSTEROIDS - TOPICAL**

<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide lotion 0.1%</i>	Non-Pref	PA
APEXICON E CRE 0.05%	Non-Pref	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	Pref	
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>betamethasone valerate aerosol foam 0.12%</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Non-Pref	PA
CAPEX SHA 0.01%	Non-Pref	PA
<i>clobetasol propionate cream 0.05%</i>	Pref	
<i>clobetasol propionate emollient base cream 0.05%</i>	Pref	
<i>clobetasol propionate emulsion foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate gel 0.05%</i>	Pref	
<i>clobetasol propionate lotion 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate oint 0.05%</i>	Pref	
<i>clobetasol propionate shampoo 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05%</i>	Non-Pref	PA
CLOBEX SHA 0.05%	Non-Pref	PA
CLOBEX SPR 0.05%	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i>	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05%</i>	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
<i>desonide cream 0.05%</i>	Non-Pref	PA
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.25%</i>	Non-Pref	PA
<i>desoximetasone gel 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.25%</i>	Non-Pref	PA
<i>desoximetasone spray 0.25%</i>	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIPROLENE OIN 0.05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA; AGE (Min 18)
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i>	Non-Pref	PA
<i>fluocinonide cream 0.1%</i>	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i>	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	
<i>halcinonide cream 0.1%</i>	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Non-Pref	PA
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
HALOG SOL 0.1%	Non-Pref	PA
<i>hydrocortisone acetate cream 1%</i>	Pref	OTC
<i>hydrocortisone acetate oint 1%</i>	Pref	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 0.5%</i>	Pref	OTC
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 1%- rx</i>	Pref	
<i>hydrocortisone cream 2.5%</i>	Pref	
<i>hydrocortisone lotion 1%</i>	Pref	OTC
<i>hydrocortisone lotion 2.5%</i>	Pref	
<i>hydrocortisone oint 0.5%</i>	Pref	OTC
<i>hydrocortisone oint 1%</i>	Pref	OTC
<i>hydrocortisone oint 1%- rx</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone oint 2.5%</i>	Pref	
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
IMPEKLO LOT 0.05%	Non-Pref	PA
KENALOG AER SPRAY	Non-Pref	PA
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	
<i>mometasone furoate oint 0.1%</i>	Pref	
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX AER 0.05%	Non-Pref	PA
OLUX-E AER 0.05%	Non-Pref	PA
PANDEL CRE 0.1%	Non-Pref	PA
<i>prednicarbate oint 0.1%</i>	Non-Pref	PA
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetonide cream 0.1%</i>	Pref	
<i>triamcinolone acetonide cream 0.5%</i>	Pref	
<i>triamcinolone acetonide cream 0.025%</i>	Pref	
<i>triamcinolone acetonide lotion 0.1%</i>	Pref	
<i>triamcinolone acetonide lotion 0.025%</i>	Pref	
<i>triamcinolone acetonide oint 0.1%</i>	Pref	
<i>triamcinolone acetonide oint 0.5%</i>	Pref	
<i>triamcinolone acetonide oint 0.05%</i>	Pref	
<i>triamcinolone acetonide oint 0.025%</i>	Pref	
<i>trianex oin 0.05%</i>	Non-Pref	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA
<b>DIAPER RASH PRODUCTS</b>		
A+D DIAPER CRE RASH	Pref	OTC
BENSONS CRE BOTTOM	Pref	OTC
CVS DIAPER CRE A/D ZINC	Pref	OTC
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML	Non-Pref	SP, PA; AGE (Min 18)
CIBINQO TAB 50MG	Non-Pref	PA; CL
CIBINQO TAB 100MG	Non-Pref	PA; CL
CIBINQO TAB 200MG	Non-Pref	PA; CL
DUPIXENT INJ 100/0.67	Pref	PA; CL
DUPIXENT INJ 200/1.14	Pref	PA; CL
DUPIXENT INJ 200MG	Pref	PA; CL
DUPIXENT INJ 300/2ML	Pref	PA; CL
OPZELURA CRE 1.5%	Non-Pref	PA; AGE (Min 12); CL
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>gormel cre 20%</i>	Pref	OTC
<i>urea 20 intrn cre 20%</i>	Pref	OTC
<i>ureacin-20 cre 20%</i>	Pref	OTC
<b>EMOLLIENTS</b>		
A + D PERSON LOT	Pref	OTC
<i>a&amp;d oin</i>	Pref	OTC
<i>a+d prevent oin</i>	Pref	OTC
<i>aloe after lot sun</i>	Pref	OTC
ALOE AFTERSU LOT	Pref	OTC
AQUA GLYCOL CRE FACE	Pref	OTC
AQUA GLYCOL LOT HND/BDY	Pref	OTC
AQUA LACTEN LOT	Pref	OTC
<i>aqua-cerin cre</i>	Pref	OTC
AQUAMED LOT	Pref	OTC
AVEENO DAILY CRE FACE	Pref	OTC
AVEENO DAILY LOT SHEER	Pref	OTC
AVEENO INTEN CRE RELIEF	Pref	OTC
AVEENO POSIT CRE RADIANT	Pref	OTC
AVEENO SKIN CRE RELIEF	Pref	OTC
AVEENO STRES LOT RELIEF	Pref	OTC
<i>baby vitamin oin a &amp; d</i>	Pref	OTC
BASLE CRE	Pref	OTC
<i>beauty lot lotion</i>	Pref	OTC
BETA CARE CRE	Pref	OTC
BETA CARE LOT	Pref	OTC
BETA XMA CRE	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAM LOT	Pref	OTC
CERAVE AM LOT SPF 30	Pref	OTC
CERAVE CRE MOISTURI	Pref	OTC
CERAVE DAILY LOT MOIST	Pref	OTC
CERAVE DAILY LOT MOISTURZ	Pref	OTC
CERAVE DIABE CRE DRY SKIN	Pref	OTC
CERAVE PM LOT ULTRA	Pref	OTC
CERAVE SA CRE RGH/BMP	Pref	OTC
CERAVE SA LOT	Pref	OTC
CETAPHIL ADV LOT RELIEF	Pref	OTC
CETAPHIL CRE HAND	Pref	OTC
CETAPHIL DAY LOT ADVANCE	Pref	OTC
CETAPHIL LOT MOISTURE	Pref	OTC
CETAPHIL LOT RESTORAD	Pref	OTC
CICAPLAST CRE BAUME B5	Pref	OTC
CLN MOISTURE LOT FACIAL	Pref	OTC
<i>cocoa butter cre skin</i>	Pref	OTC
COCOA BUTTER LOT	Pref	OTC
COCOA BUTTER LOT HND/BODY	Pref	OTC
COCONUT OIL CRE BEAUTY	Pref	OTC
COLLAGEN CRE SKIN	Pref	OTC
<i>complete lot moisture</i>	Pref	OTC
CUTEMOL CRE	Pref	OTC
CVS BEAUTY LOT DRY SKIN	Pref	OTC
CVS DAILY UL LOT MOISTURE	Pref	OTC
CVS DRY SKIN CRE THERAPY	Pref	OTC
<i>cvs dry skin lot therapy</i>	Pref	OTC
<i>cvs gentle lot cleanser</i>	Pref	OTC
CVS MOISTURE CRE	Pref	OTC
<i>cvs moisturi lot</i>	Pref	OTC
<i>cvs vit a&amp;d oin</i>	Pref	OTC
DAILY MOIST LOT	Pref	OTC
DAILY MOISTU LOT	Pref	OTC
DERMABASE CRE	Pref	OTC
DERMAIDE CRE ALOE	Pref	OTC
DERMEND CRE BRUISE	Pref	OTC
DERMEND CRE FRAGILE	Pref	OTC
DIABETIDERM CRE	Pref	OTC
DIABETIDERM CRE FOOT	Pref	OTC
DIABETIDERM LOT	Pref	OTC
DML FORTE CRE	Pref	OTC
<i>dml lot</i>	Pref	OTC
DT BODY LOTI LOT EX STR	Pref	OTC
DT FACE CARE LOT	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DT FOOT MASS LOT	Pref	OTC
DT HAND ELBO LOT & KNEE	Pref	OTC
DT HEEL CARE LOT	Pref	OTC
ELON SKIN CRE REPAIR	Pref	OTC
EMOLLIA-CREM CRE	Pref	OTC
EMOLLIA-LOT LOT	Pref	OTC
<i>emollient - cream</i>	Pref	OTC
EPILYT LOT	Pref	OTC
EQ THERAPEUT CRE MOISTURI	Pref	OTC
<i>eq vitamins oin a &amp; d</i>	Pref	OTC
<i>eq absolute lot moisture</i>	Pref	OTC
<i>eq advanced lot recovery</i>	Pref	OTC
EQL ADVANCED LOT RECOVERY	Pref	OTC
<i>eq advanced lot therapy</i>	Pref	OTC
EUCERIN ADV CRE REPAIR	Pref	OTC
EUCERIN DAIL LOT HYDRATIO	Pref	OTC
EUCERIN DLY LOT /SPF30	Pref	OTC
EUCERIN INT LOT REPAIR	Pref	OTC
EUCERIN LOT	Pref	OTC
EUCERIN LOT BABY	Pref	OTC
EUCERIN LOT SMOOTHIN	Pref	OTC
EUCERIN PLUS CRE	Pref	OTC
EUCERIN PLUS LOT	Pref	OTC
EUCERIN PRO LOT REPAIR	Pref	OTC
EUCERIN RED CRE NIGHT	Pref	OTC
GB DIABETICS CRE DRY SKIN	Pref	OTC
GB HEALING CRE HAND	Pref	OTC
<i>gnp vit a&amp;d oin</i>	Pref	OTC
GOLD BOND CRE HEALING	Pref	OTC
GOLD BOND CRE ROUGH	Pref	OTC
GOLD BOND CRE SOOTHING	Pref	OTC
GOLD BOND LOT DIABETIC	Pref	OTC
GOLD BOND LOT MEDICATD	Pref	OTC
GOLD BOND LOT PROTECTN	Pref	OTC
GOLD BOND LOT RESTORIN	Pref	OTC
GOLD BOND LOT RIBBONS	Pref	OTC
GOLD BOND LOT SOOTHING	Pref	OTC
GOLD BOND LOT ULT HEAL	Pref	OTC
GOLD BOND LOT ULTIMATE	Pref	OTC
<i>gordomatic lot</i>	Pref	OTC
HEALTHY SKIN LOT FACE	Pref	OTC
HYDRASYN25 CRE	Pref	OTC
HYDRAZONE LOT	Pref	OTC
J&J BURN CRE	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
KERADAN CRE	Pref	OTC
KERI ADVANCE LOT MOISTURE	Pref	OTC
KERI BASIC LOT ESSENTIA	Pref	OTC
KERI DAILY LOT ORIGINAL	Pref	OTC
KERI LONG CRE LASTING	Pref	OTC
KERI LOT ORIGINAL	Pref	OTC
KERI LOT OVRNIGHT	Pref	OTC
KERI NRSHING LOT SHEA BTR	Pref	OTC
KERI RENEWAL LOT FIRING	Pref	OTC
KERI RENEWAL LOT MILK BDY	Pref	OTC
KERI RENEWAL LOT STRETCH	Pref	OTC
KERI SENSITI LOT SKIN	Pref	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	OTC
LACTINOL HX CRE VANILLA	Pref	OTC
LEADER FINGE CRE	Pref	OTC
<i>lubricating lot skin</i>	Pref	OTC
LUBRIDERM CRE ADV THER	Pref	OTC
LUBRIDERM LOT ADVANCED	Pref	OTC
LUBRIDERM LOT DAILY	Pref	OTC
LUBRIDERM LOT FRG/FREE	Pref	OTC
LUBRIDERM LOT SCENTED	Pref	OTC
LUBRIDERM LOT SKIN REP	Pref	OTC
LUBRISOFT LOT UNSCENTE	Pref	OTC
MAXAM LOT	Pref	OTC
MEDERMA AG CRE FACE	Pref	OTC
MEDERMA AG LOT HND/BDY	Pref	OTC
MEDERMA STR CRE MARKS	Pref	OTC
<i>minerin lot</i>	Pref	OTC
<i>moisture lot</i>	Pref	OTC
<i>moisture lot recovery</i>	Pref	OTC
<i>moisturizing cre</i>	Pref	OTC
MOISTURIZING CRE	Pref	OTC
<i>moisturizing lot</i>	Pref	OTC
<i>moisturizing lot ex dry</i>	Pref	OTC
<i>moisturizing lot sensitiv</i>	Pref	OTC
MSM SKIN LOT	Pref	OTC
NEUTROGENA CRE HAND	Pref	OTC
NEUTROGENA LOT SENS SKN	Pref	OTC
NISEKO HYDRA CRE FACIAL	Pref	OTC
NIVEA CRE	Pref	OTC
NIVEA CRE LIGHT	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NIVEA LOT	Pref	OTC
NIVEA LOT EXFOLIAT	Pref	OTC
NIVEA LOT EXTRA	Pref	OTC
NIVEA LOT LIGHT	Pref	OTC
NIVEA LOT ORIGINAL	Pref	OTC
NIVEA VISAGE CRE	Pref	OTC
NIVEA VISAGE CRE NIGHTTIM	Pref	OTC
NIVEA VISAGE LOT	Pref	OTC
NIVIA ORIGIN LOT MOISTURE	Pref	OTC
NUTRADERM CRE	Pref	OTC
NUTRADERM LOT	Pref	OTC
NUTRADERM LOT ADVANCED	Pref	OTC
OKEEFFES CRE WORKING	Pref	OTC
PALMERS BODY LOT COCONUT	Pref	OTC
PALMERS CRE COCOA	Pref	OTC
PALMERS CRE NIGHT	Pref	OTC
PALMERS HAND CRE COCONUT	Pref	OTC
PALMERS HAND CRE INTENSIV	Pref	OTC
PALMERS LOT COCOA	Pref	OTC
PALMERS STRE CRE MARKS	Pref	OTC
PALMERS STRE LOT MARKS	Pref	OTC
PEN-KERA CRE	Pref	OTC
PENTRAVAN CRE	Pref	OTC
PENTRAVAN CRE PLUS	Pref	OTC
PRETTY FEET CRE & HANDS	Pref	OTC
RA DAYLOGIC LOT HEALING	Pref	OTC
RADIAGUARD LOT ADVANCED	Pref	OTC
<i>refreshing lot aloe</i>	Pref	OTC
RESTA CRE	Pref	OTC
RESTA LITE LOT	Pref	OTC
RESTORATIVE CRE SKIN	Pref	OTC
RISABAL-PH CRE	Pref	OTC
ROUGHNESS CRE RELIEF	Pref	OTC
ROUGHNESS LOT RELIEF	Pref	OTC
SKIN NOURISH LOT MOISTURI	Pref	OTC
SKIN REPAIR LOT SCENTED	Pref	OTC
SKIN REPAIR LOT UNSCENTD	Pref	OTC
<i>sm dry skin lot therapy</i>	Pref	OTC
SORBOLENE CRE	Pref	OTC
SPECIAL CARE CRE	Pref	OTC
<i>special care lot</i>	Pref	OTC
STUDIO 35 CRE MOIST	Pref	OTC
STUDIO 35 EX LOT MOISTURI	Pref	OTC
<i>thera-derm lot</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THERABETIC LOT SKIN	Pref	OTC
THERAPEUTIC CRE DRY SKIN	Pref	OTC
THERAPEUTIC CRE MOISTUR	Pref	OTC
UDDERLY CRE SMOOTH	Pref	OTC
ULTRA MOIST LOT DAILY	Pref	OTC
VANICREAM CRE	Pref	OTC
VANICREAM LOT	Pref	OTC
VELVACHOL CRE	Pref	OTC
<i>vitamin a&amp;d oin</i>	Pref	OTC
VITAMIN E W/ CRE PANTHENO	Pref	OTC
<i>vitamins a &amp; d oint</i>	Pref	OTC
WIBI LOT	Pref	OTC

### **IMMUNOMODULATING AGENTS - TOPICAL**

<i>imiquimod cream 5%</i>	Pref	QL (0.434 packets every 1 day); AGE (Min 12)
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### **IMMUNOSUPPRESSIVE AGENTS - TOPICAL**

ELIDEL CRE 1%	Pref	PA; AGE (Min 2); CL
<i>pimecrolimus cream 1%</i>	Non-Pref	PA; AGE (Min 2); CL
PROTOPIC OIN 0.1%	Non-Pref	PA, QL (30 gm every 27 days); AGE (Min 18); CL
PROTOPIC OIN 0.03%	Non-Pref	PA, QL (30 gm every 27 days); AGE (Min 2); CL
<i>tacrolimus oint 0.1%</i>	Pref	PA, QL (30 gm every 27 days); AGE (Min 18); CL
<i>tacrolimus oint 0.03%</i>	Pref	PA, QL (30 gm every 27 days); AGE (Min 2); CL

### **KERATOLYTIC/ANTIMITOTIC AGENTS**

<i>atrix liq 2% wash</i>	Non-Pref	PA, OTC; AGE (Max 18)
BENSAL HP OIN	Non-Pref	PA
<i>podofilox soln 0.5%</i>	Pref	

### **LOCAL ANESTHETICS - TOPICAL**

<i>arth pain cre 0.075%</i>	Pref	OTC
<i>capsaicin cream 0.1%</i>	Pref	OTC
<i>capsaicin cream 0.025%</i>	Pref	OTC
<i>lidocaine cream 4%</i>	Pref	OTC
<i>lidocaine patch 5%</i>	Pref	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	
LIDODERM DIS 5%	Non-Pref	PA
QUTENZA KIT 8% 1-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 2-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 4-PCH	Non-Pref	SP, PA
ZTLIDO PAD 1.8%	Non-Pref	PA

### **MISC. TOPICAL**

<i>a.e.r. pad traveler</i>	Pref	OTC
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Drug Name	Drug Tier	Requirements/Limits
<i>a.e.r. witch pad hazel</i>	Pref	OTC
ACUWASH LIQ	Pref	OTC
AG SHAMPOO & LIQ BODY CL	Pref	OTC
AG TONER LIQ	Pref	OTC
ALOE VERA LIQ CLEANSER	Pref	OTC
ALOE VESTA LIQ BODY WSH	Pref	OTC
AQUA GLYCOL LIQ FACIAL	Pref	OTC
AVEENO BABY LIQ CALMING	Pref	OTC
AVEENO BABY LIQ CLEANSIN	Pref	OTC
AVEENO CALM LIQ RESTORE	Pref	OTC
AVEENO DAILY LIQ FACIAL	Pref	OTC
<i>b-sure witch pad hazel</i>	Pref	OTC
BASIS CLEANS LIQ EX DRY	Pref	OTC
BASIS CLEANS LIQ NORM/DRY	Pref	OTC
BASIS CLEANS LIQ SENSITIV	Pref	OTC
BODY WASH LIQ /SHEA	Pref	OTC
BODY WASH LIQ SENS SKN	Pref	OTC
BOUDREAUXS LIQ BATH	Pref	OTC
<i>boudreauxs oin 40%</i>	Pref	OTC
CALAMINE LOT	Pref	OTC
CALAMINE LOT 8-8%	Pref	OTC
CALAMINE LOT PHENOLAT	Pref	OTC
<i>calmoseptine oin</i>	Pref	OTC
<i>calprotect oin</i>	Pref	OTC
CERAVE FOAMI LIQ FACIAL	Pref	OTC
CERAVE HYDRA LIQ CLEANSER	Pref	OTC
CERAVE SA LIQ BODY WAS	Pref	OTC
CETAPHIL LIQ CLEANSER	Pref	OTC
CETAPHIL LIQ FOAM WSH	Pref	OTC
CETAPHIL LIQ OIL SKIN	Pref	OTC
CETAPHIL LIQ RESTORAD	Pref	OTC
CLEAN&CLEAR LIQ CLEANSER	Pref	OTC
CLEAN&CLEAR LIQ FACE WSH	Pref	OTC
CLEAN&CLEAR LIQ FOAMING	Pref	OTC
CLEAN&CLEAR LIQ MORNING	Pref	OTC
CLN BODY LIQ WASH	Pref	OTC
CLN FACIAL LIQ CLEANSER	Pref	OTC
CLN HAND & LIQ FOOT WSH	Pref	OTC
CLN SPORT LIQ WASH	Pref	OTC
CLN SPORTWSH LIQ	Pref	OTC
DAILY FACIAL LIQ CLEANSER	Pref	OTC
<i>diaper rash oin 40%</i>	Pref	OTC
<i>eq diaper ra oin 40%</i>	Pref	OTC
<i>eq hygienic pad cleansng</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
EQL GENTLE LIQ CLEANSER	Pref	OTC
EQL SKIN LIQ ASTRING	Pref	OTC
EUCERIN LIQ ADV CLNS	Pref	OTC
EUCERIN SKIN LIQ CALMING	Pref	OTC
EYESCRUB LIQ	Pref	OTC
FREE & CLEAR LIQ SENSITIV	Pref	OTC
GENTLE SKIN LIQ CLEANSER	Pref	OTC
GNP CALAMINE LOT 8-8%	Pref	OTC
GNP CALAMINE LOT PHENOLAT	Pref	OTC
<i>gnp zinc oxi oin 20%</i>	Pref	OTC
GOLD BOND LIQ HEALING	Pref	OTC
GOLD BOND LIQ SENSITVE	Pref	OTC
GOLD BOND LIQ SOFTNING	Pref	OTC
<i>hemorrhoidal pad</i>	Pref	OTC
<i>hemorrhoidal pad 50%</i>	Pref	OTC
<i>hemorrhoidal pad hygiene</i>	Pref	OTC
<i>hemorrhoidal pad medicate</i>	Pref	OTC
HIGH POWER LIQ BODY WSH	Pref	OTC
<i>hm medicated pad cooling</i>	Pref	OTC
<i>hygienic pad cleansng</i>	Pref	OTC
IONIL LIQ	Pref	OTC
JOHNSON SKIN LIQ NOURISH	Pref	OTC
JOHNSONS KID LIQ CLN/FRSH	Pref	OTC
LEMON ZESTY LIQ SCRUB	Pref	OTC
LIQUID HAND LIQ SOAP	Pref	OTC
MEDERMA AG LIQ BODY	Pref	OTC
MEDERMA AG LIQ TONER	Pref	OTC
MEDERMA AS LIQ CLEANSER	Pref	OTC
<i>medi-pads pad 50%</i>	Pref	OTC
<i>medicated pad 50%</i>	Pref	OTC
<i>medicated pad pads</i>	Pref	OTC
<i>medicated pad wipes</i>	Pref	OTC
<i>medpura oin hydrosep</i>	Pref	OTC
<i>moisture oin barrier</i>	Pref	OTC
NEUTROGENA LIQ DEEP CLE	Pref	OTC
NEUTROGENA LIQ FOAMING	Pref	OTC
NIVEA VISAGE LIQ FOAMING	Pref	OTC
NIVEA VISAGE LIQ TONER	Pref	OTC
<i>preparatio h pad totable</i>	Pref	OTC
<i>preparation pad h</i>	Pref	OTC
PURPOSE GENT LIQ WASH	Pref	OTC
PX CALAMINE LOT	Pref	OTC
<i>qc medicatd pad pads</i>	Pref	OTC
<i>qc medicatd pad wipes</i>	Pref	OTC



Drug Name	Drug Tier	Requirements/Limits
<i>qc zinc oxid oin 20%</i>	Pref	OTC
REFRESH LIQ CLEANSER	Pref	OTC
REFRS FACIAL LIQ CLEANSER	Pref	OTC
REHYLA HAIR MIS BODY	Pref	OTC
REHYLA WASH LIQ	Pref	OTC
<i>sb hemorrhoi pad</i>	Pref	OTC
SEPTI-SOFT LIQ CONC	Pref	OTC
SKIN CLEANSE LIQ GENTLE	Pref	OTC
SKIN NOURISH LIQ WASH	Pref	OTC
SM CALAMINE LOT	Pref	OTC
SM CALAMINE LOT PHENOLAT	Pref	OTC
<i>sm hygienic pad cleansng</i>	Pref	OTC
TENA SKIN-CA LIQ BDY WASH	Pref	OTC
TENA SKIN-CA LIQ WASH CRM	Pref	OTC
<i>tn dickinson pad witch hz</i>	Pref	OTC
VANICREAM LIQ	Pref	OTC
<i>witch hazel pad</i>	Pref	OTC
<i>witch hazel pad cleansng</i>	Pref	OTC
<i>zinc oxide oint 20%</i>	Pref	OTC
<i>zinc oxide oint 40%</i>	Pref	OTC

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OIN 2%	Pref	PA, QL (300 gm every 292 days); AGE (Min 3 months); CL
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#### **ROSACEA AGENTS**

<i>azelaic acid gel 15%</i>	Non-Pref	PA; AGE (Min 18)
FINACEA AER 15%	Non-Pref	PA; AGE (Min 18)
FINACEA GEL 15%	Non-Pref	PA; AGE (Min 18)
<i>ivermectin cream 1%</i>	Pref	
METROCREAM CRE 0.75%	Pref	
METROGEL GEL 1%	Pref	
<i>metronidazole cream 0.75%</i>	Pref	
<i>metronidazole gel 0.75%</i>	Non-Pref	PA
<i>metronidazole gel 1%</i>	Pref	
<i>metronidazole lotion 0.75%</i>	Pref	
MIRVASO GEL 0.33%	Non-Pref	PA
NORITATE CRE 1%	Non-Pref	PA
RHOFADE CRE 1%	Non-Pref	PA
<i>rosadan cre 0.75%</i>	Non-Pref	PA
<i>rosadan gel 0.75%</i>	Non-Pref	PA
ROSADAN KIT 0.75%	Non-Pref	PA
SOOLANTRA CRE 1%	Non-Pref	PA
ZILXI AER 1.5%	Non-Pref	PA; AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
<b>SCABICIDES &amp; PEDICULICIDES</b>		
<i>goodsense liq lice rin</i>	Pref	OTC
<i>ivermectin lotion 0.5%</i>	Pref	OTC
<i>lice treatmt liq 1%</i>	Pref	OTC
<i>lice trtmnt liq 1%</i>	Pref	OTC
<i>permethrin cream 5%</i>	Pref	
<i>permethrin lotion 1%</i>	Pref	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Pref	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Pref	OTC

### TAR PRODUCTS

<i>anti-dandruf sha coal tar</i>	Pref	OTC
<i>therapeutic sha</i>	Pref	OTC
<i>therapeutic sha 0.5%</i>	Pref	OTC
<i>therapeutic sha t+plus</i>	Pref	OTC

### DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

#### DIAGNOSTIC TESTS

BINAXNOW COV KIT HOME TES	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)
BINAXNOW COV KIT HOME TES	Pref	QL (8 kits every 30 days), OTC; AGE (Min 4)
CARESTART KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
CLEARDETECT KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
CLINITEST KIT SELF-TST	Pref	QL (8 kits every 30 days), OTC
COVID-19 AT- KIT 1-PACK	Pref	QL (8 kits every 30 days), OTC
COVID-19 RAP KIT 1-PACK	Pref	QL (8 kits every 30 days), OTC
COVID-19 RAP KIT 2-PACK	Pref	QL (8 kits every 30 days), OTC
CVS COVID-19 KIT HOME 2PK	Pref	QL (8 kits every 30 days), OTC
DIATRUST KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits every 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)
FLOWFLEX KIT TEST	Pref	QL (8 kits every 30 days), OTC
FLOWFLEX KIT TEST	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IHEALTH 2-PK KIT COVID-19	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)
IHEALTH 5-PK KIT COVID-19	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)
IHEALTH 40PK KIT COVID-19	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)
INDICAID KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (8 kits every 30 days), OTC; AGE (Min 15)
ON/GO COVID KIT ANTIGEN	Pref	QL (8 kits every 30 days), OTC
ON/GO ONE KIT COVID-19	Pref	QL (8 kits every 30 days), OTC
OTC ANTIGENT KIT 1-PACK	Pref	QL (8 kits every 30 days), OTC
OTC ANTIGENT KIT 2-PACK	Pref	QL (8 kits every 30 days), OTC
PILOT COVID KIT HOME TES	Pref	QL (8 kits every 30 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (8 kits every 30 days), OTC; AGE (Min 2)
RELION TRUE TES METRIX	Pref	QL (10 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	Pref	QL (10 strips every 1 day), OTC

## **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION**

### **DIETARY MANAGEMENT PRODUCTS**

FOLBIC RF TAB	Pref	
FOLBIC TAB	Pref	OTC
FOLTANX TAB	Pref	
L-METHYL- TAB B6-B12	Pref	
L-METHYL-MC TAB	Pref	
L-METHYLFOLA CAP FORTE	Pref	
L-METHYLFOLA CAP FORTE 15	Pref	
METAFOLBIC TAB	Pref	
NIVA-FOL TAB	Pref	OTC
<i>westab max tab 2.5-25-2</i>	Pref	

### **NUTRITIONAL SUPPLEMENTS**

ADVERA LIQ CHOCOLAT	Pref	OTC
ADVERA LIQ VANILLA	Pref	OTC
ARGINAID LIQ EXTRA	Pref	OTC
BEEF/POTATO LIQ SPINACH	Pref	OTC
BENECALORIE LIQ	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BOOST 1.0CAL LIQ CHOCOLAT	Pref	OTC
BOOST 1.0CAL LIQ STRAWBRY	Pref	OTC
BOOST 1.0CAL LIQ VANILLA	Pref	OTC
BOOST 1.5CAL LIQ /FIBER	Pref	OTC
BOOST 1.5CAL LIQ CHOCOLAT	Pref	OTC
BOOST 1.5CAL LIQ STRAWBER	Pref	OTC
BOOST 1.5CAL LIQ VANILLA	Pref	OTC
BOOST BREEZE LIQ ASSORTED	Pref	OTC
BOOST GLUCOS LIQ CONTROL	Pref	OTC
BOOST HI-PRO LIQ CHOCOLAT	Pref	OTC
BOOST HI-PRO LIQ STRAWBER	Pref	OTC
BOOST HI-PRO LIQ VANILLA	Pref	OTC
BOOST HIGH LIQ PROTEIN	Pref	OTC
BOOST KIDS LIQ STRWBRRY	Pref	OTC
BOOST LIQ BENEFIBE	Pref	OTC
BOOST LIQ BREEZE	Pref	OTC
BOOST LIQ BUT PECN	Pref	OTC
BOOST LIQ CHOC/MLT	Pref	OTC
BOOST LIQ CHOCOLAT	Pref	OTC
BOOST LIQ MOCHA	Pref	OTC
BOOST LIQ STRAWBER	Pref	OTC
BOOST LIQ STRWBRRY	Pref	OTC
BOOST LIQ STRWBRY	Pref	OTC
BOOST LIQ VANILLA	Pref	OTC
BOOST MAX 30 LIQ PROTEIN	Pref	OTC
BOOST MAX LIQ MEN	Pref	OTC
BOOST PLUS LIQ CHOCOLAT	Pref	OTC
BOOST PLUS LIQ STRAWBER	Pref	OTC
BOOST PLUS LIQ VANILLA	Pref	OTC
BOOST PLUS LIQ VRY VAN	Pref	OTC
BOOST VHC LIQ CHOCOLAT	Pref	OTC
BOOST VHC LIQ STRWBRRY	Pref	OTC
BOOST VHC LIQ VANILLA	Pref	OTC
BOOST WOMEN LIQ CHOC	Pref	OTC
BOOST WOMEN LIQ VANILLA	Pref	OTC
BRIGHT BEGIN LIQ PEDIATRI	Pref	OTC
CARNATION LIQ BREAKFAS	Pref	OTC
CFPREOP LIQ GRAPE	Pref	OTC
CHICKEN/CARR LIQ BROWN RI	Pref	OTC
CHOICE DM LIQ CHOCOLAT	Pref	OTC
CHOICE DM LIQ VANILLA	Pref	OTC
CHOICE DM TF LIQ UNSWEET	Pref	OTC
COMPLEAT LIQ	Pref	OTC
COMPLEAT LIQ CLS SYS	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMPLEAT LIQ ORG BLND	Pref	OTC
COMPLEAT LIQ PEPTIDE	Pref	OTC
COMPLEAT LIQ STND 1.4	Pref	OTC
COMPLEAT PED LIQ	Pref	OTC
COMPLEAT PED LIQ ORG BLND	Pref	OTC
COMPLEAT PED LIQ PEPTIDE	Pref	OTC
COMPLEAT PED LIQ RED CALR	Pref	OTC
COMPLEAT PED LIQ STND 1.0	Pref	OTC
COMPLEAT PED LIQ STND 1.4	Pref	OTC
COMPLETE NUT LIQ CHOCOLAT	Pref	OTC
COMPLETE NUT LIQ PLUS/STR	Pref	OTC
COMPLETE NUT LIQ PLUS/VAN	Pref	OTC
COMPLETE NUT LIQ STRAWBER	Pref	OTC
COMPLETE NUT LIQ VANILLA	Pref	OTC
CRITICARE HN LIQ	Pref	OTC
CRUCIAL LIQ ULTRAPAK	Pref	OTC
CRUCIAL LIQ UNFLAVOR	Pref	OTC
CVS NUTRITIO LIQ CHOCOLAT	Pref	OTC
CVS NUTRITIO LIQ STRABERY	Pref	OTC
CVS NUTRITIO LIQ VANILLA	Pref	OTC
DAIRY THICK LIQ HONEY	Pref	OTC
DIABETIC TF LIQ	Pref	OTC
DIABETISHIEL LIQ MXD BRRY	Pref	OTC
DIABETISHIEL LIQ ORANGE	Pref	OTC
DIABETISOURC LIQ	Pref	OTC
DIABETISOURC LIQ AC	Pref	OTC
EGGS/APPLES LIQ OATS	Pref	OTC
ENLIVE LIQ	Pref	OTC
ENSURE ACTIV LIQ HP	Pref	OTC
ENSURE ACTIV LIQ LIGHT	Pref	OTC
ENSURE ACTIV LIQ MLK CHOC	Pref	OTC
ENSURE ACTIV LIQ VANILLA	Pref	OTC
ENSURE BONE LIQ MLK CHOC	Pref	OTC
ENSURE BONE LIQ VANILLA	Pref	OTC
ENSURE CLEAR LIQ APPLE	Pref	OTC
ENSURE CLEAR LIQ BBRY/POM	Pref	OTC
ENSURE CLEAR LIQ MIX BERY	Pref	OTC
ENSURE CLEAR LIQ MIX FRUT	Pref	OTC
ENSURE CLEAR LIQ PEACH	Pref	OTC
ENSURE CLIN LIQ MLK CHOC	Pref	OTC
ENSURE CLIN LIQ STRW/CRM	Pref	OTC
ENSURE CLIN LIQ VANILLA	Pref	OTC
ENSURE COMPA LIQ CHOCOLAT	Pref	OTC
ENSURE COMPA LIQ VANILLA	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENSURE COMPL LIQ CHOCOLAT	Pref	OTC
ENSURE COMPL LIQ STRAWBER	Pref	OTC
ENSURE COMPL LIQ STRWBERY	Pref	OTC
ENSURE COMPL LIQ VANILLA	Pref	OTC
ENSURE ENLIV LIQ CHOCOLAT	Pref	OTC
ENSURE ENLIV LIQ STRAWBER	Pref	OTC
ENSURE ENLIV LIQ VANILLA	Pref	OTC
ENSURE HIGH LIQ CAL CHOC	Pref	OTC
ENSURE HP LIQ BANANA	Pref	OTC
ENSURE HP LIQ CHOCOLAT	Pref	OTC
ENSURE HP LIQ STRAWBER	Pref	OTC
ENSURE HP LIQ VANILLA	Pref	OTC
ENSURE HP LIQ WLD BERY	Pref	OTC
ENSURE LIQ ACTIVE	Pref	OTC
ENSURE LIQ BUT PECN	Pref	OTC
ENSURE LIQ CHOCOLAT	Pref	OTC
ENSURE LIQ COFF LAT	Pref	OTC
ENSURE LIQ COFFEE	Pref	OTC
ENSURE LIQ DK CHOC	Pref	OTC
ENSURE LIQ ENLIVE	Pref	OTC
ENSURE LIQ IMMUNE	Pref	OTC
ENSURE LIQ ORIGINAL	Pref	OTC
ENSURE LIQ RTU EGNG	Pref	OTC
ENSURE LIQ STRW/CRM	Pref	OTC
ENSURE LIQ STRWBERR	Pref	OTC
ENSURE LIQ STRWBERY	Pref	OTC
ENSURE LIQ VANILLA	Pref	OTC
ENSURE MAX LIQ CAFE MOC	Pref	OTC
ENSURE MAX LIQ FR VANIL	Pref	OTC
ENSURE MAX LIQ MIX BERY	Pref	OTC
ENSURE MAX LIQ MLK CHOC	Pref	OTC
ENSURE MAX LIQ PROTEIN	Pref	OTC
ENSURE MUSCL LIQ BANANA	Pref	OTC
ENSURE MUSCL LIQ CHOCOLAT	Pref	OTC
ENSURE MUSCL LIQ STRW/CRM	Pref	OTC
ENSURE MUSCL LIQ STRWB/CR	Pref	OTC
ENSURE MUSCL LIQ VANILLA	Pref	OTC
ENSURE NUTRA LIQ SHAKE	Pref	OTC
ENSURE NUTRI LIQ CHOCOLAT	Pref	OTC
ENSURE NUTRI LIQ VANILLA	Pref	OTC
ENSURE ORIG LIQ THERAPEU	Pref	OTC
ENSURE ORIGN LIQ BAN NUT	Pref	OTC
ENSURE ORIGN LIQ STRAWBER	Pref	OTC
ENSURE ORIGN LIQ VANILLA	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENSURE PLANT LIQ CHOCOLAT	Pref	OTC
ENSURE PLANT LIQ VANILLA	Pref	OTC
ENSURE PLUS LIQ	Pref	OTC
ENSURE PLUS LIQ BUT PECN	Pref	OTC
ENSURE PLUS LIQ CHOCOLAT	Pref	OTC
ENSURE PLUS LIQ DRK CHOC	Pref	OTC
ENSURE PLUS LIQ HIGH PRO	Pref	OTC
ENSURE PLUS LIQ HN VANIL	Pref	OTC
ENSURE PLUS LIQ RTU COFF	Pref	OTC
ENSURE PLUS LIQ RTU EGNG	Pref	OTC
ENSURE PLUS LIQ STRAWBER	Pref	OTC
ENSURE PLUS LIQ STRW/CRM	Pref	OTC
ENSURE PLUS LIQ STRWBRY	Pref	OTC
ENSURE PLUS LIQ VANILLA	Pref	OTC
ENSURE PRE LIQ SURGERY	Pref	OTC
ENSURE SURGE LIQ VANILLA	Pref	OTC
ENSURE SURGI LIQ BUNDLE	Pref	OTC
ENSURE/FIBER LIQ CHOCOLAT	Pref	OTC
ENSURE/FIBER LIQ VANILLA	Pref	OTC
ENTERADE LIQ BERRY	Pref	OTC
ENTERADE LIQ ORANGE	Pref	OTC
ENTERADE LIQ VANILLA	Pref	OTC
ENTERADE LIQ WATERMEL	Pref	OTC
ENU COMPLETE LIQ CHOCOLAT	Pref	OTC
ENU COMPLETE LIQ VANILLA	Pref	OTC
ENU NUTRITIO LIQ CHOCOLAT	Pref	OTC
ENU NUTRITIO LIQ VANILLA	Pref	OTC
EO28 SPLASH LIQ GRAPE	Pref	OTC
EO28 SPLASH LIQ ORANGE	Pref	OTC
EO28 SPLASH LIQ TROPICAL	Pref	OTC
EQUATE LIQ CHOCOLAT	Pref	OTC
EQUATE LIQ STRAWBER	Pref	OTC
EQUATE LIQ VANILLA	Pref	OTC
EQUATE PLUS LIQ CHOCOLAT	Pref	OTC
EQUATE PLUS LIQ STRAWBER	Pref	OTC
EQUATE PLUS LIQ VANILLA	Pref	OTC
F.A.A. LIQ	Pref	OTC
FIBER FLOW LIQ NEUTRAL	Pref	OTC
FIBER-STAT LIQ	Pref	OTC
FIBERSOUR HN LIQ CLS SYS	Pref	OTC
FIBERSOUR HN LIQ VANILLA	Pref	OTC
FIBERSOURCE LIQ CLS SYS	Pref	OTC
FIBERSOURCE LIQ HN	Pref	OTC
GLUCERNA 1.0 LIQ CARB VAN	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCERNA 1.5 LIQ VANILLA	Pref	OTC
GLUCERNA LIQ 1.0 CAL	Pref	OTC
GLUCERNA LIQ 1.2 CAL	Pref	OTC
GLUCERNA LIQ 1.5 CAL	Pref	OTC
GLUCERNA LIQ BUT PECA	Pref	OTC
GLUCERNA LIQ CHOCOLAT	Pref	OTC
GLUCERNA LIQ R-T-HANG	Pref	OTC
GLUCERNA LIQ STRAWBER	Pref	OTC
GLUCERNA LIQ VANILLA	Pref	OTC
GLUCERNA OS LIQ BUT PECN	Pref	OTC
GLUCERNA OS LIQ CHOC	Pref	OTC
GLUCERNA SEL LIQ VANILLA	Pref	OTC
GLUCERNA SHK LIQ BANANA	Pref	OTC
GLUCERNA SHK LIQ BUT PECN	Pref	OTC
GLUCERNA SHK LIQ CAMEL	Pref	OTC
GLUCERNA SHK LIQ CHOC	Pref	OTC
GLUCERNA SHK LIQ CHOC CAR	Pref	OTC
GLUCERNA SHK LIQ CHOCOALT	Pref	OTC
GLUCERNA SHK LIQ CHOCOLAT	Pref	OTC
GLUCERNA SHK LIQ MLK CHOC	Pref	OTC
GLUCERNA SHK LIQ PEACH	Pref	OTC
GLUCERNA SHK LIQ STRAWBER	Pref	OTC
GLUCERNA SHK LIQ VANILLA	Pref	OTC
GLUCOSE CTRL LIQ MAX PROT	Pref	OTC
GLYROL LIQ PREBIO1	Pref	OTC
GLYTROL LIQ PREBIO1	Pref	OTC
GLYTROL LIQ ULTRAPAK	Pref	OTC
HAELAN 951 LIQ FERMENTE	Pref	OTC
HAELAN HTPI LIQ FERMENTE	Pref	OTC
HCU COOLER LIQ	Pref	OTC
HCU LOPHLEX LIQ LQ	Pref	OTC
HEALTHY MOM LIQ	Pref	OTC
HEALTHY MOM LIQ VANILLA	Pref	OTC
HI-CAL LIQ VANILLA	Pref	OTC
HLTHY ACCNTS LIQ CHOCOLAT	Pref	OTC
HLTHY ACCNTS LIQ PLUS	Pref	OTC
HLTHY ACCNTS LIQ STRWBRY	Pref	OTC
HLTHY ACCNTS LIQ VANILLA	Pref	OTC
HM NUTRISURE LIQ	Pref	OTC
HM NUTRISURE LIQ PLUS	Pref	OTC
IMPACT 1.5 LIQ	Pref	OTC
IMPACT ADV LIQ RECOVERY	Pref	OTC
IMPACT ADV LIQ VANILLA	Pref	OTC
IMPACT GLUTA LIQ	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMPACT LIQ	Pref	OTC
IMPACT LIQ CHOCOLAT	Pref	OTC
IMPACT PEPT LIQ 1.5	Pref	OTC
IMPACT/FIBER LIQ	Pref	OTC
INNOVACIN LIQ	Pref	OTC
INST BRKFAST LIQ BERRY	Pref	OTC
INST BRKFAST LIQ CHOCOLAT	Pref	OTC
INST BRKFAST LIQ ORANGE	Pref	OTC
INST BRKFAST LIQ PLUS	Pref	OTC
INST BRKFAST LIQ STRAWBER	Pref	OTC
INST BRKFAST LIQ VANILLA	Pref	OTC
INTROLITE LIQ	Pref	OTC
ISOCAL HN LIQ	Pref	OTC
ISOCAL HN LIQ PLUS	Pref	OTC
ISOCAL LIQ	Pref	OTC
ISOSOURCE HN LIQ	Pref	OTC
ISOSOURCE LIQ	Pref	OTC
ISOSOURCE LIQ 1.5 CAL	Pref	OTC
ISOSOURCE LIQ CLS SYS	Pref	OTC
ISOSOURCE LIQ VHN VANL	Pref	OTC
JEVITY 1 CAL LIQ	Pref	OTC
JEVITY 1.2 LIQ CAL	Pref	OTC
JEVITY 1.2 LIQ R-T-HANG	Pref	OTC
JEVITY 1.5 LIQ CAL	Pref	OTC
JEVITY 1.5 LIQ CAL/FIBE	Pref	OTC
JUICE/FIBRE LIQ APPLE	Pref	OTC
JUICE/FIBRE LIQ FT PUNCH	Pref	OTC
JUICE/FIBRE LIQ GRAPE	Pref	OTC
JUICE/FIBRE LIQ ORANGE	Pref	OTC
KATE FARMS LIQ 1.0	Pref	OTC
KATE FARMS LIQ 1.0 STAN	Pref	OTC
KATE FARMS LIQ 1.2	Pref	OTC
KATE FARMS LIQ 1.4	Pref	OTC
KATE FARMS LIQ 1.4 CHOC	Pref	OTC
KATE FARMS LIQ 1.5	Pref	OTC
KATE FARMS LIQ 1.5 PED	Pref	OTC
KATE FARMS LIQ 1.8	Pref	OTC
KETO LIQ	Pref	OTC
KETOCAL 4.1 LIQ	Pref	OTC
KETOCAL 4.1 LIQ LQ/FIBER	Pref	OTC
KETOCAL LIQ 2.5:1 LQ	Pref	OTC
KFLO LIQ	Pref	OTC
KIDS PROTEIN LIQ SHAKE	Pref	OTC
LIQUID HOPE LIQ	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIQUID HOPE LIQ PEPTIDE	Pref	OTC
LOPHLEX LQ LIQ 20	Pref	OTC
LPS CRITICAL LIQ CHERRY	Pref	OTC
LPS CRITICAL LIQ HONEY VA	Pref	OTC
LPS SUGAR FR LIQ CHERRY	Pref	OTC
LPS SUGAR FR LIQ HONEY VA	Pref	OTC
LPS SUGAR FR LIQ NEUTRAL	Pref	OTC
LPS SUGAR FR LIQ ORANGE	Pref	OTC
MMA/PA LIQ COOLER15	Pref	OTC
MSUD COOLER LIQ	Pref	OTC
MSUD LOPHLEX LIQ LQ	Pref	OTC
NEOCATE LIQ SPLASH	Pref	OTC
NEOCATE SPLA LIQ VANILLA	Pref	OTC
NEPRO LIQ	Pref	OTC
NEPRO LIQ BT.PECAN	Pref	OTC
NEPRO LIQ CHERRY	Pref	OTC
NEPRO LIQ VANILLA	Pref	OTC
NEPRO/CARB LIQ	Pref	OTC
NEPRO/CARB LIQ BT.PECAN	Pref	OTC
NEPRO/CARB LIQ MX BERRY	Pref	OTC
NEPRO/CARB LIQ STEADY	Pref	OTC
NEPRO/CARB LIQ VANILLA	Pref	OTC
NOURISH PEP LIQ	Pref	OTC
NOVASOURCE LIQ PULMONAR	Pref	OTC
NOVASOURCE LIQ RENAL	Pref	OTC
NUTR DRINK LIQ CHOCOLAT	Pref	OTC
NUTR DRINK LIQ STRAWBRY	Pref	OTC
NUTR DRINK LIQ STRWBRY	Pref	OTC
NUTR DRINK LIQ VANILLA	Pref	OTC
NUTR SHAKE + LIQ VANILLA	Pref	OTC
NUTR SHAKE LIQ CHOCOLAT	Pref	OTC
NUTR SHAKE LIQ PLS PROT	Pref	OTC
NUTR SHAKE LIQ STRAWBER	Pref	OTC
NUTR SHAKE LIQ STRAWBRY	Pref	OTC
NUTR SHAKE LIQ VANILLA	Pref	OTC
NUTR SUPPLE LIQ CHOCOLAT	Pref	OTC
NUTR SUPPLE LIQ PL CHOC	Pref	OTC
NUTR SUPPLE LIQ PL STBRY	Pref	OTC
NUTR SUPPLE LIQ PLUS VAN	Pref	OTC
NUTR SUPPLE LIQ STRBERRY	Pref	OTC
NUTR SUPPLE LIQ VANILLA	Pref	OTC
NUTRA/SHAKE LIQ	Pref	OTC
NUTREN 1.0 LIQ /FIB UNF	Pref	OTC
NUTREN 1.0 LIQ /FIBER	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUTREN 1.0 LIQ CAL	Pref	OTC
NUTREN 1.0 LIQ ULTRAPAK	Pref	OTC
NUTREN 1.0 LIQ UNFLAVOR	Pref	OTC
NUTREN 1.5 LIQ CAL	Pref	OTC
NUTREN 1.5 LIQ FIBER	Pref	OTC
NUTREN 1.5 LIQ ULTRAPAK	Pref	OTC
NUTREN 1.5 LIQ UNFLAV	Pref	OTC
NUTREN 2.0 LIQ	Pref	OTC
NUTREN 2.0 LIQ CAL	Pref	OTC
NUTREN 2.0 LIQ VANILLA	Pref	OTC
NUTREN JR LIQ	Pref	OTC
NUTREN JR LIQ 1.0	Pref	OTC
NUTREN JR LIQ FIBER	Pref	OTC
NUTREN LIQ JR/FIBER	Pref	OTC
NUTREN LIQ JUNIOR	Pref	OTC
NUTREN LIQ PULMONAR	Pref	OTC
NUTREN RENAL LIQ	Pref	OTC
NUTRI-DRINK LIQ + CHOCOL	Pref	OTC
NUTRI-DRINK LIQ + VANILA	Pref	OTC
NUTRI-DRINK LIQ CHOCOLAT	Pref	OTC
NUTRI-DRINK LIQ VANILLA	Pref	OTC
NUTRIFOCUS LIQ	Pref	OTC
NUTRIHEAL LIQ VANILLA	Pref	OTC
NUTRIHEP 1.5 LIQ UNFLAVOR	Pref	OTC
NUTRIRENAL LIQ	Pref	OTC
NUTRISURE LIQ ORIG CHO	Pref	OTC
NUTRISURE LIQ ORIG VAN	Pref	OTC
NUTRISURE LIQ PLUS CHO	Pref	OTC
NUTRISURE LIQ PLUS VAN	Pref	OTC
NUTRITIONAL LIQ CHOCOLAT	Pref	OTC
NUTRITIONAL LIQ STRAWBER	Pref	OTC
NUTRITIONAL LIQ STRAWBRY	Pref	OTC
NUTRITIONAL LIQ VANILLA	Pref	OTC
NUTRIVENT LIQ	Pref	OTC
NUTRIVENT LIQ 1.5 VAN	Pref	OTC
OPTIMENTAL LIQ	Pref	OTC
OPTISOURCE LIQ CARAMEL	Pref	OTC
OPTISOURCE LIQ STRWBRY	Pref	OTC
ORGANIC NUTR LIQ SHAKE	Pref	OTC
OSMOLITE 1 LIQ CAL	Pref	OTC
OSMOLITE 1.2 LIQ CAL	Pref	OTC
OSMOLITE 1.5 LIQ CAL	Pref	OTC
OSMOLITE HN LIQ	Pref	OTC
OSMOLITE LIQ	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OSMOLITE LIQ 1.0 CAL	Pref	OTC
OXEPA 1.5 LIQ	Pref	OTC
OXEPA LIQ	Pref	OTC
PEDI PEPTIDE LIQ 1.5	Pref	OTC
PEDI STANDAR LIQ 1.2	Pref	OTC
PEDIASUR 1.0 LIQ PEPTIDE	Pref	OTC
PEDIASUR 1.5 LIQ PEPTIDE	Pref	OTC
PEDIASUR 1.5 LIQ VANILLA	Pref	OTC
PEDIASUR 1.5 LIQ W/FIBER	Pref	OTC
PEDIASUR G&G LIQ BANANA	Pref	OTC
PEDIASUR G&G LIQ CHOCOLAT	Pref	OTC
PEDIASUR G&G LIQ STRAWBER	Pref	OTC
PEDIASUR G&G LIQ VANILLA	Pref	OTC
PEDIASUR G&G LIQ W/FIBER	Pref	OTC
PEDIASURE LIQ BANANA	Pref	OTC
PEDIASURE LIQ BERRY	Pref	OTC
PEDIASURE LIQ BRY CRM	Pref	OTC
PEDIASURE LIQ CHOCLATE	Pref	OTC
PEDIASURE LIQ CHOCOLAT	Pref	OTC
PEDIASURE LIQ HARVEST	Pref	OTC
PEDIASURE LIQ NUTRIPAL	Pref	OTC
PEDIASURE LIQ ORANGE	Pref	OTC
PEDIASURE LIQ PEPTIDE	Pref	OTC
PEDIASURE LIQ RED CAL	Pref	OTC
PEDIASURE LIQ S'MORES	Pref	OTC
PEDIASURE LIQ SIDEKICK	Pref	OTC
PEDIASURE LIQ STRWBRY	Pref	OTC
PEDIASURE LIQ VANILLA	Pref	OTC
PEDIASURE LIQ W/FIBER	Pref	OTC
PEDIATRIC LIQ DRINK	Pref	OTC
PEIDASURE LIQ CHOCLATE	Pref	OTC
PEIDASURE LIQ VANILLA	Pref	OTC
PEPTAMEN 1 LIQ PREBIO1	Pref	OTC
PEPTAMEN 1.5 LIQ	Pref	OTC
PEPTAMEN 1.5 LIQ PREBIO1	Pref	OTC
PEPTAMEN AF LIQ	Pref	OTC
PEPTAMEN AF LIQ UNFLAVOR	Pref	OTC
PEPTAMEN JR LIQ 1 CAL	Pref	OTC
PEPTAMEN JR LIQ 1.5 CAL	Pref	OTC
PEPTAMEN JR LIQ 1.5 KCAL	Pref	OTC
PEPTAMEN JR LIQ CHOCOLAT	Pref	OTC
PEPTAMEN JR LIQ HP	Pref	OTC
PEPTAMEN JR LIQ PHGG 1.2	Pref	OTC
PEPTAMEN JR LIQ PREBIO1	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEPTAMEN JR LIQ UNFLAVRD	Pref	OTC
PEPTAMEN JR LIQ VANILLA	Pref	OTC
PEPTAMEN LIQ 1 CAL	Pref	OTC
PEPTAMEN LIQ 1.5 CAL	Pref	OTC
PEPTAMEN LIQ BARIATRC	Pref	OTC
PEPTAMEN LIQ INTS VHP	Pref	OTC
PEPTAMEN LIQ PREBIO1	Pref	OTC
PEPTAMEN LIQ UNFLAVOR	Pref	OTC
PEPTAMEN OS LIQ 1.5/VAN	Pref	OTC
PEPTAMEN OS LIQ CHOCOLAT	Pref	OTC
PEPTAMEN OS LIQ VANILLA	Pref	OTC
PEPTAMEN VHP LIQ ULTRAPAK	Pref	OTC
PEPTAMEN VHP LIQ UNFLAVOR	Pref	OTC
PEPTAMEN VHP LIQ VANILLA	Pref	OTC
PEPTAMEN/ LIQ PREBIO1	Pref	OTC
PEPTINEX 1.0 LIQ CHOCOLAT	Pref	OTC
PEPTINEX 1.0 LIQ VANILLA	Pref	OTC
PEPTINEX 1.5 LIQ VANILLA	Pref	OTC
PEPTINEX DT LIQ	Pref	OTC
PEPTINEX DT LIQ /FIBER	Pref	OTC
PEPTINEX DT LIQ PREBIOTC	Pref	OTC
PEPTINEX DT LIQ VANILLA	Pref	OTC
PERATIVE LIQ	Pref	OTC
PERATIVE LIQ 1.3 CAL	Pref	OTC
PHENYLADE LIQ GMP READ	Pref	OTC
PHENYLADE LIQ RTD	Pref	OTC
PIVOT LIQ 1.5 CAL	Pref	OTC
PKU AIR20 LIQ GOLD	Pref	OTC
PKU AIR20 LIQ GREEN	Pref	OTC
PKU AIR20 LIQ YELLOW	Pref	OTC
PKU COOLER LIQ 15 ORNGE	Pref	OTC
PKU COOLER LIQ 15 PRPLE	Pref	OTC
PKU COOLR 10 LIQ ORANGE	Pref	OTC
PKU COOLR 10 LIQ PURPLE	Pref	OTC
PKU COOLR 10 LIQ RED	Pref	OTC
PKU COOLR 10 LIQ WHITE	Pref	OTC
PKU COOLR 15 LIQ RED	Pref	OTC
PKU COOLR 15 LIQ WHITE	Pref	OTC
PKU COOLR 20 LIQ ORANGE	Pref	OTC
PKU COOLR 20 LIQ PURPLE	Pref	OTC
PKU COOLR 20 LIQ RED	Pref	OTC
PKU COOLR 20 LIQ WHITE	Pref	OTC
PKU LOPHLEX LIQ LQ 20	Pref	OTC
PKU SPHERE LIQ 20	Pref	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROBALANCE LIQ ULTRAPAK	Pref	OTC
PROBALANCE LIQ VANILLA	Pref	OTC
PROMOD LIQ	Pref	OTC
PROMOTE 1.0 LIQ VANILLA	Pref	OTC
PROMOTE 1.0 LIQ W/ FIBER	Pref	OTC
PROMOTE LIQ	Pref	OTC
PROMOTE LIQ R-T-HANG	Pref	OTC
PROMOTE LIQ VANILLA	Pref	OTC
PROMOTE W/ LIQ FIBER	Pref	OTC
PROMOTE W/FB LIQ VANILLA	Pref	OTC
PROMOTE/ LIQ FIBER	Pref	OTC
PROSOURCE LIQ	Pref	OTC
PROSOURCE LIQ NO CARB	Pref	OTC
PROSOURCE LIQ PLUS	Pref	OTC
PROSOURCE LIQ TF	Pref	OTC
PROSOURCE LIQ ZAC	Pref	OTC
PROSURE LIQ	Pref	OTC
PROTAIN XL LIQ	Pref	OTC
PULMOCARE LIQ	Pref	OTC
PULMOCARE LIQ 1.5 VAN	Pref	OTC
PULMOCARE LIQ CHOCOLAT	Pref	OTC
PULMOCARE LIQ R-T-HANG	Pref	OTC
PULMOCARE LIQ STRAWBER	Pref	OTC
PULMOCARE LIQ VANILLA	Pref	OTC
PX VANILLA LIQ PLUS	Pref	OTC
QUINOA/KALE LIQ HEMP	Pref	OTC
RE/NEPH LIQ	Pref	OTC
RE/NEPH LP/H LIQ	Pref	OTC
REASON LIQ CHOCOLAT	Pref	OTC
REASON LIQ STRAWBRY	Pref	OTC
REASON LIQ VANILLA	Pref	OTC
REGULAR LIQ NUTRITIO	Pref	OTC
RENALCAL LIQ UNFLAVOR	Pref	OTC
RENASTEP LIQ VANILLA	Pref	OTC
REPLETE FIBE LIQ 1 CAL	Pref	OTC
REPLETE LIQ	Pref	OTC
REPLETE LIQ /FIBER	Pref	OTC
REPLETE LIQ FIBER	Pref	OTC
REPLETE LIQ ULTRAPAK	Pref	OTC
RESOURCE 2.0 LIQ VANILLA	Pref	OTC
RESOURCE DIA LIQ TF	Pref	OTC
RESOURCE KID LIQ CR STRAW	Pref	OTC
RESOURCE KID LIQ FR VAN	Pref	OTC
RESOURCE KID LIQ SW CHOC	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESOURCE KID LIQ W/FIBER	Pref	OTC
RESOURCE LIQ THICKENU	Pref	OTC
RESOURCE SUP LIQ CHOCOLAT	Pref	OTC
RESOURCE SUP LIQ STRAWBER	Pref	OTC
RESOURCE SUP LIQ VANILLA	Pref	OTC
RESPALOR LIQ	Pref	OTC
SALMON/OATS LIQ SQUASH	Pref	OTC
SIDEKICKS LIQ CHOCOLAT	Pref	OTC
SIDEKICKS LIQ STRAWBER	Pref	OTC
SIDEKICKS LIQ TROP FRT	Pref	OTC
SIDEKICKS LIQ VANILLA	Pref	OTC
SIDEKICKS LIQ WLD BERY	Pref	OTC
SUBDUE LIQ CHOC/ALM	Pref	OTC
SUBDUE LIQ ORNG/VAN	Pref	OTC
SUBDUE LIQ REDI-FED	Pref	OTC
SUBDUE LIQ UNFLAVRD	Pref	OTC
SUBDUE PLUS LIQ UNFLAVRD	Pref	OTC
SUPLENA 1.8 LIQ VANILLA	Pref	OTC
SUPLENA LIQ VANILLA	Pref	OTC
SUPLENA/CARB LIQ VANILLA	Pref	OTC
THICK-IT MIS CRANBERR	Pref	OTC
THICKENUP LIQ DAIRY	Pref	OTC
THRIVACIN 30 LIQ	Pref	
THRIVACIN LIQ DETOX	Pref	
TURKEY/SWEET LIQ POT/PEAC	Pref	OTC
TWOCAL HN LIQ	Pref	OTC
TWOCAL HN LIQ 2.0	Pref	OTC
TWOCAL HN LIQ 2.0 VAN	Pref	OTC
TYLACTIN LIQ RTD 15	Pref	OTC
TYR COOLER LIQ	Pref	OTC
TYR COOLER LIQ RED	Pref	OTC
TYR LOPHLEX LIQ LQ	Pref	OTC
ULTRACAL HN LIQ PLUS	Pref	OTC
ULTRACAL LIQ	Pref	OTC
ULTRIENT 1.5 LIQ SAFE-T	Pref	OTC
VHC 2.25 LIQ VANILLA	Pref	OTC
VITAL 1.0 LIQ CAL	Pref	OTC
VITAL 1.0 LIQ VANILLA	Pref	OTC
VITAL 1.5 CA LIQ VANILLA	Pref	OTC
VITAL 1.5 LIQ CAL	Pref	OTC
VITAL AF 1.2 LIQ CAL	Pref	OTC
VITAL AF 1.2 LIQ CAL VAN	Pref	OTC
VITAL AF LIQ 1.2 CAL	Pref	OTC
VITAL HIGH LIQ PROTEIN	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
VITAL HP LIQ 1.0 CAL	Pref	OTC
VITAL JR LIQ STRWBRY	Pref	OTC
VITAL JR LIQ UNFLAVOR	Pref	OTC
VITAL JR LIQ VANILLA	Pref	OTC
VITAL PEPTID LIQ 1.5 VAN	Pref	OTC
VIVONEX RTF LIQ	Pref	OTC
WEIGHT LOSS LIQ SHK CHOC	Pref	OTC
XTRACAL LIQ PLUS	Pref	OTC

## DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

### DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Pref	PA; 90 day supply
CREON CAP 6000UNIT	Pref	PA; 90 day supply
CREON CAP 12000UNT	Pref	PA; 90 day supply
CREON CAP 24000UNT	Pref	PA; 90 day supply
CREON CAP 36000UNT	Pref	PA; 90 day supply
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA
PANCREAZE CAP 10500UNT	Non-Pref	PA
PANCREAZE CAP 16800UNT	Non-Pref	PA
PANCREAZE CAP 21000UNT	Non-Pref	PA
PANCREAZE CAP 37000	Non-Pref	PA
PERTZYE CAP 4000UNIT	Non-Pref	PA
PERTZYE CAP 8000UNIT	Non-Pref	PA
PERTZYE CAP 16000U	Non-Pref	PA
PERTZYE CAP 24000U	Non-Pref	PA
VIOKACE TAB 10440	Non-Pref	PA
VIOKACE TAB 20880	Non-Pref	PA
ZENPEP CAP 3000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 5000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 10000UNT	Pref	PA; 90 day supply
ZENPEP CAP 15000UNT	Pref	PA; 90 day supply
ZENPEP CAP 20000UNT	Pref	PA; 90 day supply
ZENPEP CAP 25000UNT	Pref	PA; 90 day supply
ZENPEP CAP 40000UNT	Pref	PA; 90 day supply

## DIURETICS - DRUGS TO TREAT HEART CONDITIONS

### CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Pref	
<i>acetazolamide tab 125 mg</i>	Pref	
<i>acetazolamide tab 250 mg</i>	Pref	

### DIURETIC COMBINATIONS

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Pref	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Pref	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Pref	90 day supply
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Pref	90 day supply
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Pref	90 day supply

**LOOP DIURETICS**

<i>bumetanide tab 0.5 mg</i>	Pref	QL (2 tabs every 1 day)
<i>bumetanide tab 1 mg</i>	Pref	QL (2 tabs every 1 day)
<i>bumetanide tab 2 mg</i>	Pref	QL (5 tabs every 1 day)
<i>furosemide oral soln 8 mg/ml</i>	Pref	
<i>furosemide oral soln 10 mg/ml</i>	Pref	
<i>furosemide tab 20 mg</i>	Pref	90 day supply
<i>furosemide tab 40 mg</i>	Pref	90 day supply
<i>furosemide tab 80 mg</i>	Pref	90 day supply
<i>toremide tab 5 mg</i>	Pref	90 day supply
<i>toremide tab 10 mg</i>	Pref	90 day supply
<i>toremide tab 20 mg</i>	Pref	90 day supply
<i>toremide tab 100 mg</i>	Pref	90 day supply

**POTASSIUM SPARING DIURETICS**

<i>amiloride hcl tab 5 mg</i>	Pref	
<i>spironolactone tab 25 mg</i>	Pref	90 day supply
<i>spironolactone tab 50 mg</i>	Pref	90 day supply
<i>spironolactone tab 100 mg</i>	Pref	90 day supply

**THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorthalidone tab 25 mg</i>	Pref	90 day supply
<i>chlorthalidone tab 50 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide tab 25 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide tab 50 mg</i>	Pref	90 day supply
<i>indapamide tab 1.25 mg</i>	Pref	
<i>indapamide tab 2.5 mg</i>	Pref	
<i>metolazone tab 2.5 mg</i>	Pref	
<i>metolazone tab 5 mg</i>	Pref	
<i>metolazone tab 10 mg</i>	Pref	

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

**BONE DENSITY REGULATORS**

<i>ACTONEL TAB 35MG</i>	Non-Pref	PA
<i>ACTONEL TAB 150MG</i>	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Non-Pref	PA; 90 day supply
<i>alendronate sodium tab 10 mg</i>	Pref	
<i>alendronate sodium tab 35 mg</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alendronate sodium tab 70 mg</i>	Pref	PA
ATELVIA TAB	Non-Pref	PA
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Pref	
FOSAMAX + D TAB 70-2800	Non-Pref	PA
FOSAMAX + D TAB 70-5600	Non-Pref	PA
FOSAMAX TAB 70MG	Non-Pref	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Pref	
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 150 mg</i>	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg</i>	Non-Pref	PA
TYMLOS INJ	Non-Pref	SP, PA

### **GROWTH HORMONES**

GENOTROPIN INJ 0.2MG	Pref	SP, PA; CL
GENOTROPIN INJ 0.4MG	Pref	SP, PA; CL
GENOTROPIN INJ 0.6MG	Pref	SP, PA; CL
GENOTROPIN INJ 0.8MG	Pref	SP, PA; CL
GENOTROPIN INJ 1.2MG	Pref	SP, PA; CL
GENOTROPIN INJ 1.4MG	Pref	SP, PA; CL
GENOTROPIN INJ 1.6MG	Pref	SP, PA; CL
GENOTROPIN INJ 1.8MG	Pref	SP, PA; CL
GENOTROPIN INJ 1MG	Pref	SP, PA; CL
GENOTROPIN INJ 2MG	Pref	SP, PA; CL
GENOTROPIN INJ 5MG	Pref	SP, PA; CL
GENOTROPIN INJ 12MG	Pref	SP, PA; CL
HUMATROPE INJ 6MG	Non-Pref	SP, PA; CL
HUMATROPE INJ 12MG	Non-Pref	SP, PA; CL
HUMATROPE INJ 24MG	Non-Pref	SP, PA; CL
NORDITROPIN INJ 5/1.5ML	Pref	SP, PA; CL
NORDITROPIN INJ 10/1.5ML	Pref	SP, PA; CL
NORDITROPIN INJ 15/1.5ML	Pref	SP, PA; CL
NORDITROPIN INJ 30/3ML	Pref	SP, PA; CL
NUTROPIN AQ INJ 10MG/2ML	Non-Pref	SP, PA; CL
NUTROPIN AQ INJ 20MG/2ML	Non-Pref	SP, PA; CL
NUTROPIN AQ INJ NUSPIN 5	Non-Pref	SP, PA; CL
OMNITROPE INJ 5.8MG	Non-Pref	SP, PA; CL
OMNITROPE INJ 5/1.5ML	Non-Pref	SP, PA; CL
OMNITROPE INJ 10/1.5ML	Non-Pref	SP, PA; CL
SAIZEN INJ 5MG	Non-Pref	SP, PA; CL
SAIZEN INJ 8.8MG	Non-Pref	SP, PA; CL
SAIZENPREP INJ 8.8MG	Non-Pref	SP, PA; CL
SEROSTIM INJ 4MG	Non-Pref	SP, PA; CL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROSTIM INJ 5MG	Non-Pref	SP, PA; CL
SEROSTIM INJ 6MG	Non-Pref	SP, PA; CL
SKYTROFA INJ 3.6MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 3MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 4.3MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 5.2MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 6.3MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 7.6MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 9.1MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 11MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
SKYTROFA INJ 13.3MG	Non-Pref	SP, PA; AGE (Min 1, Max 17); CL
ZOMACTON INJ 5MG	Non-Pref	SP, PA; CL
ZOMACTON INJ 10MG	Non-Pref	SP, PA; CL
ZORBTIVE INJ 8.8MG	Non-Pref	SP, PA; CL

### **HORMONE RECEPTOR MODULATORS**

EVISTA TAB 60MG	Non-Pref	PA; 90 day supply
OSPHENA TAB 60MG	Pref	QL (1 tab every 1 day)
<i>raloxifene hcl tab 60 mg</i>	Pref	90 day supply

### **METABOLIC MODIFIERS**

<i>calcitriol cap 0.5 mcg</i>	Pref	
<i>calcitriol cap 0.25 mcg</i>	Pref	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Pref	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Pref	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Pref	PA, QL (2 tabs every 1 day)

### **POSTERIOR PITUITARY HORMONES**

<i>desmopressin acetate tab 0.1 mg</i>	Pref	
<i>desmopressin acetate tab 0.2 mg</i>	Pref	

### **PROLACTIN INHIBITORS**

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

<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Pref	SP, PA
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## **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

### **ESTROGEN COMBINATIONS**

<i>amabelz tab 1-0.5mg</i>	Pref	QL (1 tab every 1 day)
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Pref	QL (1 tab every 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mimvey tab 1-0.5mg</i>	Pref	QL (1 tab every 1 day)
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</b>		
ALORA DIS 0.1MG	Pref	QL (0.29 patches every 1 day)
ALORA DIS 0.025MG	Pref	QL (0.29 ea every 1 day)
ALORA DIS 0.075MG	Pref	QL (0.29 patches every 1 day)
<i>dotti dis 0.1mg</i>	Pref	QL (0.29 ea every 1 day)
<i>dotti dis 0.05mg</i>	Pref	QL (0.29 ea every 1 day)
<i>dotti dis 0.025mg</i>	Pref	QL (0.29 ea every 1 day)
<i>dotti dis 0.075mg</i>	Pref	QL (0.29 ea every 1 day)
<i>dotti dis 0.0375mg</i>	Pref	QL (0.29 ea every 1 day)
<i>estradiol tab 0.5 mg</i>	Pref	QL (1 tab every 1 day)
<i>estradiol tab 1 mg</i>	Pref	QL (1 tab every 1 day)
<i>estradiol tab 2 mg</i>	Pref	QL (1 tab every 1 day)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Pref	QL (0.29 ea every 1 day)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Pref	QL (0.29 ea every 1 day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Pref	QL (0.29 ea every 1 day)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Pref	QL (0.29 ea every 1 day)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Pref	QL (0.29 ea every 1 day)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Pref	QL (0.15 patches every 1 day)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Pref	QL (0.15 patches every 1 day)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Pref	QL (0.15 patches every 1 day)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Pref	QL (0.15 patches every 1 day)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Pref	QL (0.15 patches every 1 day)
<i>estradiol valerate im in oil 40 mg/ml</i>	Pref	
<i>lyllana dis 0.1mg</i>	Pref	QL (0.29 ea every 1 day)
<i>lyllana dis 0.05mg</i>	Pref	QL (0.29 ea every 1 day)
<i>lyllana dis 0.025mg</i>	Pref	QL (0.29 ea every 1 day)
<i>lyllana dis 0.075mg</i>	Pref	QL (0.29 ea every 1 day)
<i>lyllana dis 0.0375mg</i>	Pref	QL (0.29 ea every 1 day)

## **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

BAXDELA TAB 450MG	Non-Pref	PA
CIPRO (5%) SUS 250MG/5	Non-Pref	PA
CIPRO (10%) SUS 500MG/5	Non-Pref	PA
CIPRO TAB 250MG	Non-Pref	PA
CIPRO TAB 500MG	Non-Pref	PA
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Pref	PA
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Pref	PA
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	
<i>levofloxacin oral soln 25 mg/ml</i>	Non-Pref	PA
<i>levofloxacin tab 250 mg</i>	Pref	
<i>levofloxacin tab 500 mg</i>	Pref	
<i>levofloxacin tab 750 mg</i>	Pref	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA

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

### **5-HT<sub>4</sub> RECEPTOR AGONISTS**

MOTEGRITY TAB 1MG	Non-Pref	PA; AGE (Min 18)
MOTEGRITY TAB 2MG	Non-Pref	PA; AGE (Min 18)

### **AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE TAB 3MG	Non-Pref	PA; AGE (Min 18)
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### **ANTIFLATULENTS**

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

### **BILE ACID SYNTHESIS DISORDER AGENTS**

CHOLBAM CAP 50MG	Non-Pref	SP, PA
CHOLBAM CAP 250MG	Non-Pref	SP, PA

### **FARNESOID X RECEPTOR (FXR) AGONISTS**

OALIVA TAB 5MG	Non-Pref	SP, PA
OALIVA TAB 10MG	Non-Pref	SP, PA

### **GALLSTONE SOLUBILIZING AGENTS**

CHENODAL TAB 250MG	Non-Pref	SP, PA
RELTONE CAP 200MG	Non-Pref	PA
RELTONE CAP 400MG	Non-Pref	PA
URSO 250 TAB 250MG	Non-Pref	PA; 90 day supply
URSO FORTE TAB 500MG	Non-Pref	PA
<i>ursodiol cap 300 mg</i>	Pref	90 day supply
<i>ursodiol tab 250 mg</i>	Pref	PA; 90 day supply
<i>ursodiol tab 500 mg</i>	Pref	

### **GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

AMITIZA CAP 8MCG	Pref	PA; AGE (Min 18)
AMITIZA CAP 24MCG	Pref	PA; AGE (Min 18)
<i>lubiprostone cap 8 mcg</i>	Pref	PA; AGE (Min 18)
<i>lubiprostone cap 24 mcg</i>	Pref	PA; AGE (Min 18)

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

Drug Name	Drug Tier	Requirements/Limits
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI SPR 15MG	Non-Pref	PA
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Pref	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Non-Pref	PA
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Pref	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Pref	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Pref	PA
REGLAN TAB 5MG	Non-Pref	PA
REGLAN TAB 10MG	Non-Pref	PA
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 200MCG	Non-Pref	SP, PA
BYLVAY CAP 400MCG	Non-Pref	SP, PA
BYLVAY CAP 600MCG	Non-Pref	SP, PA
BYLVAY CAP 1200MCG	Non-Pref	SP, PA
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP 0.375GM	Pref	90 day supply
ASACOL HD TAB 800MG	Non-Pref	PA
AVSOLA INJ 100MG	Non-Pref	SP, PA; CL
AZULFIDINE TAB 500MG	Non-Pref	PA; 90 day supply
AZULFIDINE TAB 500MG EN	Non-Pref	PA; 90 day supply
<i>balsalazide disodium cap 750 mg</i>	Pref	90 day supply
CANASA SUP 1000MG	Non-Pref	PA; 90 day supply
CIMZIA KIT 200MG	Non-Pref	SP, PA; CL
CIMZIA PREFL KIT 200MG/ML	Non-Pref	SP, PA; CL
CIMZIA START KIT 200MG/ML	Non-Pref	SP, PA; CL
COLAZAL CAP 750MG	Non-Pref	PA; 90 day supply
DELZICOL CAP 400MG	Non-Pref	PA
DIPENTUM CAP 250MG	Non-Pref	PA
ENTYVIO INJ 300MG	Non-Pref	SP, PA; CL
INFLECTRA INJ 100MG	Pref	SP; CL
INFLIXIMAB INJ 100MG	Non-Pref	SP, PA; CL
LIALDA TAB 1.2GM	Non-Pref	PA
<i>mesalamine cap dr 400 mg</i>	Pref	
<i>mesalamine cap er 24hr 0.375 gm</i>	Pref	90 day supply
<i>mesalamine cap er 500 mg</i>	Non-Pref	PA
<i>mesalamine enema 4 gm</i>	Pref	90 day supply
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Non-Pref	PA
<i>mesalamine suppos 1000 mg</i>	Pref	PA; 90 day supply
<i>mesalamine tab delayed release 1.2 gm</i>	Pref	PA
<i>mesalamine tab delayed release 800 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
PENTASA CAP 250MG CR	Pref	90 day supply
PENTASA CAP 500MG CR	Pref	PA; 90 day supply
REMICADE INJ 100MG	Non-Pref	SP, PA; CL
RENFLEXIS INJ 100MG	Non-Pref	SP, PA; CL
ROWASA KIT 4GM	Non-Pref	PA
SFROWASA ENE 4GM	Non-Pref	PA
SKYRIZI INJ 360/2.4	Non-Pref	SP, PA; CL
SKYRIZI SOL 60MG/ML	Non-Pref	SP, PA; CL
STELARA INJ 5MG/ML	Non-Pref	PA; CL
<i>sulfasalazine tab 500 mg</i>	Pref	90 day supply
<i>sulfasalazine tab delayed release 500 mg</i>	Pref	PA; 90 day supply

### **INTESTINAL ACIDIFIERS**

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Pref	
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### **IRRITABLE BOWEL SYNDROME (IBS) AGENTS**

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18)
<i>alosetron hcl tab 1 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18)
IBSRELA TAB 50MG	Non-Pref	PA; AGE (Min 18)
LINZESS CAP 72MCG	Pref	PA
LINZESS CAP 145MCG	Pref	PA
LINZESS CAP 290MCG	Pref	PA
LOTRONEX TAB 0.5MG	Non-Pref	PA; AGE (Min 18)
LOTRONEX TAB 1MG	Non-Pref	PA; AGE (Min 18)
VIBERZI TAB 75MG	Non-Pref	PA; AGE (Min 18)
VIBERZI TAB 100MG	Non-Pref	PA; AGE (Min 18)

### **PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

MOVANTIK TAB 12.5MG	Pref	PA; AGE (Min 18)
MOVANTIK TAB 25MG	Pref	PA; AGE (Min 18)
RELISTOR INJ 8/0.4ML	Non-Pref	PA; AGE (Min 18)
RELISTOR INJ 12/0.6ML	Non-Pref	PA; AGE (Min 18)
RELISTOR TAB 150MG	Non-Pref	PA; AGE (Min 18)
SYMPROIC TAB 0.2MG	Non-Pref	PA; AGE (Min 18)

### **PHOSPHATE BINDER AGENTS**

AURYXIA TAB 210MG	Non-Pref	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	90 day supply
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	OTC
FOSRENOL CHW 500MG	Non-Pref	PA
FOSRENOL CHW 750MG	Non-Pref	PA
FOSRENOL CHW 1000MG	Non-Pref	PA
FOSRENOL POW 750MG	Non-Pref	PA
FOSRENOL POW 1000MG	Non-Pref	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Pref	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Non-Pref	PA
PHOSLYRA SOL	Non-Pref	PA
RENAGEL TAB 800MG	Non-Pref	PA
RENVELA POW 0.8GM	Non-Pref	PA
RENVELA POW 2.4GM	Non-Pref	PA
RENVELA TAB 800MG	Non-Pref	PA; 90 day supply
<i>sevelamer carbonate packet 0.8 gm</i>	Non-Pref	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Non-Pref	PA
<i>sevelamer carbonate tab 800 mg</i>	Pref	PA; 90 day supply
<i>sevelamer hcl tab 400 mg</i>	Non-Pref	PA
<i>sevelamer hcl tab 800 mg</i>	Non-Pref	PA
VELPHORO CHW 500MG	Non-Pref	PA

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

### **ALKALINIZERS**

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

### **GENITOURINARY IRRIGANTS**

<i>acetic acid irrigation soln 0.25%</i>	Pref	
<i>sodium chloride irrigation soln 0.9%</i>	Pref	

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Pref	
AVODART CAP 0.5MG	Non-Pref	PA
<i>dutasteride cap 0.5 mg</i>	Pref	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
<i>finasteride tab 5 mg</i>	Pref	PA
FLOMAX CAP 0.4MG	Non-Pref	PA
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA
RAPAFLO CAP 4MG	Non-Pref	PA
RAPAFLO CAP 8MG	Non-Pref	PA
<i>silodosin cap 4 mg</i>	Non-Pref	PA
<i>silodosin cap 8 mg</i>	Non-Pref	PA
<i>tamsulosin hcl cap 0.4 mg</i>	Pref	

### **URINARY ANALGESICS**

<i>phenazopyridine hcl tab 100 mg</i>	Pref	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenazopyridine hcl tab 200 mg</i>	Pref	
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<i>allopurinol tab 100 mg</i>	Pref	
<i>allopurinol tab 300 mg</i>	Pref	
<i>colchicine cap 0.6 mg</i>	Pref	PA
<i>colchicine tab 0.6 mg</i>	Pref	PA
COLCRYS TAB 0.6MG	Non-Pref	PA
<i>febuxostat tab 40 mg</i>	Non-Pref	PA
<i>febuxostat tab 80 mg</i>	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	Pref	
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ADVATE INJ 250UNIT	Pref	SP
ADVATE INJ 500UNIT	Pref	SP
ADVATE INJ 1000UNIT	Pref	SP
ADVATE INJ 1500UNIT	Pref	SP
ADVATE INJ 2000UNIT	Pref	SP
ADVATE INJ 3000UNIT	Pref	SP
ADVATE INJ 4000UNIT	Pref	SP
ADYNOVATE INJ 250UNIT	Pref	SP
ADYNOVATE INJ 500UNIT	Pref	SP
ADYNOVATE INJ 750UNIT	Pref	SP
ADYNOVATE INJ 1000UNIT	Pref	SP
ADYNOVATE INJ 1500UNIT	Pref	SP
ADYNOVATE INJ 2000UNIT	Pref	SP
ADYNOVATE INJ 3000UNIT	Pref	SP
AFSTYLA KIT 250UNIT	Pref	SP
AFSTYLA KIT 500UNIT	Pref	SP
AFSTYLA KIT 1000UNIT	Pref	SP
AFSTYLA KIT 1500UNIT	Pref	SP
AFSTYLA KIT 2000UNIT	Pref	SP
AFSTYLA KIT 2500UNIT	Pref	SP
AFSTYLA KIT 3000UNIT	Pref	SP
ALPHANATE INJ 1500UNIT	Pref	SP
ALPHANATE INJ VWF/HUM	Pref	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALPHANINE SD INJ 500UNIT	Pref	SP
ALPHANINE SD INJ 1000UNIT	Pref	SP
ALPHANINE SD INJ 1500UNIT	Pref	SP
ALPROLIX INJ 250UNIT	Pref	SP
ALPROLIX INJ 500UNIT	Pref	SP
ALPROLIX INJ 1000UNIT	Pref	SP
ALPROLIX INJ 2000UNIT	Pref	SP
ALPROLIX INJ 3000UNIT	Pref	SP
ALPROLIX INJ 4000UNIT	Pref	SP
BENEFIX INJ 250UNIT	Pref	SP
BENEFIX INJ 500UNIT	Pref	SP
BENEFIX INJ 1000UNIT	Pref	SP
BENEFIX INJ 2000UNIT	Pref	SP
BENEFIX INJ 3000UNIT	Pref	SP
COAGADEX INJ 250UNIT	Pref	SP
COAGADEX INJ 500UNIT	Pref	SP
CORIFACT KIT	Pref	SP
ELOCTATE INJ 250UNIT	Pref	SP
ELOCTATE INJ 500UNIT	Pref	SP
ELOCTATE INJ 750UNIT	Pref	SP
ELOCTATE INJ 1000UNIT	Pref	SP
ELOCTATE INJ 1500UNIT	Pref	SP
ELOCTATE INJ 2000UNIT	Pref	SP
ELOCTATE INJ 3000UNIT	Pref	SP
ELOCTATE INJ 4000UNIT	Pref	SP
ELOCTATE INJ 5000UNIT	Pref	SP
ELOCTATE INJ 6000UNIT	Pref	SP
ESPEROCT INJ 500UNIT	Pref	SP
ESPEROCT INJ 1000UNIT	Pref	SP
ESPEROCT INJ 1500UNIT	Pref	SP
ESPEROCT INJ 2000UNIT	Pref	SP
ESPEROCT INJ 3000UNIT	Pref	SP
FEIBA INJ	Pref	SP
HEMLIBRA INJ 30MG/ML	Pref	SP
HEMLIBRA INJ 60/0.4	Pref	SP
HEMLIBRA INJ 105/0.7	Pref	SP
HEMLIBRA INJ 150/ML	Pref	SP
HEMOFIL M INJ 250UNIT	Pref	SP
HEMOFIL M INJ 500UNIT	Pref	SP
HEMOFIL M INJ 1000UNIT	Pref	SP
HEMOFIL M INJ 1700UNIT	Pref	SP
HUMATE-P SOL 250-600	Pref	SP
HUMATE-P SOL 500-1200	Pref	SP
HUMATE-P SOL 2400UNIT	Pref	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IDELVION SOL 250UNIT	Pref	SP
IDELVION SOL 500UNIT	Pref	SP
IDELVION SOL 1000UNIT	Pref	SP
IDELVION SOL 2000UNIT	Pref	SP
IDELVION SOL 3500UNIT	Pref	SP
IXINITY INJ 250UNIT	Pref	SP
IXINITY INJ 500UNIT	Pref	SP
IXINITY INJ 1000UNIT	Pref	SP
IXINITY INJ 1500UNIT	Pref	SP
IXINITY INJ 2000UNIT	Pref	SP
IXINITY INJ 3000UNIT	Pref	SP
JIVI INJ 500 UNIT	Pref	SP
JIVI INJ 1000UNIT	Pref	SP
JIVI INJ 2000UNIT	Pref	SP
JIVI INJ 3000UNIT	Pref	SP
KOATE INJ 250UNIT	Pref	SP
KOATE INJ 500 UNIT	Pref	SP
KOATE-DVI INJ 1000UNIT	Pref	SP
KOGENATE FS INJ 250UNIT	Pref	SP
KOGENATE FS INJ 500UNIT	Pref	SP
KOGENATE FS INJ 1000UNIT	Pref	SP
KOGENATE FS INJ 2000UNIT	Pref	SP
KOGENATE FS INJ 3000UNIT	Pref	SP
KOVALTRY INJ 250UNIT	Pref	SP
KOVALTRY INJ 500UNIT	Pref	SP
KOVALTRY INJ 1000UNIT	Pref	SP
KOVALTRY INJ 2000UNIT	Pref	SP
KOVALTRY INJ 3000UNIT	Pref	SP
NOVOEIGHT INJ 250UNIT	Pref	SP
NOVOEIGHT INJ 500UNIT	Pref	SP
NOVOEIGHT INJ 1000UNIT	Pref	SP
NOVOEIGHT INJ 1500UNIT	Pref	SP
NOVOEIGHT INJ 2000UNIT	Pref	SP
NOVOEIGHT INJ 3000UNIT	Pref	SP
NOVOSEVEN RT INJ 1MG	Pref	SP
NOVOSEVEN RT INJ 2MG	Pref	SP
NOVOSEVEN RT INJ 5MG	Pref	SP
NOVOSEVEN RT INJ 8MG	Pref	SP
NUWIQ INJ 250UNIT	Pref	SP
NUWIQ INJ 500UNIT	Pref	SP
NUWIQ INJ 1000UNIT	Pref	SP
NUWIQ INJ 1500UNIT	Pref	SP
NUWIQ INJ 2000UNIT	Pref	SP
NUWIQ INJ 2500UNIT	Pref	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUWIQ INJ 3000UNIT	Pref	SP
NUWIQ INJ 4000UNIT	Pref	SP
NUWIQ KIT 250UNIT	Pref	SP
NUWIQ KIT 500UNIT	Pref	SP
NUWIQ KIT 1000UNIT	Pref	SP
NUWIQ KIT 1500UNIT	Pref	SP
NUWIQ KIT 2000UNIT	Pref	SP
NUWIQ KIT 2500UNIT	Pref	SP
NUWIQ KIT 3000UNIT	Pref	SP
NUWIQ KIT 4000UNIT	Pref	SP
OBIZUR INJ 500 UNIT	Pref	SP
PROFILNINE INJ 500UNIT	Pref	SP
PROFILNINE INJ 1000UNIT	Pref	SP
PROFILNINE INJ 1500UNIT	Pref	SP
RECOMBINATE INJ	Pref	SP
RECOMBINATE INJ 220-400	Pref	SP
RECOMBINATE INJ 401-800	Pref	SP
RECOMBINATE INJ 801-1240	Pref	SP
SEVENFACT INJ 1MG	Pref	SP
SEVENFACT INJ 5MG	Pref	SP
VONVENDI INJ 650UNIT	Pref	SP
VONVENDI INJ 1300UNIT	Pref	SP
WILATE INJ	Pref	SP
XYNTHA INJ 250UNIT	Pref	SP
XYNTHA INJ 500UNIT	Pref	SP
XYNTHA INJ 1000UNIT	Pref	SP
XYNTHA INJ 2000UNIT	Pref	SP
XYNTHA SOLOF INJ 500UNIT	Pref	SP
XYNTHA SOLOF INJ 1000UNIT	Pref	SP
XYNTHA SOLOF INJ 2000UNIT	Pref	SP
XYNTHA SOLOF INJ 3000UNIT	Pref	SP
XYNTHA SOLOF KIT 250UNIT	Pref	SP

**BRADYKININ B2 RECEPTOR ANTAGONISTS**

FIRAZYR INJ 30MG/3ML	Non-Pref	SP, PA; AGE (Min 18)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Non-Pref	SP, PA; AGE (Min 18)
<i>sajazir inj 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min 18)

**COMPLEMENT INHIBITORS**

BERINERT INJ 500UNIT	Pref	SP, PA; AGE (Min 6)
CINRYZE SOL 500 UNIT	Pref	SP, PA; AGE (Min 6)
HAEGARDA INJ 2000UNIT	Non-Pref	SP, PA; AGE (Min 12)
HAEGARDA INJ 3000UNIT	Non-Pref	SP, PA; AGE (Min 12)
RUCONEST INJ 2100UNIT	Non-Pref	SP, PA; AGE (Min 13)

Drug Name	Drug Tier	Requirements/Limits
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	Pref	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR INJ 10MG/ML	Pref	SP, PA; AGE (Min 12)
ORLADEYO CAP 110MG	Non-Pref	SP, PA; AGE (Min 12)
ORLADEYO CAP 150MG	Non-Pref	SP, PA; AGE (Min 12)
TAKHZYRO INJ 300/2ML	Non-Pref	SP, PA
TAKHZYRO INJ 300/2ML	Non-Pref	SP, PA; AGE (Min 12)
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Non-Pref	PA
BRILINTA TAB 60MG	Pref	
BRILINTA TAB 90MG	Pref	
<i>cilostazol tab 50 mg</i>	Pref	QL (2 tabs every 1 day)
<i>cilostazol tab 100 mg</i>	Pref	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Pref	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	
<i>dipyridamole tab 25 mg</i>	Pref	
<i>dipyridamole tab 50 mg</i>	Pref	
<i>dipyridamole tab 75 mg</i>	Pref	
EFFIENT TAB 5MG	Non-Pref	PA
EFFIENT TAB 10MG	Non-Pref	PA
PLAVIX TAB 75MG	Non-Pref	PA
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Pref	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Pref	
ZONTIVITY TAB 2.08MG	Non-Pref	PA; AGE (Min 18)
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
ADAKVEO INJ 100/10ML	Non-Pref	PA; AGE (Min 16)
DROXIA CAP 200MG	Pref	PA; AGE (Min 18)
DROXIA CAP 300MG	Pref	PA; AGE (Min 18)
DROXIA CAP 400MG	Pref	PA; AGE (Min 18)
ENDARI POW 5GM	Pref	SP, PA; AGE (Min 5)
OXBRYTA TAB 300MG	Pref	SP, PA; AGE (Min 4)
OXBRYTA TAB 500MG	Pref	SP, PA; AGE (Min 4)
SIKLOS TAB 100MG	Non-Pref	SP, PA; AGE (Min 2)
SIKLOS TAB 1000MG	Non-Pref	SP, PA; AGE (Min 2)
<b>COBALAMINS</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	Pref	
<i>cyanocobalamin tab 100 mcg</i>	Pref	OTC
<i>cyanocobalamin tab 250 mcg</i>	Pref	OTC
<i>cyanocobalamin tab 500 mcg</i>	Pref	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Pref	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	Pref	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dodex inj</i>	Pref	
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid tab 1 mg</i>	Pref	
<i>folic acid tab 400 mcg</i>	Pref	OTC
<i>folic acid tab 800 mcg</i>	Pref	OTC
<i>folic acid tab 1000mcg</i>	Pref	OTC
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG	Non-Pref	PA
ARANESP INJ 25MCG	Non-Pref	PA
ARANESP INJ 40MCG	Non-Pref	PA
ARANESP INJ 60MCG	Non-Pref	PA
ARANESP INJ 100MCG	Non-Pref	PA
ARANESP INJ 150MCG	Non-Pref	PA
ARANESP INJ 200MCG	Non-Pref	PA
ARANESP INJ 300MCG	Non-Pref	PA
ARANESP INJ 500MCG	Non-Pref	PA
EPOGEN INJ 2000/ML	Pref	
EPOGEN INJ 3000/ML	Pref	
EPOGEN INJ 4000/ML	Pref	
EPOGEN INJ 10000/ML	Pref	
EPOGEN INJ 20000/ML	Pref	PA
MIRCERA INJ 30MCG	Non-Pref	PA
MIRCERA INJ 50MCG	Non-Pref	PA
MIRCERA INJ 75MCG	Non-Pref	PA
MIRCERA INJ 100MCG	Non-Pref	PA
MIRCERA INJ 150MCG	Non-Pref	PA
MIRCERA INJ 200MCG	Non-Pref	PA
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
RETACRIT INJ 2000UNIT	Pref	
RETACRIT INJ 3000UNIT	Pref	
RETACRIT INJ 4000UNIT	Pref	
RETACRIT INJ 10000UNT	Pref	
RETACRIT INJ 20000UNI	Pref	
RETACRIT INJ 40000UNT	Pref	
ZARXIO INJ 300/0.5	Pref	PA
ZARXIO INJ 480/0.8	Pref	PA
ZIEXTENZO INJ 6/0.6ML	Pref	PA
<b>HEMATOPOIETIC MIXTURES</b>		
<i>fe c tab tab 100-250</i>	Pref	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ferocon cap</i>	Pref	
FOLITAB 500 TAB	Pref	OTC
<i>foltrin cap</i>	Pref	
<i>hematinic/fa tab</i>	Pref	
<i>iron 100/c tab 100-250</i>	Pref	OTC
<i>iron-vitamin c tab 100-250 mg</i>	Pref	OTC

## **IRON**

<i>fe tabs tab 325mg ec</i>	Pref	OTC
<i>ferrex 150 cap 150mg</i>	Pref	OTC
<i>ferric x-150 cap 150mg</i>	Pref	OTC
<i>ferrocite tab 324mg</i>	Pref	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Pref	OTC
<i>ferrous gluc tab 324mg</i>	Pref	OTC
FERROUS GLUC TAB 324MG	Pref	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Pref	OTC
FERROUS SULF LIQ 44MG/5ML	Pref	OTC
FERROUS SULF TAB 324MG EC	Pref	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	Pref	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Pref	OTC
<i>iferex 150 cap</i>	Pref	OTC
<i>nu-iron 150 cap</i>	Pref	OTC
<i>nu-iron 150 cap 150mg</i>	Pref	OTC
<i>poly-iron cap 150mg</i>	Pref	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Pref	OTC

## **HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMOSTATICS - SYSTEMIC**

<i>tranexamic acid tab 650 mg</i>	Pref	QL (6 tabs every 1 day)
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Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS</b>		

**ANTI-HISTAMINE HYPNOTICS**

<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Pref	OTC
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**BARBITURATE HYPNOTICS**

<i>phenobarbital elixir 20 mg/5ml</i>	Pref	CL
<i>phenobarbital tab 15 mg</i>	Pref	CL
<i>phenobarbital tab 16.2 mg</i>	Pref	CL
<i>phenobarbital tab 30 mg</i>	Pref	CL
<i>phenobarbital tab 32.4 mg</i>	Pref	CL
<i>phenobarbital tab 60 mg</i>	Pref	CL
<i>phenobarbital tab 64.8 mg</i>	Pref	CL
<i>phenobarbital tab 97.2 mg</i>	Pref	CL
<i>phenobarbital tab 100 mg</i>	Pref	CL

**HYPNOTICS - TRICYCLIC AGENTS**

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Non-Pref	PA; AGE (Min 18)
SILENOR TAB 3MG	Non-Pref	PA; AGE (Min 18)
SILENOR TAB 6MG	Non-Pref	PA; AGE (Min 18)

**NON-BARBITURATE HYPNOTICS**

AMBIEN CR TAB 6.25MG	Non-Pref	PA
AMBIEN CR TAB 12.5MG	Non-Pref	PA
AMBIEN TAB 5MG	Non-Pref	PA
AMBIEN TAB 10MG	Non-Pref	PA
EDLUAR SUB 5MG	Non-Pref	PA
EDLUAR SUB 10MG	Non-Pref	PA
<i>estazolam tab 1 mg</i>	Non-Pref	PA
<i>estazolam tab 2 mg</i>	Non-Pref	PA
<i>eszopiclone tab 1 mg</i>	Pref	
<i>eszopiclone tab 2 mg</i>	Pref	
<i>eszopiclone tab 3 mg</i>	Pref	PA; AGE (Max 65)
<i>flurazepam hcl cap 15 mg</i>	Non-Pref	PA
<i>flurazepam hcl cap 30 mg</i>	Non-Pref	PA
HALCION TAB 0.25MG	Non-Pref	PA
LUNESTA TAB 1MG	Non-Pref	PA
LUNESTA TAB 2MG	Non-Pref	PA
LUNESTA TAB 3MG	Non-Pref	PA; AGE (Max 65)
RESTORIL CAP 7.5MG	Non-Pref	PA
RESTORIL CAP 15MG	Non-Pref	PA
RESTORIL CAP 22.5MG	Non-Pref	PA
RESTORIL CAP 30MG	Non-Pref	PA
<i>temazepam cap 7.5 mg</i>	Non-Pref	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temazepam cap 15 mg</i>	Pref	
<i>temazepam cap 22.5 mg</i>	Non-Pref	PA
<i>temazepam cap 30 mg</i>	Pref	PA
<i>triazolam tab 0.25 mg</i>	Pref	PA
<i>triazolam tab 0.125 mg</i>	Pref	
<i>zaleplon cap 5 mg</i>	Pref	
<i>zaleplon cap 10 mg</i>	Pref	
<i>zolpidem tartrate sl tab 1.75 mg</i>	Non-Pref	PA
<i>zolpidem tartrate sl tab 3.5 mg</i>	Non-Pref	PA
<i>zolpidem tartrate tab 5 mg</i>	Pref	
<i>zolpidem tartrate tab 10 mg</i>	Pref	PA
<i>zolpidem tartrate tab er 6.25 mg</i>	Non-Pref	PA
<i>zolpidem tartrate tab er 12.5 mg</i>	Non-Pref	PA

### **OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB 5MG	Non-Pref	PA
BELSOMRA TAB 10MG	Non-Pref	PA
BELSOMRA TAB 15MG	Non-Pref	PA
BELSOMRA TAB 20MG	Non-Pref	PA
DAYVIGO TAB 5MG	Non-Pref	PA
DAYVIGO TAB 10MG	Non-Pref	PA
QUVIVIQ TAB 25MG	Non-Pref	PA
QUVIVIQ TAB 50MG	Non-Pref	PA

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ CAP 20MG	Non-Pref	SP, PA; AGE (Min 16)
HETLIOZ LQ SUS 4MG/ML	Non-Pref	PA; AGE (Min 3, Max 15)
<i>ramelteon tab 8 mg</i>	Non-Pref	PA
ROZEREM TAB 8MG	Non-Pref	PA

### **LAXATIVES - DRUGS TO TREAT CONSTIPATION**

#### **BULK LAXATIVES**

<i>calcium polycarbophil tab 625 mg</i>	Pref	OTC
KONSYL DAILY POW 60.3%	Pref	OTC
<i>methylcellulose tab 500 mg</i>	Pref	OTC
<i>psyllium cap 0.52 gm</i>	Pref	OTC
<i>psyllium powder 28.3%</i>	Pref	OTC
<i>psyllium powder 48.57%</i>	Pref	OTC
<i>psyllium powder 58.6%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>soluble fib pow therapy</i>	Pref	OTC

#### **LAXATIVE COMBINATIONS**

<i>gavilyte-c sol</i>	Pref	
<i>gavilyte-g sol</i>	Pref	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	
<i>peg/nasul/c/ sol nacl/pot</i>	Pref	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>constulose sol 10gm/15</i>	Pref	
<i>glycerin ped sup 1gm</i>	Pref	OTC
<i>glycerin sup 1gm</i>	Pref	OTC
<i>glycerin sup 2gm</i>	Pref	OTC
<i>glycerin suppos 1.2 gm</i>	Pref	OTC
<i>glycerin suppos 2 gm</i>	Pref	OTC
<i>glycerin suppos 2.1 gm</i>	Pref	OTC
<i>glycerin suppos 80.7%</i>	Pref	OTC
<i>lactulose solution 10 gm/15ml</i>	Pref	
PEDIA-LAX SUP 2.8GM	Pref	OTC
<i>polyethylene glycol 3350 oral powder</i>	Pref	OTC
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	Pref	OTC
<i>mineral oil enema</i>	Pref	OTC
<b>SALINE LAXATIVES</b>		
<i>magnesium citrate soln</i>	Pref	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Pref	OTC
MILK OF MAGN SUS 2400/10	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl suppos 10 mg</i>	Pref	OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	OTC
SENNA SYP	Pref	OTC
<i>senna-extra tab 17.2mg</i>	Pref	OTC
<i>sennosides chew tab 15 mg</i>	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>sennosides tab 25 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium cap 240 mg</i>	Pref	OTC
<i>docusate min ene 283mg</i>	Pref	OTC
DOCUSATE SOD SYP 60/15ML	Pref	OTC
<i>docusate sodium cap 50 mg</i>	Pref	OTC
<i>docusate sodium cap 100 mg</i>	Pref	OTC
<i>docusate sodium cap 250 mg</i>	Pref	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC
<i>docusol mini ene</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>enemeez mini ene</i>	Pref	OTC

## MACROLIDES - DRUGS TO TREAT INFECTIONS

### AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Pref	
<i>azithromycin for susp 200 mg/5ml</i>	Pref	PA
<i>azithromycin powd pack for susp 1 gm</i>	Pref	PA
<i>azithromycin tab 250 mg</i>	Pref	PA
<i>azithromycin tab 500 mg</i>	Pref	
<i>azithromycin tab 600 mg</i>	Pref	
ZITHROMAX POW 1GM PAK	Non-Pref	PA
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA
ZITHROMAX TAB 500MG	Non-Pref	PA
ZITHROMAX TAB TRI-PAK	Non-Pref	PA
ZITHROMAX TAB Z-PAK	Non-Pref	PA

### CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Pref	
<i>clarithromycin for susp 250 mg/5ml</i>	Pref	
<i>clarithromycin tab 250 mg</i>	Pref	
<i>clarithromycin tab 500 mg</i>	Pref	
<i>clarithromycin tab er 24hr 500 mg</i>	Non-Pref	PA

### ERYTHROMYCINS

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

Drug Name	Drug Tier	Requirements/Limits
<b>FIDAXOMICIN</b>		
DIFICID SUS	Non-Pref	PA
DIFICID TAB 200MG	Non-Pref	PA

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

**BLOOD PRESSURE DEVICES**

ADVOCATE ARM MIS BPM LRG	Pref	OTC
ADVOCATE ARM MIS BPM S/M	Pref	OTC
ADVOCATE MIS ARM BPM	Pref	OTC
BLOOD PRESS KIT 3 SERIES	Pref	OTC
BLOOD PRESS KIT #100-019	Pref	OTC
BLOOD PRESS KIT #100-021	Pref	OTC
BLOOD PRESS KIT ADLT/LRG	Pref	OTC
BLOOD PRESS KIT CMPT/DIG	Pref	OTC
BLOOD PRESS KIT COMPACT	Pref	OTC
BLOOD PRESS KIT FINGER	Pref	OTC
BLOOD PRESS KIT MANUAL	Pref	OTC
BLOOD PRESS KIT MONITOR	Pref	OTC
BLOOD PRESS KIT OSCILLAT	Pref	OTC
BLOOD PRESS MIS MONITOR	Pref	OTC
BLOOD PRESS MIS PREM ARM	Pref	OTC
BLOOD PRESS MIS WRIST	Pref	OTC
BLOOD PRESS MIS WRIST CF	Pref	OTC
BLOOD PRESSR KIT TRAVEL	Pref	OTC
BLOOD PRESSU KIT DELUXE	Pref	OTC
BLOOD PRESSU KIT MANUAL	Pref	OTC
BLOOD PRESSU MIS	Pref	OTC
BLOOD PRESSU MIS /MANUAL	Pref	OTC
BLOOD PRESSU MIS MANUAL	Pref	OTC
BLOOD PRESSU MIS MONITOR	Pref	OTC
BLOOD PRESSU MIS VERSATII	Pref	OTC
BLOOD PRESSU MIS WRIST	Pref	OTC
BLOOD PRSSRE KIT MONITOR	Pref	OTC
BP CUFF MNTR MIS AUTOMATC	Pref	OTC
BP MONITOR KIT ARM	Pref	OTC
BP MONITOR KIT DELUXE	Pref	OTC
BP MONITOR KIT MANUAL	Pref	OTC
BP MONITOR KIT STETHSCP	Pref	OTC
BP MONITOR KIT WRIST	Pref	OTC
BP MONITOR MIS /WRIST	Pref	OTC
BP MONITOR MIS ADV AUTO	Pref	OTC
BP MONITOR MIS ADVANCED	Pref	OTC
BP MONITOR MIS ARM	Pref	OTC
BP MONITOR MIS ARM PREM	Pref	OTC

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Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BP MONITOR MIS AUTO	Pref	OTC
BP MONITOR MIS AUTO ARM	Pref	OTC
BP MONITOR MIS AUTOMATI	Pref	OTC
BP MONITOR MIS DIGITAL	Pref	OTC
BP MONITOR MIS DLUX ARM	Pref	OTC
BP MONITOR MIS MANUAL	Pref	OTC
BP MONITOR MIS OMRON 10	Pref	OTC
BP MONITOR MIS PREM/ARM	Pref	OTC
BP MONITOR MIS PRO HLTH	Pref	OTC
BP MONITOR MIS WRIST	Pref	OTC
BP MONITOR MIS WRST CUF	Pref	OTC
BP PREMIUM KIT WRIST	Pref	OTC
CARETOUCH BP MIS MONITOR	Pref	OTC
EQ BP MONITO MIS WRIST	Pref	OTC
FORA P20 MIS BP	Pref	OTC
FORA TEST N' MIS GO BP	Pref	OTC
GOJJI BP KIT MONITOR	Pref	OTC
HEALTH SENSE MIS BLOOD PR	Pref	OTC
HEART CHECK MIS BP WRIST	Pref	OTC
HM BP MONITO MIS ADVANCED	Pref	OTC
HM BP MONITO MIS AUTOMATI	Pref	OTC
HM BP MONITO MIS DELUXE	Pref	OTC
HM BP MONITO MIS MANUAL	Pref	OTC
HM BP MONITO MIS SER 200	Pref	OTC
HM BP MONITO MIS WRIST	Pref	OTC
INCONTROL KIT BP MONIT	Pref	OTC
INCONTROL MIS BP MONIT	Pref	OTC
INCONTROL MIS DELUXE	Pref	OTC
INCONTROL MIS PREMIUM	Pref	OTC
MICROLIFE BP KIT MONITOR	Pref	OTC
MICROLIFE BP MIS DELUXE	Pref	OTC
MICROLIFE BP MIS WRIST	Pref	OTC
MICROLIFE KIT BPM1	Pref	OTC
MICROLIFE KIT BPM2	Pref	OTC
MICROLIFE KIT BPM3	Pref	OTC
MICROLIFE MIS BPM6	Pref	OTC
OMRON 3 SERI MIS BP MONIT	Pref	OTC
OMRON 5 SERI MIS BP MONIT	Pref	OTC
OMRON 7 SERI MIS BP MONIT	Pref	OTC
OMRON 10 SER MIS BP MONIT	Pref	OTC
PROCARE ARM MIS BP MONIT	Pref	OTC
PROCARE WRST MIS BP MONIT	Pref	OTC
RA BLOOD MIS PRESSURE	Pref	OTC
RELION PREM MIS MONITOR	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SERIES 100 MIS BLOOD PR	Pref	OTC
SERIES 400 MIS BLOOD PR	Pref	OTC
SERIES 600 MIS BLOOD PR	Pref	OTC
SERIES 800 MIS BLOOD PR	Pref	OTC
3 SERIES BP MIS MONITOR	Pref	OTC
SLIM BP MIS MONITOR	Pref	OTC
SM BLOOD PRE MIS SER 200	Pref	OTC
SM BLOOD PRE MIS SER 200W	Pref	OTC
SM BLOOD PRE MIS SER 600	Pref	OTC
SM BLOOD PRE MIS SER 600W	Pref	OTC
SM BLOOD PRE MIS SER 800	Pref	OTC
SPHYGMOMANOM MIS ANEROID	Pref	OTC
TALKING SENS MIS BLOOD PR	Pref	OTC
VERSA BP MIS MONITOR	Pref	OTC

**CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

CONDOMS LATEX LUBRICATED	Pref	OTC
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**DIABETIC SUPPLIES**

ACCU-CHEK KIT FASTCLIX	Pref	OTC
ACCU-CHEK KIT SOFTCLIX	Pref	OTC
ADJ LANCING MIS DEVICE	Pref	OTC
ADV LANCING MIS DEVICE	Pref	OTC
ADVOCATE MIS LANC DEV	Pref	OTC
AMBI-TRAY MIS	Pref	OTC
AUTO-LANCET MIS	Pref	OTC
AUTO-LANCET MIS MINI	Pref	OTC
AUTOLET II KIT CLINISAF	Pref	OTC
AUTOLET IMPR MIS LANC DEV	Pref	OTC
AUTOLET LANC MIS DEVICE	Pref	OTC
AUTOLET LITE KIT	Pref	OTC
AUTOLET LITE KIT CLINISAF	Pref	OTC
AUTOLET LITE KIT STARTER	Pref	OTC
AUTOLET MINI MIS	Pref	OTC
AUTOLET PLAT MIS 1.8MM	Pref	OTC
AUTOLET PLAT MIS 2.4MM	Pref	OTC
AUTOLET PLAT MIS 3.0MM	Pref	OTC
AUTOLET PLUS MIS	Pref	OTC
AUTOLET PLUS MIS LANC DEV	Pref	OTC
CARDIOCOM MIS LANCING	Pref	OTC
CAREONE ADV MIS LANCING	Pref	OTC
CARETOUCH MIS EJECTOR	Pref	OTC
COUNT-A-DOSE MIS	Pref	OTC
CVS LANCING MIS DEVICE	Pref	OTC
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each every 292 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEXCOM G6 MIS SENSOR	Pref	PA, QL (3 boxes every 24 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box every 72 days)
DIATHRIVE MIS LANCING	Pref	OTC
DROPLET GENT MIS LANCING	Pref	OTC
DROPLET LANC MIS DEVICE	Pref	OTC
EASY MINI MIS	Pref	OTC
EASY MINI MIS EJECT	Pref	OTC
EASY TOUCH MIS	Pref	OTC
EASY TOUCH MIS /EJECTOR	Pref	OTC
EMBRACE LANC MIS /EJECTOR	Pref	OTC
FORA MIS LANCING	Pref	OTC
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (2 boxes every 22 days)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each every 292 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (2 boxes every 22 days)
FREESTYLE MIS READER	Pref	PA, QL (1 each every 292 days)
GENTEEL LANC KIT BLUE	Pref	OTC
GENTEEL MIS NOZZLES	Pref	OTC
GENTEEL TIPS MIS BLUE	Pref	OTC
GENTEEL TIPS MIS CLEAR	Pref	OTC
GENTEEL TIPS MIS GREEN	Pref	OTC
GENTEEL TIPS MIS ORANGE	Pref	OTC
GENTEEL TIPS MIS RAINBOW	Pref	OTC
GENTEEL TIPS MIS VIOLET	Pref	OTC
GENTEEL TIPS MIS YELLOW	Pref	OTC
GENTLE-LET MIS PLATFORM	Pref	OTC
GLOBAL LANC MIS DEVICE	Pref	OTC
GNP LANCING MIS DEVICE	Pref	OTC
GOJJI MIS LANC DEV	Pref	OTC
GOODSENSE MIS LANC DVC	Pref	OTC
HC LANCING MIS DEVICE	Pref	OTC
HYPOLANCE KIT LANCING	Pref	OTC
IN TOUCH LAN MIS DEVICE	Pref	OTC
INCONTROL MIS LANC DEV	Pref	OTC
INSUL-CAP MIS	Pref	OTC
INSUL-EZE MIS	Pref	OTC
INSULIN MIS BARR 1ML	Pref	OTC
INSULIN SYR MIS BARR 1ML	Pref	OTC
LANCET AUTO MIS INJECTOR	Pref	OTC
LANCET CARRY MIS CASE	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANCET DEVIC MIS 30G	Pref	OTC
LANCET DEVIC MIS ADJUST	Pref	OTC
LANCET WITH MIS EJECTOR	Pref	OTC
LANCETS	Pref	OTC
LANCING DEVI MIS	Pref	OTC
LANCING DEVI MIS 25G	Pref	OTC
LANCING DEVI MIS 30G	Pref	OTC
LANCING MIS DEVICE	Pref	OTC
LANZO MIS LANCING	Pref	OTC
LB LANCING MIS DEVICE	Pref	OTC
LITE TOUCH MIS LANC PEN	Pref	OTC
MICROLET MIS NEXT	Pref	OTC
MINI LANCING MIS DEVICE	Pref	OTC
MM LANCING MIS DEVICE	Pref	OTC
MULTI-LANCET KIT DEVICE	Pref	OTC
MULTI-LANCET MIS DEVICE	Pref	OTC
NOVA SUREFLX MIS LANC DEV	Pref	OTC
OMNIPOD 5 G6 KIT INTRO	Pref	PA
OMNIPOD 5 G6 MIS PODS	Pref	PA
OMNIPOD DASH KIT INTRO	Pref	PA
OMNIPOD DASH MIS PODS	Pref	PA
OMNIPOD MIS CLASSIC	Pref	PA
OMNIPOD MIS POD PALS	Pref	PA, OTC
OMNIPOD PDM KIT CLASSIC	Pref	PA
ONETOUCH DEL MIS LANC DEV	Pref	OTC
ONETOUCH MIS LANC DEV	Pref	OTC
PENLET II KIT BLOOD	Pref	OTC
PENLET II MIS REPL CAP	Pref	OTC
PRODIGY MIS LANC DEV	Pref	OTC
PSS SEL PLAT MIS	Pref	OTC
QC LANCING MIS DEVICE	Pref	OTC
RAPID-SAFE MIS LANCING	Pref	OTC
RELION KIT LANCING	Pref	OTC
RELION LANCI MIS DEVICE	Pref	OTC
RIGHTEST ALT MIS ADAPTOR	Pref	OTC
RIGHTEST MIS GD500	Pref	OTC
SELECT-LITE KIT DEV/LANC	Pref	OTC
SELECT-LITE MIS LANC DEV	Pref	OTC
SHOPKO LANC MIS DEVICE	Pref	OTC
SM TRUEDRAW MIS LANC DEV	Pref	OTC
SOLUS V2 MIS LANC DEV	Pref	OTC
STERILANCE MIS 1.8MM	Pref	OTC
SURE COMFORT MIS LANC PEN	Pref	OTC
TGT LANCING MIS DEVICE	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE METRIX SOL LEVEL 1	Pref	OTC
TRUE METRIX SOL LEVEL 2	Pref	OTC
TRUE METRIX SOL LEVEL 3	Pref	OTC
TRUEDRAW MIS LANC DEV	Pref	OTC
ULTI-LANCE MIS CLR TIP	Pref	OTC
UNISTIK 1 MIS 2.4MM	Pref	OTC
UNISTIK 1 MIS 3.0MM	Pref	OTC
UNISTIK 2 MIS	Pref	OTC
UNISTIK 2 MIS 1.8MM	Pref	OTC
UNISTIK 2 MIS 2.4MM	Pref	OTC
UNISTIK 2 MIS COMFORT	Pref	OTC
UNISTIK 2 MIS EXTRA	Pref	OTC
UNISTIK 2 MIS NEONATAL	Pref	OTC
UNISTIK 2 MIS NORMAL	Pref	OTC
UNISTIK 2 MIS SUPER	Pref	OTC
UNISTIK 3 MIS 1.8MM	Pref	OTC
UNISTIK 3 MIS COMFORT	Pref	OTC
UNISTIK 3 MIS EXTRA	Pref	OTC
UNISTIK 3 MIS NEONATAL	Pref	OTC
UNISTIK 3 MIS NORMAL	Pref	OTC
UNISTIK 3 MIS XTR 21G	Pref	OTC
UNISTIK 23G MIS NORMAL	Pref	OTC
UNISTIK CZT MIS COMFORT	Pref	OTC
UNISTIK CZT MIS NORMAL	Pref	OTC
V-GO 20 KIT	Pref	PA
V-GO 30 KIT	Pref	PA
V-GO 40 KIT	Pref	PA
VANTAGE LANC MIS DEVICE	Pref	OTC
VIVAGUARD MIS LANCING	Pref	OTC
VIVI CAP1 MIS	Pref	OTC
VIVI CAP MIS	Pref	OTC
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	Pref	OTC
DISPOSABLE GLOVES	Pref	OTC
DISPOSABLE GLOVES-RX	Pref	
ESSENTRA MIS 9X9"	Pref	
<b>PARENTERAL THERAPY SUPPLIES</b>		
ABOUTTIME MIS 30GX5/16	Pref	OTC; 90 day supply
1ML ALLR SYR MIS 27GX1/2"	Pref	OTC
ASSURE ID MIS 30GX5/16	Pref	OTC; 90 day supply
AUM MINI PEN MIS 32GX5MM	Pref	OTC; 90 day supply
AUM MINI PEN MIS 33GX4MM	Pref	OTC; 90 day supply
AUTOSHIELD MIS 29X3/16"	Pref	OTC; 90 day supply
BD ECLIPSE MIS 23GX1"	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD ECLIPSE MIS 25GX1"	Pref	
BD ECLIPSE MIS 25GX5/8"	Pref	OTC; 90 day supply
BD FILTR NDL MIS 5 MICRON	Pref	OTC
BD HYPO NEED MIS 16GX1"	Pref	OTC
BD HYPO NEED MIS 18GX1"	Pref	OTC
BD HYPO NEED MIS 22GX1"	Pref	OTC
BD HYPO NEED MIS 22GX1.5"	Pref	OTC
BD HYPO NEED MIS 23GX1"	Pref	OTC
BD HYPO NEED MIS 25GX1.5"	Pref	OTC
BD NEEDLE MIS 23GX1"	Pref	OTC
BD NEEDLES MIS 20GX1"	Pref	OTC
BD NEEDLES MIS 22GX1.5"	Pref	OTC
BD NEEDLES MIS 25GX5/8"	Pref	OTC; 90 day supply
BD NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
BD NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
BD PLASTIPAK MIS 21GX1"	Pref	OTC
BD PRECISION MIS 23GX1.5"	Pref	OTC
BD SHARPS MIS 1.4QT	Pref	QL (1 box every 1 day), OTC
BD U-500 MIS 31GX6MM	Pref	90 day supply
CAREFINE MIS 32GX5MM	Pref	OTC; 90 day supply
CAREPOINT SY MIS 1ML	Pref	
CAREPOINT SY MIS 20GX1"	Pref	
CAREPOINT SY MIS 22GX1.5"	Pref	
CAREPOINT SY MIS 23GX1"	Pref	
CAREPOINT SY MIS 23GX1.5"	Pref	
CARETOUCH MIS 32GX5MM	Pref	OTC; 90 day supply
COMFORT TOUC MIS 32GX5MM	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX5/32	Pref	OTC; 90 day supply
COMPL NEEDLE MIS COLL SYS	Pref	QL (1 box every 1 day), OTC
EASY GLIDE MIS 1ML SYR	Pref	OTC
EASY TOUCH MIS 32GX3/16	Pref	OTC; 90 day supply
EASY TOUCH MIS 32GX5MM	Pref	OTC; 90 day supply
EASYPOINT MIS 18GX1"	Pref	OTC
EASYPOINT MIS 20GX1"	Pref	OTC
EASYPOINT MIS 22GX1"	Pref	OTC
EASYPOINT MIS 22GX1.5"	Pref	OTC
EASYPOINT MIS 23GX1"	Pref	
EASYPOINT MIS 23GX1"	Pref	OTC
EASYPOINT MIS 25GX1"	Pref	
EASYPOINT MIS 25GX1"	Pref	OTC
EASYPOINT MIS 25GX1.5"	Pref	OTC
EASYPOINT MIS 25GX5/8"	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASYPOINT MIS 25GX5/8"	Pref	OTC; 90 day supply
ECLIPSE NDLE MIS 25GX1.5"	Pref	OTC
FILTER ASPIR MIS 18GX3"	Pref	
HUBER NEEDLE MIS 20GX1"	Pref	OTC
HUBER NEEDLE MIS 22GX1"	Pref	OTC
HUBER NEEDLE MIS 22GX1.5"	Pref	OTC
HYPO NEEDLE MIS 16GX1"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	OTC
HYPO NEEDLE MIS 18GX1"	Pref	
HYPO NEEDLE MIS 18GX1"	Pref	OTC
HYPO NEEDLE MIS 20GX1"	Pref	
HYPO NEEDLE MIS 20GX1"	Pref	OTC
HYPO NEEDLE MIS 22GX1"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	OTC
HYPO NEEDLE MIS 22GX1.5"	Pref	
HYPO NEEDLE MIS 22GX1.5"	Pref	OTC
HYPO NEEDLE MIS 23GX1"	Pref	
HYPO NEEDLE MIS 23GX1"	Pref	OTC
HYPO NEEDLE MIS 23GX1.5"	Pref	OTC
HYPO NEEDLE MIS 25GX1"	Pref	
HYPO NEEDLE MIS 25GX1"	Pref	OTC
HYPO NEEDLE MIS 25GX1.5"	Pref	
HYPO NEEDLE MIS 25GX1.5"	Pref	OTC
HYPO NEEDLE MIS 25GX5/8"	Pref	90 day supply
HYPO NEEDLE MIS 25GX5/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 27GX1.5"	Pref	
HYPO NEEDLE MIS 27GX1.5"	Pref	OTC
HYPO NEEDLE MIS 27GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 27GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX1/2"	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TECHLITE; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/25G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRINGE (DISP) U-100 1 ML	Pref	OTC; 90 day supply
INSULIN SYRINGE (DISP) U-100 1 ML - RX	Pref	90 day supply
INSUPEN ULTR MIS 30GX8MM	Pref	OTC; 90 day supply
10ML LL SYRN MIS 20GX1"	Pref	OTC
3ML LL SYRNG MIS 18GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX1"	Pref	
3ML LL SYRNG MIS 20GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
3ML LL SYRNG MIS 21GX1.5"	Pref	OTC
5ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
3ML LL SYRNG MIS 22GX1.5"	Pref	OTC
3ML LL SYRNG MIS 23GX1"	Pref	
3ML LL SYRNG MIS 23GX1"	Pref	OTC
3ML LL SYRNG MIS 23GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX5/8"	Pref	
3ML LL SYRNG MIS 25GX5/8"	Pref	OTC
3ML LL SYRNG MIS 27GX1.25	Pref	
3ML LL SYRNG MIS 27GX1.25	Pref	OTC
3ML LUER LOC MIS 21GX1.5"	Pref	OTC
3ML LUER LOC MIS 22GX1.5"	Pref	OTC
3ML LUER LOC MIS 23GX1"	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
3ML LUER LOC MIS 23GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX5/8"	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
1M ALLR SYR MIS 27GX1/2"	Pref	OTC
MULIT-DRAW MIS 22GX1.5"	Pref	OTC
NEEDL COLLEC MIS DISPOSAL	Pref	QL (1 box every 1 day), OTC
NEEDLE (DISP) 18 X 1-1/2"	Pref	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Pref	
NEEDLE COLLE MIS DISPOSAL	Pref	QL (1 box every 1 day), OTC
NEEDLES MIS 18GX1"	Pref	OTC
NEEDLES MIS 20GX1"	Pref	OTC
NEEDLES MIS 22GX1"	Pref	OTC
NEEDLES MIS 22GX1.5"	Pref	OTC
NEEDLES MIS 23GX1"	Pref	OTC
NEEDLES MIS 23GX1.5"	Pref	OTC
NEEDLES MIS 25GX1"	Pref	OTC
NEEDLES MIS 25GX1.5"	Pref	OTC
NEEDLES MIS 25GX5/8"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
NORM-JECT MIS LUER LOK	Pref	
PEN NEEDLE MIS 29GX3/16	Pref	OTC; 90 day supply
PEN NEEDLE MIS 33GX4MM	Pref	OTC; 90 day supply
PEN NEEDLE MIS 33GX5/32	Pref	OTC; 90 day supply
PEN NEEDLES MIS 29GX10MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 30GX3/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX8MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 31GX5/16	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX5/32	Pref	OTC; 90 day supply
PEN NEEDLES MIS 32GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 32GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 33GX4MM	Pref	OTC; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 33GX5/32	Pref	OTC; 90 day supply
PHARM SYRNG MIS TRAY 1ML	Pref	
PHARM TRAY MIS 1ML/REG	Pref	OTC
POLY HUB MIS 18GX1"	Pref	OTC
POLY HUB MIS 22GX1"	Pref	OTC
POLY HUB MIS 22GX1.5"	Pref	OTC
POLY HUB MIS 23GX1"	Pref	OTC
POLY HUB MIS 23GX1.5"	Pref	OTC
POLY HUB MIS 25GX1"	Pref	OTC
POLY HUB MIS 25GX1.5"	Pref	OTC
POLY HUB MIS 25GX5/8"	Pref	OTC; 90 day supply
POLY HUB MIS 27GX1/2"	Pref	OTC; 90 day supply
POLY HUB MIS 30GX1/2"	Pref	OTC; 90 day supply
PRECISIONGLI MIS 27GX1.5"	Pref	OTC
SAFETY NEEDL MIS 22GX1.5"	Pref	OTC
SAFETYGLIDE MIS 23GX1"	Pref	OTC
SAFTY NEEDLE MIS 18GX1"	Pref	
SAFTY NEEDLE MIS 20GX1"	Pref	
SAFTY NEEDLE MIS 22GX1"	Pref	
SAFTY NEEDLE MIS 22GX1.5"	Pref	
SAFTY NEEDLE MIS 23GX1"	Pref	
SAFTY NEEDLE MIS 25GX1"	Pref	
SAFTY NEEDLE MIS 25GX5/8"	Pref	90 day supply
SECURESAFE MIS 22GX1"	Pref	OTC
SECURESAFE MIS 25GX1.5"	Pref	OTC
SECURESAFE MIS 27GX1/2"	Pref	OTC; 90 day supply
SECURESAFE MIS 30GX5/16	Pref	OTC; 90 day supply
SHARP CONTAI MIS	Pref	QL (1 box every 1 day)
SHARPS CONT MIS 1QUART	Pref	QL (1 each every 1 day), OTC
SHARPS CONT MIS 2QUART	Pref	QL (1 each every 1 day), OTC
SHARPS CONT MIS 5GAL	Pref	QL (1 box every 1 day), OTC
SHARPS CONT MIS 14QT	Pref	QL (1 box every 1 day)
SHARPS CONT MIS HOME	Pref	QL (1 box every 1 day), OTC
SHARPS DISP MIS 1 GALLON	Pref	QL (1 box every 1 day), OTC
SHARPS DISP MIS 1 QUART	Pref	QL (1 box every 1 day), OTC
SHARPS DISP MIS 2 GALLON	Pref	QL (1 box every 1 day), OTC
SHARPS DISP MIS 3 GALLON	Pref	QL (1 box every 1 day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SLIP TIP 1ML MIS	Pref	OTC
1ML SLIP TIP MIS 25GX5/8"	Pref	OTC
SYRG/NDL 3ML MIS 23GX1"	Pref	OTC
SYRG/NDL 3ML MIS 25GX5/8"	Pref	OTC
SYRINGE BARR MIS LUER10ML	Pref	OTC
SYRINGE BARR MIS LUER 1ML	Pref	OTC
SYRINGE BARR MIS LUER 3ML	Pref	OTC
SYRINGE BARR MIS LUER 5ML	Pref	OTC
SYRINGE BARR MIS UNI 3ML	Pref	OTC
SYRINGE BARR MIS UNI 5ML	Pref	OTC
SYRINGE BARR MIS UNI 10ML	Pref	OTC
SYRINGE LUER MIS -LOK 1ML	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
3ML SYRINGE MIS 18GX1.5"	Pref	OTC
3ML SYRINGE MIS 20GX1"	Pref	
10ML SYRINGE MIS 20GX1"	Pref	OTC
3ML SYRINGE MIS 21GX1"	Pref	
3ML SYRINGE MIS 21GX1"	Pref	OTC
3ML SYRINGE MIS 21GX1.5"	Pref	
3ML SYRINGE MIS 21GX1.5"	Pref	OTC
3ML SYRINGE MIS 22GX1.5"	Pref	
3ML SYRINGE MIS 22GX1.5"	Pref	OTC
3 ML SYRINGE MIS 22X1-1/2	Pref	OTC
3ML SYRINGE MIS 23GX1"	Pref	
3ML SYRINGE MIS 23GX1"	Pref	OTC
3ML SYRINGE MIS 23GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX5/8"	Pref	
3ML SYRINGE MIS 25GX5/8"	Pref	OTC
3ML SYRINGE MIS 27GX1.25	Pref	
1ML SYRINGE MIS 28GX1/2"	Pref	OTC
1ML SYRINGE MIS LUER LOC	Pref	OTC
1ML SYRINGE MIS LUER SLI	Pref	OTC
1ML SYRINGE MIS LUER SLP	Pref	
1ML SYRINGE MIS LUER SLP	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" - RX	Pref	
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Pref	
1ML TB SYRNG MIS 25GX1"	Pref	OTC
1ML TB SYRNG MIS 25GX5/8"	Pref	
1ML TB SYRNG MIS 25GX5/8"	Pref	OTC
1ML TB SYRNG MIS 27GX1/2"	Pref	
1ML TB SYRNG MIS 27GX1/2"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
1ML TB SYRNG MIS 28GX1/2"	Pref	
1ML TB SYRNG MIS 28GX1/2"	Pref	OTC
1ML TB SYRNG MIS LUER LOK	Pref	
1ML TB SYRNG MIS LUER SLP	Pref	
1ML TB SYRNG MIS REG LUER	Pref	
1ML TB SYRNG MIS REG LUER	Pref	OTC
ULTICARE MIS 30GX3/16	Pref	OTC; 90 day supply
ULTICARE MIS 30GX5/16	Pref	OTC; 90 day supply
ULTRA FLO MIS PEN NEED	Pref	OTC; 90 day supply
UNIFINE PLUS MIS 33GX5/32	Pref	OTC; 90 day supply
UNIFINE PNTP MIS 30GX3/16	Pref	OTC; 90 day supply
UNIFINE PNTP MIS 33GX4MM	Pref	OTC; 90 day supply

### **RESPIRATORY THERAPY SUPPLIES**

ADULT MASK MIS	Pref	
AEROBIKA MIS	Pref	
BREATHERITE MIS MDI CHMB	Pref	
EASY FLOW MIS BLCK/BLU	Pref	OTC
EASY FLOW MIS BLCK/ORG	Pref	OTC
EASY FLOW MIS BLCK/RED	Pref	OTC
EASY FLOW MIS BLCK/WHT	Pref	OTC
EASY FLOW MIS BLCK/YEL	Pref	OTC
EASY FLOW MIS WHT/BLUE	Pref	OTC
EASY FLOW MIS WHT/GREE	Pref	OTC
EASY FLOW MIS WHT/PINK	Pref	OTC
EASY FLOW MIS WHT/WHT	Pref	OTC
EASY FLOW MIS WHT/YELL	Pref	OTC
IN-CHK FLOW MIS METER	Pref	
NEBULIZER MIS CUP/TUBI	Pref	OTC
PARI MANUAL MIS INTERRUPT	Pref	
PARI TREK S KIT COMBO	Pref	
PEAK FLOW METER	Pref	OTC
PEAK FLOW METER- RX	Pref	
PFT FILTER MIS 1000	Pref	
PFT FILTER MIS 2000	Pref	
PFT FILTER MIS 3000	Pref	
PFT FILTER MIS 4000	Pref	
PFT FILTER MIS 5000	Pref	
PFT FILTER MIS 6000	Pref	
PFT FILTER MIS 7000	Pref	
PURE COMFORT MIS 3-BALL	Pref	OTC
QUAKE MIS	Pref	
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Pref	OTC



Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Pref	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Pref	OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Pref	
THRESHOLD MIS PEP	Pref	
VORTEX/MASK MIS CHILDS	Pref	
VORTEX/MASK MIS TODDLER	Pref	

## MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AIMOVIG INJ 70MG/ML	Non-Pref	PA; AGE (Min 18); CL
AIMOVIG INJ 140MG/ML	Non-Pref	PA; AGE (Min 18); CL
AJOVY INJ 225/1.5	Pref	PA; AGE (Min 18); CL
EMGALITY INJ 100MG/ML	Non-Pref	PA; AGE (Min 18); CL
EMGALITY INJ 120MG/ML	Pref	PA; AGE (Min 18); CL
NURTEC TAB 75MG ODT	Pref	PA; AGE (Min 18); CL
QULIPTA TAB 10MG	Non-Pref	PA; AGE (Min 18); CL
QULIPTA TAB 30MG	Non-Pref	PA; AGE (Min 18); CL
QULIPTA TAB 60MG	Non-Pref	PA; AGE (Min 18); CL
UBRELVY TAB 50MG	Non-Pref	PA; AGE (Min 18); CL
UBRELVY TAB 100MG	Non-Pref	PA; AGE (Min 18); CL

### **MIGRAINE COMBINATIONS**

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

## MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

TRUDHESA AER 0.725MG	Non-Pref	PA; CL
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### **SEROTONIN AGONISTS**

<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Non-Pref	PA
FROVA TAB 2.5MG	Non-Pref	PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA
IMITREX INJ 6MG/0.5	Non-Pref	PA
IMITREX SPR 5MG/ACT	Pref	
IMITREX SPR 20MG/ACT	Pref	
IMITREX TAB 25MG	Non-Pref	PA
IMITREX TAB 50MG	Non-Pref	PA
IMITREX TAB 100MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAXALT TAB 10MG	Non-Pref	PA
MAXALT-MLT TAB 10MG	Non-Pref	PA
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Non-Pref	PA
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Non-Pref	PA
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAX TAB 20MG	Non-Pref	PA
RELPAX TAB 40MG	Non-Pref	PA
REYVOW TAB 50MG	Non-Pref	PA; AGE (Min 18); CL
REYVOW TAB 100MG	Non-Pref	PA; AGE (Min 18); CL
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Pref	PA
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Pref	PA
<i>sumatriptan nasal spray 5 mg/act</i>	Pref	
<i>sumatriptan nasal spray 20 mg/act</i>	Pref	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Pref	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Pref	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Pref	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Pref	
<i>sumatriptan succinate tab 25 mg</i>	Pref	PA
<i>sumatriptan succinate tab 50 mg</i>	Pref	PA
<i>sumatriptan succinate tab 100 mg</i>	Pref	PA
TOSYMRA SOL 10MG	Non-Pref	PA
ZEMBRACE SYM INJ 3/0.5ML	Non-Pref	PA
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 5 mg</i>	Non-Pref	PA
ZOMIG SPR 2.5MG	Non-Pref	PA
ZOMIG SPR 5MG	Non-Pref	PA
ZOMIG TAB 2.5MG	Non-Pref	PA
ZOMIG TAB 5MG	Non-Pref	PA

## **MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

### **CALCIUM**

CALC ACETATE TAB 668MG	Non-Pref	PA, OTC
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i>	Pref	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	Pref	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg oys shell+d tab 250-125</i>	Pref	OTC
<i>oyst shell/d tab 250-125</i>	Pref	OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC
<b>ELECTROLYTE MIXTURES</b>		
BIOLYTE SOL BERRY	Pref	OTC
BIOLYTE SOL CITRUS	Pref	OTC
BIOLYTE SOL TROPICAL	Pref	OTC
CERASPORT SOL	Pref	OTC
CERASPORT SOL EX1	Pref	OTC
ENFAMIL SOL ENFALYTE	Pref	OTC
HYDRALATE SOL BERRY	Pref	OTC
HYDRALYTE SOL BERRY	Pref	OTC
HYDRALYTE SOL LEMONADE	Pref	OTC
HYDRALYTE SOL ORANGE	Pref	OTC
KINDERLYTE SOL	Pref	OTC
KINDERLYTE SOL PREMAX	Pref	OTC
<i>oral electrolyte solution</i>	Pref	OTC
<b>FLUORIDE</b>		
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	OTC

### **MAGNESIUM**

BEELITH TAB	Pref	OTC
MAG-G TAB 500MG	Pref	OTC
<i>magnesium ox tab 250mg</i>	Pref	OTC
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Pref	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Pref	OTC
<i>magnesium tab 250 mg</i>	Pref	OTC
<i>magnesium tab 400 mg</i>	Pref	OTC
<i>magnesium tab 500mg</i>	Pref	OTC
<i>magnesium-ox tab 400mg</i>	Pref	OTC
<i>mgo tab 400mg</i>	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC
<i>sm magnesium tab 250mg</i>	Pref	OTC

### **PHOSPHATE**

<i>phospho-trin tab k500</i>	Pref	
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	Pref	
<i>potassium &amp; sodium phosphates powder pack 280-160-250 mg</i>	Pref	OTC

### **POTASSIUM**

<i>klor-con 8 tab 8meq er</i>	Pref	90 day supply
<i>klor-con 10 tab 10meq er</i>	Pref	90 day supply
<i>potassium bicarbonate effer tab 25 meq</i>	Pref	
<i>potassium chloride cap er 8 meq</i>	Pref	90 day supply
<i>potassium chloride cap er 10 meq</i>	Pref	90 day supply
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Pref	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Pref	90 day supply
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Pref	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Pref	90 day supply
<i>potassium chloride tab er 8 meq (600 mg)</i>	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride tab er 10 meq</i>	Pref	90 day supply
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Pref	
<b>SODIUM</b>		
<i>sodium chloride tab 1 gm</i>	Pref	OTC
<b>ZINC</b>		
<i>orazinc cap 220mg</i>	Pref	OTC
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	Pref	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine tab 250 mg</i>	Pref	PA, QL (4 tabs every 1 day)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine tab 50 mg</i>	Pref	90 day supply
<i>cyclosporine modified cap 25 mg</i>	Pref	
<i>cyclosporine modified cap 100 mg</i>	Pref	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Pref	
ENSPRYNG INJ	Non-Pref	SP, PA; CL
<i>gengraf cap 25mg</i>	Pref	
<i>gengraf cap 100mg</i>	Pref	
<i>gengraf sol 100mg/ml</i>	Pref	
<i>mycophenolate mofetil cap 250 mg</i>	Pref	
<i>mycophenolate mofetil tab 500 mg</i>	Pref	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Pref	
<i>sirolimus oral soln 1 mg/ml</i>	Pref	
<i>sirolimus tab 0.5 mg</i>	Pref	
<i>sirolimus tab 2 mg</i>	Pref	
<i>tacrolimus cap 0.5 mg</i>	Pref	QL (2 caps every 1 day)
<i>tacrolimus cap 1 mg</i>	Pref	QL (8 caps every 1 day)
<i>tacrolimus cap 5 mg</i>	Pref	QL (4 caps every 1 day)
UPLIZNA SOL 100MG	Non-Pref	SP, PA; AGE (Min 18); CL
<b>IRRIGATION SOLUTIONS</b>		
<i>water for irrigation, sterile irrigation soln</i>	Pref	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate powder</i>	Pref	
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Pref	
<i>sore throat loz 15-2.6mg</i>	Pref	OTC
<i>sore throat loz 15-3.6mg</i>	Pref	OTC
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Non-Pref	PA
<i>nystatin susp 100000 unit/ml</i>	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chloraseptic spr 1.4%</i>	Pref	OTC
<i>chlorhexidine gluconate soln 0.12%</i>	Pref	
<i>ora relief spr 1.4%</i>	Pref	OTC
<i>oral relief spr 1.4%</i>	Pref	OTC
<i>oralseptic spr 1.4%</i>	Pref	OTC
<i>phenaseptic liq 1.4%</i>	Pref	OTC
<i>sore throat liq 1.4%</i>	Pref	OTC
<i>sore throat liq spr 1.4%</i>	Pref	OTC
<i>sore throat spr 1.4%</i>	Pref	OTC
<b>DENTAL PRODUCTS</b>		
<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sod fluoride gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dent pst 0.1%</i>	Pref	
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>b-complex + tab b-12</i>	Pref	OTC
<i>b-complex vitamin cap</i>	Pref	OTC
<i>b-complex vitamin tab</i>	Pref	OTC
<i>ra b-complex tab</i>	Pref	OTC
<i>ra b-complex tab w/b-12</i>	Pref	OTC
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg</i>	Pref	OTC
<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i>	Pref	
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i>	Pref	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg</i>	Pref	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i>	Pref	
<i>b-complex w/ c &amp; folic acid tab 5 mg- rx</i>	Pref	
<i>DIALYVIT 800 TAB ZINC 15</i>	Pref	OTC
<i>DIALYVITE TAB 800/ZINC</i>	Pref	OTC
<i>FULL SPECT TAB B/ VIT C</i>	Pref	OTC
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>multiple vitamins w/ iron tab</i>	Pref	OTC
<i>TAB-A-VITE TAB IRON/BET</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>a thru z chw select</i>	Pref	OTC
ABC COMPLETE TAB MENS 50+	Pref	OTC
ABC COMPLETE TAB SENIOR	Pref	OTC
ABC COMPLETE TAB WOMEN	Pref	OTC
ACTIVE 55 LIQ PLUS	Pref	OTC
ACTIVNUTRIEN CAP	Pref	OTC
ACTIVNUTRIEN CAP W/O IRON	Pref	OTC
ADEK CHW PLUS ZN	Pref	OTC
<i>adlt multivi chw gummies</i>	Pref	OTC
ADLT ONE DLY CHW GUMMIES	Pref	OTC
ADULT 50+ CAP EYE HLTH	Pref	OTC
ADULT 50+ CAP OCUVITE	Pref	OTC
ADV DIABETIC TAB MULTIVIT	Pref	OTC
<i>advanced chw multi ea</i>	Pref	OTC
<i>airborne chw</i>	Pref	OTC
AIRBORNE CHW	Pref	OTC
<i>airborne chw gummies</i>	Pref	OTC
<i>airborne chw immune</i>	Pref	OTC
<i>airborne chw kids</i>	Pref	OTC
AIRBORNE CHW KIDS	Pref	OTC
AIRBORNE+ CHW PROBIOTI	Pref	OTC
AIRBORNE+ CHW REST	Pref	OTC
AIRBORNE+NAT LIQ ENERGY	Pref	OTC
<i>airshield chw</i>	Pref	OTC
AIRSHIELD CHW IMMUNITY	Pref	OTC
ALGAE BASED TAB CALCIUM	Pref	OTC
ALIVE 50+ TAB ENERGY	Pref	OTC
ALIVE DAILY TAB WOMENS	Pref	OTC
ALIVE ENERGY TAB WOMENS	Pref	OTC
ALIVE HAIR CHW SKN/NAIL	Pref	OTC
ALIVE LIQ MULT-VIT	Pref	OTC
ALIVE MULTI CHW VITAMIN	Pref	OTC
ALIVE WOMENS CHW 50+	Pref	OTC
ALIVE WOMENS CHW GUMMY	Pref	OTC
ANTIOXIDANT TAB FORMULA	Pref	OTC
APPE-CURB CAP	Pref	OTC
AZO HORMONAL TAB HEALTH	Pref	OTC
BACMIN TAB	Pref	
BARIATRIC CAP MULTIVIT	Pref	OTC
BARIATRIC CHW FUSION	Pref	OTC
BASIC AM TAB	Pref	OTC
BASIC PM TAB	Pref	OTC
BIO-35 GLUTE CAP FREE	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIO-35 IRON CAP FREE	Pref	OTC
BIOCAL CAP	Pref	OTC
CAL-DAY 1000 TAB	Pref	OTC
CELEBRATE CAP 18	Pref	OTC
CELEBRATE CAP 36	Pref	OTC
CELEBRATE CAP 45	Pref	OTC
CELEBRATE CAP 60	Pref	OTC
CELEBRATE CHW 18	Pref	OTC
CELEBRATE CHW 36	Pref	OTC
CELEBRATE CHW 45	Pref	OTC
CELEBRATE CHW 60	Pref	OTC
CENT MATURE TAB ADLT 50+	Pref	OTC
CENTRAL-VITE TAB	Pref	OTC
CENTRAVITES TAB 50 PLUS	Pref	OTC
CENTRAVITES TAB ADULTS	Pref	OTC
CENTRUM 50+ CHW FRSH/FRU	Pref	OTC
CENTRUM CHW ADULTS	Pref	OTC
CENTRUM CHW FLAV BST	Pref	OTC
CENTRUM CHW SILVER	Pref	OTC
CENTRUM CHW VITAMINT	Pref	OTC
CENTRUM MINI TAB WOMEN 50	Pref	OTC
CENTRUM MULT CHW OMEGA 3	Pref	OTC
CENTRUM SPEC TAB HEART	Pref	OTC
CENTRUM SPEC TAB IMMUNE	Pref	OTC
CENTRUM SPEC TAB VISION	Pref	OTC
CENTRUM TAB CARDIO	Pref	OTC
CENTRUM TAB MEN	Pref	OTC
CENTRUM TAB SILVER	Pref	OTC
CENTRUM TAB ULTRA	Pref	OTC
CERTAVITE TAB SENIOR	Pref	OTC
CERTAVITE/ TAB ANTIOXID	Pref	OTC
CHOICEFUL CAP MULTIVIT	Pref	OTC
CHOICEFUL CHW MULTIVIT	Pref	OTC
CULTURELLE CHW MULTIVIT	Pref	OTC
<i>cvs daily chw gummies</i>	Pref	OTC
CVS VISION CAP HEALTH	Pref	OTC
DECUBI-VITE CAP	Pref	OTC
DEKAS CHW BARIATRI	Pref	OTC
DEKAS PLUS CAP	Pref	OTC
DEKAS PLUS CAP OCEAN	Pref	OTC
DEKAS PLUS CHW	Pref	OTC
DERMAVITE TAB	Pref	OTC
DIALYVITE TAB SUPREM D	Pref	
EMERGEN-C CHW IMMUNE/D	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMERGEN-C CHW VITA C	Pref	OTC
EQ COMPLETE TAB ADULT	Pref	OTC
EQ ONE DAILY TAB MENS	Pref	OTC
EQ ONE DAILY TAB WOMENS	Pref	OTC
EQL CENTURY TAB MENS	Pref	OTC
EQL CENTURY TAB WOMENS	Pref	OTC
ESTROVEN MEN TAB SUPPLEM	Pref	OTC
EYE HEALTH CAP	Pref	OTC
EYE HEALTH CAP ADLT 50+	Pref	OTC
EYE HEALTH TAB LUTEIN	Pref	OTC
EYE MULTIVIT CAP	Pref	OTC
EYE MULTIVIT CAP LUTEIN	Pref	OTC
EYE MULTIVIT TAB SODIUM	Pref	OTC
FITNESS TABS TAB MEN	Pref	OTC
FITNESS TABS TAB WOMEN	Pref	OTC
FREEDAVITE TAB	Pref	OTC
GENADEK CAP STEP 1	Pref	OTC
GENADEK CAP STEP 2	Pref	OTC
GERI-FREEDA TAB SENIOR	Pref	OTC
HAIR SKIN & TAB NAILS AD	Pref	OTC
HAIR/SKIN/ CAP NAILS	Pref	OTC
HEALTHY EYES CAP SUPERVIS	Pref	OTC
HI POT MV/ TAB BETA-CAR	Pref	OTC
HIGH POTENCY TAB MV/FA	Pref	OTC
HM COMPLETE TAB MEN	Pref	OTC
HM HAIR/SKIN TAB /NAILS	Pref	OTC
ICAPS AREDS TAB FORMULA	Pref	OTC
IMMUNE CHW SUPPORT	Pref	OTC
K-PAX TAB PROF ST	Pref	OTC
LIVER DETOX TAB	Pref	OTC
LUTEIN PLUS TAB ZEAXANTH	Pref	OTC
MEGA MULTI TAB MEN	Pref	OTC
MEGA MULTI TAB WOMEN	Pref	OTC
MEGAVITE TAB FRT/VEG	Pref	OTC
MEGAVITE TAB GOLD 55+	Pref	OTC
MENS 50+ CAP ADVANCED	Pref	OTC
<i>mens daily chw gummies</i>	Pref	OTC
MENS MULTI CHW	Pref	OTC
MENS MULTI TAB VIT/MIN	Pref	OTC
MENS MULTIPL TAB	Pref	OTC
MOOD FOOD ES CAP	Pref	OTC
<i>multi adult chw gummies</i>	Pref	OTC
<i>multi gummie chw mens</i>	Pref	OTC
<i>multi gummie chw womens</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MULTI VITAMN TAB MINERALS	Pref	OTC
<i>multi+omega3 chw adult</i>	Pref	OTC
MULTI-BETIC TAB DIABETES	Pref	OTC
<i>multi-vitami chw gummies</i>	Pref	OTC
MULTI-VITAMI TAB MONOCAPS	Pref	OTC
MULTI-VITE LIQ	Pref	OTC
<i>multiple vitamins w/ minerals cap</i>	Pref	OTC
<i>multiple vitamins w/ minerals cap- rx</i>	Pref	
<i>multiple vitamins w/ minerals liquid</i>	Pref	OTC
<i>multiple vitamins w/ minerals tab</i>	Pref	OTC
<i>multiple vitamins w/ minerals tab- rx</i>	Pref	
MULTITAM TAB	Pref	
<i>multivi adlt chw gummies</i>	Pref	OTC
MULTIVITAMIN CHW ADLT GUM	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC
MULTIVITAMIN TAB ADULTS	Pref	OTC
MULTIVITAMIN TAB MEN	Pref	OTC
MULTIVITAMIN TAB WOMEN	Pref	OTC
MULTIVITAMIN TAB ZINC STR	Pref	OTC
MVW COMPLETE CAP D3000	Pref	OTC
MVW COMPLETE CAP D5000	Pref	OTC
MVW COMPLETE CAP FORMULAT	Pref	OTC
MVW COMPLETE CAP MINIS	Pref	OTC
NAT-RUL THER TAB M	Pref	OTC
NATRUL-VITES TAB	Pref	OTC
NUTRICAP TAB	Pref	
OCUHEALTH CAP VISION 2	Pref	OTC
OCULAR TAB VITAMINS	Pref	OTC
OCUVITE CAP ADULT	Pref	OTC
<i>ocuvite eye chw heath</i>	Pref	OTC
OCUVITE LUTE CAP	Pref	OTC
ONCOVITE TAB	Pref	OTC
ONE A DAY CHW IMMUNITY	Pref	OTC
ONE A DAY CHW WOMENS	Pref	OTC
ONE DAILY CHW ADLT GUM	Pref	OTC
ONE DAILY MN TAB W/O IRON	Pref	OTC
ONE DAILY MV TAB WOMENS	Pref	OTC
ONE DAILY TAB MENS	Pref	OTC
ONE DAILY TAB MENS 50+	Pref	OTC
ONE DAILY TAB WMNS 50+	Pref	OTC
ONE DAILY TAB WOMENS	Pref	OTC
ONE-A-DAY CHW IMMUNITY	Pref	OTC
ONE-A-DAY CHW VITACRAV	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONE-A-DAY TAB 50+ ADV	Pref	OTC
ONE-A-DAY TAB 50+ MENS	Pref	OTC
ONE-A-DAY TAB 50+ WMN	Pref	OTC
ONE-A-DAY TAB 65+	Pref	OTC
ONE-A-DAY TAB ENERGY	Pref	OTC
ONE-A-DAY TAB MENOPAUS	Pref	OTC
ONE-A-DAY TAB MENS	Pref	OTC
ONE-A-DAY TAB PROEDGE	Pref	OTC
ONE-A-DAY TAB TEEN/HIM	Pref	OTC
ONE-A-DAY TAB WOMENS	Pref	OTC
ONE-DAILY CAP MULTI	Pref	OTC
OPTIFAST POS CHW BARIATRI	Pref	OTC
OPTIMUM CHW AIRVITES	Pref	OTC
OPTISOURCE CHW BARIATRC	Pref	OTC
OPURITY CHW BYPASS	Pref	OTC
OPURITY TAB	Pref	OTC
OSTEOPRIME TAB PLUS	Pref	OTC
PARVLEX TAB	Pref	OTC
PHYTOMULTI TAB	Pref	OTC
PORENAL+D CAP OMEGA 3	Pref	OTC
PRESERVISION CAP AREDS	Pref	OTC
PRESERVISION CAP AREDS 2	Pref	OTC
PRESERVISION CAP LUTEIN	Pref	OTC
PRESERVISION CHW AREDS 2	Pref	OTC
PRESERVISION TAB AREDS	Pref	OTC
PRO-CAL TAB	Pref	OTC
PROCERV HP TAB	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D CAP OMEGA-3	Pref	OTC
PRORENAL+D TAB	Pref	OTC
PROTECT CAP CARDIO	Pref	OTC
PROTECT CAP PLUS SO	Pref	OTC
PROTEGRA CAP	Pref	OTC
PROVIT TAB	Pref	OTC
QC MULTI-VIT TAB	Pref	OTC
QUIN B TAB STRONG	Pref	OTC
QUINTABS-M TAB	Pref	OTC
RENAPLEX-D TAB	Pref	OTC
SENTRY SENIO TAB LUTEIN	Pref	OTC
SENTRY TAB	Pref	OTC
SENTRY TAB SENIOR	Pref	OTC
SM ONE DAILY TAB MENS	Pref	OTC
SM ONE DAILY TAB WOMENS	Pref	OTC
SOLO TAB	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPECTRAVITE CHW ADLT 50+	Pref	OTC
SPECTRAVITE CHW WOMEN	Pref	OTC
SPECTRAVITE TAB	Pref	OTC
SPECTRAVITE TAB ADLT 50+	Pref	OTC
SPECTRAVITE TAB ADULTS	Pref	OTC
SPECTRAVITE TAB MEN 50+	Pref	OTC
SPECTRAVITE TAB ULT MEN	Pref	OTC
SPECTRAVITE TAB ULT WMN	Pref	OTC
SUPER ANTIOX CAP	Pref	OTC
SYSTANE ICAP CHW AREDS2	Pref	OTC
SYSTANE ICAP TAB AREDS2	Pref	OTC
T-VITES TAB	Pref	OTC
THERA M PLUS TAB	Pref	OTC
THERA-M TAB	Pref	OTC
THERA-TABS M TAB	Pref	OTC
THERABETIC TAB MULTIVIT	Pref	OTC
THERAGRAN-M TAB	Pref	OTC
THERAGRAN-M TAB 50 PLUS	Pref	OTC
THERAGRAN-M TAB ADVANCED	Pref	OTC
THERAGRAN-M TAB PREMIER	Pref	OTC
THERAMILL CAP FORTE	Pref	OTC
THERANATAL CAP LACTATIO	Pref	OTC
THEREMS-M TAB	Pref	OTC
UDAMIN SP TAB	Pref	
ULTRA POTENC TAB WOMEN 50	Pref	OTC
VISION HEALT CAP	Pref	OTC
VISTA ADVAN CAP AREDS2	Pref	OTC
VISTA ADVAN CAP DRY EYE	Pref	OTC
VITABEX CAP	Pref	OTC
VITABEX PLUS CAP	Pref	OTC
VITACRAVES CHW GUMMIES	Pref	OTC
VITACRAVES CHW IMMUNITY	Pref	OTC
VITACRAVES CHW MENS	Pref	OTC
VITACRAVES CHW SOUR GUM	Pref	OTC
VITACRAVES CHW WOMENS	Pref	OTC
VITAMIN D3 TAB COMPLETE	Pref	OTC
VITASANA TAB	Pref	OTC
<i>vitatum chw</i>	Pref	OTC
VITATRUM TAB	Pref	OTC
VITEYES CAP CLASSIC	Pref	OTC
VITEYES CLAS CAP ADV	Pref	OTC
VITEYES CLAS CAP ADVANCED	Pref	OTC
VITEYES CLAS CAP MAC SUPP	Pref	OTC
VITEYES CLAS CAP OMEGA-3	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
VITEYES CLAS TAB MULTIVIT	Pref	OTC
VITEYES OPTI TAB NERV SUP	Pref	OTC
VITRUM 50+ TAB ADT- MUL	Pref	OTC
VITRUM TAB ADULT	Pref	OTC
VITRUM TAB SENIOR	Pref	OTC
WAL-BORN CHW VIT C	Pref	OTC
WMNS MULTIVI CHW +COLLAGE	Pref	OTC
<i>womens daily chw gummies</i>	Pref	OTC
WOMENS MULT CHW GUMMIES	Pref	OTC
WOMENS MULTI TAB VIT/MIN	Pref	OTC
YELETS TEEN TAB FORMULA	Pref	OTC
YOUR LIFE CHW GUMMIES	Pref	OTC

### **MULTIVITAMINS - DRUGS FOR NUTRITION**

DAILY MULTI TAB VITAMINS	Pref	OTC
ESTROFACTORS TAB	Pref	OTC
HIGH POTENCY TAB MULTIVIT	Pref	OTC
MULTI VITAMI TAB	Pref	OTC
MULTI VITAMI TAB D-3	Pref	OTC
<i>multiple vitamin tab</i>	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC
NEOMULTIVITE TAB	Pref	OTC
OMNICAP TAB	Pref	OTC
ONE DAILY TAB ESSENTL	Pref	OTC
QUINTABS TAB	Pref	OTC
THERA TAB	Pref	OTC
THEREMS TAB MULTIVIT	Pref	OTC

### **PED MV W/ FLUORIDE**

FLORIVA DRO PLUS	Pref	
MULTIV+FLUOR CHW 0.5MG	Pref	OTC
MULTIV+FLUOR CHW 0.25MG	Pref	OTC
MULTIV+FLUOR CHW 1MG	Pref	OTC
MULTIVIT/FL CHW 0.5MG	Pref	OTC
MULTIVIT/FL CHW 0.25MG	Pref	OTC
MULTIVIT/FL CHW 1MG	Pref	OTC
<i>multivit/fl dro 0.25mg</i>	Pref	OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Pref	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Pref	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Pref	
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POLY-VI-FLOR CHW 0.5MG	Pref	
POLY-VI-FLOR CHW 0.25MG	Pref	
POLY-VI-FLOR CHW 1MG	Pref	
QUFLORA PED DRO 0.25MG	Pref	
<b>PED MV W/ IRON</b>		
<i>animal shape chw complete</i>	Pref	OTC
<i>cerovite jr chw</i>	Pref	OTC
<i>chewable chw children</i>	Pref	OTC
<i>child vitami chw</i>	Pref	OTC
<i>childrens chw complete</i>	Pref	OTC
<i>chld mltivit chw /mineral</i>	Pref	OTC
<i>compl multiv chw childrns</i>	Pref	OTC
<i>cvs children chw complete</i>	Pref	OTC
<i>flintstones chw complete</i>	Pref	OTC
<i>flintstones chw w/iron</i>	Pref	OTC
MULTI/IRON/ DRO 11MG/ML	Pref	OTC
MULTI/IRON/ DRO INF/TODD	Pref	OTC
MULTIVITAMIN CHW IRON	Pref	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Pref	OTC
POLY-VI-SOL SOL IRON	Pref	OTC
POLY-VITE SOL IRON	Pref	OTC
<i>qc childrens chw complete</i>	Pref	OTC
<i>sm animal sh chw complete</i>	Pref	OTC
<i>ultra choice chw kids</i>	Pref	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>animal chews chw</i>	Pref	OTC
<i>bite-a-mins chw</i>	Pref	OTC
<i>child chew chw vitamins</i>	Pref	OTC
<i>child chew/ chw extra c</i>	Pref	OTC
<i>children vit chw</i>	Pref	OTC
<i>childrens chw multivit</i>	Pref	OTC
<i>childrens chw vitamins</i>	Pref	OTC
<i>culturelle chw</i>	Pref	OTC
<i>culturelle chw kids</i>	Pref	OTC
<i>flintstones chw multivit</i>	Pref	OTC
<i>flintstones chw my first</i>	Pref	OTC
<i>flintstones chw omega-3</i>	Pref	OTC
<i>flintstones chw pls calc</i>	Pref	OTC
<i>fruity chews chw</i>	Pref	OTC
<i>gerber grow chw mighty</i>	Pref	OTC
<i>gerber lil chw brainies</i>	Pref	OTC
<i>gnp little chw ones</i>	Pref	OTC
<i>kids probiot chw multivit</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>land bfr tim chw vit/c</i>	Pref	OTC
<i>little chw animals</i>	Pref	OTC
MULTIV INFAN DRO /TODDLER	Pref	OTC
<i>multivitamin chw children</i>	Pref	OTC
MULTIVITAMIN DRO INFANT	Pref	OTC
PED POLY-VIT DRO	Pref	OTC
POLY-VI-SOL SOL 50MG/ML	Pref	OTC
POLY-VITA DRO	Pref	OTC
POLY-VITE DRO	Pref	OTC
POLY-VITE SOL 50MG/ML	Pref	OTC
<i>qc childrens chw extra c</i>	Pref	OTC
<i>sm animal chw shapes</i>	Pref	OTC
<i>zoo friends chw extra c</i>	Pref	OTC

### **PRENATAL VITAMINS**

COMPLETENATE CHW	Pref	
PRENATABS FA TAB 29-1MG	Pref	OTC
PRENATAL 19 TAB	Pref	OTC
PRENATAL CAP FORMULA	Pref	OTC
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Pref	
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Pref	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG	Pref	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Pref	
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Pref	OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	Pref	
SE-NATAL 19 CHW	Pref	
SE-NATAL 19 TAB	Pref	
THRIVITE RX TAB 29-1MG	Pref	
TRINATAL RX TAB 1	Pref	
VINATE ONE TAB	Pref	
VITAFOL-OB TAB 65-1MG	Pref	

### **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

#### **CENTRAL MUSCLE RELAXANTS**

AMRIX CAP 15MG	Non-Pref	PA
AMRIX CAP 30MG	Non-Pref	PA
<i>baclofen oral soln 5 mg/5ml</i>	Pref	
<i>baclofen tab 5 mg</i>	Pref	
<i>baclofen tab 10 mg</i>	Pref	
<i>baclofen tab 20 mg</i>	Pref	
<i>carisoprodol tab 250 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carisoprodol tab 350 mg</i>	Pref	PA
<i>chlorzoxazone tab 250 mg</i>	Pref	
<i>chlorzoxazone tab 375 mg</i>	Pref	
<i>chlorzoxazone tab 500 mg</i>	Pref	
<i>chlorzoxazone tab 750 mg</i>	Pref	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Pref	
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	
<i>fexmid tab 7.5mg</i>	Non-Pref	PA
FLEQSUVY SUS 25MG/5ML	Non-Pref	PA
<i>lorzone tab 375mg</i>	Non-Pref	PA
<i>lorzone tab 750mg</i>	Non-Pref	PA
LYVISPAH GRA 5MG	Non-Pref	PA
LYVISPAH GRA 10MG	Non-Pref	PA
LYVISPAH GRA 20MG	Non-Pref	PA
<i>metaxalone tab 400 mg</i>	Non-Pref	PA
<i>metaxalone tab 800 mg</i>	Non-Pref	PA
<i>methocarbamol tab 500 mg</i>	Pref	
<i>methocarbamol tab 750 mg</i>	Pref	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Pref	
SOMA TAB 250MG	Non-Pref	PA
SOMA TAB 350MG	Non-Pref	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Pref	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Pref	PA
ZANAFLEX CAP 2MG	Non-Pref	PA
ZANAFLEX CAP 4MG	Non-Pref	PA
ZANAFLEX CAP 6MG	Non-Pref	PA
ZANAFLEX TAB 4MG	Non-Pref	PA
<b><i>DIRECT MUSCLE RELAXANTS</i></b>		
DANTRIUM CAP 25MG	Non-Pref	PA
<i>dantrolene sodium cap 25 mg</i>	Pref	PA
<i>dantrolene sodium cap 50 mg</i>	Pref	
<i>dantrolene sodium cap 100 mg</i>	Pref	
<b><i>MUSCLE RELAXANT COMBINATIONS</i></b>		
NORGESIC TAB FORTE	Non-Pref	PA
<b><i>VISCOSUPPLEMENTS</i></b>		
EUFLEXXA INJ 10MG/ML	Pref	PA



Drug Name	Drug Tier	Requirements/Limits
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Non-Pref	PA; AGE (Min 6)
DYMISTA SPR 137-50	Non-Pref	PA; AGE (Min 6)
<b>NASAL AGENTS - MISC.</b>		
AYR NASAL DRO 0.65%	Pref	OTC
<i>ayr saline gel nasal</i>	Pref	OTC
<i>nasogel gel</i>	Pref	OTC
<i>saline nasal gel</i>	Pref	OTC
<i>saline nasal spray 0.65%</i>	Pref	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Non-Pref	PA
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Pref	OTC
<i>olopatadine hcl nasal soln 0.6%</i>	Non-Pref	PA
PATANASE SPR 0.6%	Non-Pref	PA
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Pref	QL (2 mL every 1 day)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Pref	QL (2 mL every 1 day)
<b>NASAL STEROIDS</b>		
<i>allergy relf spr 50mcg</i>	Pref	OTC
<i>allergy relf spr 50mcg</i>	Non-Pref	PA, OTC
<i>allgy relief spr 50mcg</i>	Pref	OTC
BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Non-Pref	PA, OTC
FLONASE SENS SUS 27.5MCG	Pref	OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	OTC
<i>fluticasone sus 50mcg</i>	Pref	OTC
<i>24 hr nasal spr allergy</i>	Pref	PA, OTC
<i>24 hr nasal spr allergy</i>	Non-Pref	PA, OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
<i>nasal allrgy spr 55mcg/ac</i>	Pref	PA, OTC
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Pref	PA, OTC

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

### **SYMPATHOMIMETIC DECONGESTANTS**

<i>oxymetazoline hcl nasal soln 0.05%</i>	Pref	OTC
<i>phenylephrine hcl tab 10 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Pref	OTC

### **NUTRIENTS - DRUGS FOR NUTRITION**

#### **CARBOHYDRATES**

<i>dextrose inj 5%</i>	Pref	
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#### **MISC. NUTRITIONAL SUBSTANCES**

OMEGA-3 CAP 1400MG	Pref	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Pref	OTC

#### **PROTEINS**

<i>nac 600 cap</i>	Pref	OTC
<i>nac cap 600mg</i>	Pref	OTC

### **OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS**

#### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>artificial tear ophth solution</i>	Pref	OTC
<i>biolle gel 1%</i>	Pref	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	Pref	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Pref	OTC
<i>dry eye relf dro 0.4-0.3%</i>	Pref	OTC
<i>dry eye relf gel 1%</i>	Pref	OTC
<i>eye drops dro 0.5-0.9%</i>	Pref	OTC
GENTEAL GEL 0.3%	Pref	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	Pref	OTC
<i>lubr/dry eye dro 0.5-0.9%</i>	Pref	OTC
<i>lubricant dro eye 0.6%</i>	Pref	OTC
<i>lubricnt eye dro 0.6%</i>	Pref	OTC
<i>lubricnt gel dro 1%</i>	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>refresh cell gel 1% op</i>	Pref	OTC
REFRESH DRO OP	Pref	OTC
REFRESH DRO RELIEVA	Pref	OTC
REFRESH GEL OPTIVE	Pref	OTC
REFRESH OPT SOL MEGA-3	Pref	OTC
REFRESH OPTI DRO 0.5-0.9%	Pref	OTC
REFRESH SOL DIGITAL	Pref	OTC
REFRESH SOL OPTIVE	Pref	OTC
<i>theratears gel 1% oph</i>	Pref	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Pref	OTC

### **BETA-BLOCKERS - OPHTHALMIC**

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

### **CHOLINERGIC AGONISTS**

TYRVAYA SOL 0.03MG	Non-Pref	PA; CL
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Drug Name	Drug Tier	Requirements/Limits
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine sulfate ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 1%</i>	Pref	
ISOPTO ATROP SOL 1% OP	Pref	
<i>tropicamide ophth soln 1%</i>	Pref	
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP	Non-Pref	PA
<i>pilocarpine hcl ophth soln 1%</i>	Pref	
<i>pilocarpine hcl ophth soln 2%</i>	Pref	
<i>pilocarpine hcl ophth soln 4%</i>	Pref	
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
ALPHAGAN P SOL 0.1%	Pref	
ALPHAGAN P SOL 0.15%	Pref	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Non-Pref	PA
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	
<i>brimonidine tartrate ophth soln 0.15%</i>	Pref	
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Non-Pref	PA
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Pref	
<i>bacitracin-polymyxin b ophth oint</i>	Pref	
BESIVANCE SUS 0.6%	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Pref	
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	
<i>gatifloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>gentak oin 0.3% op</i>	Pref	
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	
<i>levofloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Pref	PA
<i>neo-polycin oin op</i>	Non-Pref	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Non-Pref	PA
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Non-Pref	PA
OCUFLOX DRO 0.3% OP	Non-Pref	PA
<i>ofloxacin ophth soln 0.3%</i>	Pref	PA
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
POLYTRIM SOL OP	Non-Pref	PA
<i>sulfacetamide sodium ophth oint 10%</i>	Non-Pref	PA
<i>sulfacetamide sodium ophth soln 10%</i>	Non-Pref	PA
<i>tobramycin ophth soln 0.3%</i>	Pref	
TOBEX OIN 0.3% OP	Non-Pref	PA
VIGAMOX DRO 0.5%	Non-Pref	PA
ZYMAXID SOL 0.5%	Non-Pref	PA

### **OPHTHALMIC DECONGESTANTS**

<i>cvs eye dro original</i>	Pref	OTC
<i>eq eye drops sol 0.05% op</i>	Pref	OTC
<i>eq eye drop sol 0.05% op</i>	Pref	OTC
<i>eye drops sol 0.05% op</i>	Pref	OTC
<i>gnp eye drop sol 0.05% op</i>	Pref	OTC
<i>hm eye drops sol 0.05% op</i>	Pref	OTC
<i>qc eye drops dro 0.05%</i>	Pref	OTC
<i>redness reli sol eye drop</i>	Pref	OTC
<i>sm eye drops sol 0.05% op</i>	Pref	OTC
<i>sterile eye sol 0.05% op</i>	Pref	OTC

### **OPHTHALMIC IMMUNOMODULATORS**

CEQUA SOL 0.09%	Non-Pref	PA; CL
<i>cyclosporine (ophth) emulsion 0.05%</i>	Non-Pref	PA; CL
RESTASIS EMU 0.05% OP	Pref	CL
RESTASIS MUL EMU 0.05% OP	Pref	CL

### **OPHTHALMIC INTEGRIN ANTAGONISTS**

XIIDRA DRO 5%	Pref	CL
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### **OPHTHALMIC KINASE INHIBITORS**

RHOPRESSA SOL 0.02%	Pref	
ROCKLATAN DRO	Pref	

### **OPHTHALMIC LOCAL ANESTHETICS**

<i>proparacaine hcl ophth soln 0.5%</i>	Pref	
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### **OPHTHALMIC STEROIDS**

ALREX SUS 0.2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
BLEPHAMIDE OIN S.O.P.	Non-Pref	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Non-Pref	PA
<i>difluprednate ophth emulsion 0.05%</i>	Non-Pref	PA
DUREZOL EMU 0.05%	Pref	PA
EYSUVIS DRO 0.25%	Non-Pref	PA, QL (8.3 mL every 72 days); CL
FLAREX SUS 0.1% OP	Non-Pref	PA
<i>fluorometholone ophth susp 0.1%</i>	Pref	PA
FML FORTE SUS 0.25% OP	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FML LIQUIFLM SUS 0.1% OP	Non-Pref	PA
FML OIN 0.1% OP	Non-Pref	PA
INVELTYS SUS 1%	Non-Pref	PA
LOTEMAX GEL 0.5%	Non-Pref	PA
LOTEMAX OIN 0.5%	Non-Pref	PA
LOTEMAX SM GEL 0.38%	Non-Pref	PA
LOTEMAX SUS 0.5%	Non-Pref	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Pref	
<i>loteprednol etabonate ophth susp 0.5%</i>	Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA
<i>neo-polycin oin hc 1%op</i>	Non-Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Pref	PA
<i>neomycin-polymyxin-hc ophth susp</i>	Non-Pref	PA
PRED FORTE SUS 1% OP	Non-Pref	PA
PRED MILD SUS 0.12% OP	Non-Pref	PA
PRED SOD PHO SOL 1% OP	Non-Pref	PA
PRED-G S.O.P OIN OP	Non-Pref	PA
PRED-G SUS OP	Non-Pref	PA
<i>prednisolone acetate ophth susp 1%</i>	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
TOBRADEX OIN 0.3-0.1%	Pref	
TOBRADEX ST SUS 0.3-0.05	Non-Pref	PA
TOBRADEX SUS 0.3-0.1%	Pref	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Pref	
ZYLET SUS 0.5-0.3%	Non-Pref	PA
<b>OPHTHALMICS - MISC.</b>		
ACULAR LS SOL 0.4%	Non-Pref	PA
ACULAR SOL 0.5% OP	Non-Pref	PA
ACUVAIL SOL 0.45%	Non-Pref	PA
ALOCRIAL SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>altachlore oin 5% op</i>	Pref	OTC
<i>azelastine hcl ophth soln 0.05%</i>	Pref	
AZOPT SUS 1% OP	Pref	
<i>bepotastine besilate ophth soln 1.5%</i>	Non-Pref	PA
BEPREVE DRO 1.5%	Non-Pref	PA
<i>brinzolamide ophth susp 1%</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	
<i>dorzolamide hcl ophth soln 2%</i>	Pref	
<i>epinastine hcl ophth soln 0.05%</i>	Pref	
<i>eye allergy sol itch rel</i>	Pref	OTC
<i>eye allergy sol itch/red</i>	Pref	OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
<i>gnp olopatad sol 0.2%</i>	Pref	OTC
ILEVRO DRO 0.3% OP	Non-Pref	PA
<i>ketorolac tromethamine ophth soln 0.4%</i>	Pref	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Pref	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	OTC
NEVANAC SUS 0.1%	Non-Pref	PA
<i>olopatadine dro 0.1% op</i>	Pref	OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	OTC
PATADAY SOL 0.1%	Non-Pref	PA, OTC
PATADAY SOL 0.2%	Non-Pref	PA, OTC
PATADAY SOL 0.7%	Non-Pref	PA, OTC
PROLENSA SOL 0.07%	Non-Pref	PA
<i>sod chloride oin 5% op</i>	Pref	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Pref	OTC
TRUSOPT SOL 2% OP	Non-Pref	PA
ZADITOR DRO 0.025%OP	Pref	OTC
ZERVIAE DRO 0.24%	Non-Pref	PA
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	Non-Pref	PA
<i>latanoprost ophth soln 0.005%</i>	Pref	PA
LUMIGAN SOL 0.01%	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Pref	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Pref	
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA
XELPROS EMU 0.005%	Non-Pref	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIOPTAN DRO 0.0015%	Non-Pref	PA
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	Pref	
<i>carbamide peroxide 6.5% otic soln</i>	Pref	OTC
<b>OTIC ANTI-INFECTIVES</b>		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non-Pref	PA
<i>ofloxacin otic soln 0.3%</i>	Pref	
<b>OTIC COMBINATIONS</b>		
CIPRO HC SUS OTIC	Non-Pref	PA
CIPRODEX SUS 0.3-0.1%	Pref	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Non-Pref	PA
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Non-Pref	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Pref	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Pref	
<b>OTIC STEROIDS</b>		
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b>		
<i>methergine tab 0.2mg</i>	Pref	QL (6 tabs every 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (6 tabs every 1 day)
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	
<i>penicillin v potassium tab 250 mg</i>	Pref	
<i>penicillin v potassium tab 500 mg</i>	Pref	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Pref	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Pref	

**PENICILLINASE-RESISTANT PENICILLINS**

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

**PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING**

**FLAVORING AGENTS**

ALMOND OIL LIQ BITTER	Pref	
ANISE EXTRAC LIQ FLAVOR	Pref	
APPLE FLAVOR LIQ	Pref	
APPLE FLAVOR LIQ	Pref	OTC
APRICOT LIQ FLAVOR	Pref	
BACON FLAVOR LIQ	Pref	
BACON FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ NATURAL	Pref	OTC
BANANA CREAM LIQ FLAVOR	Pref	
BANANA CREAM LIQ FLAVOR	Pref	OTC
BANANA CREME LIQ FLAVOR	Pref	
BANANA CREME LIQ FLAVOR	Pref	OTC
BANANA LIQ FLAVOR	Pref	
BANANA LIQ FLAVOR	Pref	OTC
BEEF BRAISED LIQ FLAVOR	Pref	OTC
BEEF FLAVOR LIQ	Pref	
BEEF FLAVOR LIQ	Pref	OTC
BEEF FLAVOR LIQ NATURAL	Pref	
BEEF FLAVOR LIQ NATURAL	Pref	OTC
BEEF FLAVOR LIQ OIL SOLU	Pref	OTC
BEEF LIQ FLAVOR	Pref	
BEEF TYPE LIQ FLAVR OS	Pref	
BITTER MASK LIQ FLAVOR	Pref	
BITTER MASK LIQ FLAVOR	Pref	OTC
BITTER STOP LIQ FLAVOR	Pref	
BITTERNESS LIQ SUPPRESS	Pref	OTC
BITTERNESS LIQ SUPRESSO	Pref	
BLACKBERRY LIQ FLAVOR	Pref	
BLOOD ORANGE LIQ OS	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BLUEBERRY LIQ FLAVOR	Pref	
BLUEBERRY LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ CONCENTR	Pref	
BUBBLE GUM LIQ CONCENTR	Pref	OTC
BUBBLE GUM LIQ FLAVOR	Pref	
BUBBLE GUM LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ OS	Pref	OTC
BUBBLE GUM LIQ WS	Pref	OTC
BUBBLEGUM LIQ FLAVOR	Pref	OTC
BUTTER LIQ FLAVOR	Pref	
BUTTER RUM LIQ FLAVOR	Pref	
BUTTERSCOTCH LIQ FLAVOR	Pref	
BUTTERSCOTCH LIQ FLAVOR	Pref	OTC
CARAMEL LIQ FLAVOR	Pref	
CARAMEL LIQ FLAVOR	Pref	OTC
CARAMEL OS LIQ	Pref	OTC
CHCK FLAVOR LIQ OIL MISC	Pref	OTC
CHCK FLAVOR LIQ OIL SOLU	Pref	
CHCK FLAVOR LIQ WTR MISC	Pref	
CHEESECAKE LIQ FLAVOR	Pref	
CHEESECAKE LIQ FLAVOR	Pref	OTC
CHERRY LIQ FLAVOR	Pref	
CHERRY LIQ FLAVOR	Pref	OTC
CHICKEN LIQ FLAVOR	Pref	OTC
CHICKEN LIQ ROASTED	Pref	OTC
CHOC HAZELNT LIQ FLAVOR	Pref	
CHOCOLATE LIQ FLAVOR	Pref	
CHOCOLATE LIQ FLAVOR	Pref	OTC
COCONUT LIQ FLAVOR	Pref	
COFFEE LIQ FLAVOR	Pref	
COLA FLAVOR LIQ	Pref	
COTTON CANDY LIQ FLAVOR	Pref	
COTTON CANDY LIQ FLAVOR	Pref	OTC
CRAN-RASPBER LIQ FLAVOR	Pref	
CREME DE MNT LIQ FLAVOR	Pref	
CREME DEMENT LIQ FLAVOR	Pref	
CREME DEMENT LIQ FLAVOR	Pref	OTC
CREME OS LIQ	Pref	OTC
ENG TOFFEE LIQ FLAVOR	Pref	
EUGENOL LIQ FLAVOR	Pref	
FISH FLAVOR LIQ	Pref	
FLAVORX LIQ	Pref	OTC
GRAPE CONCOR LIQ OS	Pref	OTC
GRAPE LIQ FLAVOR	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GRAPE LIQ FLAVOR	Pref	OTC
GREEN APPLE LIQ OS	Pref	OTC
GUAVA FLAVOR LIQ	Pref	
GUAVA FLAVOR LIQ	Pref	OTC
HAM FLAVOR LIQ	Pref	
HONEY FLAVOR LIQ	Pref	
HONEY FLAVOR LIQ	Pref	OTC
KAHLUA LIQ FLAVOR	Pref	
LEMON EXTRAC LIQ	Pref	
LEMON FLAVOR LIQ	Pref	OTC
LEMON LIQ FLAVOR	Pref	OTC
LICORICE LIQ FLAVOR	Pref	
LIVER FLAVOR LIQ	Pref	
LIVER FLAVOR LIQ	Pref	OTC
LIVER LIQ CONCNR	Pref	OTC
MANGO FLAVOR LIQ	Pref	
MANGO FLAVOR LIQ	Pref	OTC
MANGO PASSIO LIQ FRUIT OS	Pref	OTC
MAPLE FLAVOR LIQ	Pref	
MARSHMALLOW LIQ FLAVOR	Pref	
MARSHMALLOW LIQ FLAVOR	Pref	OTC
MARSHMALLOW LIQ OS	Pref	OTC
MARSHMALLOW LIQ WS	Pref	OTC
MINT CHOCOLA LIQ FLAVOR	Pref	
NATURAL LIQ CARAMEL	Pref	OTC
ORANGE CONC LIQ	Pref	OTC
ORANGE CREAM LIQ FLAVOR	Pref	
ORANGE LIQ FLAVOR	Pref	
ORANGE LIQ FLAVOR	Pref	OTC
ORANGE OIL LIQ FLAVOR	Pref	
PEACH FLAVOR LIQ	Pref	
PEACH FLAVOR LIQ	Pref	OTC
PEANUT BUTTR LIQ FLAVOR	Pref	
PEANUT BUTTR LIQ FLAVOR	Pref	OTC
PEPPERMINT LIQ BURST OS	Pref	OTC
PINA COLADA LIQ FLAVOR	Pref	
PINA COLADA LIQ FLAVOR	Pref	OTC
PINEAPPLE LIQ FLAVOR	Pref	
PINEAPPLE LIQ FLAVOR	Pref	OTC
PRALINES/CRM LIQ FLAVOR	Pref	
PUMPKIN LIQ FLAVOR	Pref	
RASPBERRY LIQ FLAVOR	Pref	
RASPBERRY LIQ FLAVOR	Pref	OTC
RASPBERRY LIQ OS	Pref	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROOT BEER LIQ FLAVOR	Pref	
SARDINE LIQ FLAVOR	Pref	OTC
SHRIMP LIQ FLAVOR	Pref	
SPEARMINT LIQ OS	Pref	OTC
STEVIA GLYCE LIQ EXTRACT	Pref	
STRAWBERRY LIQ FLAVOR	Pref	
STRAWBERRY LIQ FLAVOR	Pref	OTC
STRAWBERRY LIQ OS	Pref	OTC
SWEETENING LIQ ENHANCER	Pref	OTC
SWEETENING LIQ FLAVORX	Pref	
SWEETNESS LIQ ENHANCER	Pref	
TROPICAL FUS LIQ WS	Pref	OTC
TROPICAL PUN LIQ FLAVOR	Pref	
TROPICAL PUN LIQ FLAVOR	Pref	OTC
TUNA FLAVOR LIQ	Pref	OTC
TUNA TYPE LIQ FLAVR OS	Pref	OTC
TUTTI FRUTTI LIQ FLAVOR	Pref	
TUTTI FRUTTI LIQ FLAVOR	Pref	OTC
TUTTI-FRUTTI LIQ FLAVOR	Pref	
VANILLA LIQ BUTTERNU	Pref	
VANILLA LIQ BUTTERNU	Pref	OTC
VANILLA LIQ FLAVOR	Pref	
VANILLA LIQ FLAVOR	Pref	OTC
VANILLA OS LIQ	Pref	OTC
VERY BERRY LIQ OS	Pref	OTC
VITAMIN/IRON LIQ MASKING	Pref	OTC
WATERMELON LIQ FLAVOR	Pref	
WATERMELON LIQ FLAVOR	Pref	OTC
WILD CHERRY LIQ FLAVOR	Pref	
WILD CHERRY LIQ FLAVOR	Pref	OTC

**LIQUID VEHICLES**

FLAVOR SWEET SYP S/F	Pref	OTC
GRAPE SYP	Pref	OTC
MX-SOL SF SYP	Pref	OTC
MX-SOL SYP	Pref	OTC
ORA-PLUS LIQ	Pref	OTC
ORA-SWEET SF SYP	Pref	OTC
ORA-SWEET SYP	Pref	OTC
ORAL SUSPEND LIQ	Pref	OTC
ORAL SYP FLAVORED	Pref	OTC
ORAL SYP SF	Pref	OTC
ORAPENN SD LIQ SWEET	Pref	OTC
ORAPENN SD LIQ UNSWEET	Pref	OTC
SIMPLE SYP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
SIMPLE SYRUP SYP NF	Pref	OTC
SOSWEET SYP	Pref	OTC
SYRPALTA SYP	Pref	OTC
SYRSPEND SF LIQ	Pref	OTC
SYRUP SYP NF	Pref	OTC
<i>water for injection</i>	Pref	

### PHARMACEUTICAL EXCIPIENTS

METHYLCELLUL POW	Pref	
METHYLCELLUL POW	Pref	OTC
METHYLCELLUL POW 400CPS	Pref	OTC
METHYLCELLUL POW 1500CPS	Pref	
METHYLCELLUL POW 1500CPS	Pref	OTC
METHYLCELLUL POW 4000CPS	Pref	
METHYLCELLUL POW 4000CPS	Pref	OTC

### SEMI SOLID VEHICLES

BABY SKIN OIN PROTECT	Pref	OTC
DAILY MOIST OIN	Pref	OTC
<i>gnp petroleu gel jelly</i>	Pref	OTC
<i>hm petroleum gel jelly</i>	Pref	OTC
PETROLATUM OIN 42%	Pref	OTC
PETROLATUM OIN WHITE	Pref	OTC
PETROLATUM OIN YELLOW	Pref	OTC
PETROLEUM OIN BABY	Pref	OTC
PETROLEUM OIN JELLY	Pref	OTC
RA PETROLEUM OIN	Pref	OTC
SKIN PROTECT OIN 44.28%	Pref	OTC
<i>sm petroleum gel jelly</i>	Pref	OTC
<i>vaseline gel</i>	Pref	
<i>vaseline pur gel ult white</i>	Pref	OTC
WHITE PETROL OIN 100%	Pref	OTC
<i>white petrolatum gel</i>	Pref	
<i>white petrolatum gel</i>	Pref	OTC

### PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

#### PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TAB 5MG	Non-Pref	PA; CL
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Non-Pref	SP, PA; CL
MAKENA INJ 275MG	Pref	SP; CL
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Pref	PA; CL
<i>medroxyprogesterone acetate tab 5 mg</i>	Pref	CL
<i>medroxyprogesterone acetate tab 10 mg</i>	Pref	PA; CL
<i>megestrol acetate susp 625 mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tab 5 mg</i>	Pref	PA; CL
<i>progesterone cap 100 mg</i>	Pref	PA; CL

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

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone cap 200 mg</i>	Pref	PA; CL
<i>progesterone im in oil 50 mg/ml</i>	Pref	CL
PROMETRIUM CAP 100MG	Non-Pref	PA; CL
PROMETRIUM CAP 200MG	Non-Pref	PA; CL
PROVERA TAB 2.5MG	Non-Pref	PA; CL
PROVERA TAB 5MG	Non-Pref	PA; CL
PROVERA TAB 10MG	Non-Pref	PA; CL

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

### AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	Pref	
<i>disulfiram tab 250 mg</i>	Pref	
<i>disulfiram tab 500 mg</i>	Pref	

### ANTIDEMENTIA AGENTS

ADLARITY DIS 5MG/DAY	Non-Pref	PA
ADLARITY DIS 10MG/DAY	Non-Pref	PA
ARICEPT TAB 5MG	Non-Pref	PA; 90 day supply
ARICEPT TAB 10MG	Non-Pref	PA; 90 day supply
ARICEPT TAB 23MG	Non-Pref	PA; AGE (Min 40)
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref	AGE (Min 40); 90 day supply
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref	90 day supply
<i>donepezil hydrochloride tab 5 mg</i>	Pref	PA; 90 day supply
<i>donepezil hydrochloride tab 10 mg</i>	Pref	PA; 90 day supply
<i>donepezil hydrochloride tab 23 mg</i>	Pref	PA; AGE (Min 40)
EXELON DIS 4.6MG/24	Non-Pref	PA
EXELON DIS 9.5MG/24	Non-Pref	PA
EXELON DIS 13.3/24	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 4 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 12 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 7 mg</i>	Non-Pref	PA; 90 day supply
<i>memantine hcl cap er 24hr 14 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 21 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 28 mg</i>	Non-Pref	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Non-Pref	PA; 90 day supply
<i>memantine hcl tab 5 mg</i>	Pref	AGE (Min 40)
<i>memantine hcl tab 10 mg</i>	Pref	AGE (Min 40)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMENDA TAB 5MG	Non-Pref	PA; AGE (Min 40)
NAMENDA TAB 10MG	Non-Pref	PA; AGE (Min 40)
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CAP 8MG	Non-Pref	PA
RAZADYNE ER CAP 16MG	Non-Pref	PA
RAZADYNE ER CAP 24MG	Non-Pref	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Pref	90 day supply
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Pref	90 day supply
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Pref	90 day supply

### **COMBINATION PSYCHOTHERAPEUTICS**

LYBALVI TAB 5-10MG	Non-Pref	PA; AGE (Min 18); CL
LYBALVI TAB 10-10MG	Non-Pref	PA; AGE (Min 18); CL
LYBALVI TAB 15-10MG	Non-Pref	PA; AGE (Min 18); CL
LYBALVI TAB 20-10MG	Non-Pref	PA; AGE (Min 18); CL
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE (Min 18); CL; 90 day supply
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE (Min 18); CL
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE (Min 18); CL

### **FIBROMYALGIA AGENTS**

SAVELLA MIS TITR PAK	Non-Pref	PA
SAVELLA TAB 12.5MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA TAB 25MG	Non-Pref	PA
SAVELLA TAB 50MG	Non-Pref	PA
SAVELLA TAB 100MG	Non-Pref	PA

### **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO TAB 6MG	Pref	SP, PA, QL (4 tabs every 1 day); CL
AUSTEDO TAB 9MG	Pref	SP, PA, QL (4 tabs every 1 day); CL
AUSTEDO TAB 12MG	Pref	SP, PA, QL (4 tabs every 1 day); CL
INGREZZA CAP 40-80MG	Pref	SP, PA, QL (1 cap every 1 day); CL
INGREZZA CAP 40MG	Pref	SP, PA, QL (1 cap every 1 day); CL
INGREZZA CAP 60MG	Pref	PA, QL (1 cap every 1 day); CL
INGREZZA CAP 80MG	Pref	SP, PA, QL (1 cap every 1 day); CL
<i>tetrabenazine tab 12.5 mg</i>	Pref	SP, PA, QL (4 tabs every 1 day); CL
<i>tetrabenazine tab 25 mg</i>	Pref	SP, PA, QL (4 tabs every 1 day); CL
XENAZINE TAB 12.5MG	Pref	SP, PA, QL (4 tabs every 1 day); CL
XENAZINE TAB 25MG	Pref	SP, PA, QL (4 tabs every 1 day); CL

### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA TAB 10MG	Non-Pref	SP, PA; CL
AUBAGIO TAB 7MG	Non-Pref	SP, PA; CL
AUBAGIO TAB 14MG	Non-Pref	SP, PA; CL
AVONEX PEN KIT 30MCG	Pref	SP; CL
AVONEX PREFL KIT 30MCG	Pref	SP; CL
BAFIERTAM CAP 95MG	Non-Pref	SP, PA; CL
BETASERON INJ 0.3MG	Pref	SP; CL
COPAXONE INJ 20MG/ML	Pref	SP, PA; CL
COPAXONE INJ 40MG/ML	Non-Pref	SP, PA; CL
<i>dalfampridine tab er 12hr 10 mg</i>	Non-Pref	SP, PA; CL
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Pref	SP; CL
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Pref	SP, PA; CL
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Pref	SP; CL
EXTAVIA INJ 0.3MG	Non-Pref	SP, PA; CL
GILENYA CAP 0.5MG	Non-Pref	SP, PA; CL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Non-Pref	SP, PA; CL
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Non-Pref	SP, PA; CL
<i>glatopa inj 20mg/ml</i>	Non-Pref	SP, PA; CL
<i>glatopa inj 40mg/ml</i>	Non-Pref	SP, PA; CL
KESIMPTA INJ 20/.4ML	Pref	PA; AGE (Min 18); CL
MAVENCLAD PAK 10MG(4)	Non-Pref	SP, PA; CL
MAVENCLAD PAK 10MG(5)	Non-Pref	SP, PA; CL
MAVENCLAD PAK 10MG(6)	Non-Pref	SP, PA; CL
MAVENCLAD PAK 10MG(7)	Non-Pref	SP, PA; CL
MAVENCLAD PAK 10MG(8)	Non-Pref	SP, PA; CL
MAVENCLAD PAK 10MG(9)	Non-Pref	SP, PA; CL
MAVENCLAD PAK 10MG(10)	Non-Pref	SP, PA; CL
MAYZENT PAK STARTER	Non-Pref	PA; CL
MAYZENT PAK STARTER	Non-Pref	SP, PA; CL
MAYZENT TAB 0.25MG	Non-Pref	SP, PA; CL
MAYZENT TAB 1MG	Non-Pref	PA; CL
MAYZENT TAB 2MG	Non-Pref	SP, PA; CL
PLEGRIDY INJ	Non-Pref	SP, PA; CL
PLEGRIDY INJ PEN	Non-Pref	SP, PA; CL
PLEGRIDY INJ STARTER	Non-Pref	SP, PA; CL
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA; CL
PONVORY TAB 20MG	Non-Pref	SP, PA; CL
PONVORY TAB STARTER	Non-Pref	SP, PA; CL
REBIF INJ 22/0.5	Non-Pref	SP, PA; CL
REBIF INJ 44/0.5	Non-Pref	SP, PA; CL
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA; CL
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA; CL
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA; CL
REBIF TITRTN INJ PACK	Non-Pref	SP, PA; CL
TECFIDERA CAP 120MG	Non-Pref	SP, PA; CL
TECFIDERA CAP 240MG	Non-Pref	SP, PA; CL
TECFIDERA MIS STARTER	Non-Pref	SP, PA; CL
VUMERITY CAP 231MG	Non-Pref	SP, PA; CL
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA; CL
ZEPOSIA CAP .92MG	Non-Pref	SP, PA; CL
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA; CL

**POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS**

GRALISE TAB 300MG	Non-Pref	PA
GRALISE TAB 600MG	Non-Pref	PA
LYRICA CR TAB 82.5MG	Non-Pref	PA
LYRICA CR TAB 165MG	Non-Pref	PA
LYRICA CR TAB 330MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin tab er 24hr 82.5 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 165 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 330 mg</i>	Non-Pref	PA
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non-Pref	PA
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	Pref	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<i>pimozide tab 1 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<i>pimozide tab 2 mg</i>	Non-Pref	PA; AGE (Min 18); CL
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB 300MG ER	Non-Pref	PA
HORIZANT TAB 600MG ER	Non-Pref	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	
<i>nicotine polacrilex gum 2 mg</i>	Pref	OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	OTC
NICOTINE SYS KIT TRANSDER	Pref	OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Pref	OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Pref	OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Pref	OTC
NICOTROL INH	Non-Pref	PA
NICOTROL NS SPR 10MG/ML	Non-Pref	PA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Pref	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Pref	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Pref	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Non-Pref	PA
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
PULMOZYME SOL 1MG/ML	Pref	SP, PA, QL (5 mL every 1 day)
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>doxycycline hyclate cap 50 mg</i>	Pref	
<i>doxycycline hyclate tab 20 mg</i>	Pref	
<i>doxycycline hyclate tab 100 mg</i>	Pref	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate cap 50 mg</i>	Pref	
<i>doxycycline monohydrate cap 100 mg</i>	Pref	
<i>doxycycline monohydrate tab 50 mg</i>	Pref	
<i>doxycycline monohydrate tab 100 mg</i>	Pref	
<i>minocycline hcl cap 50 mg</i>	Pref	QL (4 caps every 1 day)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (2 caps every 1 day)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (2 caps every 1 day)

## **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

### **ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	Pref	
<i>methimazole tab 10 mg</i>	Pref	
<i>propylthiouracil tab 50 mg</i>	Pref	

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	Pref	
ARMOUR THYRO TAB 30MG	Pref	
ARMOUR THYRO TAB 60MG	Pref	
ARMOUR THYRO TAB 90MG	Pref	
ARMOUR THYRO TAB 120MG	Pref	
ARMOUR THYRO TAB 180MG	Pref	
ARMOUR THYRO TAB 240MG	Pref	
ARMOUR THYRO TAB 300MG	Pref	
<i>levothyroxine sodium tab 25 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 50 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 75 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 88 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 100 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 112 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 125 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 137 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 150 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 175 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 200 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 300 mcg</i>	Pref	90 day supply
<i>liothyronine sodium tab 5 mcg</i>	Pref	
<i>liothyronine sodium tab 25 mcg</i>	Pref	
<i>np thyroid tab 15mg</i>	Pref	
<i>np thyroid tab 30mg</i>	Pref	
<i>np thyroid tab 60mg</i>	Pref	
<i>np thyroid tab 90mg</i>	Pref	
<i>np thyroid tab 120mg</i>	Pref	

**Drug Name Drug Tier Requirements/Limits**  
**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID**

**ANTISPASMODICS**

<i>dicyclomine hcl cap 10 mg</i>	Pref	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	
<i>dicyclomine hcl tab 20 mg</i>	Pref	
<i>glycopyrrolate tab 1 mg</i>	Pref	
<i>glycopyrrolate tab 2 mg</i>	Pref	

**H-2 ANTAGONISTS**

<i>cimetidine hcl soln 300 mg/5ml</i>	Non-Pref	PA
<i>cimetidine tab 200 mg</i>	Non-Pref	PA
<i>cimetidine tab 300 mg</i>	Non-Pref	PA
<i>cimetidine tab 400 mg</i>	Non-Pref	PA
<i>cimetidine tab 800 mg</i>	Non-Pref	PA
<i>famotidine for susp 40 mg/5ml</i>	Pref	PA; AGE (Max 11); 90 day supply
<i>famotidine tab 10 mg</i>	Pref	OTC; 90 day supply
<i>famotidine tab 20 mg</i>	Pref	90 day supply
<i>famotidine tab 20 mg</i>	Pref	OTC; 90 day supply
<i>famotidine tab 40 mg</i>	Pref	PA; 90 day supply
<i>nizatidine cap 150 mg</i>	Non-Pref	PA
<i>nizatidine cap 300 mg</i>	Non-Pref	PA
PEPCID TAB 20MG	Non-Pref	PA; 90 day supply
PEPCID TAB 40MG	Non-Pref	PA; 90 day supply

**MISC. ANTI-ULCER**

<i>sucralfate susp 1 gm/10ml</i>	Pref	
<i>sucralfate tab 1 gm</i>	Pref	

**PROTON PUMP INHIBITORS**

<i>acid reducer cap 20.6mgdr</i>	Pref	PA, QL (4 caps every 1 day), OTC
ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>dexlansoprazole cap delayed release 30 mg</i>	Non-Pref	PA
<i>dexlansoprazole cap delayed release 60 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	PA, QL (2 caps every 1 day)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	PA, QL (2 caps every 1 day), OTC
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Pref	PA, QL (2 caps every 1 day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium tab delayed release 20 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	Non-Pref	PA, QL (4 caps every 1 day), OTC
<i>gnp omeprazo tab 20mg odt</i>	Pref	PA, QL (4 ea every 1 day), OTC
<i>lansoprazole cap delayed release 15 mg</i>	Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Pref	PA, OTC
<i>lansoprazole cap delayed release 30 mg</i>	Pref	PA, QL (1 cap every 1 day)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	Non-Pref	PA
NEXIUM CAP 20MG	Non-Pref	PA, QL (2 caps every 1 day)
NEXIUM CAP 40MG	Non-Pref	PA, QL (2 caps every 1 day)
NEXIUM GRA 2.5MG DR	Non-Pref	PA, QL (2 packets every 1 day)
NEXIUM GRA 5MG DR	Non-Pref	PA, QL (2 packets every 1 day)
NEXIUM GRA 10MG DR	Non-Pref	PA
NEXIUM GRA 20MG DR	Non-Pref	PA
NEXIUM GRA 40MG DR	Non-Pref	PA
<i>omeprazole cap delayed release 10 mg</i>	Pref	PA
<i>omeprazole cap delayed release 20 mg</i>	Pref	PA
<i>omeprazole cap delayed release 40 mg</i>	Pref	PA
<i>omeprazole delayed release tab 20 mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Pref	PA, QL (4 caps every 1 day), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Pref	PA, QL (4 tabs every 1 day), OTC
<i>omeprazole tab 20mg</i>	Non-Pref	PA, OTC
<i>omeprazole tablet delayed release disintegrating 20 mg</i>	Pref	PA, QL (4 ea every 1 day), OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Pref	PA, QL (2 tabs every 1 day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Pref	PA, QL (2 tabs every 1 day)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	Pref	PA; 90 day supply
PREVACID 24H CAP 15MG DR	Non-Pref	PA, OTC
PREVACID CAP 30MG DR	Non-Pref	PA, QL (1 cap every 1 day)
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX PAK 40MG	Pref	PA; 90 day supply
PROTONIX TAB 20MG	Non-Pref	PA, QL (2 tabs every 1 day)
PROTONIX TAB 40MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>rabeprazole sodium ec tab 20 mg</i>	Non-Pref	PA

### **ULCER DRUGS - PROSTAGLANDINS**

<i>misoprostol tab 100 mcg</i>	Pref	
<i>misoprostol tab 200 mcg</i>	Pref	

### **ULCER THERAPY COMBINATIONS**

<i>acid reducer chw complete</i>	Non-Pref	PA, OTC
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Pref	
<i>hm dual acti chw complete</i>	Non-Pref	PA, OTC
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Non-Pref	PA
PYLERA CAP	Pref	
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA
ZEGERID POW 20-1680	Non-Pref	PA
ZEGERID POW 40-1680	Non-Pref	PA

### **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

#### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA
DITROPAN XL TAB 10MG	Non-Pref	PA
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	
<i>oxybutynin chloride tab 5 mg</i>	Pref	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Pref	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	
OXYTROL DIS 3.9MG/24	Non-Pref	PA; 90 day supply
OXYTROL/WOMN DIS 3.9MG/24	Non-Pref	PA, OTC; 90 day supply
<i>solifenacin succinate tab 5 mg</i>	Pref	PA
<i>solifenacin succinate tab 10 mg</i>	Pref	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg</i>	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	
TOVIAZ TAB 8MG	Pref	
<i>tropium chloride cap er 24hr 60 mg</i>	Pref	
<i>tropium chloride tab 20 mg</i>	Non-Pref	PA
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA
VESICARE TAB 10MG	Non-Pref	PA

### **URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

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

### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

<i>bethanechol chloride tab 5 mg</i>	Pref	
<i>bethanechol chloride tab 10 mg</i>	Pref	
<i>bethanechol chloride tab 25 mg</i>	Pref	
<i>bethanechol chloride tab 50 mg</i>	Pref	

### **URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

<i>flavoxate hcl tab 100 mg</i>	Non-Pref	PA
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## **VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS**

### **MISCELLANEOUS VAGINAL PRODUCTS**

INTRAROSA SUP 6.5MG	Pref	QL (1 supp every 1 day)
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### **SPERMICIDES**

VCF VAGINAL AER CONTRACP	Pref	OTC
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### **VAGINAL ANTI-INFECTIVES**

CLEOCIN CRE 2% VAG	Non-Pref	PA
CLEOCIN SUP 100MG	Pref	
<i>clindamycin phosphate vaginal cream 2%</i>	Non-Pref	PA
CLINDESSE CRE 2%	Pref	
<i>clotrimazole vaginal cream 1%</i>	Pref	OTC
<i>clotrimazole vaginal cream 2%</i>	Pref	OTC
<i>metronidazole vaginal gel 0.75%</i>	Pref	
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>miconazole nitrate vaginal cream 2%</i>	Pref	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Pref	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	Pref	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>qc clotrimaz cre 1%</i>	Pref	OTC
<i>terconazole vaginal cream 0.4%</i>	Pref	
<i>terconazole vaginal cream 0.8%</i>	Pref	
<i>terconazole vaginal suppos 80 mg</i>	Pref	QL (1.5 supp every 1 day)
VANDAZOLE GEL 0.75%	Pref	

### **VAGINAL ESTROGENS**

ESTRACE VAG CRE 0.01%	Non-Pref	PA
<i>estradiol vaginal cream 0.1 mg/gm</i>	Pref	PA
<i>estradiol vaginal tab 10 mcg</i>	Pref	
ESTRING MIS 2MG	Non-Pref	PA
FEMRING MIS 0.1MG/24	Non-Pref	PA
FEMRING MIS 0.05/24H	Non-Pref	PA
IMVEXXY MAIN SUP 4MCG	Non-Pref	PA
IMVEXXY MAIN SUP 10MCG	Non-Pref	PA
IMVEXXY STRT SUP 4MCG	Non-Pref	PA
IMVEXXY STRT SUP 10MCG	Non-Pref	PA
PREMARIN VAG CRE 0.625MG	Pref	
VAGIFEM TAB 10MCG	Pref	

### **VAGINAL PROGESTINS**

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

## **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

### **ANAPHYLAXIS THERAPY AGENTS**

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

### **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

<i>midodrine hcl tab 2.5 mg</i>	Pref	
<i>midodrine hcl tab 5 mg</i>	Pref	
<i>midodrine hcl tab 10 mg</i>	Pref	



Drug Name	Drug Tier	Requirements/Limits
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**VITAMINS - DRUGS FOR NUTRITION**

**OIL SOLUBLE VITAMINS**

<i>calcidol dro 8000/ml</i>	Pref	OTC
<i>cholecalciferol cap 1000 unit</i>	Pref	OTC
<i>cholecalciferol cap 2000 unit</i>	Pref	OTC
<i>cholecalciferol cap 5000 unit</i>	Pref	OTC
<i>cholecalciferol cap 50000 unit</i>	Pref	OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	Pref	OTC
<i>cholecalciferol tab 400 unit</i>	Pref	OTC
<i>cholecalciferol tab 1000 unit</i>	Pref	OTC
<i>cholecalciferol tab 2000 unit</i>	Pref	OTC
<i>cholecalciferol tab 5000 unit</i>	Pref	OTC
<i>cvs vit e cap 400unit</i>	Pref	OTC
<i>cvs vitam e cap 180mg</i>	Pref	OTC
<i>e400 cap 400unit</i>	Pref	OTC
<i>e-400 cap</i>	Pref	OTC
<i>e-400 cap 400unit</i>	Pref	OTC
<i>eql vit e cap 400unit</i>	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Pref	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	Pref	OTC
<i>gnp vit e cap 400unit</i>	Pref	OTC
<i>hm e vitamin cap 400unit</i>	Pref	OTC
<i>nat vit e cap 400unit</i>	Pref	OTC
<i>pa vitamin e cap 400unit</i>	Pref	OTC
<i>phytonadione tab 5 mg</i>	Pref	PA
<i>qc vitamin e cap 400unit</i>	Pref	OTC
<i>sm vitamin e cap 400unit</i>	Pref	OTC
<i>vitamin d3 tab 50000uni</i>	Pref	OTC
<i>vitamin d3 tab 50000unt</i>	Pref	OTC
<i>vitamin e cap 180 mg (400 unit)</i>	Pref	OTC
<i>vitamin e cap 400 unit</i>	Pref	OTC

**WATER SOLUBLE VITAMINS**

<i>ascorbic acid tab 250 mg</i>	Pref	OTC
<i>ascorbic acid tab 500 mg</i>	Pref	OTC
<i>ascorbic acid tab 1000 mg</i>	Pref	OTC
<i>c 250 tab 250mg</i>	Pref	OTC
<i>c 1000 tab 1000mg</i>	Pref	OTC
<i>c-250 tab</i>	Pref	OTC
<i>c-250 tab 250mg</i>	Pref	OTC
<i>c-1000 tab 1000mg</i>	Pref	OTC
<i>c-1000/rh tab 1000mg</i>	Pref	OTC
<i>cvs vit c tab 1000mg</i>	Pref	OTC
<i>endur-acin tab 750mg</i>	Pref	OTC
<i>eql vit c tab 1000mg</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eql vit c/rh tab 1000mg</i>	Pref	OTC
<i>gnp vit c tab 250mg</i>	Pref	OTC
<i>gnp vit c tab 1000mg</i>	Pref	OTC
<i>gnp vit c/rh tab 1000mg</i>	Pref	OTC
<i>niacin cap er 250 mg</i>	Pref	OTC
<i>niacin tab 500 mg</i>	Pref	OTC
<i>niacin tab er 750 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 25 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 100 mg</i>	Pref	OTC
<i>qc vitamin c tab 1000mg</i>	Pref	OTC
<i>ra vit b-1 tab 100mg</i>	Pref	OTC
<i>ra vit c/rh tab 1000mg</i>	Pref	OTC
<i>ra vitamin c tab 250mg</i>	Pref	OTC
<i>sm vit b1 tab 100mg</i>	Pref	OTC
<i>sm vit c/rh tab 1000mg</i>	Pref	OTC
<i>sm vitamin c tab 250mg</i>	Pref	OTC
<i>sm vitamin c tab 1000mg</i>	Pref	OTC
<i>thiamine hcl tab 100 mg</i>	Pref	OTC
<i>thiamine mononitrate tab 100 mg</i>	Pref	OTC
<i>vit c/rose tab 1000mg</i>	Pref	OTC
<i>vitamin c tab 1000mg</i>	Pref	OTC
<i>yl vit c/rh tab 1000mg</i>	Pref	OTC
<i>yl vitamin c tab 1000mg</i>	Pref	OTC

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<i>mg</i> .....	132	<i>equiv)</i> .....	128
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<i>bisoprolol &amp; hydrochlorothiazide tab</i>		BOOST 1.0CAL LIQ STRAWBRY .....	180
<i>10-6.25 mg</i> .....	118	BOOST 1.0CAL LIQ VANILLA .....	180
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		BOOST 1.5CAL LIQ /FIBER .....	180
<i>2.5-6.25 mg</i> .....	118	BOOST 1.5CAL LIQ CHOCOLAT .....	180
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		BOOST 1.5CAL LIQ STRAWBER .....	180
<i>6.25 mg</i> .....	118	BOOST 1.5CAL LIQ VANILLA .....	180
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BLOOD PRESS KIT MANUAL .....	212	BOOST PLUS LIQ CHOCOLAT .....	180
BLOOD PRESS KIT MONITOR .....	212	BOOST PLUS LIQ STRAWBER.....	180
BLOOD PRESS KIT OSCILLAT.....	212	BOOST PLUS LIQ VANILLA.....	180
BLOOD PRESS MIS MONITOR.....	212	BOOST PLUS LIQ VRY VAN .....	180
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BP MONITOR MIS AUTOMATI.....	213	BUBBLE GUM LIQ WS.....	250
BP MONITOR MIS DIGITAL.....	213	BUBBLEGUM LIQ FLAVOR.....	250
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<i>brimonidine tartrate ophth soln 0.15%</i>		<i>equiv).....</i>	71
.....	244	<i>buprenorphine hcl sl tab 8 mg (base</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>		<i>equiv).....</i>	71
.....	244	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>brimonidine tartrate-timolol maleate</i>		<i>12-3 mg (base equiv).....</i>	71
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<i>brinzolamide ophth susp 1%.....</i>	246	<i>2-0.5 mg (base equiv).....</i>	71
BRIVIACT SOL 10MG/ML.....	83	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRIVIACT TAB 100MG.....	83	<i>4-1 mg (base equiv).....</i>	71
BRIVIACT TAB 10MG.....	83	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BRIVIACT TAB 25MG.....	83	<i>8-2 mg (base equiv).....</i>	71
BRIVIACT TAB 50MG.....	83	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BRIVIACT TAB 75MG.....	83	<i>2-0.5 mg (base equiv).....</i>	71
<i>bromfenac sodium ophth soln 0.09%</i>		<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>(base equiv) (once-daily).....</i>	247	<i>8-2 mg (base equiv).....</i>	71



<i>buprenorphine td patch weekly 10 mcg/hr</i> .....	71	BYETTA INJ 10MCG .....	98
<i>buprenorphine td patch weekly 15 mcg/hr</i> .....	71	BYETTA INJ 5MCG .....	98
<i>buprenorphine td patch weekly 20 mcg/hr</i> .....	71	BYLVAY CAP 1200MCG.....	198
<i>buprenorphine td patch weekly 5 mcg/hr</i> .....	71	BYLVAY CAP 200MCG.....	198
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....	71	BYLVAY CAP 400MCG.....	198
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	258	BYLVAY CAP 600MCG.....	198
<i>bupropion hcl tab 100 mg</i> .....	89	BYSTOLIC TAB 10MG.....	138
<i>bupropion hcl tab 75 mg</i> .....	89	BYSTOLIC TAB 2.5MG.....	138
<i>bupropion hcl tab er 12hr 100 mg</i> ...	89	BYSTOLIC TAB 20MG.....	138
<i>bupropion hcl tab er 12hr 150 mg</i> ...	89	BYSTOLIC TAB 5MG.....	138
<i>bupropion hcl tab er 12hr 200 mg</i> ...	89	<b>C</b>	
<i>bupropion hcl tab er 24hr 150 mg</i> ...	89	<i>c 1000 tab 1000mg</i> .....	265
<i>bupropion hcl tab er 24hr 300 mg</i> ...	89	<i>c 250 tab 250mg</i> .....	265
<i>bupropion hcl tab er 24hr 450 mg</i> ...	89	<i>c-1000 tab 1000mg</i> .....	265
<i>bupirone hcl tab 10 mg</i> .....	75	<i>c-1000/rh tab 1000mg</i> .....	265
<i>bupirone hcl tab 15 mg</i> .....	75	<i>c-250 tab</i> .....	265
<i>bupirone hcl tab 5 mg</i> .....	75	<i>c-250 tab 250mg</i> .....	265
<i>butalbital-acetaminophen tab 50-325 mg</i> .....	63	CABENUVA SUS 400-600 .....	134
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> .....	69	CABENUVA SUS 600-900 .....	134
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> .....	69	<i>cabergoline tab 0.5 mg</i> .....	195
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> .....	63	CADUET TAB 10-20MG.....	144
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> .....	69	CADUET TAB 10-40MG.....	144
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	63	CADUET TAB 10-80MG.....	144
<i>butenafine hcl cream 1%</i> .....	162	CADUET TAB 5-10MG .....	144
<i>butorphanol tartrate nasal soln 10 mg/ml</i> .....	71	CADUET TAB 5-20MG .....	144
BUTRANS DIS 10MCG/HR.....	71	CADUET TAB 5-40MG .....	144
BUTRANS DIS 15MCG/HR.....	71	CADUET TAB 5-80MG .....	144
BUTRANS DIS 20MCG/HR.....	71	CALAMINE LOT .....	175
BUTRANS DIS 5MCG/HR.....	71	CALAMINE LOT 8-8%.....	175
BUTRANS DIS 7.5/HR .....	71	CALAMINE LOT PHENOLAT.....	175
BUTTER LIQ FLAVOR.....	250	CALAN SR TAB 120MG .....	141
BUTTER RUM LIQ FLAVOR .....	250	CALAN SR TAB 180MG .....	141
BUTTERSCOTCH LIQ FLAVOR.....	250	CALAN SR TAB 240MG .....	141
BYDUREON BC INJ 2/0.85ML .....	98	CALC ACETATE TAB 668MG .....	226
		<i>calcidol dro 8000/ml</i> .....	265
		<i>calcipotriene cream 0.005%</i> .....	164
		<i>calcipotriene foam 0.005%</i> .....	164
		<i>calcipotriene oint 0.005%</i> .....	164
		<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	164
		<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> ..	166
		<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> ..	166
		<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	194
		<i>calcitriol cap 0.25 mcg</i> .....	195

<i>calcitriol cap 0.5 mcg</i> .....	195	<i>camrese lo tab</i> .....	147
<i>calcitriol oint 3 mcg/gm</i> .....	164	<i>camrese tab</i> .....	147
<i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i> .....	199	CANASA SUP 1000MG .....	198
<i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i> .....	199	<i>candesartan cilexetil tab 16 mg</i> .....	115
CALCIUM CARB TAB 648MG .....	73	<i>candesartan cilexetil tab 32 mg</i> .....	115
<i>calcium carb-cholecalciferol tab 250</i> <i>mg-3.125 mcg (125 unit)</i> .....	227	<i>candesartan cilexetil tab 4 mg</i> .....	115
<i>calcium carbonate (antacid) chew tab</i> <i>1000 mg</i> .....	73	<i>candesartan cilexetil tab 8 mg</i> .....	115
<i>calcium carbonate (antacid) chew tab</i> <i>500 mg</i> .....	73	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i> .....	118
<i>calcium carbonate (antacid) chew tab</i> <i>750 mg</i> .....	73	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i> .....	118
<i>calcium carbonate (antacid) susp 1250</i> <i>mg/5ml</i> .....	73	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .....	118
<i>calcium carbonate tab 1500 mg (600</i> <i>mg elemental ca)</i> .....	227	<i>capecitabine tab 150 mg</i> .....	121
<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-400 unit</i> .....	227	<i>capecitabine tab 500 mg</i> .....	121
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-200 unit</i> .....	227	CAPEX SHA 0.01% .....	166
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-400 unit</i> .....	227	CAPLYTA CAP 10.5MG .....	125
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-200 unit</i> .....	227	CAPLYTA CAP 21MG .....	125
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-400 unit</i> .....	227	CAPLYTA CAP 42MG .....	125
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-800 unit</i> .....	227	<i>capsaicin cream 0.025%</i> .....	174
<i>calcium citrate tab 950 mg (200 mg</i> <i>elemental ca)</i> .....	227	<i>capsaicin cream 0.1%</i> .....	174
<i>calcium citrate-vitamin d tab 200 mg-</i> <i>250 unit (elemental ca)</i> .....	227	<i>captopril tab 100 mg</i> .....	114
<i>calcium citrate-vitamin d tab 315 mg-</i> <i>200 unit (elemental ca)</i> .....	227	<i>captopril tab 12.5 mg</i> .....	114
<i>calcium citrate-vitamin d tab 315 mg-</i> <i>250 unit (elemental ca)</i> .....	227	<i>captopril tab 25 mg</i> .....	114
<i>calcium polycarbophil tab 625 mg</i> ..	209	<i>captopril tab 50 mg</i> .....	114
<i>calcium-magnesium-zinc tab 333-133-</i> <i>5 mg</i> .....	227	CARAMEL LIQ FLAVOR .....	250
CAL-DAY 1000 TAB .....	232	CARAMEL OS LIQ .....	250
<i>calmoseptine oin</i> .....	175	<i>carbamazepine cap er 12hr 100 mg</i> ..	83
<i>calprotect oin</i> .....	175	<i>carbamazepine cap er 12hr 200 mg</i> ..	83
CAM LOT .....	170	<i>carbamazepine cap er 12hr 300 mg</i> ..	83
<i>camila tab 0.35mg</i> .....	152	<i>carbamazepine chew tab 100 mg</i> .....	83
		<i>carbamazepine susp 100 mg/5ml</i> .....	83
		<i>carbamazepine tab 200 mg</i> .....	83
		<i>carbamazepine tab er 12hr 100 mg</i> ..	83
		<i>carbamazepine tab er 12hr 200 mg</i> ..	83
		<i>carbamazepine tab er 12hr 400 mg</i> ..	83
		<i>carbamide peroxide 6.5% otic soln</i> ..	248
		CARBATROL CAP 100MG .....	83
		CARBATROL CAP 200MG .....	83
		CARBATROL CAP 300MG .....	83
		<i>carbidopa &amp; levodopa orally</i> <i>disintegrating tab 10-100 mg</i> .....	123
		<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	123

<i>carbidopa &amp; levodopa tab 25-100 mg</i>	CAREPOINT SY MIS 23GX1 .....	218
.....	CAREPOINT SY MIS 23GX1.5 .....	218
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	CARESTART KIT COVID-19 .....	178
.....	CARETOUCH BP MIS MONITOR.....	213
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	CARETOUCH MIS 32GX5MM.....	218
.....	CARETOUCH MIS EJECTOR .....	214
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	<i>carisoprodol tab 250 mg</i> .....	239
.....	<i>carisoprodol tab 350 mg</i> .....	240
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	CARNATION LIQ BREAKFAS .....	180
.....	<i>carteolol hcl ophth soln 1%</i> .....	243
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	<i>cartia xt cap 120/24hr</i> .....	141
.....	<i>cartia xt cap 180/24hr</i> .....	141
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	<i>cartia xt cap 240/24hr</i> .....	141
.....	<i>cartia xt cap 300/24hr</i> .....	141
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	<i>carvedilol phosphate cap er 24hr 10 mg</i>	138
.....	.....	138
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	<i>carvedilol phosphate cap er 24hr 20 mg</i>	138
.....	.....	138
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	<i>carvedilol phosphate cap er 24hr 40 mg</i>	138
.....	.....	138
<i>carbinoxamine maleate soln 4 mg/5ml</i>	<i>carvedilol phosphate cap er 24hr 80 mg</i>	138
.....	.....	138
<i>carbinoxamine maleate tab 4 mg ...</i>	<i>carvedilol tab 12.5 mg</i> .....	138
.....	<i>carvedilol tab 25 mg</i> .....	138
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	<i>carvedilol tab 3.125 mg</i> .....	138
.....	<i>carvedilol tab 6.25 mg</i> .....	138
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	CAYSTON INH 75MG .....	75
.....	<i>cefaclor cap 250 mg</i> .....	146
CARDIOCOM MIS LANCING.....	<i>cefaclor cap 500 mg</i> .....	146
CARDIZEM CD CAP 120MG/24 .....	CEFACLOR ER TAB 500MG .....	146
.....	<i>cefaclor for susp 125 mg/5ml</i> .....	146
CARDIZEM CD CAP 180MG/24 .....	<i>cefaclor for susp 375 mg/5ml</i> .....	146
.....	<i>cefadroxil cap 500 mg</i> .....	146
CARDIZEM CD CAP 240MG/24 .....	<i>cefadroxil for susp 500 mg/5ml</i> .....	146
.....	<i>cefadroxil tab 1 gm</i> .....	146
CARDIZEM CD CAP 300MG/24 .....	<i>cefdinir cap 300 mg</i> .....	146
.....	<i>cefdinir for susp 125 mg/5ml</i> .....	146
CARDIZEM CD CAP 360MG/24 .....	<i>cefdinir for susp 250 mg/5ml</i> .....	146
.....	<i>cefixime cap 400 mg</i> .....	146
CARDIZEM LA TAB 120MG .....	<i>cefixime for susp 100 mg/5ml</i> .....	146
.....	<i>cefixime for susp 200 mg/5ml</i> .....	146
CARDIZEM LA TAB 180MG .....	<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	146
.....	.....	146
CARDIZEM LA TAB 240MG .....	<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	146
.....	.....	146
CARDIZEM LA TAB 300MG/24 .....	<i>cefpodoxime proxetil tab 100 mg ...</i>	147
.....	<i>cefpodoxime proxetil tab 200 mg ...</i>	147
CARDIZEM LA TAB 360MG .....		
.....		
CARDIZEM LA TAB 420MG/24 .....		
.....		
CARDIZEM TAB 120MG .....		
.....		
CARDIZEM TAB 30MG .....		
.....		
CARDIZEM TAB 60MG .....		
.....		
CAREFINE MIS 32GX5MM .....		
.....		
CAREONE ADV MIS LANCING .....		
.....		
CAREPOINT SY MIS 1ML.....		
.....		
CAREPOINT SY MIS 20GX1 .....		
.....		
CAREPOINT SY MIS 22GX1.5 .....		
.....		

<i>cefprozil for susp 125 mg/5ml</i> .....	146	<i>cephalexin cap 500 mg</i> .....	146
<i>cefprozil for susp 250 mg/5ml</i> .....	146	<i>cephalexin for susp 125 mg/5ml</i> ....	146
<i>cefprozil tab 250 mg</i> .....	146	<i>cephalexin for susp 250 mg/5ml</i> ....	146
<i>cefprozil tab 500 mg</i> .....	146	CEQUA SOL 0.09% .....	245
<i>cefuroxime axetil tab 250 mg</i> .....	146	CERASPORT SOL .....	227
<i>cefuroxime axetil tab 500 mg</i> .....	146	CERASPORT SOL EX1 .....	227
CELEBRATE CAP 18 .....	232	CERAVE AM LOT SPF 30 .....	170
CELEBRATE CAP 36 .....	232	CERAVE CRE MOISTURI .....	170
CELEBRATE CAP 45 .....	232	CERAVE DAILY LOT MOIST .....	170
CELEBRATE CAP 60 .....	232	CERAVE DAILY LOT MOISTURZ .....	170
CELEBRATE CHW 18 .....	232	CERAVE DIABE CRE DRY SKIN .....	170
CELEBRATE CHW 36 .....	232	CERAVE FOAMI LIQ FACIAL .....	175
CELEBRATE CHW 45 .....	232	CERAVE HYDRA LIQ CLEANSER .....	175
CELEBRATE CHW 60 .....	232	CERAVE PM LOT ULTRA .....	170
CELEBEX CAP 100MG .....	60	CERAVE SA CRE RGH/BMP .....	170
CELEBEX CAP 200MG .....	60	CERAVE SA LIQ BODY WAS .....	175
CELEBEX CAP 400MG .....	60	CERAVE SA LOT .....	170
CELEBEX CAP 50MG .....	60	<i>cerovite jr chw</i> .....	238
<i>celecoxib cap 100 mg</i> .....	60	CERTAVITE TAB SENIOR .....	232
<i>celecoxib cap 200 mg</i> .....	60	CERTAVITE/ TAB ANTIOXID .....	232
<i>celecoxib cap 400 mg</i> .....	60	CETAPHIL ADV LOT RELIEF .....	170
<i>celecoxib cap 50 mg</i> .....	60	CETAPHIL CRE HAND .....	170
CELEXA TAB 10MG .....	90	CETAPHIL DAY LOT ADVANCE .....	170
CELEXA TAB 20MG .....	90	CETAPHIL LIQ CLEANSER .....	175
CELEXA TAB 40MG .....	90	CETAPHIL LIQ FOAM WSH .....	175
CELONTIN CAP 300MG .....	88	CETAPHIL LIQ OIL SKIN .....	175
CENT MATURE TAB ADLT 50+ .....	232	CETAPHIL LIQ RESTORAD .....	175
CENTANY AT KIT 2% .....	162	CETAPHIL LOT MOISTURE .....	170
CENTANY OIN 2% .....	162	CETAPHIL LOT RESTORAD .....	170
CENTRAL-VITE TAB .....	232	<i>cetirizine hcl chew tab 10 mg</i> .....	110
CENTRAVITES TAB 50 PLUS .....	232	<i>cetirizine hcl chew tab 5 mg</i> .....	110
CENTRAVITES TAB ADULTS .....	232	<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i> .....	110
CENTRUM 50+ CHW FRSH/FRU .....	232	<i>cetirizine hcl tab 10 mg</i> .....	110
CENTRUM CHW ADULTS .....	232	<i>cetirizine hcl tab 5 mg</i> .....	110
CENTRUM CHW FLAV BST .....	232	<i>cetirizine-pseudoephedrine tab er 12hr</i> <i>5-120 mg</i> .....	155
CENTRUM CHW SILVER .....	232	CFPREOP LIQ GRAPE .....	180
CENTRUM CHW VITAMINT .....	232	<i>cgh cong dm liq 5-100/5</i> .....	155
CENTRUM MINI TAB WOMEN 50 .....	232	<i>cgh/cld/sore liq thr/chld</i> .....	155
CENTRUM MULT CHW OMEGA 3 .....	232	<i>charlotte 24 chw fe 1/20</i> .....	147
CENTRUM SPEC TAB HEART .....	232	<i>chateal eq tab 0.15/30</i> .....	147
CENTRUM SPEC TAB IMMUNE .....	232	<i>chateal tab 0.15/30</i> .....	147
CENTRUM SPEC TAB VISION .....	232	CHCK FLAVOR LIQ OIL MISC .....	250
CENTRUM TAB CARDIO .....	232	CHCK FLAVOR LIQ OIL SOLU .....	250
CENTRUM TAB MEN .....	232	CHCK FLAVOR LIQ WTR MISC .....	250
CENTRUM TAB SILVER .....	232	CHEESECAKE LIQ FLAVOR .....	250
CENTRUM TAB ULTRA .....	232		
<i>cephalexin cap 250 mg</i> .....	146		

CHENODAL TAB 250MG .....	197	CHOICE DM LIQ CHOCOLAT.....	180
CHERRY LIQ FLAVOR .....	250	CHOICE DM LIQ VANILLA .....	180
<i>chest conges tab 20-400mg</i> .....	155	CHOICE DM TF LIQ UNSWEET .....	180
<i>chest conges tab relf dm</i> .....	155	CHOICEFUL CAP MULTIVIT .....	232
<i>chewable chw children</i> .....	238	CHOICEFUL CHW MULTIVIT .....	232
CHICKEN LIQ FLAVOR.....	250	CHOLBAM CAP 250MG .....	197
CHICKEN LIQ ROASTED .....	250	CHOLBAM CAP 50MG .....	197
CHICKEN/CARR LIQ BROWN RI.....	180	<i>cholecalciferol cap 1000 unit</i> .....	265
<i>child chew chw vitamins</i> .....	238	<i>cholecalciferol cap 2000 unit</i> .....	265
<i>child chew/ chw extra c</i> .....	238	<i>cholecalciferol cap 5000 unit</i> .....	265
<i>child vitami chw</i> .....	238	<i>cholecalciferol cap 50000 unit</i> .....	265
<i>children vit chw</i> .....	238	<i>cholecalciferol oral liquid 400 unit/ml</i> .....	265
<i>childrens chw complete</i> .....	238	<i>cholecalciferol tab 1000 unit</i> .....	265
<i>childrens chw multivit</i> .....	238	<i>cholecalciferol tab 2000 unit</i> .....	265
<i>childrens chw vitamins</i> .....	238	<i>cholecalciferol tab 400 unit</i> .....	265
<i>childrens liq 5-100mg</i> .....	155	<i>cholecalciferol tab 5000 unit</i> .....	265
<i>chld mltivit chw /mineral</i> .....	238	<i>cholestyramine light powder 4 gm/dose</i> .....	111
<i>chloraseptic spr 1.4%</i> .....	230	<i>cholestyramine light powder packets 4</i> <i>gm</i> .....	111
<i>chlordiazepoxide hcl cap 10 mg</i> .....	76	<i>cholestyramine powder 4 gm/dose</i> .	111
<i>chlordiazepoxide hcl cap 25 mg</i> .....	76	<i>cholestyramine powder packets 4 gm</i> .....	111
<i>chlordiazepoxide hcl cap 5 mg</i> .....	76	<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i> .....	111
<i>chlorhexidine gluconate soln 0.12%</i>	230	<i>choline fenofibrate cap dr 45 mg</i> <i>(fenofibric acid equiv)</i> .....	111
<i>chloroquine phosphate tab 250 mg</i> .	121	CIALIS TAB 2.5MG .....	144
<i>chloroquine phosphate tab 500 mg</i> .	121	CIALIS TAB 5MG .....	145
<i>chlorpheniramine &amp; phenylephrine tab</i> <i>4-10 mg</i> .....	155	CIBINQO TAB 100MG.....	169
<i>chlorpheniramine maleate syrup 2</i> <i>mg/5ml</i> .....	109	CIBINQO TAB 200MG.....	169
<i>chlorpheniramine tab 4 mg</i> .....	109	CIBINQO TAB 50MG .....	169
<i>chlorpheniramine tab er 12 mg</i> .....	109	CICAPLAST CRE BAUME B5.....	170
CHLORPROMAZI CON 100MG/ML....	130	<i>ciclodan sol 8%</i> .....	162
CHLORPROMAZI CON 30MG/ML.....	130	<i>ciclopirox gel 0.77%</i> .....	162
<i>chlorpromazine hcl inj 25 mg/ml</i> ....	130	<i>ciclopirox kit 8%</i> .....	163
<i>chlorpromazine hcl inj 50 mg/2ml</i> ..	130	<i>ciclopirox olamine cream 0.77% (base</i> <i>equiv)</i> .....	163
<i>chlorpromazine hcl tab 10 mg</i> .....	131	<i>ciclopirox olamine susp 0.77% (base</i> <i>equiv)</i> .....	163
<i>chlorpromazine hcl tab 100 mg</i> .....	131	<i>ciclopirox shampoo 1%</i> .....	163
<i>chlorpromazine hcl tab 200 mg</i> .....	131	<i>ciclopirox solution 8%</i> .....	163
<i>chlorpromazine hcl tab 25 mg</i> .....	131	<i>cilostazol tab 100 mg</i> .....	205
<i>chlorpromazine hcl tab 50 mg</i> .....	131	<i>cilostazol tab 50 mg</i> .....	205
<i>chlorthalidone tab 25 mg</i> .....	193	CILOXAN OIN 0.3% OP .....	244
<i>chlorthalidone tab 50 mg</i> .....	193	CIMDUO TAB 300-300 .....	134
<i>chlorzoxazone tab 250 mg</i> .....	240		
<i>chlorzoxazone tab 375 mg</i> .....	240		
<i>chlorzoxazone tab 500 mg</i> .....	240		
<i>chlorzoxazone tab 750 mg</i> .....	240		
CHOC HAZELNT LIQ FLAVOR.....	250		
CHOCOLATE LIQ FLAVOR .....	250		

<i>cimetidine hcl soln 300 mg/5ml</i> .....	260	CLARINEX TAB 5MG.....	110
<i>cimetidine tab 200 mg</i> .....	260	CLARINEX-D TAB 2.5-120 .....	155
<i>cimetidine tab 300 mg</i> .....	260	<i>clarithromycin for susp 125 mg/5ml</i> .....	211
<i>cimetidine tab 400 mg</i> .....	260	<i>clarithromycin for susp 250 mg/5ml</i> .....	211
<i>cimetidine tab 800 mg</i> .....	260	<i>clarithromycin tab 250 mg</i> .....	211
CIMZIA KIT 200MG.....	198	<i>clarithromycin tab 500 mg</i> .....	211
CIMZIA PREFL KIT 200MG/ML.....	198	<i>clarithromycin tab er 24hr 500 mg</i> .....	211
CIMZIA START KIT 200MG/ML .....	198	<i>cl/flu/sore liq throat</i> .....	155
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	195	CLEAN&CLEAR LIQ CLEANSER.....	175
<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	195	CLEAN&CLEAR LIQ FACE WSH .....	175
<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	195	CLEAN&CLEAR LIQ FOAMING .....	175
CINRYZE SOL 500 UNIT .....	204	CLEAN&CLEAR LIQ MORNING .....	175
CINVANTI INJ 130/18ML .....	108	<i>clearasil cre acne</i> .....	160
CIPRO (10%) SUS 500MG/5 .....	196	<i>clearasil cre spot 10%</i> .....	160
CIPRO (5%) SUS 250MG/5.....	196	CLEARDETECT KIT COVID-19.....	178
CIPRO HC SUS OTIC.....	248	<i>clearskin cre 10%</i> .....	160
CIPRO TAB 250MG .....	196	<i>clemastine fumarate tab 2.68 mg</i> ... ..	109
CIPRO TAB 500MG .....	196	CLEOCIN CRE 2% VAG.....	263
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<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	244	CLEOCIN-T LOT 1%.....	160
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> .....	248	CLINDACIN KIT ETZ 1%.....	160
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	196	CLINDACIN KIT PAC 1%.....	160
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	197	<i>clindacin mis etz 1%</i> .....	160
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	197	<i>clindacin-p pad 1%</i> .....	160
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	197	CLINDAGEL GEL 1% .....	160
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	248	<i>clindamycin hcl cap 150 mg</i> .....	74
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i> .....	248	<i>clindamycin hcl cap 300 mg</i> .....	74
CITALOPRAM CAP 30MG.....	90	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	75
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	90	<i>clindamycin phosphate foam 1%</i> ....	160
<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	90	<i>clindamycin phosphate gel 1%</i> .....	160
<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	90	<i>clindamycin phosphate lotion 1%</i> ...	160
<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	90	<i>clindamycin phosphate soln 1%</i> .....	160
		<i>clindamycin phosphate swab 1%</i> ....	160
		<i>clindamycin phosphate vaginal cream 2%</i> .....	263
		<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> .....	160
		<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....	160
		<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> .....	160
		<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	160
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<i>codeine sulfate tab 30 mg</i> .....	64	COMPLEAT PED LIQ STND 1.4 .....	181
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<i>colchicine tab 0.6 mg</i> .....	201	COMPLETE NUT LIQ VANILLA .....	181
<i>colchicine w/ probenecid tab 0.5-500</i>		COMPLETENATE CHW .....	239
<i>mg</i> .....	201	<i>compro sup 25mg</i> .....	131
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<i>cold relief liq children</i> .....	155	CONCERTA TAB 36MG .....	53
<i>cold/cgh dm liq 2.5-1-5</i> .....	155	CONCERTA TAB 54MG .....	53
<i>cold/cough liq child</i> .....	155	CONDOMS LATEX LUBRICATED .....	214
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<i>gm</i> .....	111	CONZIP CAP 200MG .....	64
<i>colesevelam hcl tab 625 mg</i> .....	111	CONZIP CAP 300MG .....	64
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COLESTID FLA GRA 5GM .....	111	COPAXONE INJ 40MG/ML .....	256
COLESTID GRA 5GM .....	111	<i>coq10 cap 100mg</i> .....	57
COLESTID POW 5GM .....	111	COREG TAB 12.5MG .....	138
COLESTID TAB 1GM .....	111	COREG TAB 25MG .....	138
<i>colestipol hcl granule packets 5 gm</i>	111	COREG TAB 3.125MG .....	138
<i>colestipol hcl granules 5 gm</i> .....	111	COREG TAB 6.25MG .....	138
<i>colestipol hcl tab 1 gm</i> .....	111	CORGARD TAB 20MG .....	139
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COMPLEAT LIQ CLS SYS .....	180	COSENTYX INJ 75MG/0.5 .....	164
COMPLEAT LIQ ORG BLND .....	181	COSENTYX PEN INJ 150MG/ML .....	164
COMPLEAT LIQ PEPTIDE .....	181	COSENTYX PEN INJ 300DOSE .....	164
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<i>cough dm sus 30mg/5ml</i> .....	154	<i>culturelle chw</i> .....	238
<i>cough gels cap 15mg</i> .....	154	<i>culturelle chw kids</i> .....	238
<i>cough relief liq 15mg/5ml</i> .....	154	CULTURELLE CHW MULTIVIT .....	232
<i>cough/chest liq 20-400</i> .....	155	<i>culturelle chw womens</i> .....	103
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COZAAR TAB 100MG.....	115	<i>cvs antibiot cre pain rel</i> .....	162
COZAAR TAB 25MG .....	115	CVS BEAUTY LOT DRY SKIN.....	170
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CRAN-RASPBER LIQ FLAVOR.....	250	<i>cvs cold/flu liq daytime</i> .....	155
CREME DE MNT LIQ FLAVOR .....	250	<i>cvs coq-10 cap 100mg</i> .....	57
CREME DEMENT LIQ FLAVOR .....	250	<i>cvs coq-10 cap 50mg</i> .....	57
CREME OS LIQ.....	250	<i>cvs cough dm sus 30mg/5ml</i> .....	154
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CREON CAP 36000UNT.....	192	<i>cvs daytime liq cold/flu</i> .....	155
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CRESTOR TAB 40MG.....	112	<i>cvs eye dro original</i> .....	245
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CRINONE GEL 4% VAG .....	264	<i>cvs headache tab rel/rr</i> .....	63
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<i>cromolyn sodium nasal aerosol soln 5.2</i> <i>mg/act (4%)</i> .....	241	<i>cvs migraine tab relief</i> .....	63
<i>cromolyn sodium ophth soln 4%</i> ....	247	CVS MOISTURE CRE .....	170
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CULTURELLE CAP ADV REG.....	103	<i>cvs vit c tab 1000mg</i> .....	265
CULTURELLE CAP DIGESTIV .....	106	<i>cvs vit e cap 400unit</i> .....	265
<i>culturelle cap hlth/wel</i> .....	103	<i>cvs vitam e cap 180mg</i> .....	265
CULTURELLE CAP HLTH/WEL.....	106	CVSDIGESTIVE CAP PROBIOTC .....	103
		<i>cvstussin dm liq 20-400mg</i> .....	155

<i>cyanocobalamin inj 1000 mcg/ml ...</i>	205	<i>dapsone tab 100 mg.....</i>	74
<i>cyanocobalamin tab 100 mcg.....</i>	205	<i>dapsone tab 25 mg .....</i>	74
<i>cyanocobalamin tab 1000 mcg.....</i>	205	<i>darifenacin hydrobromide tab er 24hr</i>	
<i>cyanocobalamin tab 250 mcg.....</i>	205	<i>15 mg (base equiv) .....</i>	262
<i>cyanocobalamin tab 500 mcg.....</i>	205	<i>darifenacin hydrobromide tab er 24hr</i>	
<i>cyanocobalamin tab er 1000 mcg ...</i>	205	<i>7.5 mg (base equiv) .....</i>	262
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>		<i>dasetta tab 1/35 .....</i>	148
.....	240	<i>dasetta tab 7/7/7.....</i>	148
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>		<i>day cold/flu liq 10-5-325.....</i>	155
.....	240	DAYPRO TAB 600MG.....	60
<i>cyclobenzaprine hcl tab 10 mg .....</i>	240	<i>daysee tab .....</i>	148
<i>cyclobenzaprine hcl tab 5 mg.....</i>	240	<i>daytime liq cold/flu.....</i>	155
<i>cyclobenzaprine hcl tab 7.5 mg .....</i>	240	<i>day-time liq cold/flu .....</i>	155
<i>cyclopentolate hcl ophth soln 1% ...</i>	244	DAYTRANA DIS 10MG/9HR.....	53
<i>cyclophosphamide cap 25 mg .....</i>	121	DAYTRANA DIS 15MG/9HR.....	53
<i>cyclophosphamide cap 50 mg .....</i>	121	DAYTRANA DIS 20MG/9HR.....	53
<i>cyclosporine (ophth) emulsion 0.05%</i>		DAYTRANA DIS 30MG/9HR.....	53
.....	245	DAYVIGO TAB 10MG.....	209
<i>cyclosporine modified cap 100 mg ..</i>	229	DAYVIGO TAB 5MG.....	209
<i>cyclosporine modified cap 25 mg....</i>	229	<i>deblitane tab 0.35mg.....</i>	152
<i>cyclosporine modified oral soln 100</i>		DECUBI-VITE CAP .....	232
<i>mg/ml.....</i>	229	<i>deferasirox granules packet 180 mg</i>	106
CYMBALTA CAP 20MG .....	92	<i>deferasirox granules packet 360 mg</i>	106
CYMBALTA CAP 30MG .....	92	<i>deferasirox tab 180 mg.....</i>	106
CYMBALTA CAP 60MG .....	92	<i>deferasirox tab 360 mg.....</i>	106
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	110	<i>deferasirox tab 90 mg.....</i>	106
<i>cyproheptadine hcl tab 4 mg.....</i>	110	DEKAS CHW BARIATRI.....	232
<i>cyred eq tab .....</i>	148	DEKAS PLUS CAP .....	232
<i>cyred tab .....</i>	148	DEKAS PLUS CAP OCEAN .....	232
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<i>daily probio cap 250mg.....</i>	103	<i>denta 5000 cre plus 2pk.....</i>	230
DAIRY THICK LIQ HONEY .....	181	<i>dentagel gel 1.1%.....</i>	230
<i>dalfampridine tab er 12hr 10 mg....</i>	256	DEPAKOTE ER TAB 250MG.....	88
DALIRESP TAB 250MCG .....	77	DEPAKOTE ER TAB 500MG.....	88
DALIRESP TAB 500MCG .....	77	DEPAKOTE SPR CAP 125MG.....	88
DANTRIUM CAP 25MG.....	240	DEPAKOTE TAB 125MG DR .....	88
<i>dantrolene sodium cap 100 mg .....</i>	240	DEPAKOTE TAB 250MG DR .....	88
<i>dantrolene sodium cap 25 mg.....</i>	240	DEPAKOTE TAB 500MG DR .....	88
<i>dantrolene sodium cap 50 mg.....</i>	240	DEPO-PROVERA INJ 150MG/ML.....	151
<i>dapsone gel 5% .....</i>	160	DEPO-SQ PROV INJ 104.....	151
<i>dapsone gel 7.5% .....</i>	160	DERMABASE CRE .....	170

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DERMA-SMOOTH OIL /FS BODY .....	166	<i>dexamethasone elixir 0.5 mg/5ml ..</i>	152
DERMA-SMOOTH OIL /FS SCLP .....	166	<i>dexamethasone sodium phosphate</i>	
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DERMEND CRE FRAGILE.....	170	<i>dexamethasone tab 0.5 mg .....</i>	152
DESCOVY TAB 120-15MG .....	134	<i>dexamethasone tab 0.75 mg .....</i>	152
DESCOVY TAB 200/25MG .....	134	<i>dexamethasone tab 1 mg.....</i>	152
<i>desipramine hcl tab 10 mg .....</i>	93	<i>dexamethasone tab 1.5 mg .....</i>	152
<i>desipramine hcl tab 100 mg .....</i>	93	<i>dexamethasone tab 2 mg.....</i>	152
<i>desipramine hcl tab 150 mg .....</i>	93	<i>dexamethasone tab 4 mg.....</i>	152
<i>desipramine hcl tab 25 mg .....</i>	93	<i>dexamethasone tab 6 mg.....</i>	152
<i>desipramine hcl tab 50 mg .....</i>	93	<i>dexamethasone tab therapy pack 1.5</i>	
<i>desipramine hcl tab 75 mg .....</i>	93	<i>mg (21) .....</i>	152
<i>desloratadine tab 5 mg .....</i>	110	<i>dexamethasone tab therapy pack 1.5</i>	
<i>desloratadine tab orally disintegrating</i>		<i>mg (35) .....</i>	153
<i>2.5 mg .....</i>	110	<i>dexamethasone tab therapy pack 1.5</i>	
<i>desloratadine tab orally disintegrating</i>		<i>mg (51) .....</i>	153
<i>5 mg.....</i>	110	DEXCOM G6 MIS RECEIVER.....	214
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<i>desmopressin acetate tab 0.2 mg ...</i>	195	DEXCOM G6 MIS TRANSMIT .....	215
<i>desogest-eth estrad &amp; eth estrad tab</i>		DEXEDRINE CAP 10MG CR.....	49
<i>0.15-0.02/0.01 mg(21/5).....</i>	148	DEXEDRINE CAP 15MG CR.....	49
<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>		DEXILANT CAP 30MG DR.....	260
<i>mg-30 mcg.....</i>	148	DEXILANT CAP 60MG DR.....	260
<i>desonide cream 0.05% .....</i>	166	<i>dexlansoprazole cap delayed release 30</i>	
<i>desonide lotion 0.05% .....</i>	166	<i>mg .....</i>	260
<i>desonide oint 0.05%.....</i>	166	<i>dexlansoprazole cap delayed release 60</i>	
<i>desoximetasone cream 0.05% .....</i>	166	<i>mg .....</i>	260
<i>desoximetasone cream 0.25% .....</i>	166	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone gel 0.05%.....</i>	166	<i>10 mg.....</i>	53
<i>desoximetasone oint 0.05% .....</i>	166	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>desoximetasone oint 0.25% .....</i>	166	<i>15 mg.....</i>	54
<i>desoximetasone spray 0.25% .....</i>	166	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESOXYN TAB 5MG .....	49	<i>20 mg.....</i>	54
DESVENLAFAX TAB 100MG ER .....	92	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESVENLAFAX TAB 50MG ER .....	92	<i>25 mg.....</i>	54
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>100 mg (base equiv).....</i>	92	<i>30 mg.....</i>	54
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>25 mg (base equiv) .....</i>	92	<i>35 mg.....</i>	54
<i>desvenlafaxine succinate tab er 24hr</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>50 mg (base equiv) .....</i>	92	<i>40 mg.....</i>	54
DETROL LA CAP 2MG .....	262	<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
DETROL LA CAP 4MG .....	262	<i>mg .....</i>	53
DETROL TAB 1MG.....	262	<i>dexmethylphenidate hcl tab 10 mg... </i>	54
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<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i> .....	242	DIACOMIT CAP 250MG.....	83
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> .....	49	DIACOMIT CAP 500MG.....	83
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> .....	49	DIACOMIT PAK 250MG.....	83
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> .....	49	DIACOMIT PAK 500MG.....	83
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> .....	49	DIALYVIT 800 TAB ZINC 15.....	230
<i>dextroamphetamine sulfate tab 10 mg</i> .....	50	DIALYVITE TAB 800/ZINC.....	230
<i>dextroamphetamine sulfate tab 15 mg</i> .....	50	DIALYVITE TAB SUPREM D.....	232
<i>dextroamphetamine sulfate tab 20 mg</i> .....	50	<i>diaper rash oin 40%</i> .....	175
<i>dextroamphetamine sulfate tab 30 mg</i> .....	50	DIASTAT ACDL GEL 12.5-20.....	82
<i>dextroamphetamine sulfate tab 5 mg</i> .....	49	DIASTAT ACDL GEL 5-10MG.....	82
<i>dextromethorphan hbr cap 15 mg</i> ..	154	DIASTAT PED GEL 2.5M GEL.....	82
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<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> .....	156	<i>diazepam conc 5 mg/ml</i> .....	76
<i>dextromethorphan-guaifenesin tab 20-400 mg</i> .....	156	<i>diazepam oral soln 1 mg/ml</i> .....	76
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i> .....	156	<i>diazepam rectal gel delivery system 10 mg</i> .....	82
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i> .....	156	<i>diazepam rectal gel delivery system 2.5 mg</i> .....	82
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i> .....	156	<i>diazepam rectal gel delivery system 20 mg</i> .....	82
<i>dextromethorphan-phenylephrine-apap tab 10-5-325 mg</i> .....	156	<i>diazepam tab 10 mg</i> .....	76
<i>dextrose inj 5%</i> .....	242	<i>diazepam tab 2 mg</i> .....	76
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		<i>diclofenac potassium tab 50 mg</i> .....	60
		<i>diclofenac sodium (actinic keratoses) gel 3%</i> .....	164
		<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i> .....	162
		<i>diclofenac sodium ophth soln 0.1%</i> .....	247
		<i>diclofenac sodium soln 1.5%</i> .....	162
		<i>diclofenac sodium soln 2%</i> .....	162
		<i>diclofenac sodium tab delayed release 25 mg</i> .....	60
		<i>diclofenac sodium tab delayed release 50 mg</i> .....	60
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249	<i>diltiazem hcl cap er 24hr 180 mg</i> ...	141
<i>dicloxacillin sodium cap 500 mg</i> .....	<i>diltiazem hcl cap er 24hr 240 mg</i> ...	141
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260	<i>diltiazem hcl coated beads cap er 24hr</i>	
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.....260	<i>diltiazem hcl coated beads cap er 24hr</i>	
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160	<i>diltiazem hcl coated beads cap er 24hr</i>	
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160	<i>diltiazem hcl coated beads tab er 24hr</i>	
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160	<i>diltiazem hcl coated beads tab er 24hr</i>	
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103	<i>diltiazem hcl coated beads tab er 24hr</i>	
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212	<i>diltiazem hcl extended release beads</i>	
<i>diflorasone diacetate cream 0.05%</i>	<i>cap er 24hr 120 mg</i> .....	141
166	<i>diltiazem hcl extended release beads</i>	
<i>diflorasone diacetate oint 0.05%</i> ....	<i>cap er 24hr 180 mg</i> .....	141
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108	<i>diltiazem hcl extended release beads</i>	
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108	<i>diltiazem hcl extended release beads</i>	
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109	<i>diltiazem hcl tab 120 mg</i> .....	142
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106		
<i>digoxin oral soln 0.05 mg/ml</i> .....		
144		
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144		
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<i>dimetapp liq</i> .....	156	<i>sprinkle 125 mg</i> .....	88
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<i>release 240 mg</i> .....	256	<i>divalproex sodium tab delayed release</i>	
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DIOVAN TAB 40MG.....	115	<i>docusate calcium cap 240 mg</i> .....	210
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<i>diphenhydramine hcl cap 50 mg</i> .....	109	<i>docusate sodium cap 250 mg</i> .....	210
<i>diphenhydramine hcl chew tab 12.5 mg</i>		<i>docusate sodium cap 50 mg</i> .....	210
.....	109	<i>docusate sodium liquid 150 mg/15ml</i>	
<i>diphenhydramine hcl elixir 12.5</i>		.....	210
<i>mg/5ml</i> .....	109	<i>docusate sodium tab 100 mg</i> .....	210
<i>diphenhydramine hcl inj 50 mg/ml</i> .	109	<i>docusol mini ene</i> .....	210
<i>diphenhydramine hcl liquid 12.5</i>		<i>dodex inj</i> .....	206
<i>mg/5ml</i> .....	109	<i>donepezil hydrochloride orally</i>	
<i>diphenhydramine hcl tab 25 mg</i> .....	109	<i>disintegrating tab 10 mg</i> .....	254
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<i>25-500 mg (sleep)</i> .....	208	<i>disintegrating tab 5 mg</i> .....	254
<i>diphenhydramine-zinc acetate cream</i>		<i>donepezil hydrochloride tab 10 mg</i> .	254
<i>2-0.1%</i> .....	164	<i>donepezil hydrochloride tab 23 mg</i> .	254
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<i>dipyridamole tab 25 mg</i> .....	205	<i>soln 22.3-6.8 mg/ml</i> .....	243
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<i>dipyridamole tab 75 mg</i> .....	205	<i>dotti dis 0.0375mg</i> .....	196
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<i>dotti dis 0.075mg</i> .....	196	<i>drospirenone-ethinyl estrad-</i>	
<i>dotti dis 0.1mg</i> .....	196	<i>levomefolate tab 3-0.02-0.451 mg</i>	
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<i>doxazosin mesylate tab 1 mg</i> .....	116	<i>levomefolate tab 3-0.03-0.451 mg</i>	
<i>doxazosin mesylate tab 2 mg</i> .....	116	.....	148
<i>doxazosin mesylate tab 4 mg</i> .....	116	DROXIA CAP 200MG .....	205
<i>doxazosin mesylate tab 8 mg</i> .....	116	DROXIA CAP 300MG .....	205
<i>doxepin hcl (sleep) tab 3 mg (base</i>		DROXIA CAP 400MG .....	205
<i>equiv)</i> .....	208	<i>dry eye relf dro 0.4-0.3%</i> .....	242
<i>doxepin hcl (sleep) tab 6 mg (base</i>		<i>dry eye relf gel 1%</i> .....	242
<i>equiv)</i> .....	208	DT BODY LOTI LOT EX STR.....	170
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<i>doxepin hcl cap 100 mg</i> .....	93	DT FOOT MASS LOT.....	171
<i>doxepin hcl cap 150 mg</i> .....	93	DT HAND ELBO LOT & KNEE .....	171
<i>doxepin hcl cap 25 mg</i> .....	93	DT HEEL CARE LOT.....	171
<i>doxepin hcl cap 50 mg</i> .....	93	DUAKLIR AER 400/12 .....	79
<i>doxepin hcl cap 75 mg</i> .....	93	<i>dual prenatal cap immunity</i> .....	103
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<i>doxycycline hyclate cap 50 mg</i> .....	258	DUETACT TAB 30-4MG.....	94
<i>doxycycline hyclate tab 100 mg</i> .....	258	DUEXIS TAB 800-26.6 .....	60
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.....	259	<i>cap 20 mg (base eq)</i> .....	92
<i>doxycycline monohydrate tab 100 mg</i>		<i>duloxetine hcl enteric coated pellets</i>	
.....	259	<i>cap 30 mg (base eq)</i> .....	92
<i>doxycycline monohydrate tab 50 mg</i>		<i>duloxetine hcl enteric coated pellets</i>	
.....	259	<i>cap 40 mg (base eq)</i> .....	92
<i>doxylamine-pyridoxine tab delayed</i>		<i>duloxetine hcl enteric coated pellets</i>	
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<i>dronabinol cap 10 mg</i> .....	108	DUPIXENT INJ 300/2ML .....	169
<i>dronabinol cap 2.5 mg</i> .....	108	DUREZOL EMU 0.05%.....	245
<i>dronabinol cap 5 mg</i> .....	108	<i>dutasteride cap 0.5 mg</i> .....	200
DROPLET GENT MIS LANCING.....	215	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
DROPLET LANC MIS DEVICE .....	215	<i>mg</i> .....	200
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<i>0.02 mg</i> .....	148	<b>E</b>	
<i>drospirenone-ethinyl estradiol tab 3-</i>		<i>e.e.s. 400 tab 400mg</i> .....	211
<i>0.03 mg</i> .....	148	E.E.S. GRAN SUS 200/5ML .....	211
		<i>e-400 cap</i> .....	265
		<i>e400 cap 400unit</i> .....	265

<i>e-400 cap 400unit</i> .....	265	EFFEXOR XR CAP 37.5MG .....	92
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EASY FLOW MIS BLCK/ORG .....	224	EFFIENT TAB 10MG .....	205
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EASY FLOW MIS BLCK/WHT .....	224	EGGS/APPLES LIQ OATS .....	181
EASY FLOW MIS BLCK/YEL .....	224	ELEPSIA XR TAB 1000MG .....	83
EASY FLOW MIS WHT/BLUE .....	224	ELEPSIA XR TAB 1500MG .....	83
EASY FLOW MIS WHT/GREE .....	224	<i>eletriptan hydrobromide tab 20 mg</i>	
EASY FLOW MIS WHT/PINK .....	224	<i>(base equivalent)</i> .....	225
EASY FLOW MIS WHT/WHT .....	224	<i>eletriptan hydrobromide tab 40 mg</i>	
EASY FLOW MIS WHT/YELL .....	224	<i>(base equivalent)</i> .....	225
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EASYPOINT MIS 23GX1 .....	218	ELOCTATE INJ 4000UNIT .....	202
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<i>efavirenz cap 50 mg</i> .....	134	EMFLAZA TAB 30MG .....	153
<i>efavirenz tab 600 mg</i> .....	134	EMFLAZA TAB 36MG .....	153
<i>efavirenz-emtricitabine-tenofovir df tab</i>		EMFLAZA TAB 6MG .....	153
<i>600-200-300 mg</i> .....	134	EMGALITY INJ 100MG/ML .....	225
<i>efavirenz-lamivudine-tenofovir df tab</i>		EMGALITY INJ 120MG/ML .....	225
<i>400-300-300 mg</i> .....	134	EMOLLIA-CREM CRE .....	171
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<i>emtricitabine caps 200 mg .....</i>	134	<i>enoxaparin sodium inj soln pref syr 60</i>	
<i>emtricitabine-tenofovir disoproxil</i>		<i>mg/0.6ml .....</i>	81
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<i>enalapril maleate tab 2.5 mg .....</i>	114	ENSURE CLEAR LIQ MIX FRUT .....	181
<i>enalapril maleate tab 20 mg .....</i>	114	ENSURE CLEAR LIQ PEACH.....	181
<i>enalapril maleate tab 5 mg.....</i>	114	ENSURE CLIN LIQ MLK CHOC.....	181
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ENBREL MINI INJ 50MG/ML .....	63	ENSURE COMPA LIQ VANILLA .....	181
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<i>endocet tab 10-325mg.....</i>	69	ENSURE COMPL LIQ VANILLA.....	182
<i>endocet tab 5-325mg .....</i>	69	ENSURE ENLIV LIQ CHOCOLAT .....	182
<i>endocet tab 7.5-325 .....</i>	69	ENSURE ENLIV LIQ STRAWBER .....	182
<i>endur-acin tab 750mg .....</i>	265	ENSURE ENLIV LIQ VANILLA.....	182
<i>enemeez mini ene .....</i>	211	ENSURE HIGH LIQ CAL CHOC .....	182
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<i>estradiol vaginal tab 10 mcg</i> .....	264	EVEKEO ODT TAB 20MG .....	50
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<i>famciclovir tab 250 mg .....</i>	137	<i>fenofibrate micronized cap 43 mg... ..</i>	111
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<i>fantanyl citrate buccal tab 100 mcg (base equiv)</i> .....	65	<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> .....	207
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FISH FLAVOR LIQ.....	250	<i>flunisolide nasal soln 25 mcg/act</i>	
FITNESS TABS TAB MEN .....	233	<i>(0.025%) .....</i>	241
FITNESS TABS TAB WOMEN.....	233	<i>fluocinolone acetonide cream 0.01%</i>	
FLAGYL CAP 375MG.....	74	<i>.....</i>	167
FLAREX SUS 0.1% OP.....	245	<i>fluocinolone acetonide cream 0.025%</i>	
FLAVOR SWEET SYP S/F.....	252	<i>.....</i>	167
FLAVORX LIQ.....	250	<i>fluocinolone acetonide oil 0.01% (body</i>	
<i>flavoxate hcl tab 100 mg.....</i>	263	<i>oil) .....</i>	167
<i>flecainide acetate tab 100 mg .....</i>	76	<i>fluocinolone acetonide oil 0.01% (scalp</i>	
<i>flecainide acetate tab 150 mg .....</i>	76	<i>oil) .....</i>	167
<i>flecainide acetate tab 50 mg .....</i>	76	<i>fluocinolone acetonide oint 0.025% .</i>	167
FLECTOR DIS 1.3% .....	162	<i>fluocinolone acetonide soln 0.01% .</i>	167
FLEQSUVY SUS 25MG/5ML .....	240	<i>fluocinonide cream 0.05%.....</i>	167
<i>flintstones chw complete .....</i>	238	<i>fluocinonide cream 0.1%.....</i>	167
<i>flintstones chw multivit .....</i>	238	<i>fluocinonide emulsified base cream</i>	
<i>flintstones chw my first .....</i>	238	<i>0.05% .....</i>	167
<i>flintstones chw omega-3 .....</i>	238	<i>fluocinonide gel 0.05% .....</i>	167
<i>flintstones chw pls calc .....</i>	238	<i>fluocinonide oint 0.05% .....</i>	167
<i>flintstones chw w/iron .....</i>	238	<i>fluocinonide soln 0.05%.....</i>	167
FLOMAX CAP 0.4MG.....	200	<i>fluorometholone ophth susp 0.1%..</i>	245
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<i>floranex gra.....</i>	104	<i>fluoxetine hcl cap 40 mg .....</i>	90
<i>floranex tab.....</i>	104	<i>fluoxetine hcl cap delayed release 90</i>	
FLORASTOR CAP SELECT.....	104	<i>mg .....</i>	90
FLORIVA DRO PLUS .....	237	<i>fluoxetine hcl solution 20 mg/5ml ....</i>	90
FLOVENT DISK AER 100MCG .....	78	<i>fluoxetine hcl tab 10 mg .....</i>	90
FLOVENT DISK AER 250MCG .....	78	<i>fluoxetine hcl tab 20 mg .....</i>	90
FLOVENT DISK AER 50MCG .....	78	<i>fluoxetine hcl tab 60 mg .....</i>	90
FLOVENT HFA AER 110MCG .....	78	FLUOXETINE TAB 60MG .....	90
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<i>fluphenazine hcl oral conc 5 mg/ml</i> .....	131	<i>mg</i> .....	90
<i>fluphenazine hcl tab 1 mg</i> .....	131	<i>fluvoxamine maleate tab 100 mg</i> .....	90
<i>fluphenazine hcl tab 10 mg</i> .....	131	<i>fluvoxamine maleate tab 25 mg</i> .....	90
<i>fluphenazine hcl tab 2.5 mg</i> .....	131	<i>fluvoxamine maleate tab 50 mg</i> .....	90
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KETOR TROMET SPR 15.75MG.....	61	<i>labetalol hcl tab 200 mg</i> .....	138
<i>ketorolac tromethamine ophth soln</i>		<i>labetalol hcl tab 300 mg</i> .....	138
<i>0.4%</i> .....	247	<i>lacosamide oral solution 10 mg/ml</i> ...	84
<i>ketorolac tromethamine ophth soln</i>		<i>lacosamide tab 100 mg</i> .....	84
<i>0.5%</i> .....	247	<i>lacosamide tab 150 mg</i> .....	84
<i>ketorolac tromethamine tab 10 mg</i> ...	61	<i>lacosamide tab 200 mg</i> .....	84
<i>ketotifen fumarate ophth soln 0.025%</i>		<i>lacosamide tab 50 mg</i> .....	84
<i>(base equiv)</i> .....	247	<i>lactic acid (ammonium lactate) cream</i>	
KEVZARA INJ 150/1.14.....	60	<i>12%</i> .....	172
KEVZARA INJ 200/1.14.....	60	<i>lactic acid (ammonium lactate) lotion</i>	
KFLO LIQ.....	185	<i>12%</i> .....	172
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KINDERLYTE SOL.....	227	<i>lactobacillus - packet</i> .....	104
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<i>klor-con 10 tab 10meq er</i> .....	228	<i>lactulose solution 10 gm/15ml</i> .....	210
<i>klor-con 8 tab 8meq er</i> .....	228	LAMICTAL CHW 25MG.....	84
KLOXXADO SPR 8MG.....	106	LAMICTAL CHW 5MG.....	84
<i>kls headache tab relief</i> .....	63	LAMICTAL KIT START 35.....	84
KOATE INJ 250UNIT.....	203	LAMICTAL KIT START 49.....	84
KOATE INJ 500 UNIT.....	203	LAMICTAL KIT START 98.....	84
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KOGENATE FS INJ 1000UNIT.....	203	LAMICTAL ODT TAB 100MG.....	84
KOGENATE FS INJ 2000UNIT.....	203	LAMICTAL ODT TAB 200MG.....	84
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LAMICTAL TAB 150MG .....	84	LANCET CARRY MIS CASE .....	215
LAMICTAL TAB 200MG .....	84	LANCET DEVIC MIS 30G.....	216
LAMICTAL TAB 25MG .....	84	LANCET DEVIC MIS ADJUST .....	216
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LAMICTAL XR TAB 200MG .....	84	LANCING DEVI MIS .....	216
LAMICTAL XR TAB 250MG .....	84	LANCING DEVI MIS 25G.....	216
LAMICTAL XR TAB 25MG .....	84	LANCING DEVI MIS 30G.....	216
LAMICTAL XR TAB 300MG .....	84	LANCING MIS DEVICE.....	216
LAMICTAL XR TAB 50MG .....	84	<i>land bfr tim chw vit/c.....</i>	239
<i>lamivudine oral soln 10 mg/ml.....</i>	135	<i>lansoprazole cap delayed release 15</i>	
<i>lamivudine tab 100 mg (hbv).....</i>	137	<i>mg .....</i>	261
<i>lamivudine tab 150 mg .....</i>	135	<i>lansoprazole cap delayed release 30</i>	
<i>lamivudine tab 300 mg .....</i>	135	<i>mg .....</i>	261
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>lansoprazole tab delayed release orally</i>	
<i>.....</i>	135	<i>disintegrating 15 mg.....</i>	261
<i>lamotrigine orally disintegrating tab</i>		<i>lansoprazole tab delayed release orally</i>	
<i>100 mg .....</i>	84	<i>disintegrating 30 mg.....</i>	261
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<i>200 mg .....</i>	84	<i>mg (elemental) .....</i>	200
<i>lamotrigine orally disintegrating tab 25</i>		<i>lanthanum carbonate chew tab 500 mg</i>	
<i>mg .....</i>	84	<i>(elemental) .....</i>	199
<i>lamotrigine orally disintegrating tab 50</i>		<i>lanthanum carbonate chew tab 750 mg</i>	
<i>mg .....</i>	84	<i>(elemental) .....</i>	200
<i>lamotrigine tab 100 mg.....</i>	84	LANTUS INJ 100/ML .....	99
<i>lamotrigine tab 150 mg.....</i>	85	LANTUS SOLOS INJ 100/ML.....	99
<i>lamotrigine tab 200 mg.....</i>	85	LANZO MIS LANCING.....	216
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<i>mg starter kit.....</i>	84	LATUDA TAB 20MG.....	125
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<i>lamotrigine tab er 24hr 200 mg .....</i>	85	<i>leena tab.....</i>	149
<i>lamotrigine tab er 24hr 25 mg .....</i>	85	<i>leflunomide tab 10 mg.....</i>	62
<i>lamotrigine tab er 24hr 250 mg .....</i>	85	<i>leflunomide tab 20 mg.....</i>	62
<i>lamotrigine tab er 24hr 300 mg .....</i>	85	LEMON EXTRAC LIQ.....	251
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LEMON ZESTY LIQ SCRUB .....	176	0.1 mg-20 mcg .....	149
LEQVIO SOL .....	113	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
LESCOL XL TAB 80MG.....	112	0.15 mg-30 mcg .....	149
<i>lessina tab</i> .....	149	<i>levonorgestrel-eth estra tab 0.05-</i>	
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<i>letrozole tab 2.5 mg</i> .....	122	<i>eth est tab 0.01mg(7)</i> .....	149
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<i>leucovorin calcium tab 15 mg</i> .....	123	& <i>eth est tab 0.01mg(7)</i> .....	149
<i>leucovorin calcium tab 25 mg</i> .....	123	<i>levora-28 tab 0.15/30</i> .....	149
<i>leucovorin calcium tab 5 mg</i> .....	123	<i>levorphanol tartrate tab 2 mg</i> .....	66
LEUKERAN TAB 2MG .....	121	<i>levorphanol tartrate tab 3 mg</i> .....	66
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levothyroxine sodium tab 100 mcg</i> .	259
<i>(base equiv)</i> .....	79	<i>levothyroxine sodium tab 112 mcg</i> .	259
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		<i>levothyroxine sodium tab 125 mcg</i> .	259
<i>(base equiv)</i> .....	79	<i>levothyroxine sodium tab 137 mcg</i> .	259
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levothyroxine sodium tab 150 mcg</i> .	259
<i>(base equiv)</i> .....	79	<i>levothyroxine sodium tab 175 mcg</i> .	259
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levothyroxine sodium tab 200 mcg</i> .	259
<i>mg/0.5ml (base equiv)</i> .....	80	<i>levothyroxine sodium tab 25 mcg</i> ...	259
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levothyroxine sodium tab 300 mcg</i> .	259
<i>mcg/act (base equiv)</i> .....	80	<i>levothyroxine sodium tab 50 mcg</i> ...	259
<i>levamlodipine maleate tab 5 mg</i> ....	142	<i>levothyroxine sodium tab 75 mcg</i> ...	259
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<i>levetiracetam oral soln 100 mg/ml</i> ...	85	LEXAPRO TAB 20MG .....	90
<i>levetiracetam tab 1000 mg</i> .....	85	LEXAPRO TAB 5MG.....	90
<i>levetiracetam tab 250 mg</i> .....	85	LEXETTE AER 0.05%.....	168
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<i>levetiracetam tab 750 mg</i> .....	85	LEXIVA TAB 700MG .....	135
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<i>levobunolol hcl ophth soln 0.5%</i> ....	243	<i>lice treatmt liq 1%</i> .....	178
<i>levocetirizine dihydrochloride soln 2.5</i>		<i>lice trtmnt liq 1%</i> .....	178
<i>mg/5ml (0.5 mg/ml)</i> .....	110	LICORICE LIQ FLAVOR.....	251
<i>levocetirizine dihydrochloride tab 5 mg</i>		<i>lidocaine anorectal cream 5%</i> .....	73
.....	110	<i>lidocaine cream 4%</i> .....	174
<i>levofloxacin ophth soln 0.5%</i> .....	244	<i>lidocaine hcl viscous soln 2%</i> .....	229
<i>levofloxacin oral soln 25 mg/ml</i> ....	197	LIDOCAINE INJ 20MG/ML.....	76
<i>levofloxacin tab 250 mg</i> .....	197	<i>lidocaine patch 5%</i> .....	174
<i>levofloxacin tab 500 mg</i> .....	197	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>levofloxacin tab 750 mg</i> .....	197	.....	174
<i>levonest tab</i> .....	149	LIDODERM DIS 5% .....	174
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		LINZESS CAP 145MCG .....	199

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LINZESS CAP 72MCG .....	199	<i>loestrin fe tab 1/20</i> .....	149
<i>liothyronine sodium tab 25 mcg</i> .....	259	<i>loestrin tab 1/20-21</i> .....	149
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LIPITOR TAB 40MG .....	113	<i>loperamide hcl cap 2 mg</i> .....	106
LIPITOR TAB 80MG .....	113	<i>loperamide hcl tab 2 mg</i> .....	106
<i>lipocaine 5 cre 5%</i> .....	73	<i>loperamide sus 1mg/7.5</i> .....	106
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LIQUID HOPE LIQ .....	185	<i>mg/5ml (80-20 mg/ml)</i> .....	135
LIQUID HOPE LIQ PEPTIDE .....	186	<i>lopinavir-ritonavir tab 100-25 mg</i> ...	135
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		<i>lopinavir-ritonavir tab 200-50 mg</i> ...	135
<i>12.5 mg</i> .....	118	LOPRESSOR TAB 100MG .....	139
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		LOPRESSOR TAB 50MG .....	139
<i>12.5 mg</i> .....	118	LOPROX CRE 0.77% .....	163
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		LOPROX KIT 0.77% .....	163
<i>25 mg</i> .....	118	LOPROX SHA 1% .....	163
<i>lisinopril tab 10 mg</i> .....	114	LOPROX SUS 0.77% .....	163
<i>lisinopril tab 2.5 mg</i> .....	114	<i>loratadine &amp; pseudoephedrine tab er</i>	
<i>lisinopril tab 20 mg</i> .....	114	<i>12hr 5-120 mg</i> .....	156
<i>lisinopril tab 30 mg</i> .....	114	<i>loratadine &amp; pseudoephedrine tab er</i>	
<i>lisinopril tab 40 mg</i> .....	114	<i>24hr 10-240 mg</i> .....	156
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<i>lithium carbonate cap 150 mg</i> .....	124	<i>mg</i> .....	110
<i>lithium carbonate cap 300 mg</i> .....	125	<i>loratadine syrup 5 mg/5ml</i> .....	110
<i>lithium carbonate cap 600 mg</i> .....	125	<i>loratadine tab 10 mg</i> .....	110
<i>lithium carbonate tab 300 mg</i> .....	125	<i>lorazepam tab 0.5 mg</i> .....	76
<i>lithium carbonate tab er 300 mg</i> ....	125	<i>lorazepam tab 1 mg</i> .....	76
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LIVALO TAB 2MG .....	113	<i>lorzone tab 375mg</i> .....	240
LIVALO TAB 4MG .....	113	<i>lorzone tab 750mg</i> .....	240
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<i>losartan potassium tab 25 mg</i> .....	116	<i>lubiprostone cap 8 mcg</i> .....	197
<i>losartan potassium tab 50 mg</i> .....	116	<i>lubr/dry eye dro 0.5-0.9%</i> .....	242
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LOTEMAX OIN 0.5% .....	246	<i>lubricating lot skin</i> .....	172
LOTEMAX SM GEL 0.38% .....	246	<i>lubricnt eye dro 0.6%</i> .....	242
LOTEMAX SUS 0.5% .....	246	<i>lubricnt gel dro 1%</i> .....	242
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<i>lovastatin tab 20 mg</i> .....	113	LUXIQ AER 0.12% .....	168
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<i>nisoldipine tab er 24hr 30 mg .....</i>	142	<i>tab 1 mg-20 mcg .....</i>	150
<i>nisoldipine tab er 24hr 34 mg .....</i>	142	<i>norethindrone ace &amp; ethinyl estradiol</i>	
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<i>norethindrone ace &amp; ethinyl estradiol-fe</i>		NOVOLIN R INJ 100 UNIT.....	100
<i>tab 1.5 mg-30 mcg</i> .....	150	NOVOLIN R INJ RELION .....	100
<i>norethindrone ace-eth estradiol-fe</i>		NOVOLIN R INJ U-100 .....	100
<i>chew tab 1 mg-20 mcg (24)</i> .....	150	NOVOLIN70/30 INJ RELION.....	99
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<i>cap 1 mg-20 mcg (24)</i> .....	150	NOVOLOG INJ FLEX REL.....	100
<i>norethindrone acetate tab 5 mg</i> .....	253	NOVOLOG INJ FLEXPEN.....	100
<i>norethindrone ac-ethinyl estrad-fe tab</i>		NOVOLOG INJ PENFILL .....	100
<i>1-20/1-30/1-35 mg-mcg</i> .....	150	NOVOLOG INJ RELION .....	100
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<i>norgestimate &amp; ethinyl estradiol tab</i>		NOVOLOG MIX INJ FLEXPEN .....	100
<i>0.25 mg-35 mcg</i> .....	150	NOVOLOG RELI INJ 70/30 .....	100
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<i>pentazocine w/ naloxone hcl tab 50-0.5</i>		PERCOCET TAB 7.5-325 .....	70
<i>mg .....</i>	<i>71</i>	PERFOROMIST NEB 20MCG .....	80
<i>pentoxifylline tab er 400 mg .....</i>	<i>205</i>	<i>perindopril erbumine tab 2 mg .....</i>	<i>114</i>
PENTRAVAN CRE .....	173	<i>perindopril erbumine tab 4 mg .....</i>	<i>114</i>
PENTRAVAN CRE PLUS .....	173	<i>perindopril erbumine tab 8 mg .....</i>	<i>115</i>
PEPCID TAB 20MG.....	260	<i>permethrin cream 5%.....</i>	<i>178</i>
PEPCID TAB 40MG.....	260	<i>permethrin lotion 1%.....</i>	<i>178</i>
PEPPERMINT LIQ BURST OS .....	251	<i>perphenazine tab 16 mg .....</i>	<i>131</i>
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PEPTAMEN 1.5 LIQ PREBIO1 .....	188	<i>perphenazine tab 8 mg .....</i>	<i>131</i>
PEPTAMEN AF LIQ .....	188	<i>perphenazine-amitriptyline tab 2-10</i>	
PEPTAMEN AF LIQ UNFLAVOR .....	188	<i>mg .....</i>	<i>255</i>
PEPTAMEN JR LIQ 1 CAL.....	188	<i>perphenazine-amitriptyline tab 2-25</i>	
PEPTAMEN JR LIQ 1.5 CAL.....	188	<i>mg .....</i>	<i>255</i>
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<i>perphenazine-amitriptyline tab 4-10 mg</i> .....	255	<i>phenylephrine hcl tab 10 mg</i> .....	242
<i>perphenazine-amitriptyline tab 4-25 mg</i> .....	255	<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i> .....	73
<i>perphenazine-amitriptyline tab 4-50 mg</i> .....	255	PHENYTEK CAP 200MG.....	88
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PERSERIS INJ 90MG .....	126	<i>phenytoin chew tab 50 mg</i> .....	88
PERTZYE CAP 16000U.....	192	<i>phenytoin sodium extended cap 100 mg</i> .....	88
PERTZYE CAP 24000U.....	192	<i>phenytoin sodium extended cap 200 mg</i> .....	88
PERTZYE CAP 4000UNIT.....	192	<i>phenytoin sodium extended cap 300 mg</i> .....	88
PERTZYE CAP 8000UNIT.....	192	<i>phenytoin susp 125 mg/5ml</i> .....	88
PETROLATUM OIN 42% .....	253	<i>philith tab 0.4-35</i> .....	150
PETROLATUM OIN WHITE .....	253	PHILLIPS CAP COLON .....	104
PETROLATUM OIN YELLOW .....	253	PHOSLYRA SOL .....	200
PETROLEUM OIN BABY.....	253	PHOSPHOLINE SOL 0.125%OP.....	244
PETROLEUM OIN JELLY .....	253	<i>phospho-trin tab k500</i> .....	228
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PEXEVA TAB 20MG .....	91	<i>phytonadione tab 5 mg</i> .....	265
PEXEVA TAB 30MG .....	91	PIFELTRO TAB 100MG.....	135
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PFT FILTER MIS 2000.....	224	<i>pilocarpine hcl ophth soln 2%</i> .....	244
PFT FILTER MIS 3000.....	224	<i>pilocarpine hcl ophth soln 4%</i> .....	244
PFT FILTER MIS 4000.....	224	PILOT COVID KIT HOME TES .....	179
PFT FILTER MIS 5000.....	224	<i>pimecrolimus cream 1%</i> .....	174
PFT FILTER MIS 6000.....	224	<i>pimozide tab 1 mg</i> .....	258
PFT FILTER MIS 7000.....	224	<i>pimozide tab 2 mg</i> .....	258
<i>pharbinex-dm tab 20-400mg</i> .....	157	<i>pimtrea tab</i> .....	150
PHARM SYRNG MIS TRAY 1ML.....	222	PINA COLADA LIQ FLAVOR .....	251
PHARM TRAY MIS 1ML/REG .....	222	<i>pindolol tab 10 mg</i> .....	140
<i>phenaseptic liq 1.4%</i> .....	230	<i>pindolol tab 5 mg</i> .....	140
<i>phenazopyridine hcl tab 100 mg</i> .....	200	PINEAPPLE LIQ FLAVOR .....	251
<i>phenazopyridine hcl tab 200 mg</i> .....	201	<i>pioglitazone hcl tab 15 mg (base equiv)</i> .....	100
<i>phenelzine sulfate tab 15 mg</i> .....	89	<i>pioglitazone hcl tab 30 mg (base equiv)</i> .....	100
PHENERGAN INJ 25MG/ML.....	110	<i>pioglitazone hcl tab 45 mg (base equiv)</i> .....	100
PHENERGAN INJ 50MG/ML.....	110	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i> .....	96
<i>phenobarbital elixir 20 mg/5ml</i> .....	208	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	96
<i>phenobarbital tab 100 mg</i> .....	208	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	96
<i>phenobarbital tab 15 mg</i> .....	208	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	96
<i>phenobarbital tab 16.2 mg</i> .....	208		
<i>phenobarbital tab 30 mg</i> .....	208		
<i>phenobarbital tab 32.4 mg</i> .....	208		
<i>phenobarbital tab 60 mg</i> .....	208		
<i>phenobarbital tab 64.8 mg</i> .....	208		
<i>phenobarbital tab 97.2 mg</i> .....	208		
PHENYLADE LIQ GMP READ .....	189		
PHENYLADE LIQ RTD .....	189		

<i>pirmella tab 1/35</i> .....	150	<i>polysaccharide iron complex cap 150</i>	
<i>pirmella tab 7/7/7</i> .....	150	<i>mg (iron equivalent)</i> .....	207
<i>piroxicam cap 10 mg</i> .....	62	POLYTRIM SOL OP .....	245
<i>piroxicam cap 20 mg</i> .....	62	POLY-TUSSIN LIQ 10-4-10 .....	157
PIVOT LIQ 1.5 CAL .....	189	POLY-VI-FLOR CHW 0.25MG .....	238
PKU AIR20 LIQ GOLD.....	189	POLY-VI-FLOR CHW 0.5MG.....	238
PKU AIR20 LIQ GREEN .....	189	POLY-VI-FLOR CHW 1MG.....	238
PKU AIR20 LIQ YELLOW .....	189	<i>polyvinyl alcohol ophth soln 1.4%</i> ..	242
PKU COOLER LIQ 15 ORNGE .....	189	<i>polyvinyl alcohol-povidone ophth soln</i>	
PKU COOLER LIQ 15 PRPLE.....	189	<i>5-6 mg/ml (0.5-0.6%)</i> .....	242
PKU COOLR 10 LIQ ORANGE .....	189	POLY-VI-SOL SOL 50MG/ML .....	239
PKU COOLR 10 LIQ PURPLE .....	189	POLY-VI-SOL SOL IRON .....	238
PKU COOLR 10 LIQ RED .....	189	POLY-VITA DRO .....	239
PKU COOLR 10 LIQ WHITE .....	189	POLY-VITE DRO .....	239
PKU COOLR 15 LIQ RED .....	189	POLY-VITE SOL 50MG/ML.....	239
PKU COOLR 15 LIQ WHITE .....	189	POLY-VITE SOL IRON.....	238
PKU COOLR 20 LIQ ORANGE .....	189	PONVORY TAB 20MG .....	257
PKU COOLR 20 LIQ PURPLE .....	189	PONVORY TAB STARTER.....	257
PKU COOLR 20 LIQ RED .....	189	PORENAL+D CAP OMEGA 3 .....	235
PKU COOLR 20 LIQ WHITE .....	189	<i>portia-28 tab</i> .....	150
PKU LOPHLEX LIQ LQ 20 .....	189	<i>posaconazole tab delayed release 100</i>	
PKU SPHERE LIQ 20.....	189	<i>mg</i> .....	109
PLAVIX TAB 75MG .....	205	<i>pot phos monobasic w/sod phos di &amp;</i>	
PLEGRIDY INJ .....	257	<i>monobas tab 155-852-130mg</i> .....	228
PLEGRIDY INJ PEN.....	257	<i>potassium &amp; sodium phosphates</i>	
PLEGRIDY INJ STARTER .....	257	<i>powder pack 280-160-250 mg</i> ....	228
PLEGRIDY PEN INJ STARTER.....	257	<i>potassium bicarbonate effer tab 25</i>	
<i>podofilox soln 0.5%</i> .....	174	<i>meq</i> .....	228
POLY HUB MIS 18GX1 .....	222	<i>potassium chloride cap er 10 meq</i> ..	228
POLY HUB MIS 22GX1 .....	222	<i>potassium chloride cap er 8 meq</i> ....	228
POLY HUB MIS 22GX1.5 .....	222	<i>potassium chloride microencapsulated</i>	
POLY HUB MIS 23GX1 .....	222	<i>crys er tab 10 meq</i> .....	228
POLY HUB MIS 23GX1.5 .....	222	<i>potassium chloride microencapsulated</i>	
POLY HUB MIS 25GX1 .....	222	<i>crys er tab 20 meq</i> .....	228
POLY HUB MIS 25GX1.5 .....	222	<i>potassium chloride oral soln 10% (20</i>	
POLY HUB MIS 25GX5/8.....	222	<i>meq/15ml)</i> .....	228
POLY HUB MIS 27GX1/2.....	222	<i>potassium chloride oral soln 20% (40</i>	
POLY HUB MIS 30GX1/2.....	222	<i>meq/15ml)</i> .....	228
<i>polyethylene glycol 3350 oral powder</i>		<i>potassium chloride tab er 10 meq</i> ..	229
.....	210	<i>potassium chloride tab er 20 meq</i>	
<i>polyethylene glycol-propylene glycol</i>		<i>(1500 mg)</i> .....	229
<i>ophth soln 0.4-0.3%</i> .....	242	<i>potassium chloride tab er 8 meq (600</i>	
<i>polyethylene glycol-propylene glycol pf</i>		<i>mg)</i> .....	228
<i>op soln 0.4-0.3%</i> .....	242	<i>potassium citrate &amp; citric acid soln</i>	
<i>poly-iron cap 150mg</i> .....	207	<i>1100-334 mg/5ml</i> .....	200
<i>polymyxin b-trimethoprim ophth soln</i>		<i>potassium citrate tab er 10 meq (1080</i>	
<i>10000 unit/ml-0.1%</i> .....	244	<i>mg)</i> .....	200

<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	200	<i>prazosin hcl cap 2 mg</i> .....	116
<i>potassium citrate tab er 5 meq (540 mg)</i> .....	200	<i>prazosin hcl cap 5 mg</i> .....	116
PRADAXA CAP 110MG .....	82	PRECISIONGLI MIS 27GX1.5 .....	222
PRADAXA CAP 150MG .....	82	PRED FORTE SUS 1% OP .....	246
PRADAXA CAP 75MG .....	81	PRED MILD SUS 0.12% OP .....	246
PRALINES/CRM LIQ FLAVOR .....	251	PRED SOD PHO SOL 1% OP .....	246
PRALUENT INJ 150MG/ML .....	114	PRED-G S.O.P OIN OP .....	246
PRALUENT INJ 75MG/ML .....	113	PRED-G SUS OP .....	246
<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	124	<i>prednicarbate oint 0.1%</i> .....	168
<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	124	<i>prednisolone acetate ophth susp 1%</i> .....	246
<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	124	<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> .....	153
<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	124	<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> .....	153
<i>pramipexole dihydrochloride tab 1 mg</i> .....	124	<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> .....	153
<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	124	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	153
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	124	<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> .....	153
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	124	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	153
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	124	<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> .....	153
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> .....	124	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	153
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	124	<i>prednisolone soln 15 mg/5ml</i> .....	153
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	124	PREDNISON CON 5MG/ML .....	153
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	124	<i>prednisone oral soln 5 mg/5ml</i> .....	153
<i>pramoxine hcl perianal foam 1%</i> .....	73	<i>prednisone tab 1 mg</i> .....	153
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> .....	73	<i>prednisone tab 10 mg</i> .....	153
<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	205	<i>prednisone tab 2.5 mg</i> .....	153
<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	205	<i>prednisone tab 20 mg</i> .....	154
<i>pravastatin sodium tab 10 mg</i> .....	113	<i>prednisone tab 5 mg</i> .....	153
<i>pravastatin sodium tab 20 mg</i> .....	113	<i>prednisone tab 50 mg</i> .....	154
<i>pravastatin sodium tab 40 mg</i> .....	113	<i>prednisone tab therapy pack 10 mg (21)</i> .....	154
<i>pravastatin sodium tab 80 mg</i> .....	113	<i>prednisone tab therapy pack 10 mg (48)</i> .....	154
<i>prazosin hcl cap 1 mg</i> .....	116	<i>prednisone tab therapy pack 5 mg (21)</i> .....	154
		<i>prednisone tab therapy pack 5 mg (48)</i> .....	154
		<i>pregabalin cap 100 mg</i> .....	86
		<i>pregabalin cap 150 mg</i> .....	86
		<i>pregabalin cap 200 mg</i> .....	86

<i>pregabalin cap 225 mg</i> .....	86	PRILOSEC POW 10MG .....	262
<i>pregabalin cap 25 mg</i> .....	85	PRILOSEC POW 2.5MG .....	262
<i>pregabalin cap 300 mg</i> .....	86	<i>primadophilu cap</i> .....	104
<i>pregabalin cap 50 mg</i> .....	86	<i>primidone tab 250 mg</i> .....	86
<i>pregabalin cap 75 mg</i> .....	86	<i>primidone tab 50 mg</i> .....	86
<i>pregabalin soln 20 mg/ml</i> .....	86	PRISTIQ TAB 100MG .....	92
<i>pregabalin tab er 24hr 165 mg</i> .....	258	PRISTIQ TAB 25MG .....	92
<i>pregabalin tab er 24hr 330 mg</i> .....	258	PRISTIQ TAB 50MG .....	92
<i>pregabalin tab er 24hr 82.5 mg</i> .....	258	PROAIR DIGIH AER .....	80
PREMARIN VAG CRE 0.625MG .....	264	PROAIR RESPI AER.....	80
PRENATABS FA TAB 29-1MG .....	239	PROBALANCE LIQ ULTRAPAK .....	190
PRENATAL 19 TAB .....	239	PROBALANCE LIQ VANILLA.....	190
PRENATAL CAP FORMULA .....	239	<i>probenecid tab 500 mg</i> .....	201
<i>prenatal chw wellness</i> .....	104	<i>probiata tab</i> .....	104
<i>prenatal vit w/ fe fumarate-fa chew tab</i> <i>29-1 mg- rx</i> .....	239	PROBIO COLON CAP SUPPORT .....	104
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG.....	239	PROBIOMAX CAP COMPLETE .....	104
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG .....	239	PROBIOMAX CAP DAILY DF.....	104
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX .....	239	PROBIOMAX CAP LEAN DF.....	104
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG.....	239	PROBIOMAX SB CAP DF .....	104
<i>prenatal vit w/ iron carbonyl-fa tab 29-</i> <i>1 mg</i> .....	239	PROBIOT DIG CAP SUP INUL .....	104
<i>preparatio h pad totable</i> .....	176	PROBIOT DIG CAP SUPPORT.....	104
<i>preparation pad h</i> .....	176	PROBIOT PRLS CAP MAX POTE.....	104
<i>preparation sup h</i> .....	73	PROBIOT PRLS CAP WOMENS .....	104
PRESERVISION CAP AREDS .....	235	PROBIOTIC & CAP ACIDOPHI .....	104
PRESERVISION CAP AREDS 2 .....	235	PROBIOTIC + CAP OMEGA-3.....	105
PRESERVISION CAP LUTEIN.....	235	<i>probiotic cap</i> .....	105
PRESERVISION CHW AREDS 2 .....	235	PROBIOTIC CAP .....	105
PRESERVISION TAB AREDS .....	235	<i>probiotic cap acidophi</i> .....	105
PRETTY FEET CRE & HANDS.....	173	PROBIOTIC CAP ACIDOPHI .....	105
PREVACID 24H CAP 15MG DR .....	261	PROBIOTIC CAP ADLT 50+ .....	105
PREVACID CAP 30MG DR.....	261	PROBIOTIC CAP ADULT.....	105
PREVACID TAB 15MG STB .....	261	PROBIOTIC CAP BLEND .....	105
PREVACID TAB 30MG STB .....	261	PROBIOTIC CAP COLON .....	105
<i>prevalite pow 4gm</i> .....	111	PROBIOTIC CAP COMPLEX .....	105
<i>prevalite pow 4gm pk</i> .....	111	PROBIOTIC CAP DAILY.....	105
PREZCOBIX TAB 800-150 .....	135	PROBIOTIC CAP DIGESTIV .....	105
PREZISTA SUS 100MG/ML .....	135	<i>probiotic cap gold</i> .....	105
PREZISTA TAB 150MG .....	135	PROBIOTIC CAP MAX STR.....	105
PREZISTA TAB 600MG .....	135	PROBIOTIC CAP MAX STRE.....	105
PREZISTA TAB 75MG .....	135	PROBIOTIC CAP MOOD .....	105
PREZISTA TAB 800MG .....	135	PROBIOTIC CAP PEARLS .....	105
		PROBIOTIC CAP PREBIOTI.....	105
		PROBIOTIC CAP SUPER .....	105
		PROBIOTIC CAP TURMERIC .....	105
		PROBIOTIC CAP VITA C.....	105
		<i>probiotic chw children</i> .....	105
		<i>probiotic pak children</i> .....	105

PROBIOTIC TAB 2 IN 1.....	105	<i>promethazine hcl tab 25 mg</i> .....	110
PROBIOTIC TAB ENZYME.....	105	<i>promethazine hcl tab 50 mg</i> .....	110
PROBIOTIC TAB TRIPLE .....	105	<i>promethazine w/ codeine syrup 6.25-</i>	
PROBIOTIC-10 CAP ULTIMATE .....	105	<i>10 mg/5ml</i> .....	157
PROBIZEN CAP.....	105	<i>promethazine-dm syrup 6.25-15</i>	
PRO-CAL TAB.....	235	<i>mg/5ml</i> .....	157
PROCARDIA XL TAB 30MG CR.....	143	<i>promethazine-phenylephrine-codeine</i>	
PROCARDIA XL TAB 60MG CR.....	143	<i>syrup 6.25-5-10 mg/5ml</i> .....	158
PROCARDIA XL TAB 90MG CR.....	143	PROMETRIUM CAP 100MG .....	254
PROCARE ARM MIS BP MONIT.....	213	PROMETRIUM CAP 200MG .....	254
PROCARE WRST MIS BP MONIT.....	213	PROMOD LIQ .....	190
<i>procentra sol 5mg/5ml</i> .....	50	PROMOTE 1.0 LIQ VANILLA .....	190
PROCERV HP TAB .....	235	PROMOTE 1.0 LIQ W/ FIBER .....	190
<i>prochlorperazine edisylate inj 10</i>		PROMOTE LIQ.....	190
<i>mg/2ml</i> .....	131	PROMOTE LIQ R-T-HANG .....	190
<i>prochlorperazine maleate tab 10 mg</i>		PROMOTE LIQ VANILLA.....	190
<i>(base equivalent)</i> .....	131	PROMOTE W/ LIQ FIBER.....	190
<i>prochlorperazine maleate tab 5 mg</i>		PROMOTE W/FB LIQ VANILLA .....	190
<i>(base equivalent)</i> .....	131	PROMOTE/ LIQ FIBER .....	190
<i>prochlorperazine suppos 25 mg</i> .....	131	<i>propafenone hcl tab 150 mg</i> .....	76
PROCRIT INJ 10000/ML.....	206	<i>propafenone hcl tab 225 mg</i> .....	76
PROCRIT INJ 2000/ML .....	206	<i>propafenone hcl tab 300 mg</i> .....	76
PROCRIT INJ 20000/ML.....	206	<i>proparacaine hcl ophth soln 0.5%</i> ..	245
PROCRIT INJ 3000/ML .....	206	<i>propranolol hcl cap er 24hr 120 mg</i>	140
PROCRIT INJ 4000/ML .....	206	<i>propranolol hcl cap er 24hr 160 mg</i>	140
PROCRIT INJ 40000/ML.....	206	<i>propranolol hcl cap er 24hr 60 mg</i> ..	140
PROCTOCORT CRE 1% .....	73	<i>propranolol hcl cap er 24hr 80 mg</i> ..	140
PRODIGY MIS LANC DEV .....	216	<i>propranolol hcl oral soln 20 mg/5ml</i>	140
PROFILNINE INJ 1000UNIT .....	204	<i>propranolol hcl oral soln 40 mg/5ml</i>	140
PROFILNINE INJ 1500UNIT .....	204	<i>propranolol hcl tab 10 mg</i> .....	140
PROFILNINE INJ 500UNIT.....	204	<i>propranolol hcl tab 20 mg</i> .....	140
PRO-FLORA CAP IMMUNE .....	104	<i>propranolol hcl tab 40 mg</i> .....	140
<i>progesterone cap 100 mg</i> .....	253	<i>propranolol hcl tab 60 mg</i> .....	140
<i>progesterone cap 200 mg</i> .....	254	<i>propranolol hcl tab 80 mg</i> .....	140
<i>progesterone im in oil 50 mg/ml</i> ....	254	<i>propylthiouracil tab 50 mg</i> .....	259
PROGLYCEM SUS 50MG/ML .....	97	PRORENAL +D TAB.....	235
PROLENSA SOL 0.07%.....	247	PRORENAL+D CAP OMEGA-3 .....	235
<i>prometh vc syp 6.25-5/5</i> .....	157	PRORENAL+D TAB.....	235
<i>prometh vc/ syp codeine</i> .....	157	PROSCAR TAB 5MG .....	200
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<i>6.25-5 mg/5ml</i> .....	157	PROSOURCE LIQ NO CARB .....	190
<i>promethazine hcl inj 25 mg/ml</i> .....	110	PROSOURCE LIQ PLUS.....	190
<i>promethazine hcl inj 50 mg/ml</i> .....	110	PROSOURCE LIQ TF.....	190
<i>promethazine hcl suppos 12.5 mg</i> ..	110	PROSOURCE LIQ ZAC .....	190
<i>promethazine hcl suppos 25 mg</i> .....	110	PROSURE LIQ .....	190
<i>promethazine hcl suppos 50 mg</i> .....	110	PROTAIN XL LIQ.....	190
<i>promethazine hcl tab 12.5 mg</i> .....	110	PROTECT CAP CARDIO.....	235

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PROTONIX TAB 20MG .....	262	<i>px headache tab relief</i> .....	63
PROTONIX TAB 40MG .....	262	<i>px migraine tab relief</i> .....	63
PROTOPIC OIN 0.03% .....	174	PX VANILLA LIQ PLUS .....	190
PROTOPIC OIN 0.1% .....	174	PYLERA CAP.....	262
PROVELLA TAB.....	105	<i>pyrethrins-piperonyl butoxide liq 0.33-</i>	
PROVENTIL AER HFA.....	80	<i>4%</i> .....	178
PROVERA TAB 10MG .....	254	<i>pyrethrins-piperonyl butoxide shampoo</i>	
PROVERA TAB 2.5MG .....	254	<i>0.33-4%</i> .....	178
PROVERA TAB 5MG.....	254	<i>pyridostigmine bromide oral soln 60</i>	
PROVIGIL TAB 100MG.....	56	<i>mg/5ml</i> .....	121
PROVIGIL TAB 200MG.....	56	<i>pyridostigmine bromide tab 60 mg</i> .	121
PROVIT TAB.....	235	<i>pyridoxine hcl tab 100 mg</i> .....	266
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PROZAC CAP 20MG.....	91	<i>pyridoxine hcl tab 50 mg</i> .....	266
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<i>2-10 mg/5ml</i> .....	158	<i>qc childrens chw complete</i> .....	238
<i>pseudoephedrine hcl tab 30 mg</i> .....	242	<i>qc childrens chw extra c</i> .....	239
<i>pseudoephedrine hcl tab 60 mg</i> .....	242	<i>qc clotrimaz cre 1%</i> .....	264
<i>pseudoephedrine hcl tab er 12hr 120</i>		<i>qc daytime liq cold/flu</i> .....	158
<i>mg</i> .....	242	<i>qc dibromm liq cld/cgh</i> .....	158
<i>pseudoephedrine-guaifenesin tab er</i>		<i>qc diclofena gel 1%</i> .....	162
<i>12hr 60-600 mg</i> .....	158	<i>qc eye drops dro 0.05%</i> .....	245
<i>pseudoephedrine-ibuprofen tab 30-200</i>		<i>qc headache tab relief</i> .....	63
<i>mg</i> .....	158	<i>qc hemorrhoi oin</i> .....	73
PSS SEL PLAT MIS .....	216	QC LANCING MIS DEVICE.....	216
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<i>psyllium powder 28.3%</i> .....	209	<i>qc medicatd pad wipes</i> .....	176
<i>psyllium powder 48.57%</i> .....	209	<i>qc medifin tab dm</i> .....	158
<i>psyllium powder 58.6%</i> .....	209	<i>qc mucus rel liq cong/cgh</i> .....	158
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PULMICORT SUS 0.25MG/2 .....	78	<i>qc natural pow vegetabl</i> .....	209
PULMICORT SUS 0.5MG/2 .....	78	<i>qc vitamin c tab 1000mg</i> .....	266
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PULMOCARE LIQ STRAWBER.....	190	QNASL AER 80MCG .....	241
PULMOCARE LIQ VANILLA .....	190	QNASL CHILD SPR 40MCG.....	241
PULMOZYME SOL 1MG/ML .....	258	<i>q-sorb cap 100mg</i> .....	58
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PURE COMFORT MIS 3-BALL .....	224	QSYMIA CAP 11.25-69 .....	51

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QSYMIA CAP 3.75-23 .....	51	<i>mg</i> .....	121
QSYMIA CAP 7.5-46MG .....	51	<i>quinine sulfate cap 324 mg</i> .....	190
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QUDEXY XR CAP 150/24HR.....	86	QULIPTA TAB 60MG.....	174
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QUDEXY XR CAP 25/24HR .....	86	QUTENZA KIT 8% 2-PCH.....	174
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<i>quetiapine fumarate tab 150 mg</i> ....	129	QVAR REDIHAL AER 40MCG.....	<b>R</b>
<i>quetiapine fumarate tab 200 mg</i> ....	129	<i>ra anorectal cre 5%</i> .....	73
<i>quetiapine fumarate tab 25 mg</i> .....	129	<i>ra antibioti cre plus</i> .....	162
<i>quetiapine fumarate tab 300 mg</i> ....	129	<i>ra b-complex tab</i> .....	230
<i>quetiapine fumarate tab 400 mg</i> ....	129	<i>ra b-complex tab w/b-12</i> .....	230
<i>quetiapine fumarate tab 50 mg</i> .....	129	RA BLOOD MIS PRESSURE .....	213
<i>quetiapine fumarate tab er 24hr 150</i>		<i>ra coenzyme cap 100mg</i> .....	58
<i>mg</i> .....	129	<i>ra cold/cgh liq child</i> .....	158
<i>quetiapine fumarate tab er 24hr 200</i>		<i>ra cold/cgh liq dm</i> .....	158
<i>mg</i> .....	129	<i>ra cough dm sus 30mg/5ml</i> .....	155
<i>quetiapine fumarate tab er 24hr 300</i>		RA DAYLOGIC LOT HEALING .....	173
<i>mg</i> .....	129	<i>ra daytime liq cold/flu</i> .....	158
<i>quetiapine fumarate tab er 24hr 400</i>		<i>ra headache tab formula</i> .....	63
<i>mg</i> .....	129	RA MELATONIN TAB 3MG .....	58
<i>quetiapine fumarate tab er 24hr 50 mg</i>		<i>ra migraine tab relief</i> .....	63
.....	129	RA PETROLEUM OIN .....	253
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QUILLICHEW CHW 20MG ER .....	56	<i>ra vit c/rh tab 1000mg</i> .....	266
QUILLICHEW CHW 30MG ER .....	56	<i>ra vitamin c tab 250mg</i> .....	266
QUILLICHEW CHW 40MG ER .....	56	<i>rabeprazole sodium ec tab 20 mg</i> ...	262
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<i>quinapril hcl tab 10 mg</i> .....	115	<i>ramelteon tab 8 mg</i> .....	209
<i>quinapril hcl tab 20 mg</i> .....	115	<i>ramipril cap 1.25 mg</i> .....	115
<i>quinapril hcl tab 40 mg</i> .....	115	<i>ramipril cap 10 mg</i> .....	115
<i>quinapril hcl tab 5 mg</i> .....	115	<i>ramipril cap 2.5 mg</i> .....	115
<i>quinapril-hydrochlorothiazide tab 10-</i>		<i>ramipril cap 5 mg</i> .....	115
<i>12.5 mg</i> .....	119	<i>ranolazine tab er 12hr 1000 mg</i> .....	75
<i>quinapril-hydrochlorothiazide tab 20-</i>		<i>ranolazine tab er 12hr 500 mg</i> .....	75
<i>12.5 mg</i> .....	119	RAPAFLO CAP 4MG .....	200

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RASUVO INJ 7.5MG .....	59	REGULAR LIQ NUTRITIO .....	190
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REASON LIQ CHOCOLAT.....	190	RELION PREM MIS MONITOR .....	213
REASON LIQ STRAWBRY .....	190	RELION TRUE TES METRIX .....	179
REASON LIQ VANILLA .....	190	RELISTOR INJ 12/0.6ML.....	199
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RECOMBINATE INJ 220-400.....	204	REMERON SLTB TAB 45MG .....	89
RECOMBINATE INJ 401-800.....	204	REMERON TAB 15MG .....	89
RECOMBINATE INJ 801-1240.....	204	REMERON TAB 30MG .....	89
<i>rectasmoothe cre 5%</i> .....	73	REMICADE INJ 100MG .....	199
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REDITREX INJ 12.5/0.5.....	59	RENALCAL LIQ UNFLAVOR.....	190
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REDITREX INJ 17.5/0.7.....	59	RENASTEP LIQ VANILLA.....	190
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REDITREX INJ 22.5/0.9.....	60	RENVELA POW 0.8GM .....	200
REDITREX INJ 25MG/ML.....	60	RENVELA POW 2.4GM .....	200
REDITREX INJ 7.5/.3ML .....	59	RENVELA TAB 800MG .....	200
<i>redness reli sol eye drop</i> .....	245	<i>repaglinide tab 0.5 mg</i> .....	100
<i>refenesen dm tab 400-20mg</i> .....	158	<i>repaglinide tab 1 mg</i> .....	100
<i>refresh cell gel 1% op</i> .....	243	<i>repaglinide tab 2 mg</i> .....	100



REPATHA INJ 140MG/ML .....	114	RETIN-A MICR GEL 0.06%.....	161
REPATHA PUSH INJ 420/3.5 .....	114	RETIN-A MICR GEL 0.08%.....	161
REPATHA SURE INJ 140MG/ML.....	114	RETIN-A MICR GEL 0.1% .....	161
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REPLETE LIQ FIBER .....	190	REVATIO TAB 20MG .....	145
REPLETE LIQ ULTRAPAK .....	190	REXULTI TAB 0.25MG .....	133
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RESOURCE KID LIQ FR VAN.....	190	REXULTI TAB 3MG .....	133
RESOURCE KID LIQ SW CHOC .....	190	REXULTI TAB 4MG.....	133
RESOURCE KID LIQ W/FIBER.....	191	REYATAZ CAP 200MG .....	135
RESOURCE LIQ THICKENU.....	191	REYATAZ CAP 300MG .....	135
RESOURCE SUP LIQ CHOCOLAT .....	191	REYATAZ POW 50MG .....	136
RESOURCE SUP LIQ STRAWBER.....	191	REYVOW TAB 100MG .....	226
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RESPIRATORY THERAPY SUPPLIES -		<i>ribavirin tab 200 mg</i> .....	137
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RESTA LITE LOT .....	173	<i>rifampin cap 300 mg</i> .....	121
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RESTORIL CAP 22.5MG .....	208	RINVOQ TAB 30MG ER.....	59
RESTORIL CAP 30MG .....	208	RINVOQ TAB 45MG ER.....	59
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RETACRIT INJ 3000UNIT .....	206	RISAQUAD CAP .....	105
RETACRIT INJ 4000UNT .....	206	RISAQUAD-2 CAP .....	105
RETACRIT INJ 4000UNIT .....	206	<i>risedronate sodium tab 150 mg</i> .....	194
RETIN-A CRE 0.025% .....	161	<i>risedronate sodium tab 30 mg</i> .....	194
RETIN-A CRE 0.05% .....	161	<i>risedronate sodium tab 35 mg</i> .....	194
RETIN-A CRE 0.1%.....	161	<i>risedronate sodium tab 5 mg</i> .....	194
RETIN-A GEL 0.01% .....	161	<i>risedronate sodium tab delayed release</i>	
RETIN-A GEL 0.025% .....	161	<i>35 mg</i> .....	194
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RISPERDAL SOL 1MG/ML.....	127	<i>rizatriptan benzoate oral disintegrating</i>	
RISPERDAL TAB 0.5MG .....	127	<i>tab 10 mg (base eq) .....</i>	226
RISPERDAL TAB 1MG .....	127	<i>rizatriptan benzoate oral disintegrating</i>	
RISPERDAL TAB 2MG .....	127	<i>tab 5 mg (base eq).....</i>	226
RISPERDAL TAB 3MG .....	127	<i>rizatriptan benzoate tab 10 mg (base</i>	
RISPERDAL TAB 4MG .....	127	<i>equivalent) .....</i>	226
<i>risperidone orally disintegrating tab</i>		<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>0.25 mg .....</i>	127	<i>equivalent) .....</i>	226
<i>risperidone orally disintegrating tab 0.5</i>		<i>robitussin liq 20-400.....</i>	158
<i>mg .....</i>	127	<i>robitussin liq 20-400mg .....</i>	158
<i>risperidone orally disintegrating tab 1</i>		<i>robitussin liq severe .....</i>	158
<i>mg .....</i>	127	<i>robitussin sus 30mg/5ml.....</i>	155
<i>risperidone orally disintegrating tab 2</i>		ROCKLATAN DRO .....	245
<i>mg .....</i>	127	<i>rompe pecho liq .....</i>	158
<i>risperidone orally disintegrating tab 3</i>		ROOT BEER LIQ FLAVOR .....	252
<i>mg .....</i>	127	<i>ropinirole hydrochloride tab 0.25 mg</i>	
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<i>risperidone soln 1 mg/ml.....</i>	127	<i>ropinirole hydrochloride tab 1 mg ...</i>	124
<i>risperidone tab 0.25 mg .....</i>	127	<i>ropinirole hydrochloride tab 2 mg ...</i>	124
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<i>risperidone tab 1 mg .....</i>	127	<i>ropinirole hydrochloride tab 4 mg ...</i>	124
<i>risperidone tab 2 mg .....</i>	127	<i>ropinirole hydrochloride tab 5 mg ...</i>	124
<i>risperidone tab 3 mg .....</i>	127	<i>ropinirole hydrochloride tab er 24hr 12</i>	
<i>risperidone tab 4 mg .....</i>	127	<i>mg (base equivalent) .....</i>	124
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RITALIN LA CAP 30MG .....	57	<i>ropinirole hydrochloride tab er 24hr 4</i>	
RITALIN LA CAP 40MG .....	57	<i>mg (base equivalent) .....</i>	124
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RITALIN TAB 20MG.....	57	<i>mg (base equivalent).....</i>	124
RITALIN TAB 5MG .....	57	<i>ropinirole hydrochloride tab er 24hr 8</i>	
<i>ritonavir tab 100 mg .....</i>	136	<i>mg (base equivalent).....</i>	124
<i>rivastigmine tartrate cap 1.5 mg (base</i>		<i>rosadan cre 0.75%.....</i>	177
<i>equivalent) .....</i>	255	<i>rosadan gel 0.75% .....</i>	177
<i>rivastigmine tartrate cap 3 mg (base</i>		ROSADAN KIT 0.75% .....	177
<i>equivalent) .....</i>	255	<i>rosuvastatin calcium tab 10 mg ....</i>	113
<i>rivastigmine tartrate cap 4.5 mg (base</i>		<i>rosuvastatin calcium tab 20 mg ....</i>	113
<i>equivalent) .....</i>	255	<i>rosuvastatin calcium tab 40 mg ....</i>	113
<i>rivastigmine tartrate cap 6 mg (base</i>		<i>rosuvastatin calcium tab 5 mg .....</i>	113
<i>equivalent) .....</i>	255	ROUGHNESS CRE RELIEF .....	173
<i>rivastigmine td patch 24hr 13.3</i>		ROUGHNESS LOT RELIEF .....	173
<i>mg/24hr.....</i>	255	ROWASA KIT 4GM .....	199
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<i>zidovudine tab 300 mg</i> .....	137	ZOMACTON INJ 10MG.....	195
ZIEXTENZO INJ 6/0.6ML .....	206	ZOMACTON INJ 5MG.....	195
<i>zileuton tab er 12hr 600 mg</i> .....	77	ZOMIG SPR 2.5MG .....	226
ZILXI AER 1.5% .....	177	ZOMIG SPR 5MG .....	226
ZIMHI SOL .....	107	ZOMIG TAB 2.5MG .....	226
<i>zinc oxide oint 20%</i> .....	177	ZOMIG TAB 5MG .....	226

<i>zonisamide cap 100 mg</i> .....	87	ZYFLO TAB 600MG .....	77
<i>zonisamide cap 25 mg</i> .....	87	ZYLET SUS 0.5-0.3% .....	246
<i>zonisamide cap 50 mg</i> .....	87	ZYLOPRIM TAB 100MG .....	201
ZONTIVITY TAB 2.08MG .....	205	ZYMAXID SOL 0.5% .....	245
<i>zoo friends chw extra c</i> .....	239	ZYPITAMAG TAB 2MG .....	113
ZORBTIVE INJ 8.8MG .....	195	ZYPITAMAG TAB 4MG .....	113
ZORVOLEX CAP 18MG .....	62	ZYPREXA INJ 10MG .....	130
ZORVOLEX CAP 35MG .....	62	ZYPREXA RELP INJ 210MG .....	130
<i>zovia 1/35 tab</i> .....	151	ZYPREXA RELP INJ 300MG .....	130
ZOVIRAX CRE 5% .....	165	ZYPREXA RELP INJ 405MG .....	130
ZOVIRAX OIN 5% .....	165	ZYPREXA TAB 10MG .....	130
ZOVIRAX SUS 200/5ML .....	137	ZYPREXA TAB 15MG .....	130
ZTLIDO PAD 1.8% .....	174	ZYPREXA TAB 2.5MG .....	130
ZUBSOLV SUB 0.7-0.18 .....	72	ZYPREXA TAB 20MG .....	130
ZUBSOLV SUB 1.4-0.36 .....	72	ZYPREXA TAB 5MG .....	130
ZUBSOLV SUB 11.4-2.9 .....	72	ZYPREXA TAB 7.5MG .....	130
ZUBSOLV SUB 2.9-0.71 .....	72	ZYPREXA ZYDI TAB 10MG .....	130
ZUBSOLV SUB 5.7-1.4 .....	72	ZYPREXA ZYDI TAB 15MG .....	130
ZUBSOLV SUB 8.6-2.1 .....	72	ZYPREXA ZYDI TAB 20MG .....	130
<i>zumandimine tab 3-0.03mg</i> .....	151	ZYPREXA ZYDI TAB 5MG .....	130