



2024 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2024 KidzPartners Formulary. This formulary covers members under the KidzPartners (Children's Health Insurance Program) plan. The drugs listed in the KidzPartners Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are drugs from specific manufacturers who have not contracted with the rebate program of the Federal government.

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

Preface

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

Pharmacy and Therapeutics (P&T) Committee

The actions of the Health Partners Plans P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy providers in the KidzPartners network will

be notified through correspondence from the Health Partners Plans Pharmacy department when applicable.

Product Selection Criteria

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

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

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

Plan Limits

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

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

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

Immediate Need (5/15-day Emergency Supply)

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

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

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

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

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

Formulary Product Descriptions

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

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

Generic Substitution

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

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

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

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

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

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

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

Drugs Efficacy Study Implementation (DESI) Drugs

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

Examples of DESI Drugs include:

Midrin
Vytone
Anusol HC suppositories
Donnatal
Tigan
Naldecon

Prior Authorization (PA)

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

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available
- Medications and/or treatments under clinical investigation

- Medications used for non-FDA approved indications
- Prescription costs that exceed \$1000 per claim
- Prescriptions that exceed set plan limits (days' supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High-end oral and self-administered injectable medications
- Medications with Health Partners Plans P&T Committee approved treatment guidelines

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

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

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

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

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

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

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

**Health Partners Plans
Specialty and Injectable
Medication Program**

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

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

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

| | |
|-------------------------|------------|
| sumatriptan | Imitrex |
| triamcinolone acetonide | Kenalog-40 |
| fondaparinux sodium | Arixtra |
| enoxaparin sodium | Lovenox |

Managed Drug Limitations (MDL)

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

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

Step Therapy

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

Editor

Your comments and suggestions regarding the KidzPartners 2024 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

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

Notice

The information contained in the KidzPartners Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers and our members. Health Partners Plans neither warrants nor assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge,

expertise, skill and judgment of the medical provider in his/her choice of prescription drugs. Health Partners Plans does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer product literature or standard references for more detailed information.

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

LEGEND

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| ANALGESICS | | |
| ANALGESICS, OTHER | | |
| HYALGAN 20 MG/2ML SOLUTION | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> 20 / 180 days </div> |
| NONSTEROIDAL ANTI-INFLAMMATORY DRUGS | | |
| ADVIL | Non-Preferred | |
| <i>advil liqui-gels minis</i> | Non-Preferred | |
| ALEVE | Non-Preferred | |
| <i>aleve arthritis pain</i> | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 500 / 30 days </div> |
| <i>all day pain relief</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 90 / 30 days </div> |
| <i>all day relief</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 90 / 30 days </div> |
| <i>arthritis pain reliever 1 % gel</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 500 / 30 days </div> |
| ARTHROTEC | Non-Preferred | |
| <i>aspirin 81 mg tab dr</i> | Preferred | |
| BUTALBITAL-ASPIRIN-CAFFEINE (BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAP, BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB) | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> </div> Max 18 tabs/caps per month </div> |
| CAMBIA | Non-Preferred | |
| <i>cataflam</i> | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 4 / 1 days </div> |
| CELEBREX (CELEBREX 50 MG CAP, CELEBREX 100 MG CAP, CELEBREX 200 MG CAP) | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 60 / 30 days </div> |
| CELEBREX 400 MG CAP | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 30 / 30 days </div> |
| <i>celecoxib (celecoxib 50 mg cap, celecoxib 100 mg cap, celecoxib 200 mg cap)</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 60 / 30 days </div> |
| <i>celecoxib 400 mg cap</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 30 / 30 days </div> |
| <i>childrens ibuprofen</i> | Preferred | |
| <i>cvs diclofenac sodium</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> </div> 500 / 30 days </div> |
| <i>cvs ibuprofen 200 mg cap</i> | Preferred | |
| <i>cvs ibuprofen childrens (cvs ibuprofen childrens 100 mg chew tab, cvs ibuprofen childrens 100 mg/5ml suspension)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>cvs naproxen sodium 220 mg cap</i> | Preferred | |
| <i>cvs naproxen sodium 220 mg tab</i> | Preferred | QL 90 / 30 days |
| DAYPRO | Non-Preferred | QL 90 / 30 days |
| DICLOFENAC | Non-Preferred | |
| DICLOFENAC EPOLAMINE | Non-Preferred | |
| <i>diclofenac potassium (diclofenac potassium 25 mg cap, diclofenac potassium 25 mg tab)</i> | Non-Preferred | |
| <i>diclofenac potassium 50 mg tab</i> | Non-Preferred | QL 4 / 1 days |
| <i>diclofenac potassium(migraine)</i> | Non-Preferred | |
| <i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr)</i> | Preferred | QL 4 / 1 days |
| <i>diclofenac sodium 1 % gel</i> | Preferred | QL 500 / 30 days |
| <i>diclofenac sodium 1.5 % solution</i> | Preferred | |
| <i>diclofenac sodium 2 % solution</i> | Non-Preferred | |
| <i>diclofenac sodium 75 mg tab dr</i> | Preferred | QL 60 / 30 days |
| <i>diclofenac sodium er</i> | Non-Preferred | QL 60 / 30 days |
| <i>diclofenac-misoprostol (diclofenac-misoprostol 50-0.2 mg tab dr, diclofenac-misoprostol 75-0.2 mg tab dr)</i> | Preferred | |
| <i>diclofex dc</i> | Non-Preferred | |
| <i>diflunisal 500 mg tab</i> | Non-Preferred | QL 90 / 30 days |
| DUEXIS | Non-Preferred | |
| <i>ec-naproxen</i> | Preferred | QL 60 / 30 days |
| ELYXYB | Non-Preferred | |
| <i>eq arthritis pain 1 % gel</i> | Preferred | QL 500 / 30 days |
| <i>eq arthritis pain reliever</i> | Preferred | QL 500 / 30 days |
| <i>etodolac (etodolac 400 mg tab, etodolac 500 mg tab)</i> | Non-Preferred | QL 60 / 30 days |
| <i>etodolac 200 mg cap</i> | Non-Preferred | QL 150 / 30 days |
| <i>etodolac 300 mg cap</i> | Non-Preferred | QL 90 / 30 days |
| <i>etodolac er</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| FELDENE | Non-Preferred | QL 30 / 30 days |
| FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP) | Non-Preferred | |
| <i>fenopropfen calcium 600 mg tab</i> | Non-Preferred | QL 150 / 30 days |
| FIORINAL | Non-Preferred | c Opioid safety limits apply QLC Max 18 tabs/caps per month |
| FLECTOR | Non-Preferred | |
| <i>flurbiprofen (flurbiprofen 50 mg tab, flurbiprofen 100 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>ft all day pain relief</i> | Preferred | QL 90 / 30 days |
| <i>ft arthritis pain</i> | Preferred | QL 500 / 30 days |
| <i>ft ibuprofen 200 mg cap</i> | Preferred | |
| <i>ft ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>ft ibuprofen childrens</i> | Preferred | |
| <i>ft ibuprofen ib childrens</i> | Preferred | |
| <i>ft ibuprofen minis</i> | Preferred | |
| <i>ft naproxen sodium</i> | Preferred | |
| <i>gnp all day pain relief</i> | Preferred | QL 90 / 30 days |
| <i>gnp arthritis pain</i> | Preferred | QL 500 / 30 days |
| <i>gnp childrens ibuprofen</i> | Preferred | |
| <i>gnp diclofenac sodium</i> | Preferred | QL 500 / 30 days |
| <i>gnp ibuprofen 200 mg cap</i> | Preferred | |
| <i>gnp ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>gnp ibuprofen childrens</i> | Preferred | |
| <i>gnp ibuprofen infants</i> | Preferred | QL 15 / 7 days |
| <i>gnp ibuprofen junior strength</i> | Preferred | |
| <i>gnp naproxen sodium 220 mg cap</i> | Preferred | |
| <i>gnp naproxen sodium 220 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>goodsense arthritis pain 1 % gel</i> | Preferred | QL 500 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| <i>goodsense ibuprofen 200 mg cap</i> | Preferred | |
| <i>goodsense ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>goodsense ibuprofen childrens</i> | Preferred | |
| <i>goodsense ibuprofen infants</i> | Preferred | QL 15 / 7 days |
| <i>goodsense ibuprofen junior st</i> | Preferred | |
| <i>goodsense naproxen sodium</i> | Preferred | QL 90 / 30 days |
| <i>hm ibuprofen (hm ibuprofen 100 mg chew tab, hm ibuprofen 200 mg cap)</i> | Preferred | |
| <i>hm ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>hm ibuprofen childrens</i> | Preferred | |
| <i>hm ibuprofen ib 100 mg chew tab</i> | Preferred | |
| <i>hm ibuprofen ib 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>hm ibuprofen infants</i> | Preferred | QL 15 / 7 days |
| <i>hm naproxen sodium 220 mg cap</i> | Preferred | |
| <i>hm naproxen sodium 220 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>ibu 400 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>ibu 600 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>ibu 800 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>ibu-200</i> | Preferred | QL 360 / 30 days |
| <i>ibuprofen 100 mg/5ml suspension</i> | Preferred | QLC 30 mL/day |
| <i>ibuprofen 200 mg cap</i> | Preferred | |
| <i>ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>ibuprofen 400 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>ibuprofen 600 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>ibuprofen 800 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>ibuprofen childrens</i> | Preferred | |
| <i>ibuprofen infants</i> | Preferred | QL 15 / 7 days |
| <i>ibuprofen infants drops</i> | Preferred | QL 15 / 7 days |
| <i>ibuprofen junior strength</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|----------------------------|
| <i>ibuprofen-famotidine</i> | Non-Preferred | |
| <i>iclofenac cp</i> | Non-Preferred | |
| <i>indocin (indocin 25 mg/5ml suspension, indocin 50 mg suppos)</i> | Non-Preferred | |
| <i>indomethacin (indomethacin 20 mg cap, indomethacin 25 mg/5ml suspension, indomethacin 50 mg suppos, indomethacin 100 mg suppos)</i> | Non-Preferred | |
| <i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i> | Preferred | QL 4 / 1 days |
| <i>indomethacin er</i> | Preferred | QL 90 / 30 days |
| <i>infants ibuprofen</i> | Preferred | QL 15 / 7 days |
| KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP) | Non-Preferred | |
| <i>ketoprofen er</i> | Non-Preferred | QL 30 / 30 days |
| <i>ketorolac tromethamine 10 mg tab</i> | Preferred | QLC 20 tablets per 90 days |
| KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION | Non-Preferred | |
| KIPROFEN | Non-Preferred | |
| <i>kls arthritis pain relief</i> | Preferred | QL 500 / 30 days |
| <i>kls diclofenac sodium</i> | Preferred | QL 500 / 30 days |
| LICART | Non-Preferred | |
| <i>lofena</i> | Non-Preferred | |
| <i>meclofenamate sodium (meclofenamate sodium 50 mg cap, meclofenamate sodium 100 mg cap)</i> | Non-Preferred | QL 4 / 1 days |
| <i>mefenamic acid 250 mg cap</i> | Non-Preferred | |
| <i>meloxicam (meloxicam 5 mg cap, meloxicam 7.5 mg/5ml suspension, meloxicam 10 mg cap)</i> | Non-Preferred | |
| <i>meloxicam 15 mg tab</i> | Preferred | QL 30 / 30 days PA |
| <i>meloxicam 7.5 mg tab</i> | Preferred | QL 60 / 30 days |
| MOBIC 15 MG TAB | Non-Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| MOBIC 7.5 MG TAB | Non-Preferred | QL 60 / 30 days |
| <i>nabumetone 500 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>nabumetone 750 mg tab</i> | Preferred | QL 60 / 30 days |
| NALFON | Non-Preferred | |
| NAPRELAN | Non-Preferred | |
| NAPROSYN 125 MG/5ML SUSPENSION | Non-Preferred | |
| <i>naproxen (naproxen 250 mg tab, naproxen 500 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i> | Preferred | QL 60 / 30 days |
| <i>naproxen 125 mg/5ml suspension</i> | Preferred | QL 1800 / 30 days |
| <i>naproxen 375 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>naproxen dr</i> | Preferred | QL 60 / 30 days |
| <i>naproxen sodium (naproxen sodium 220 mg tab, naproxen sodium 275 mg tab, naproxen sodium 550 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>naproxen sodium 220 mg cap</i> | Preferred | |
| <i>naproxen sodium er</i> | Non-Preferred | |
| <i>naproxen-esomeprazole mg</i> | Non-Preferred | |
| OXAPROZIN 300 MG CAP | Non-Preferred | |
| <i>oxaprozin 600 mg tab</i> | Non-Preferred | QL 90 / 30 days |
| PENNSAID | Non-Preferred | |
| <i>piroxicam (piroxicam 10 mg cap, piroxicam 20 mg cap)</i> | Preferred | QL 30 / 30 days |
| <i>provil</i> | Non-Preferred | QL 360 / 30 days |
| <i>qc childrens ibuprofen</i> | Preferred | |
| <i>qc diclofenac sodium</i> | Preferred | QL 500 / 30 days |
| <i>qc ibuprofen 200 mg cap</i> | Preferred | |
| <i>qc ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>qc ibuprofen ib</i> | Preferred | QL 360 / 30 days |
| <i>qc ibuprofen infants</i> | Preferred | QL 15 / 7 days |
| <i>qc naproxen sodium 220 mg tab</i> | Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| QMIIZ ODT | Non-Preferred | |
| <i>relafen 500 mg tab</i> | Non-Preferred | QL 4 / 1 days |
| <i>relafen 750 mg tab</i> | Non-Preferred | QL 60 / 30 days |
| RELAFEN DS | Non-Preferred | |
| <i>sm arthritis pain</i> | Preferred | QL 500 / 30 days |
| <i>sm childrens ibuprofen</i> | Preferred | |
| <i>sm ibuprofen 200 mg cap</i> | Preferred | |
| <i>sm ibuprofen 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>sm ibuprofen ib 100 mg chew tab</i> | Preferred | |
| <i>sm ibuprofen ib 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>sm ibuprofen ib childrens</i> | Preferred | |
| <i>sm infants ibuprofen</i> | Preferred | QL 15 / 7 days |
| <i>sm naproxen sodium 220 mg tab</i> | Preferred | QL 90 / 30 days |
| SPRIX | Non-Preferred | |
| <i>sulindac (sulindac 150 mg tab, sulindac 200 mg tab)</i> | Preferred | QL 60 / 30 days |
| TIVORBEX | Non-Preferred | |
| TOLMETIN SODIUM | Non-Preferred | |
| <i>tolmetin sodium 400 mg cap</i> | Non-Preferred | QL 4 / 1 days |
| <i>tolmetin sodium 600 mg tab</i> | Non-Preferred | QL 90 / 30 days |
| VIMOVO | Non-Preferred | |
| VIVLODEX | Non-Preferred | |
| VOLTAREN | Non-Preferred | QL 500 / 30 days |
| VOLTAREN ARTHRITIS PAIN | Non-Preferred | QL 500 / 30 days |
| <i>ziclopro</i> | Non-Preferred | |
| ZIPSOR | Non-Preferred | |
| ZORVOLEX | Non-Preferred | |
| OPIOID ANALGESICS, LONG-ACTING | | |
| BRIXADI | Preferred | |
| BRIXADI (WEEKLY) | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>buprenorphine (buprenorphine 5 mcg/hr patch wk, buprenorphine 7.5 mcg/hr patch wk, buprenorphine 10 mcg/hr patch wk, buprenorphine 15 mcg/hr patch wk, buprenorphine 20 mcg/hr patch wk)</i> | Non-Preferred | <div data-bbox="1133 149 1195 184">QL</div> 4 / 28 days <div data-bbox="1133 201 1195 237">PA</div> |
| BUTRANS | Preferred | <div data-bbox="1133 300 1195 336">QL</div> 4 / 28 days <div data-bbox="1133 352 1195 388">PA</div> |
| CONZIP | Non-Preferred | <div data-bbox="1133 415 1195 451">QL</div> 30 / 30 days <div data-bbox="1133 468 1195 504">PA</div> <div data-bbox="1133 520 1195 556">AL1</div> At least 18 yrs old |
| DSUVIA | Non-Preferred | <div data-bbox="1133 573 1195 609">c</div> Opioid safety limits apply |
| DURAGESIC-100 | Non-Preferred | <div data-bbox="1133 636 1195 672">QL</div> 10 / 30 days <div data-bbox="1133 688 1195 724">PA</div> |
| DURAGESIC-12 | Non-Preferred | <div data-bbox="1133 751 1195 787">QL</div> 10 / 30 days <div data-bbox="1133 804 1195 840">PA</div> |
| DURAGESIC-25 | Non-Preferred | <div data-bbox="1133 856 1195 892">PA</div> |
| DURAGESIC-50 | Non-Preferred | <div data-bbox="1133 919 1195 955">QL</div> 10 / 30 days <div data-bbox="1133 972 1195 1008">PA</div> |
| DURAGESIC-75 | Non-Preferred | <div data-bbox="1133 1035 1195 1071">QL</div> 10 / 30 days <div data-bbox="1133 1087 1195 1123">PA</div> |
| <i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i> | Preferred | <div data-bbox="1133 1161 1195 1197">QL</div> 10 / 30 days <div data-bbox="1133 1213 1195 1249">PA</div> |
| <i>fentanyl (fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr)</i> | Non-Preferred | <div data-bbox="1133 1297 1195 1333">QL</div> 10 / 30 days <div data-bbox="1133 1350 1195 1386">PA</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------------|
| <i>hydrocodone bitartrate er (hydrocodone bitartrate er 10 mg cap er 12h, hydrocodone bitartrate er 15 mg cap er 12h, hydrocodone bitartrate er 20 mg cap er 12h, hydrocodone bitartrate er 20 mg tb24 deter, hydrocodone bitartrate er 30 mg cap er 12h, hydrocodone bitartrate er 30 mg tb24 deter, hydrocodone bitartrate er 40 mg cap er 12h, hydrocodone bitartrate er 40 mg tb24 deter, hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter, hydrocodone bitartrate er 80 mg tb24 deter, hydrocodone bitartrate er 100 mg tb24 deter, hydrocodone bitartrate er 120 mg tb24 deter)</i> | Non-Preferred | PA |
| <i>hydromorphone hcl er</i> | Non-Preferred | QL 30 / 30 days PA |
| HYSINGLA ER | Non-Preferred | PA |
| KADIAN (KADIAN 10 MG CAP ER 24H, KADIAN 20 MG CAP ER 24H) | Non-Preferred | QL 60 / 30 days PA |
| KADIAN (KADIAN 30 MG CAP ER 24H, KADIAN 40 MG CAP ER 24H, KADIAN 50 MG CAP ER 24H, KADIAN 60 MG CAP ER 24H, KADIAN 80 MG CAP ER 24H, KADIAN 100 MG CAP ER 24H, KADIAN 200 MG CAP ER 24H) | Non-Preferred | QL 30 / 30 days PA |
| <i>levorphanol tartrate (levorphanol tartrate 2 mg tab, levorphanol tartrate 3 mg tab)</i> | Non-Preferred | C Opioid safety limits apply |
| <i>methadone hcl (methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab, methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)</i> | Non-Preferred | PA |
| <i>methadone hcl intensol</i> | Non-Preferred | PA |
| METHADOSE 10 MG/ML CONC | Non-Preferred | PA |
| METHADOSE SUGAR-FREE | Non-Preferred | PA |
| <i>morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)</i> | Preferred | QL 60 / 30 days PA |
| <i>morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)</i> | Preferred | QL 3 / 1 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>morphine sulfate er (morphine sulfate er 30 mg cap er 24h, morphine sulfate er 40 mg cap er 24h, morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>morphine sulfate er beads</i> | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| MS CONTIN | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 1 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| NUCYNTA ER | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>oxycodone hcl er (oxycodone hcl er 10 mg tb12 deter, oxycodone hcl er 15 mg tb12 deter, oxycodone hcl er 20 mg tb12 deter, oxycodone hcl er 30 mg tb12 deter, oxycodone hcl er 40 mg tb12 deter, oxycodone hcl er 60 mg tb12 deter, oxycodone hcl er 80 mg tb12 deter)</i> | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 1 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER, OXYCODONE HCL ER 40 MG TB12 DETER) | Non-Preferred | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER, OXYCONTIN 40 MG TB12 DETER) | Non-Preferred | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| OXYCONTIN (OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 30 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER) | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 1 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| <i>oxymorphone hcl er</i> | Non-Preferred | <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> |
| SUBLOCADE 100 MG/0.5ML SOLN PRSYR | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="margin-left: 5px;">0.02 mL/day</div> </div> |
| SUBLOCADE 300 MG/1.5ML SOLN PRSYR | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div style="margin-left: 5px;">0.06 mL/day</div> </div> |
| <i>tramadol hcl (er biphasic)</i> | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> |
| <i>tramadol hcl er (biphasic)</i> | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">30 / 30 days</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #006d4c; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div style="margin-left: 5px;">At least 18 yrs old</div> </div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>tramadol hcl er (tramadol hcl er 100 mg cap er 24h, tramadol hcl er 200 mg cap er 24h, tramadol hcl er 300 mg cap er 24h)</i> | Non-Preferred | QL 30 / 30 days PA AL1 At least 18 yrs old |
| <i>tramadol hcl er (tramadol hcl er 100 mg tab er 24h, tramadol hcl er 200 mg tab er 24h, tramadol hcl er 300 mg tab er 24h)</i> | Preferred | QL 30 / 30 days PA AL1 At least 18 yrs old |
| XTAMPZA ER | Preferred | QL 60 / 30 days PA |
| ZOHYDRO ER | Non-Preferred | PA |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| ABSTRAL | Non-Preferred | C Opioid safety limits apply |
| ACETAMINOPHEN-CODEINE 120-12 MG/5ML SOLUTION | Preferred | AL1 At least 18 yrs old C Opioid safety limits apply |
| <i>acetaminophen-codeine 300-15 mg tab</i> | Preferred | QL 13 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply |
| <i>acetaminophen-codeine 300-30 mg tab</i> | Preferred | QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply |
| <i>acetaminophen-codeine 300-60 mg tab</i> | Preferred | QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply |
| ACTIQ | Non-Preferred | C Opioid safety limits apply |
| APADAZ | Non-Preferred | C Opioid safety limits apply |
| <i>apap-caff-dihydrocodeine (apap-caff-dihydrocodeine 320.5-30-16 mg cap, apap-caff-dihydrocodeine 325-30-16 mg tab)</i> | Non-Preferred | C Opioid safety limits apply |
| ARYMO ER (ARYMO ER 30 MG TBER DETER, ARYMO ER 60 MG TBER DETER) | Non-Preferred | QL 60 / 30 days PA |
| ARYMO ER 15 MG TBER DETER | Non-Preferred | QL 90 / 30 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| <i>ascomp-codeine</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month |
| BENZHYDROCODONE-ACETAMINOPHEN | Preferred | <ul style="list-style-type: none"> C Opioid safety limits apply |
| <i>butalbital-apap-caff-cod</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month |
| <i>butalbital-asa-caff-codeine</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month |
| <i>butorphanol tartrate 10 mg/ml solution</i> | Non-Preferred | <ul style="list-style-type: none"> C Opioid safety limits apply |
| <i>carisoprodol-aspirin-codeine</i> | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply |
| <i>codeine sulfate (codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)</i> | Non-Preferred | <ul style="list-style-type: none"> C Opioid safety limits apply |
| DILAUDID (DILAUDID 1 MG/ML LIQUID, DILAUDID 2 MG TAB, DILAUDID 4 MG TAB, DILAUDID 8 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> C Opioid safety limits apply |
| <i>dvorah</i> | Non-Preferred | <ul style="list-style-type: none"> C Opioid safety limits apply |
| <i>endocet (endocet 5-325 mg tab, endocet 7.5-325 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 12 / 1 days C Opioid safety limits apply |
| <i>endocet 10-325 mg tab</i> | Preferred | <ul style="list-style-type: none"> C Opioid safety limits apply |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| FENTANYL CITRATE (FENTANYL CITRATE 100 MCG TAB, FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG TAB, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE) | Non-Preferred | c Opioid safety limits apply |
| FENTORA | Non-Preferred | c Opioid safety limits apply |
| FIORINAL/CODEINE #3 | Non-Preferred | AL1 At least 18 yrs old c Opioid safety limits apply QLC Max 18 tabs/caps per month |
| <i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg/15ml solution, hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg/15ml solution)</i> | Preferred | c Opioid safety limits apply |
| <i>hydrocodone-acetaminophen 10-325 mg tab</i> | Preferred | QL 6 / 1 days c Opioid safety limits apply |
| <i>hydrocodone-acetaminophen 10-325 mg/15ml solution</i> | Preferred | |
| <i>hydrocodone-acetaminophen 5-325 mg tab</i> | Preferred | QL 12 / 1 days c Opioid safety limits apply |
| <i>hydrocodone-acetaminophen 7.5-325 mg tab</i> | Preferred | QL 240 / 30 days c Opioid safety limits apply |
| <i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 5-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab)</i> | Non-Preferred | c Opioid safety limits apply |
| <i>hydrocodone-ibuprofen 7.5-200 mg tab</i> | Non-Preferred | QL 5 / 1 days c Opioid safety limits apply |
| HYDROMORPHONE HCL (HYDROMORPHONE HCL 1 MG/ML LIQUID, HYDROMORPHONE HCL 2 MG TAB, HYDROMORPHONE HCL 3 MG SUPPOS, HYDROMORPHONE HCL 4 MG TAB, HYDROMORPHONE HCL 8 MG TAB) | Non-Preferred | c Opioid safety limits apply |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>lorcet</i> | Non-Preferred | <div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 12 / 1 days <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply </div> |
| <i>lorcet hd</i> | Preferred | <div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 6 / 1 days <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply </div> |
| <i>lorcet plus</i> | Non-Preferred | <div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 240 / 30 days <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply </div> |
| LORTAB | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| MEPERIDINE HCL (MEPERIDINE HCL 50 MG TAB, MEPERIDINE HCL 50 MG/5ML SOLUTION) | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| <i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i> | Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| <i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab)</i> | Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| MORPHINE SULFATE (MORPHINE SULFATE 5 MG SUPPOS, MORPHINE SULFATE 10 MG SUPPOS, MORPHINE SULFATE 20 MG SUPPOS, MORPHINE SULFATE 30 MG SUPPOS) | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| NALOCET | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| NORCO (NORCO 5-325 MG TAB, NORCO 7.5-325 MG TAB) | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| NORCO 10-325 MG TAB | Non-Preferred | <div style="display: flex; gap: 5px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 6 / 1 days <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply </div> |
| NUCYNTA | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| OXAYDO | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| <i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 100 mg/5ml conc)</i> | Non-Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |
| <i>oxycodone hcl (oxycodone hcl 5 mg tab, oxycodone hcl 5 mg/5ml solution, oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i> | Preferred | <div style="background-color: #333333; color: white; padding: 2px 5px; border-radius: 3px;">c</div> Opioid safety limits apply |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| <i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)</i> | Preferred | QL 12 / 1 days C Opioid safety limits apply |
| OXYCODONE-ACETAMINOPHEN (OXYCODONE-ACETAMINOPHEN 5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-325 MG TAB) | Preferred | C Opioid safety limits apply |
| OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION | Non-Preferred | |
| OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB | Non-Preferred | C Opioid safety limits apply |
| OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION | Preferred | |
| <i>oxycodone-aspirin</i> | Non-Preferred | C Opioid safety limits apply |
| <i>oxycodone-ibuprofen</i> | Non-Preferred | C Opioid safety limits apply |
| <i>oxymorphone hcl</i> | Non-Preferred | C Opioid safety limits apply |
| <i>pentazocine-naloxone hcl</i> | Non-Preferred | QL 360 / 30 days C Opioid safety limits apply |
| PERCOCET (PERCOCET 2.5-325 MG TAB, PERCOCET 5-325 MG TAB, PERCOCET 7.5-325 MG TAB) | Non-Preferred | QL 12 / 1 days C Opioid safety limits apply |
| PERCOCET 10-325 MG TAB | Non-Preferred | C Opioid safety limits apply |
| PRIMLEV | Non-Preferred | C Opioid safety limits apply |
| PROLATE (PROLATE 5-300 MG TAB, PROLATE 7.5-300 MG TAB, PROLATE 10-300 MG TAB) | Non-Preferred | C Opioid safety limits apply |
| PROLATE 10-300 MG/5ML SOLUTION | Non-Preferred | |
| QDOLO | Non-Preferred | AL1 At least 18 yrs old C Opioid safety limits apply |
| ROXICODONE | Non-Preferred | C Opioid safety limits apply |
| ROXYBOND | Non-Preferred | |
| SEGLENTIS | Non-Preferred | AL1 At least 18 yrs old C Opioid safety limits apply |
| SUBSYS | Non-Preferred | C Opioid safety limits apply |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| TRAMADOL HCL (TRAMADOL HCL 5 MG/ML SOLUTION, TRAMADOL HCL 25 MG TAB) | Non-Preferred | AL1 At least 18 yrs old C Opioid safety limits apply |
| <i>tramadol hcl (tramadol hcl 50 mg tab, tramadol hcl 100 mg tab)</i> | Preferred | AL1 At least 18 yrs old C Opioid safety limits apply |
| <i>tramadol-acetaminophen</i> | Preferred | QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply |
| TYLENOL WITH CODEINE #3 | Non-Preferred | QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply |
| ULTRACET | Non-Preferred | QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply |
| ULTRAM | Non-Preferred | AL1 At least 18 yrs old C Opioid safety limits apply |

ANESTHETICS

LOCAL ANESTHETICS

| | | |
|---|---------------|------------------|
| <i>agoneaze</i> | Non-Preferred | QL 150 / 30 days |
| <i>anecream 4 % kit</i> | Non-Preferred | |
| <i>anodyne lpt</i> | Non-Preferred | QL 150 / 30 days |
| APRIZIO PAK | Non-Preferred | |
| APRIZIO PAK II | Non-Preferred | |
| <i>aspercreme lidocaine (aspercreme lidocaine 4 % cream, aspercreme lidocaine 4 % liquid, aspercreme lidocaine 4 % patch)</i> | Non-Preferred | |
| <i>aspercreme lidocaine essential</i> | Non-Preferred | |
| <i>aspercreme w/lidocaine</i> | Non-Preferred | |
| <i>asperflex lidocaine 4 % cream</i> | Preferred | |
| ASPERFLEX LIDOCAINE 4 % OINTMENT | Non-Preferred | |
| <i>asperflex max st</i> | Preferred | |
| <i>asperflex pain relieving</i> | Preferred | |
| <i>blue tube/ aloe</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| <i>blue-emu pain relief dry</i> | Preferred | |
| <i>cvs lidocaine maximum strength</i> | Preferred | |
| <i>cvs pain relief (cvs pain relief 4 % cream, cvs pain relief 4 % patch)</i> | Preferred | |
| <i>dermacinrx empricaine</i> | Non-Preferred | QL 150 / 30 days |
| DERMACINRX LIDOGEL | Non-Preferred | |
| <i>dermacinrx prizopak</i> | Non-Preferred | QL 150 / 30 days |
| DERMALID | Non-Preferred | |
| <i>dologesic pain relief roll-on</i> | Preferred | |
| EMPRICAINE-II | Non-Preferred | |
| EMREAL | Non-Preferred | |
| <i>eq lidocaine pain relieving</i> | Preferred | |
| <i>first care pain relief</i> | Preferred | |
| GEN7T PLUS 3.5-7 % PATCH | Non-Preferred | |
| <i>glydo</i> | Preferred | AL1 At least 3 yrs old |
| <i>gnp lidocaine pain relief</i> | Preferred | |
| <i>gnp lidocaine pain relieving</i> | Preferred | |
| <i>gold bond multi-symptom</i> | Non-Preferred | |
| <i>gold bond pain & itch relief</i> | Non-Preferred | |
| <i>hm lidocaine patch</i> | Preferred | |
| LIDAFLEX | Non-Preferred | |
| <i>lido king</i> | Preferred | |
| <i>lido-prilo caine pack</i> | Non-Preferred | QL 150 / 30 days |
| LIDOCAINE (LIDOCAINE 3 % CREAM, LIDOCAINE 4 % CREAM, LIDOCAINE 4 % PATCH) | Preferred | |
| <i>lidocaine (lidocaine 5 % ointment, lidocaine 5 % patch)</i> | Preferred | QL 90 / 30 days |
| <i>lidocaine 3.5 % patch</i> | Non-Preferred | |
| <i>lidocaine hcl (lidocaine hcl 1 % solution, lidocaine hcl 3 % cream, lidocaine hcl 4 % cream, lidocaine hcl 4 % solution)</i> | Preferred | |
| <i>lidocaine hcl (pf) 1 % solution</i> | Preferred | |
| <i>lidocaine hcl urethral/mucosal</i> | Preferred | AL1 At least 3 yrs old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| <i>lidocaine max st 24 hours</i> | Preferred | |
| <i>lidocaine pain relief</i> | Preferred | |
| <i>lidocaine pain relief max st (lidocaine pain relief max st 4 % cream, lidocaine pain relief max st 4 % liquid, lidocaine pain relief max st 4 % patch)</i> | Preferred | |
| <i>lidocaine pain relieving</i> | Preferred | |
| <i>lidocaine plus</i> | Preferred | |
| <i>lidocaine viscous hcl</i> | Preferred | AL1 At least 3 yrs old |
| <i>lidocaine-prilocaine 2.5-2.5 % cream</i> | Preferred | QL 150 / 30 days |
| <i>lidocaine-prilocaine 2.5-2.5 % kit</i> | Non-Preferred | QL 150 / 30 days |
| LIDOCAINE-TETRACAINE 7-7 % CREAM | Non-Preferred | |
| <i>lidocaine-transparent dressing</i> | Non-Preferred | |
| <i>lidocan</i> | Non-Preferred | QL 90 / 30 days |
| LIDOCARE ARM/NECK/LEG | Preferred | |
| LIDOCARE BACK/SHOULDER | Preferred | |
| <i>lidocore</i> | Preferred | |
| LIDODERM | Non-Preferred | QL 90 / 30 days |
| <i>lidofore flexipatch</i> | Preferred | |
| <i>lidoheal-90</i> | Non-Preferred | |
| LIDOLITE | Non-Preferred | |
| <i>lidopril</i> | Non-Preferred | QL 150 / 30 days |
| <i>lidopril xr</i> | Non-Preferred | QL 150 / 30 days |
| LIDOREAL-30 | Non-Preferred | |
| LIDOREX | Non-Preferred | |
| LIDOSOL | Non-Preferred | |
| LIDOSOL-50 | Non-Preferred | |
| LIDOTOR | Non-Preferred | |
| LIDOTRAL 3.88 % CREAM | Non-Preferred | |
| <i>lidozion</i> | Non-Preferred | |
| LIDOZO | Preferred | |
| <i>livixil pak</i> | Non-Preferred | QL 150 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------------------|---------------|-----------------------|
| LMX 4 PLUS | Non-Preferred | |
| <i>moxicaine</i> | Non-Preferred | |
| NAYZILAM | Preferred | QL 10 / 30 days |
| <i>pain relief maximum strength</i> | Preferred | |
| <i>pain relieving 4 % cream</i> | Preferred | |
| <i>pharmacist choice lidocaine</i> | Preferred | |
| PLIAGLIS 7-7 % CREAM | Non-Preferred | |
| PRILO PATCH II | Non-Preferred | |
| PRILOHEAL PLUS 30 | Non-Preferred | |
| <i>prilolid</i> | Non-Preferred | QL 150 / 30 days |
| <i>prilovix</i> | Non-Preferred | QL 150 / 30 days |
| <i>prilovix lite</i> | Non-Preferred | QL 150 / 30 days |
| <i>prilovix lite plus</i> | Non-Preferred | QL 150 / 30 days |
| <i>prilovix plus</i> | Non-Preferred | QL 150 / 30 days |
| PRILOVIXIL | Non-Preferred | |
| PRIZOPAK II | Non-Preferred | |
| <i>re-lieved maximum strength</i> | Non-Preferred | |
| REAL HEAL-I | Non-Preferred | |
| <i>relador pak</i> | Non-Preferred | QL 150 / 30 days |
| <i>relador pak plus</i> | Non-Preferred | QL 150 / 30 days |
| <i>salonpas pain relieving</i> | Preferred | |
| SKYADERM-LP | Non-Preferred | |
| SYNERA | Non-Preferred | |
| TETRI-AG | Non-Preferred | |
| <i>tridacaine</i> | Non-Preferred | QL 90 / 30 days |
| VALLADERM-90 | Non-Preferred | |
| <i>ziloval</i> | Non-Preferred | |
| <i>zionodil</i> | Non-Preferred | |
| <i>zionodil 100</i> | Non-Preferred | |
| ZTLIDO | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS | | |
| ALCOHOL DETERRENTS/ANTI-CRAVING | | |
| <i>acamprosate calcium</i> | Preferred | |
| <i>disulfiram (disulfiram 250 mg tab, disulfiram 500 mg tab)</i> | Preferred | |
| VIVITROL | Preferred | QL 1 / 28 days |
| OPIOID DEPENDENCE | | |
| BELBUCA | Preferred | QL 60 / 30 days PA |
| BUNAVAIL | Non-Preferred | |
| <i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)</i> | Preferred | |
| <i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film)</i> | Preferred | QL 120 / 30 day(s) |
| <i>buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab, buprenorphine hcl-naloxone hcl 12-3 mg film)</i> | Preferred | |
| LUCEMYRA | Non-Preferred | QL 16 / 1 days |
| PROBUPHINE IMPLANT KIT | Non-Preferred | |
| SUBOXONE (SUBOXONE 2-0.5 MG FILM, SUBOXONE 4-1 MG FILM) | Non-Preferred | QL 120 / 30 day(s) |
| SUBOXONE (SUBOXONE 8-2 MG FILM, SUBOXONE 12-3 MG FILM) | Non-Preferred | |
| ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB) | Non-Preferred | QL 90 / 30 day(s) |
| ZUBSOLV (ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB) | Non-Preferred | QL 30 / 30 day(s) |
| ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB) | Non-Preferred | |
| OPIOID REVERSAL AGENTS | | |
| KLOXXADO | Preferred | |
| LIFEMS NALOXONE | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| NALOXONE HCL (NALOXONE HCL 0.4 MG/ML SOLN CART, NALOXONE HCL 0.4 MG/ML SOLUTION, NALOXONE HCL 2 MG/0.4ML SOLN A-INJ, NALOXONE HCL 2 MG/2ML SOLN PRSYR, NALOXONE HCL 4 MG/0.1ML LIQUID, NALOXONE HCL 4 MG/10ML SOLUTION) | Preferred | |
| <i>naloxone hcl 4 mg/0.1ml nasal spray</i> | Preferred | |
| <i>naltrexone hcl 50 mg tab</i> | Preferred | |
| NARCAN | Preferred | |
| ZIMHI | Preferred | |
| SMOKING CESSATION AGENTS | | |
| <i>bupropion hcl er (smoking det)</i> | Preferred | QL 60 / 30 days |
| CHANTIX | Preferred | |
| CHANTIX CONTINUING MONTH PAK | Preferred | |
| CHANTIX STARTING MONTH PAK | Preferred | |
| <i>cvs nicotine (cvs nicotine 2 mg gum, cvs nicotine 4 mg gum)</i> | Preferred | QL 24 / 1 days |
| <i>cvs nicotine polacrilex</i> | Preferred | QL 24 / 1 days |
| <i>eq nicotine polacrilex 4 mg gum</i> | Preferred | QL 24 / 1 days |
| <i>ft nicotine</i> | Preferred | QL 24 / 1 days |
| <i>ft nicotine mini</i> | Preferred | QL 24 / 1 days |
| <i>gnp nicotine (gnp nicotine 2 mg gum, gnp nicotine 4 mg gum)</i> | Preferred | QL 24 / 1 days |
| <i>gnp nicotine (gnp nicotine 7 mg/24hr patch 24hr, gnp nicotine 14 mg/24hr patch 24hr, gnp nicotine 21 mg/24hr patch 24hr)</i> | Preferred | QL 1 / 1 days |
| <i>gnp nicotine mini</i> | Preferred | QL 24 / 1 days |
| <i>gnp nicotine polacrilex</i> | Preferred | QL 24 / 1 days |
| <i>goodsense nicotine</i> | Preferred | QL 24 / 1 days |
| <i>hm nicotine</i> | Preferred | QL 1 / 1 days |
| <i>hm nicotine polacrilex</i> | Preferred | QL 24 / 1 days |
| <i>kls quit2 2 mg lozenge</i> | Preferred | QL 24 / 1 days |
| <i>kls quit4 4 mg lozenge</i> | Preferred | QL 24 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| NICODERM CQ | Non-Preferred | QL 1 / 1 days |
| NICORETTE | Non-Preferred | |
| NICORETTE MINI | Non-Preferred | |
| NICORETTE STARTER KIT | Non-Preferred | |
| <i>nicotine (nicotine 7 mg/24hr patch 24hr, nicotine 14 mg/24hr patch 24hr, nicotine 21 mg/24hr patch 24hr)</i> | Preferred | QL 1 / 1 days |
| NICOTINE 21-14-7 MG/24HR KIT | Non-Preferred | QL 1 / 1 days |
| <i>nicotine mini</i> | Preferred | QL 24 / 1 days |
| <i>nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge)</i> | Preferred | QL 24 / 1 days |
| <i>nicotine polacrilex mini</i> | Preferred | QL 24 / 1 days |
| <i>nicotine step 1</i> | Preferred | QL 1 / 1 days |
| <i>nicotine step 2</i> | Preferred | QL 1 / 1 days |
| <i>nicotine step 3</i> | Preferred | QL 1 / 1 days |
| NICOTROL | Non-Preferred | QL 168 / 30 days |
| NICOTROL NS | Non-Preferred | QL 60 / 30 days |
| <i>qc nicotine transdermal system</i> | Preferred | QL 1 / 1 days |
| <i>sm nicotine (sm nicotine 2 mg lozenge, sm nicotine 4 mg gum)</i> | Preferred | QL 24 / 1 days |
| <i>sm nicotine (sm nicotine 7 mg/24hr patch 24hr, sm nicotine 14 mg/24hr patch 24hr, sm nicotine 21 mg/24hr patch 24hr)</i> | Preferred | QL 1 / 1 days |
| <i>sm nicotine polacrilex</i> | Preferred | QL 24 / 1 days |
| <i>varenicline tartrate</i> | Preferred | |
| <i>varenicline tartrate (starter)</i> | Preferred | |
| <i>varenicline tartrate(continue)</i> | Preferred | |
| ANTIBACTERIALS | | |
| AMINOGLYCOSIDES | | |
| ARIKAYCE | Non-Preferred | QLC 8.4 mL/day |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i> | Preferred | |
| HUMATIN | Non-Preferred | |
| <i>neomycin sulfate 500 mg tab</i> | Preferred | QL 8 / 1 days |
| <i>paromomycin sulfate 250 mg cap</i> | Non-Preferred | QL 16 / 1 days |
| ANTIBACTERIALS, OTHER | | |
| <i>bacitracin 500 unit/gm ointment</i> | Preferred | QL 30 / 10 days QLC 7 grams per fill |
| <i>bacitracin zinc 500 unit/gm ointment</i> | Preferred | |
| <i>bacitracin zinc-aloe</i> | Preferred | |
| CAYSTON | Non-Preferred | |
| CLEOCIN 100 MG SUPPOS | Preferred | |
| CLEOCIN 2 % CREAM | Non-Preferred | |
| <i>clindamycin hcl 150 mg cap</i> | Preferred | QL 12 / 1 days |
| <i>clindamycin hcl 300 mg cap</i> | Preferred | QL 6 / 1 days |
| <i>clindamycin hcl 75 mg cap</i> | Preferred | |
| <i>clindamycin palmitate hcl</i> | Preferred | QL 120 / 1 days |
| <i>clindamycin phosphate 2 % cream</i> | Preferred | |
| CLINDESSE | Preferred | |
| <i>cvs bacitracin</i> | Preferred | QL 30 / 10 days |
| FIRVANQ | Preferred | |
| FLAGYL | Non-Preferred | |
| <i>fospomycin tromethamine</i> | Non-Preferred | |
| <i>gnp bacitracin zinc</i> | Preferred | |
| HIPREX | Non-Preferred | |
| <i>hm bacitracin zinc</i> | Preferred | |
| HYOPHEN | Non-Preferred | |
| MACROBID | Non-Preferred | QL 2 / 1 days |
| MACRODANTIN (MACRODANTIN 50 MG CAP, MACRODANTIN 100 MG CAP) | Non-Preferred | |
| MACRODANTIN 25 MG CAP | Non-Preferred | QL 2 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>me/naphos/mb/hyo1</i> | Non-Preferred | |
| <i>methenamine hippurate</i> | Preferred | |
| <i>methenamine mandelate (methenamine mandelate 0.5 gm tab, methenamine mandelate 1 gm tab)</i> | Non-Preferred | |
| <i>metronidazole 0.75 % cream</i> | Preferred | QL 45 / 26 days |
| <i>metronidazole 0.75 % gel</i> | Preferred | QL 70 / 1 days |
| <i>metronidazole 250 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>metronidazole 375 mg cap</i> | Non-Preferred | |
| <i>metronidazole 500 mg tab</i> | Preferred | QL 4 / 1 days |
| MONUROL | Non-Preferred | |
| <i>nitrofurantoin 25 mg/5ml suspension</i> | Non-Preferred | QL 2700 / 30 days |
| | | QL 40 / 1 days |
| NITROFURANTOIN 50 MG/5ML SUSPENSION | Non-Preferred | C No PA required for children under 9 years of age |
| <i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i> | Preferred | QL 4 / 1 days |
| <i>nitrofurantoin macrocrystal 25 mg cap</i> | Preferred | QL 2 / 1 days |
| <i>nitrofurantoin monohyd macro</i> | Preferred | QL 2 / 1 days |
| NUVESSA | Non-Preferred | |
| <i>phosphasal</i> | Non-Preferred | |
| <i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i> | Preferred | QL 45 / 26 days |
| <i>sm antibiotic</i> | Preferred | |
| SOLOSEC | Non-Preferred | |
| <i>tinidazole (tinidazole 250 mg tab, tinidazole 500 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>urelle</i> | Non-Preferred | |
| <i>uretron d/s</i> | Non-Preferred | |
| URIBEL 81.6 MG TAB | Non-Preferred | |
| URIMAR-T (URIMAR-T 120 MG CAP, URIMAR-T 120 MG TAB) | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>urin ds</i> | Non-Preferred | |
| <i>urneva</i> | Non-Preferred | |
| <i>uro-458</i> | Non-Preferred | |
| <i>uro-mp</i> | Non-Preferred | |
| <i>uro-sp</i> | Non-Preferred | |
| UROGESIC-BLUE | Non-Preferred | |
| <i>uryl</i> | Non-Preferred | |
| <i>ustell</i> | Non-Preferred | |
| <i>utira-c</i> | Non-Preferred | |
| VANCOGIN | Non-Preferred | |
| <i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i> | Preferred | |
| <i>vancomycin hcl (vancomycin hcl 25 mg/ml recon soln, vancomycin hcl 50 mg/ml recon soln, vancomycin hcl 250 mg/5ml recon soln)</i> | Non-Preferred | |
| VANDAZOLE | Non-Preferred | QL 70 / days |
| <i>vilevev mb</i> | Non-Preferred | |
| XACIATO | Non-Preferred | |
| XIFAXAN | Non-Preferred | |
| BETA-LACTAM, CEPHALOSPORINS | | |
| <i>cefaclor (cefaclor 125 mg/5ml recon susp, cefaclor 250 mg/5ml recon susp, cefaclor 375 mg/5ml recon susp)</i> | Non-Preferred | |
| <i>cefaclor (cefaclor 250 mg cap, cefaclor 500 mg cap)</i> | Non-Preferred | QL 4 / 1 days |
| CEFACTOR ER | Non-Preferred | QL 2 / 1 days |
| <i>cefadroxil 1 gm tab</i> | Non-Preferred | QL 2 / 1 days |
| <i>cefadroxil 250 mg/5ml recon susp</i> | Non-Preferred | QLC 10 mL/day |
| <i>cefadroxil 500 mg cap</i> | Preferred | QL 8 / 1 days |
| <i>cefadroxil 500 mg/5ml recon susp</i> | Non-Preferred | QLC 20 mL/day |
| <i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)</i> | Preferred | QL 12 / 1 days |
| <i>cefdinir 300 mg cap</i> | Preferred | QL 2 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp)</i> | Non-Preferred | |
| <i>cefixime 400 mg cap</i> | Preferred | |
| <i>cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp)</i> | Non-Preferred | QL 40 / 1 days |
| <i>cefpodoxime proxetil 100 mg tab</i> | Preferred | QL 3 / 1 days |
| <i>cefpodoxime proxetil 200 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg/5ml recon susp)</i> | Preferred | QL 10 / 1 days |
| <i>cefprozil (cefprozil 250 mg tab, cefprozil 500 mg tab)</i> | Preferred | QL 1 / 1 days |
| <i>ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)</i> | Preferred | QL 2 / 1 days |
| <i>ceftriaxone sodium 10 gm recon soln</i> | Preferred | QL 1 / 1 days |
| <i>cefuroxime axetil</i> | Preferred | QL 2 / 1 days |
| <i>cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)</i> | Preferred | QL 80 / 1 days |
| <i>cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)</i> | Preferred | QL 8 / 1 days |
| CEPHALEXIN (CEPHALEXIN 250 MG TAB, CEPHALEXIN 500 MG TAB, CEPHALEXIN 750 MG CAP) | Non-Preferred | |
| KEFLEX | Non-Preferred | |
| SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 400 MG CAP, SUPRAX 500 MG/5ML RECON SUSP) | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| BETA-LACTAM, PENICILLINS | | |
| <i>amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)</i> | Preferred | |
| <i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg chew tab)</i> | Non-Preferred | |
| <i>amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)</i> | Preferred | |
| <i>amoxicillin-pot clavulanate er</i> | Non-Preferred | |
| <i>ampicillin</i> | Preferred | |
| AUGMENTIN (AUGMENTIN 125-31.25 MG/5ML RECON SUSP, AUGMENTIN 250-62.5 MG/5ML RECON SUSP) | Non-Preferred | |
| BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR | Preferred | Q1 4 / 365 days |
| BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR | Preferred | Q1 12 / 365 days |
| BICILLIN L-A 600000 UNIT/ML SUSP PRSYR | Preferred | |
| <i>dicloxacillin sodium</i> | Preferred | |
| <i>penicillin g potassium</i> | Preferred | |
| <i>penicillin g sodium</i> | Preferred | |
| <i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i> | Preferred | |
| <i>pfizerpen</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| MACROLIDES | | |
| <i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i> | Preferred | |
| <i>azithromycin 1 gm packet</i> | Preferred | QL 1 / 1 days |
| <i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp)</i> | Preferred | QL 20 / 1 days |
| <i>clarithromycin 250 mg tab</i> | Preferred | QL 2 / 1 days |
| <i>clarithromycin 500 mg tab</i> | Preferred | QL 3 / 1 days |
| <i>clarithromycin er</i> | Non-Preferred | QL 2 / 1 days |
| DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB) | Non-Preferred | |
| e.e.s. 400 | Non-Preferred | QL 10 / 1 days |
| E.E.S. GRANULES | Non-Preferred | |
| <i>ery-tab</i> | Non-Preferred | |
| ERYPED 200 | Non-Preferred | |
| ERYPED 400 | Non-Preferred | |
| ERYTHROCIN STEARATE | Non-Preferred | |
| <i>erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)</i> | Non-Preferred | |
| <i>erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 500 mg tab)</i> | Non-Preferred | QL 8 / 1 days |
| <i>erythromycin base (erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab dr)</i> | Non-Preferred | |
| <i>erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)</i> | Non-Preferred | |
| <i>erythromycin ethylsuccinate 400 mg tab</i> | Non-Preferred | QL 10 / 1 days |
| ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB) | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ZITHROMAX TRI-PAK | Non-Preferred | |
| ZITHROMAX Z-PAK | Non-Preferred | |
| QUINOLONES | | |
| BAXDELA 450 MG TAB | Non-Preferred | |
| BESIVANCE | Non-Preferred | |
| CILOXAN (CILOXAN 0.3 % OINTMENT, CILOXAN 0.3 % SOLUTION) | Non-Preferred | |
| CIPRO (CIPRO 250 MG TAB, CIPRO 500 MG TAB) | Non-Preferred | QL 2 / 1 days |
| CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP) | Preferred | QL 15 / 1 days |
| <i>ciprofloxacin 250 mg/5ml (5%) recon susp</i> | Non-Preferred | |
| <i>ciprofloxacin 500 mg/5ml (10%) recon susp</i> | Non-Preferred | QL 15 / 1 days |
| <i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i> | Preferred | QL 2 / 1 days |
| <i>ciprofloxacin hcl 0.3 % solution</i> | Preferred | QL 5 / 18 days |
| LEVAQUIN | Non-Preferred | QL 1 / 1 days |
| <i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i> | Preferred | |
| <i>levofloxacin 25 mg/ml solution</i> | Non-Preferred | QL 30 / 1 days |
| <i>moxifloxacin hcl 400 mg tab</i> | Preferred | QL 14 / 30 days |
| <i>ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab)</i> | Non-Preferred | QL 28 / 26 days |
| SULFONAMIDES | | |
| <i>sulfadiazine 500 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i> | Preferred | |
| <i>sulfatrim pediatric</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| TETRACYCLINES | | |
| <i>demeclocycline hcl</i> | Non-Preferred | |
| DORYX | Non-Preferred | |
| DORYX MPC | Non-Preferred | |
| <i>doxycycline</i> | Non-Preferred | |
| <i>doxycycline hyclate (doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i> | Preferred | QL 60 / 30 days |
| DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE 50 MG TAB, DOXYCYCLINE HYCLATE 50 MG TAB DR, DOXYCYCLINE HYCLATE 75 MG TAB, DOXYCYCLINE HYCLATE 75 MG TAB DR, DOXYCYCLINE HYCLATE 80 MG TAB DR, DOXYCYCLINE HYCLATE 100 MG TAB DR, DOXYCYCLINE HYCLATE 150 MG TAB, DOXYCYCLINE HYCLATE 150 MG TAB DR, DOXYCYCLINE HYCLATE 200 MG TAB DR) | Non-Preferred | |
| <i>doxycycline hyclate 20 mg tab</i> | Preferred | |
| <i>doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)</i> | Preferred | |
| <i>doxycycline monohydrate (doxycycline monohydrate 75 mg cap, doxycycline monohydrate 150 mg cap)</i> | Non-Preferred | |
| <i>doxycycline monohydrate (doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg tab)</i> | Preferred | QL 2 / 1 days |
| <i>doxycycline monohydrate 150 mg tab</i> | Non-Preferred | QL 2 / 1 days |
| <i>doxycycline monohydrate 50 mg tab</i> | Preferred | QL 1 / 1 days |
| <i>lymepak</i> | Non-Preferred | QL 60 / 30 days |
| MINOCIN 50 MG CAP | Non-Preferred | |
| <i>minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap)</i> | Preferred | |
| <i>minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)</i> | Non-Preferred | |
| <i>minocycline hcl 100 mg cap</i> | Preferred | QL 2 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>minocycline hcl er (minocycline hcl er 45 mg cap er 24h, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 55 mg tab er 24h, minocycline hcl er 65 mg tab er 24h, minocycline hcl er 80 mg tab er 24h, minocycline hcl er 90 mg cap er 24h, minocycline hcl er 90 mg tab er 24h, minocycline hcl er 105 mg tab er 24h, minocycline hcl er 115 mg tab er 24h, minocycline hcl er 135 mg cap er 24h, minocycline hcl er 135 mg tab er 24h)</i> | Non-Preferred | |
| MINOLIRA | Non-Preferred | |
| MORGIDOX (MORGIDOX 1 X 100 MG KIT, MORGIDOX 2 X 100 MG KIT) | Non-Preferred | |
| <i>morgidox 100 mg cap</i> | Non-Preferred | QL 60 / 30 days |
| NUZYRA 150 MG TAB | Non-Preferred | |
| ORACEA | Non-Preferred | |
| SEYSARA | Non-Preferred | |
| SOLODYN | Non-Preferred | |
| <i>targadox</i> | Non-Preferred | |
| <i>tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)</i> | Non-Preferred | QL 120 / 30 days |
| TETRACYCLINE HCL (TETRACYCLINE HCL 250 MG TAB, TETRACYCLINE HCL 500 MG TAB) | Non-Preferred | |
| VIBRAMYCIN (VIBRAMYCIN 25 MG/5ML RECON SUSP, VIBRAMYCIN 50 MG/5ML SYRUP) | Non-Preferred | |
| VIBRAMYCIN 100 MG CAP | Non-Preferred | QL 60 / 30 days |
| XIMINO | Non-Preferred | |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS, OTHER | | |
| BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB) | Preferred | QL 60 / 30 days |
| BRIVIACT 10 MG/ML SOLUTION | Non-Preferred | |
| DEPAKOTE | Non-Preferred | |
| DEPAKOTE ER | Non-Preferred | |
| DEPAKOTE SPRINKLES | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| DIACOMIT | Non-Preferred | |
| <i>divalproex sodium (divalproex sodium 125 mg cap dr, divalproex sodium 125 mg tab dr, divalproex sodium 250 mg tab dr, divalproex sodium 500 mg tab dr)</i> | Preferred | |
| <i>divalproex sodium er</i> | Preferred | |
| ELEPSIA XR | Non-Preferred | |
| EPIDIOLEX | Non-Preferred | |
| EPRONTIA | Non-Preferred | |
| <i>felbamate 400 mg tab</i> | Non-Preferred | QL 270 / 30 days |
| <i>felbamate 600 mg tab</i> | Non-Preferred | QL 180 / 30 days |
| <i>felbamate 600 mg/5ml suspension</i> | Non-Preferred | QL 30 / 1 days |
| FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB, FELBATOL 600 MG/5ML SUSPENSION) | Non-Preferred | |
| FINTEPLA | Non-Preferred | |
| FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB) | Non-Preferred | |
| KEPPRA (KEPPRA 250 MG TAB, KEPPRA 500 MG TAB) | Non-Preferred | QL 180 / 30 days |
| KEPPRA (KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB) | Non-Preferred | |
| KEPPRA 100 MG/ML SOLUTION | Non-Preferred | QL 1200 / 30 days |
| KEPPRA XR | Non-Preferred | |
| LAMICTAL (LAMICTAL 150 MG TAB, LAMICTAL 200 MG TAB) | Non-Preferred | QL 90 / 30 days |
| LAMICTAL (LAMICTAL 5 MG CHEW TAB, LAMICTAL 25 MG CHEW TAB, LAMICTAL 25 MG TAB, LAMICTAL 100 MG TAB) | Non-Preferred | |
| LAMICTAL ODT | Non-Preferred | |
| LAMICTAL STARTER | Non-Preferred | |
| LAMICTAL XR | Non-Preferred | |
| <i>lamotrigine (lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i> | Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab disp, lamotrigine 42 x 50 mg & 14x100 mg kit, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i> | Non-Preferred | |
| <i>lamotrigine 100 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>lamotrigine 25 mg tab</i> | Preferred | |
| <i>lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)</i> | Non-Preferred | |
| <i>lamotrigine starter kit-blue</i> | Non-Preferred | |
| <i>lamotrigine starter kit-green</i> | Non-Preferred | |
| <i>lamotrigine starter kit-orange</i> | Non-Preferred | |
| <i>levetiracetam (levetiracetam 250 mg tab, levetiracetam 500 mg tab)</i> | Preferred | QL 180 / 30 days |
| <i>levetiracetam (levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>levetiracetam 100 mg/ml solution</i> | Preferred | QL 1200 / 30 days |
| <i>levetiracetam er 500 mg tab er 24h</i> | Preferred | QL 180 / 30 days |
| <i>levetiracetam er 750 mg tab er 24h</i> | Preferred | QL 4 / 1 days |
| MOTPOLY XR | Non-Preferred | |
| QUDEXY XR | Non-Preferred | |
| <i>roweepra (roweepra 750 mg tab, roweepra 1000 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>roweepra 500 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>roweepra xr 500 mg tab er 24h</i> | Preferred | QL 180 / 30 days |
| <i>roweepra xr 750 mg tab er 24h</i> | Preferred | QL 4 / 1 days |
| SPRITAM | Non-Preferred | |
| <i>subvenite (subvenite 150 mg tab, subvenite 200 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>subvenite 100 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>subvenite 25 mg tab</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>subvenite starter kit-blue</i> | Non-Preferred | |
| <i>subvenite starter kit-green</i> | Non-Preferred | |
| <i>subvenite starter kit-orange</i> | Non-Preferred | |
| TOPAMAX | Non-Preferred | QL 120 / 30 days |
| TOPAMAX SPRINKLE | Non-Preferred | QL 120 / 30 days |
| <i>topiramate (topiramate 15 mg cap sprink, topiramate 25 mg cap sprink, topiramate 25 mg tab, topiramate 50 mg tab, topiramate 100 mg tab, topiramate 200 mg tab)</i> | Preferred | QL 120 / 30 days |
| <i>topiramate er (topiramate er 25 mg cap er 24h, topiramate er 50 mg cap er 24h, topiramate er 100 mg cap er 24h, topiramate er 200 mg cap er 24h)</i> | Non-Preferred | |
| <i>topiramate er (topiramate er 25 mg cp24 sprnk, topiramate er 50 mg cp24 sprnk, topiramate er 100 mg cp24 sprnk, topiramate er 150 mg cp24 sprnk, topiramate er 200 mg cp24 sprnk)</i> | Preferred | |
| TROKENDI XR (TROKENDI XR 50 MG CAP ER 24H, TROKENDI XR 200 MG CAP ER 24H) | Non-Preferred | QL 60 / 30 days |
| TROKENDI XR 100 MG CAP ER 24H | Non-Preferred | QL 90 / 30 days |
| TROKENDI XR 25 MG CAP ER 24H | Non-Preferred | QL 120 / 30 days |
| <i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i> | Preferred | |
| XCOPRI (XCOPRI 50 MG TAB, XCOPRI 100 MG TAB, XCOPRI 150 MG TAB, XCOPRI 200 MG TAB) | Non-Preferred | |
| CALCIUM CHANNEL MODIFYING AGENTS | | |
| CELONTIN | Non-Preferred | |
| <i>ethosuximide 250 mg cap</i> | Preferred | QL 180 / 30 days |
| <i>ethosuximide 250 mg/5ml solution</i> | Preferred | QL 30 / 1 days |
| <i>methsuximide</i> | Non-Preferred | |
| ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION) | Non-Preferred | |
| GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS | | |
| <i>clobazam (clobazam 2.5 mg/ml suspension, clobazam 10 mg tab, clobazam 20 mg tab)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| DIASTAT ACUDIAL | Preferred | |
| DIASTAT PEDIATRIC | Preferred | |
| <i>diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)</i> | Preferred | QL 2 / 30 days |
| <i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution, gabapentin 600 mg tab, gabapentin 800 mg tab)</i> | Preferred | |
| <i>gabapentin 100 mg cap</i> | Preferred | QL 180 / 30 days |
| <i>gabapentin 300 mg cap</i> | Preferred | QL 360 / 30 days |
| <i>gabapentin 400 mg cap</i> | Preferred | QL 270 / 30 days |
| GABITRIL (GABITRIL 2 MG TAB, GABITRIL 4 MG TAB) | Non-Preferred | QL 420 / 30 days |
| GABITRIL 12 MG TAB | Non-Preferred | QL 4 / 1 days |
| GABITRIL 16 MG TAB | Non-Preferred | QL 90 / 30 days |
| MYSOLINE | Non-Preferred | |
| NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 250 MG/5ML SOLUTION, NEURONTIN 800 MG TAB) | Non-Preferred | |
| NEURONTIN 300 MG CAP | Non-Preferred | QL 360 / 30 days |
| NEURONTIN 400 MG CAP | Non-Preferred | QL 270 / 30 days |
| NEURONTIN 600 MG TAB | Non-Preferred | QL 180 / 30 days |
| ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB) | Non-Preferred | |
| <i>phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 20 mg/5ml solution, phenobarbital 30 mg tab, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)</i> | Preferred | |
| <i>primidone (primidone 50 mg tab, primidone 250 mg tab)</i> | Preferred | QL 240 / 30 days |
| <i>primidone 125 mg tab</i> | Preferred | |
| SABRIL 500 MG PACKET | Non-Preferred | QL 120 / 30 days |
| SABRIL 500 MG TAB | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| SYMPAZAN | Non-Preferred | |
| <i>tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab)</i> | Non-Preferred | QL 420 / 30 days |
| <i>tiagabine hcl 12 mg tab</i> | Non-Preferred | QL 4 / 1 days |
| <i>tiagabine hcl 16 mg tab</i> | Non-Preferred | QL 90 / 30 days |
| VALTOCO 10 MG DOSE | Preferred | QL 10 / 30 days |
| VALTOCO 15 MG DOSE | Preferred | QL 10 / 30 days |
| VALTOCO 20 MG DOSE | Preferred | QL 10 / 30 days |
| VALTOCO 5 MG DOSE | Preferred | QL 10 / 30 days |
| <i>vigabatrin 500 mg packet</i> | Non-Preferred | QL 120 / 30 days |
| <i>vigabatrin 500 mg tab</i> | Non-Preferred | |
| <i>vigadrone 500 mg packet</i> | Non-Preferred | QL 120 / 30 days |
| <i>vigadrone 500 mg tab</i> | Non-Preferred | |
| <i>vigpoder</i> | Non-Preferred | QL 120 / 30 days |
| ZTALMY | Non-Preferred | |
| SODIUM CHANNEL AGENTS | | |
| APTIOM | Non-Preferred | |
| BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB) | Non-Preferred | |
| <i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i> | Preferred | QL 240 / 30 days |
| <i>carbamazepine 100 mg/5ml suspension</i> | Preferred | QL 2400 / 30 days |
| <i>carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)</i> | Preferred | QL 4 / 1 days |
| CARBATROL | Non-Preferred | |
| DILANTIN 100 MG CAP | Preferred | QL 360 / 30 days |
| DILANTIN 125 MG/5ML SUSPENSION | Non-Preferred | QL 450 / 30 day(s) |
| DILANTIN 30 MG CAP | Preferred | QL 270 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| DILANTIN INFATABS | Non-Preferred | QL 240 / 30 days |
| <i>epitol</i> | Preferred | QL 240 / 30 days |
| <i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i> | Preferred | |
| <i>lacosamide 10 mg/ml solution</i> | Preferred | QL 1200 / 30 days |
| <i>oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)</i> | Preferred | QL 120 / 30 days |
| <i>oxcarbazepine 300 mg/5ml suspension</i> | Preferred | QL 1200 / 30 days |
| OXTELLAR XR | Non-Preferred | |
| PEGANONE | Non-Preferred | |
| <i>phenytek 200 mg cap</i> | Non-Preferred | QL 60 / 30 days |
| <i>phenytek 300 mg cap</i> | Non-Preferred | QL 30 / 30 days |
| <i>phenytoin (phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)</i> | Preferred | QL 450 / 30 day(s) |
| <i>phenytoin 50 mg chew tab</i> | Preferred | QL 240 / 30 days |
| <i>phenytoin infatabs</i> | Preferred | QL 240 / 30 days |
| <i>phenytoin sodium extended 100 mg cap</i> | Preferred | QL 360 / 30 days |
| <i>phenytoin sodium extended 200 mg cap</i> | Preferred | QL 60 / 30 days |
| <i>phenytoin sodium extended 300 mg cap</i> | Preferred | QL 30 / 30 days |
| <i>rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)</i> | Non-Preferred | |
| TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB) | Non-Preferred | |
| TEGRETOL-XR | Non-Preferred | |
| TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 600 MG TAB) | Non-Preferred | QL 120 / 30 days |
| TRILEPTAL 300 MG/5ML SUSPENSION | Non-Preferred | QL 1200 / 30 days |
| VIMPAT (VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB) | Non-Preferred | QL 60 / 30 days |
| VIMPAT 10 MG/ML SOLUTION | Non-Preferred | QL 1200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| XCOPRI (250 MG DAILY DOSE) | Non-Preferred | |
| XCOPRI (350 MG DAILY DOSE) | Non-Preferred | |
| XCOPRI (XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK) | Non-Preferred | |
| ZONISADE | Non-Preferred | |
| <i>zonisamide (zonisamide 25 mg cap, zonisamide 50 mg cap)</i> | Preferred | QL 4 / 1 days |
| <i>zonisamide 100 mg cap</i> | Preferred | QL 180 / 30 days |
| ANTIDEMENTIA AGENTS | | |
| ANTIDEMENTIA AGENTS, OTHER | | |
| NAMZARIC | Non-Preferred | |
| CHOLINESTERASE INHIBITORS | | |
| ADLARITY | Non-Preferred | |
| ARICEPT | Non-Preferred | QL 30 / 30 days |
| <i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i> | Preferred | QL 30 / 30 days PA |
| <i>donepezil hcl 10 mg tab disp</i> | Preferred | QL 30 / 30 days |
| <i>donepezil hcl 23 mg tab</i> | Non-Preferred | QL 30 / 30 days |
| <i>donepezil hcl 5 mg tab disp</i> | Preferred | QL 60 / 30 days |
| EXELON | Non-Preferred | QL 30 / 30 days |
| <i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i> | Preferred | |
| <i>galantamine hydrobromide 4 mg/ml solution</i> | Non-Preferred | |
| <i>galantamine hydrobromide er</i> | Preferred | |
| RAZADYNE | Non-Preferred | |
| RAZADYNE ER | Non-Preferred | |
| <i>rivastigmine</i> | Non-Preferred | QL 30 / 30 days |
| <i>rivastigmine tartrate (rivastigmine tartrate 1.5 mg cap, rivastigmine tartrate 3 mg cap)</i> | Preferred | QL 60 / 30 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>rivastigmine tartrate (rivastigmine tartrate 4.5 mg cap, rivastigmine tartrate 6 mg cap)</i> | Preferred | QL 60 / 30 days |
| N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST | | |
| <i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i> | Non-Preferred | QL 300 / 30 days |
| <i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i> | Preferred | QL 60 / 30 days PA |
| <i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i> | Preferred | QL 2 / 1 days |
| <i>memantine hcl er</i> | Non-Preferred | |
| NAMENDA | Non-Preferred | QL 60 / 30 days |
| NAMENDA TITRATION PAK | Non-Preferred | QL 2 / 1 days |
| NAMENDA XR | Non-Preferred | |
| NAMENDA XR TITRATION PACK | Non-Preferred | |
| ANTIDEPRESSANTS | | |
| ANTIDEPRESSANTS, OTHER | | |
| APLENZIN | Non-Preferred | |
| AUVELITY | Non-Preferred | |
| <i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i> | Preferred | QL 120 / 30 days |
| <i>bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)</i> | Preferred | QL 60 / 30 days |
| <i>bupropion hcl er (xl) 150 mg tab er 24h</i> | Preferred | QL 60 / 30 days |
| <i>bupropion hcl er (xl) 300 mg tab er 24h</i> | Preferred | QL 30 / 30 days |
| BUPROPION HCL ER (XL) 450 MG TAB ER 24H | Preferred | |
| <i>chlordiazepoxide-amitriptyline</i> | Preferred | QL 180 / 30 days |
| FORFIVO XL | Non-Preferred | |
| LYBALVI | Non-Preferred | |
| <i>maprotiline hcl</i> | Non-Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 15 mg tab disp, mirtazapine 30 mg tab, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab, mirtazapine 45 mg tab disp)</i> | Preferred | QL 30 / 30 days |
| <i>olanzapine-fluoxetine hcl</i> | Non-Preferred | QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>perphenazine-amitriptyline (perphenazine-amitriptyline 2-10 mg tab, perphenazine-amitriptyline 2-25 mg tab)</i> | Non-Preferred | QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>perphenazine-amitriptyline (perphenazine-amitriptyline 4-10 mg tab, perphenazine-amitriptyline 4-25 mg tab, perphenazine-amitriptyline 4-50 mg tab)</i> | Non-Preferred | QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| REMERON | Non-Preferred | QL 30 / 30 days |
| REMERON SOLTAB | Non-Preferred | QL 30 / 30 days |
| SPRAVATO (56 MG DOSE) | Non-Preferred | QL 8 / 14 days |
| SPRAVATO (84 MG DOSE) | Non-Preferred | QL 12 / 14 days |
| SYMBYAX | Non-Preferred | QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| WELLBUTRIN SR | Non-Preferred | QL 60 / 30 days |
| WELLBUTRIN XL 150 MG TAB ER 24H | Non-Preferred | QL 60 / 30 days |
| WELLBUTRIN XL 300 MG TAB ER 24H | Non-Preferred | QL 30 / 30 days |
| MONOAMINE OXIDASE INHIBITORS | | |
| EMSAM | Non-Preferred | |
| MARPLAN | Non-Preferred | |
| NARDIL | Non-Preferred | |
| <i>phenelzine sulfate 15 mg tab</i> | Preferred | |
| <i>tranylcypromine sulfate</i> | Non-Preferred | QL 180 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR) | | |
| BRISDELLE | Non-Preferred | |
| CELEXA | Non-Preferred | QL 45 / 30 days |
| <i>citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)</i> | Preferred | QL 45 / 30 days |
| <i>citalopram hydrobromide 10 mg/5ml solution</i> | Preferred | QL 600 / 30 days |
| CITALOPRAM HYDROBROMIDE 30 MG CAP | Non-Preferred | QL 30 / 30 days |
| DESVENLAFAXINE ER | Non-Preferred | |
| <i>desvenlafaxine succinate er</i> | Preferred | |
| EFFEXOR XR 150 MG CAP ER 24H | Non-Preferred | QL 60 / 30 days |
| EFFEXOR XR 37.5 MG CAP ER 24H | Non-Preferred | QL 30 / 30 days |
| EFFEXOR XR 75 MG CAP ER 24H | Non-Preferred | QL 90 / 30 days |
| <i>escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>escitalopram oxalate 20 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>escitalopram oxalate 5 mg/5ml solution</i> | Non-Preferred | QL 600 / 30 days |
| FETZIMA | Non-Preferred | |
| FETZIMA TITRATION | Non-Preferred | |
| <i>fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>fluoxetine hcl (pmd) 10 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>fluoxetine hcl (pmd) 20 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>fluoxetine hcl 20 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>fluoxetine hcl 20 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>fluoxetine hcl 20 mg/5ml solution</i> | Preferred | QL 300 / 30 days |
| <i>fluoxetine hcl 40 mg cap</i> | Preferred | QL 60 / 30 days |
| FLUOXETINE HCL 60 MG TAB | Preferred | |
| <i>fluoxetine hcl 90 mg cap dr</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>fluvoxamine maleate 100 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>fluvoxamine maleate 25 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>fluvoxamine maleate 50 mg tab</i> | Preferred | QL 45 / 30 days |
| <i>fluvoxamine maleate er</i> | Non-Preferred | |
| LEXAPRO (LEXAPRO 5 MG TAB, LEXAPRO 10 MG TAB) | Non-Preferred | QL 90 / 30 days |
| LEXAPRO 20 MG TAB | Non-Preferred | QL 60 / 30 days |
| <i>nefazodone hcl (nefazodone hcl 50 mg tab, nefazodone hcl 100 mg tab, nefazodone hcl 250 mg tab)</i> | Non-Preferred | QL 60 / 30 days |
| <i>nefazodone hcl 150 mg tab</i> | Non-Preferred | QL 120 / 30 days |
| <i>nefazodone hcl 200 mg tab</i> | Non-Preferred | QL 90 / 30 days |
| <i>paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 40 mg tab)</i> | Preferred | QL 45 / 30 days |
| <i>paroxetine hcl 10 mg/5ml suspension</i> | Non-Preferred | |
| <i>paroxetine hcl 30 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>paroxetine hcl er</i> | Non-Preferred | |
| <i>paroxetine mesylate</i> | Non-Preferred | |
| PAXIL (PAXIL 10 MG TAB, PAXIL 20 MG TAB, PAXIL 40 MG TAB) | Non-Preferred | QL 45 / 30 days |
| PAXIL 10 MG/5ML SUSPENSION | Non-Preferred | |
| PAXIL 30 MG TAB | Non-Preferred | QL 60 / 30 days |
| PAXIL CR | Non-Preferred | |
| PEXEVA | Non-Preferred | |
| PRISTIQ | Non-Preferred | |
| PROZAC 10 MG CAP | Non-Preferred | QL 90 / 30 days |
| PROZAC 20 MG CAP | Non-Preferred | |
| PROZAC 40 MG CAP | Non-Preferred | QL 60 / 30 days |
| SARAFEM 10 MG TAB | Non-Preferred | QL 90 / 30 days |
| SARAFEM 20 MG TAB | Non-Preferred | |
| SERTRALINE HCL (SERTRALINE HCL 150 MG CAP, SERTRALINE HCL 200 MG CAP) | Non-Preferred | |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ANAFRANIL 75 MG CAP | Non-Preferred | QL 90 / 30 days |
| <i>clomipramine hcl (clomipramine hcl 25 mg cap, clomipramine hcl 50 mg cap)</i> | Preferred | QL 150 / 30 days |
| <i>clomipramine hcl 75 mg cap</i> | Preferred | QL 90 / 30 days |
| <i>desipramine hcl (desipramine hcl 10 mg tab, desipramine hcl 25 mg tab, desipramine hcl 50 mg tab, desipramine hcl 75 mg tab, desipramine hcl 100 mg tab, desipramine hcl 150 mg tab)</i> | Non-Preferred | QL 60 / 30 days |
| <i>doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 150 mg cap)</i> | Preferred | QL 60 / 30 days |
| <i>doxepin hcl 10 mg/ml conc</i> | Preferred | QL 30 / 1 days |
| <i>doxepin hcl 100 mg cap</i> | Preferred | QL 90 / 30 days |
| <i>imipramine hcl (imipramine hcl 10 mg tab, imipramine hcl 25 mg tab, imipramine hcl 50 mg tab)</i> | Preferred | QL 180 / 30 days |
| <i>imipramine pamoate</i> | Non-Preferred | |
| NORPRAMIN | Non-Preferred | QL 60 / 30 days |
| <i>nortriptyline hcl (nortriptyline hcl 25 mg cap, nortriptyline hcl 75 mg cap)</i> | Preferred | QL 90 / 30 days |
| <i>nortriptyline hcl 10 mg cap</i> | Preferred | |
| <i>nortriptyline hcl 10 mg/5ml solution</i> | Non-Preferred | QL 2250 / 30 days |
| <i>nortriptyline hcl 50 mg cap</i> | Preferred | QL 60 / 30 days |
| PAMELOR (PAMELOR 25 MG CAP, PAMELOR 75 MG CAP) | Non-Preferred | QL 90 / 30 days |
| PAMELOR 10 MG CAP | Non-Preferred | |
| PAMELOR 50 MG CAP | Non-Preferred | QL 60 / 30 days |
| <i>protriptyline hcl</i> | Non-Preferred | QL 180 / 30 days |
| <i>trimipramine maleate (trimipramine maleate 25 mg cap, trimipramine maleate 50 mg cap, trimipramine maleate 100 mg cap)</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ANTIEMETICS | | |
| ANTIEMETICS, OTHER | | |
| <i>anti-nausea</i> | Non-Preferred | |
| ANTIVERT | Non-Preferred | |
| <i>bonine</i> | Non-Preferred | QL 120 / 30 days |
| BONJESTA | Non-Preferred | QL 60 / 30 days |
| <i>compro</i> | Preferred | QL 12 / days |
| <i>cvs motion sickness less drows</i> | Preferred | QL 120 / 30 days |
| <i>cvs motion sickness relief</i> | Preferred | QL 120 / 30 days |
| <i>cvs nausea relief 1.87-1.87-21.5 solution</i> | Preferred | |
| DICLEGIS | Preferred | |
| DIMENHYDRINATE 50 MG/ML SOLUTION | Non-Preferred | |
| <i>doxylamine-pyridoxine</i> | Non-Preferred | |
| <i>dramamine 25 mg tab</i> | Non-Preferred | QL 120 / 30 days |
| DRAMAMINE 50 MG CHEW TAB | Non-Preferred | |
| <i>driminate</i> | Preferred | QL 240 / 30 days |
| <i>formula em</i> | Preferred | |
| <i>ft motion sickness 25 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>ft motion sickness 50 mg tab</i> | Preferred | QL 240 / 30 days |
| GIMOTI | Non-Preferred | |
| <i>gnp anti-nausea relief</i> | Preferred | |
| <i>gnp motion sickness relief 25 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>gnp motion sickness relief 50 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>gnp nausea relief</i> | Preferred | |
| <i>goodsense motion sickness</i> | Preferred | QL 240 / 30 days |
| <i>goodsense nausea relief</i> | Preferred | |
| <i>hm anti-nausea</i> | Preferred | |
| <i>hm motion relief</i> | Preferred | QL 120 / 30 days |
| <i>hm motion sickness</i> | Preferred | QL 240 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| <i>hm motion sickness relief</i> | Preferred | QL 120 / 30 days |
| <i>meclizine hcl (meclizine hcl 12.5 mg tab, meclizine hcl 25 mg chew tab, meclizine hcl 25 mg tab)</i> | Preferred | QL 120 / 30 days |
| MECLIZINE HCL 50 MG TAB | Preferred | |
| METOCLOPRAMIDE HCL (METOCLOPRAMIDE HCL 5 MG TAB DISP, METOCLOPRAMIDE HCL 10 MG TAB DISP) | Non-Preferred | |
| <i>metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 10 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>metoclopramide hcl (metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg/10ml solution)</i> | Preferred | QL 40 / 1 days |
| <i>metoclopramide hcl 5 mg/ml solution</i> | Preferred | |
| <i>motion sickness relief 25 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>motion sickness relief 50 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>motion-time</i> | Preferred | QL 120 / 30 days |
| <i>nausea relief</i> | Preferred | |
| <i>perphenazine (perphenazine 2 mg tab, perphenazine 4 mg tab, perphenazine 8 mg tab, perphenazine 16 mg tab)</i> | Preferred | QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| PHENERGAN | Non-Preferred | AL1 At least 6 yrs old C Age restriction, clinical PA required |
| <i>prochlorperazine</i> | Preferred | QL 12 / days |
| <i>prochlorperazine edisylate 10 mg/2ml solution</i> | Preferred | |
| <i>prochlorperazine maleate (prochlorperazine maleate 5 mg tab, prochlorperazine maleate 10 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>promethazine hcl (promethazine hcl 12.5 mg suppos, promethazine hcl 25 mg suppos, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i> | Preferred | AL1 At least 6 yrs old C Age restriction, clinical PA required |
| <i>promethazine hcl (promethazine hcl 12.5 mg tab, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i> | Preferred | QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>promethegan</i> | Preferred | AL1 At least 6 yrs old C Age restriction, clinical PA required |
| <i>qc anti-nausea</i> | Preferred | |
| REGLAN | Non-Preferred | |
| <i>scopolamine</i> | Non-Preferred | |
| <i>sm motion sickness 25 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>sm motion sickness 50 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>sm motion sickness relief</i> | Preferred | QL 240 / 30 days |
| TIGAN 100 MG/ML SOLUTION | Non-Preferred | |
| TIGAN 300 MG CAP | Non-Preferred | QL 90 / 30 days |
| TRANSDERM-SCOP | Preferred | |
| <i>travel sickness 25 mg chew tab</i> | Preferred | QL 120 / 30 days |
| <i>travel sickness 50 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>travel-ease</i> | Preferred | QL 120 / 30 days |
| <i>trimethobenzamide hcl 300 mg cap</i> | Preferred | QL 90 / 30 days |
| EMETOGENIC THERAPY ADJUNCTS | | |
| AKYNZEO (AKYNZEO 235-0.25 MG RECON SOLN, AKYNZEO 235-0.25 MG/20ML SOLUTION) | Non-Preferred | QLC 2 vials/28 days |
| AKYNZEO (READY-TO-USE) | Non-Preferred | QLC 2 vials/28 days |
| AKYNZEO 300-0.5 MG CAP | Non-Preferred | QL 2 / 28 days |
| ALOXI | Preferred | QLC 10 mL/28 days |
| ANZEMET | Non-Preferred | |
| <i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc)</i> | Non-Preferred | QL 6 / 28 days |
| <i>aprepitant 125 mg cap</i> | Non-Preferred | QL 2 / 28 days |
| <i>aprepitant 40 mg cap</i> | Non-Preferred | QL 1 / 30 days |
| <i>aprepitant 80 mg cap</i> | Non-Preferred | QL 4 / 28 days |
| CINVANTI | Non-Preferred | QLC 36 mL/28 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>dronabinol (dronabinol 2.5 mg cap, dronabinol 5 mg cap)</i> | Non-Preferred | QL 180 / 30 days |
| <i>dronabinol 10 mg cap</i> | Non-Preferred | QL 90 / 30 days |
| EMEND 125 MG/5ML RECON SUSP | Non-Preferred | |
| EMEND 150 MG RECON SOLN | Non-Preferred | QLC 2 vials/28 days |
| EMEND 40 MG CAP | Preferred | QL 1 / 30 days |
| EMEND 80 MG CAP | Preferred | QL 4 / 28 days |
| EMEND TRI-PACK | Preferred | QL 6 / 28 days |
| FOSAPREPITANT DIMEGLUMINE | Preferred | |
| <i>granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)</i> | Preferred | |
| <i>granisetron hcl 1 mg tab</i> | Non-Preferred | QLC 2 tablets/day |
| MARINOL (MARINOL 2.5 MG CAP, MARINOL 5 MG CAP) | Non-Preferred | QL 180 / 30 days |
| MARINOL 10 MG CAP | Non-Preferred | QL 90 / 30 days |
| <i>ondansetron</i> | Preferred | QL 90 / 30 days |
| <i>ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>ondansetron hcl (ondansetron hcl 4 mg/2ml soln prsyr, ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)</i> | Preferred | |
| <i>ondansetron hcl 4 mg/5ml solution</i> | Preferred | QL 50 / 25 days |
| PALONOSETRON HCL (PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR, PALONOSETRON HCL 0.25 MG/5ML SOLUTION) | Preferred | QLC 10 mL/28 days |
| PALONOSETRON HCL 0.25 MG/2ML SOLUTION | Preferred | |
| SANCUSO | Non-Preferred | QL 4 / 28 days |
| SUSTOL | Non-Preferred | QLC 1.6 mL/28 days |
| SYNDROS | Non-Preferred | |
| VARUBI (180 MG DOSE) | Non-Preferred | |
| ZOFRAN | Non-Preferred | QL 90 / 30 days |
| ZUPLENZ | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ANTIFUNGALS | | |
| 3 day vaginal | Preferred | |
| ALEVAZOL | Preferred | |
| ALOE VESTA CLEAR ANTIFUNGAL | Preferred | |
| ANCOBON | Non-Preferred | |
| <i>anti-fungal 1 % powder</i> | Preferred | QL 45 / 7 days |
| <i>antifungal (clotrimazole)</i> | Preferred | QL 30 / 7 days |
| <i>antifungal (tolnaftate)</i> | Preferred | QL 15 / 7 days |
| <i>antifungal 2 % cream</i> | Preferred | QL 15 / 7 days |
| <i>antifungal 2 % powder</i> | Preferred | QL 71 / 15 days |
| <i>antifungal clotrimazole</i> | Preferred | QL 30 / 7 days |
| <i>athletes foot (clotrimazole)</i> | Preferred | QL 30 / 7 days |
| <i>athletes foot (terbinafine)</i> | Preferred | |
| <i>athletes foot af</i> | Preferred | |
| <i>athletes foot powder spray 1 % aero powd</i> | Preferred | QL 133 / 10 days |
| <i>athletes foot powder spray 2 % aero powd</i> | Preferred | |
| <i>athletes foot spray</i> | Preferred | |
| AZOLEN ANTI-FUNGAL WASH | Non-Preferred | |
| BREXAFEMME | Non-Preferred | |
| <i>butenafine hcl</i> | Preferred | QL 30 / 24 days |
| <i>carrington antifungal</i> | Preferred | QL 15 / 7 days |
| <i>clotrimazole 1 % cream</i> | Preferred | QL 45 / 7 days |
| <i>clotrimazole 1 % solution</i> | Non-Preferred | QL 30 / 24 days |
| <i>clotrimazole 1% cream (rx)</i> | Preferred | QL 30 / 7 days |
| <i>clotrimazole 10 mg troche</i> | Preferred | QL 5 / 1 days |
| <i>clotrimazole 3</i> | Preferred | |
| <i>clotrimazole anti-fungal</i> | Preferred | QL 30 / 7 days |
| <i>clotrimazole athletes foot</i> | Preferred | QL 30 / 7 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>clotrimazole-7</i> | Preferred | QL 45 / 7 days |
| CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP) | Non-Preferred | |
| <i>cvs athletes foot (cvs athletes foot 1 % aerosol, cvs athletes foot 2 % aero powd)</i> | Preferred | |
| <i>cvs athletes foot (tolnaftate) 1 % aero powd</i> | Preferred | QL 133 / 10 days |
| <i>cvs athletes foot (tolnaftate) 1 % cream</i> | Preferred | QL 15 / 7 days |
| <i>cvs athletes foot spray</i> | Preferred | |
| <i>cvs butenafine hcl</i> | Preferred | QL 30 / 24 days |
| <i>cvs miconazole 1 combo pack</i> | Preferred | |
| CVS MICONAZOLE 1 COMBO-WIPES | Preferred | |
| <i>cvs miconazole 3 combo pack</i> | Preferred | |
| <i>cvs miconazole 3 combo-supp</i> | Preferred | QL 1 / 3 days |
| <i>cvs miconazole 7</i> | Preferred | QL 45 / 7 days |
| <i>cvs ringworm</i> | Preferred | QL 30 / 7 days |
| <i>cvs tioconazole 1</i> | Preferred | |
| <i>cvs toe area treatment max str</i> | Preferred | |
| <i>dermafungal</i> | Preferred | |
| <i>desenex 2 % powder</i> | Preferred | QL 71 / 15 days |
| DIFLUCAN (DIFLUCAN 50 MG TAB, DIFLUCAN 100 MG TAB, DIFLUCAN 150 MG TAB, DIFLUCAN 200 MG TAB) | Non-Preferred | QL 2 / 1 days |
| DIFLUCAN 10 MG/ML RECON SUSP | Non-Preferred | QL 1200 / 30 days |
| DIFLUCAN 40 MG/ML RECON SUSP | Non-Preferred | QL 300 / 30 days |
| <i>econazole nitrate 1 % cream</i> | Preferred | |
| ECOZA | Non-Preferred | |
| <i>eq athletes foot (terbinafine)</i> | Preferred | |
| <i>eq miconazole 1</i> | Preferred | |
| <i>eq miconazole 7 day treatment</i> | Preferred | QL 45 / 7 days |
| <i>eql miconazole 7</i> | Preferred | QL 45 / 7 days |
| ERTACZO | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| EXTINA | Non-Preferred | |
| <i>fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i> | Preferred | QL 2 / 1 days |
| <i>fluconazole 10 mg/ml recon susp</i> | Preferred | QL 1200 / 30 days |
| <i>fluconazole 40 mg/ml recon susp</i> | Preferred | QL 300 / 30 days |
| <i>flucytosine (flucytosine 250 mg cap, flucytosine 500 mg cap)</i> | Non-Preferred | |
| <i>ft antifungal (ft antifungal 1 % cream, ft antifungal 2 % cream)</i> | Preferred | QL 15 / 7 days |
| <i>ft athletes foot (clotrimaz)</i> | Preferred | QL 30 / 7 days |
| <i>ft athletes foot (terbinafine)</i> | Preferred | |
| <i>ft tioconazole-1</i> | Preferred | |
| FUNGOID TINCTURE | Non-Preferred | |
| <i>fungoid-d</i> | Non-Preferred | QL 15 / 7 days |
| <i>gnp athletes foot 1 % cream</i> | Preferred | QL 30 / 7 days |
| <i>gnp clotrimazole 3</i> | Preferred | |
| <i>gnp miconazole 1</i> | Preferred | |
| <i>gnp miconazole 3</i> | Preferred | QL 1 / 3 days |
| <i>gnp miconazole 7</i> | Preferred | QL 45 / 7 days |
| <i>gnp miconazorb of</i> | Preferred | QL 71 / 15 days |
| <i>gnp terbinafine hydrochloride</i> | Preferred | |
| <i>gnp tolnaftate</i> | Preferred | QL 15 / 7 days |
| <i>goodsense athletes foot</i> | Preferred | QL 30 / 7 days |
| <i>griseofulvin microsize 125 mg/5ml suspension</i> | Preferred | QL 40 / 1 days |
| <i>griseofulvin microsize 500 mg tab</i> | Non-Preferred | QL 60 / 30 days |
| <i>griseofulvin ultramicrosize</i> | Non-Preferred | QL 3 / 1 days |
| GYNAZOLE-1 | Non-Preferred | |
| <i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i> | Non-Preferred | |
| <i>jock itch spray</i> | Preferred | QL 133 / 10 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| JUBLIA | Non-Preferred | |
| KERYDIN | Non-Preferred | |
| <i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i> | Preferred | |
| <i>ketoconazole 2 % foam</i> | Non-Preferred | |
| <i>ketoconazole 200 mg tab</i> | Non-Preferred | QL 60 / 30 days |
| LAMISIL AT 1 % CREAM | Non-Preferred | |
| LOTRIMIN AF 1 % CREAM | Non-Preferred | |
| LOTRIMIN AF 2 % AEROSOL | Preferred | |
| LOTRIMIN ULTRA | Non-Preferred | |
| <i>luliconazole</i> | Non-Preferred | |
| LUZU | Non-Preferred | |
| MENTAX | Non-Preferred | |
| <i>micomitin</i> | Non-Preferred | |
| MICONATATE | Non-Preferred | |
| <i>miconazole 1</i> | Preferred | |
| <i>miconazole 3 200 mg suppos</i> | Non-Preferred | QL 30 / 30 days |
| <i>miconazole 3 4 % cream</i> | Preferred | |
| <i>miconazole 3 applicator</i> | Preferred | |
| <i>miconazole 3 combo pack</i> | Preferred | |
| <i>miconazole 3 combo pack app</i> | Preferred | |
| <i>miconazole 3 combo-supp</i> | Preferred | QL 1 / 3 days |
| <i>miconazole 7 100 mg suppos</i> | Preferred | QL 30 / 30 days |
| <i>miconazole 7 2 % cream</i> | Preferred | QL 45 / 7 days |
| <i>miconazole nitrate 2 % cream</i> | Preferred | QL 45 / 7 days |
| MICONAZOLE NITRATE 2 % SOLUTION | Preferred | |
| MICONAZOLE-ZINC OXIDE-PETROLAT | Non-Preferred | |
| <i>micotrin ac</i> | Non-Preferred | QL 30 / 7 days |
| <i>micotrin al</i> | Non-Preferred | |
| <i>micotrin ap</i> | Preferred | QL 71 / 15 days |
| MONISTAT 1 COMBO PACK | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| MONISTAT 1 DAY OR NIGHT | Non-Preferred | |
| <i>monistat 1-day</i> | Preferred | |
| MONISTAT 3 | Non-Preferred | |
| MONISTAT 3 COMBINATION PACK (MONISTAT 3 COMBINATION PACK 200 & 2 MG-% (9GM) KIT, MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT) | Non-Preferred | |
| MONISTAT 3 COMBO PACK APP | Non-Preferred | |
| MONISTAT 7 COMBO PACK APP | Non-Preferred | |
| MONISTAT 7 COMPLETE THERAPY | Non-Preferred | |
| MONISTAT 7 SIMPLY CURE | Non-Preferred | |
| <i>mycozyl ac</i> | Preferred | QL 30 / 7 days |
| <i>mycozyl al</i> | Preferred | |
| <i>mycozyl ap</i> | Preferred | QL 71 / 15 days |
| <i>naftifine hcl</i> | Non-Preferred | |
| NAFTIN | Non-Preferred | |
| NIZORAL 2 % SHAMPOO | Non-Preferred | |
| NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR, NOXAFIL 300 MG PACKET) | Non-Preferred | |
| <i>nyamyc</i> | Preferred | |
| <i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder, nystatin 100000 unit/ml suspension)</i> | Preferred | |
| <i>nystatin 500000 unit tab</i> | Preferred | QL 6 / 1 days |
| <i>nystop</i> | Preferred | |
| ORAVIG | Non-Preferred | |
| <i>oxiconazole nitrate</i> | Non-Preferred | |
| OXISTAT (OXISTAT 1 % CREAM, OXISTAT 1 % LOTION) | Non-Preferred | |
| <i>posaconazole (posaconazole 40 mg/ml suspension, posaconazole 100 mg tab dr)</i> | Non-Preferred | |
| <i>px miconazole 3-day combo</i> | Preferred | QL 1 / 3 days |
| <i>qc 3 day</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>qc antifungal (tolnaftate)</i> | Preferred | QL 15 / 7 days |
| <i>qc clotrimazole</i> | Preferred | QL 45 / 7 days |
| <i>qc miconazole 7</i> | Preferred | QL 45 / 7 days |
| <i>qc tolnaftate</i> | Preferred | QL 15 / 7 days |
| <i>ra athlete's foot</i> | Preferred | |
| <i>ra clotrimazole 7</i> | Preferred | QL 45 / 7 days |
| <i>ra miconazole 3 combo pack</i> | Preferred | QL 1 / 3 days |
| <i>ra miconazole 3 combo pack app</i> | Preferred | |
| <i>ra miconazole 7</i> | Preferred | QL 45 / 7 days |
| <i>ra tioconazole 1</i> | Preferred | |
| <i>remedy antifungal 2 % cream</i> | Preferred | QL 15 / 7 days |
| <i>remedy phytoplex antifungal 2 % ointment</i> | Preferred | |
| <i>sm 3-day vaginal</i> | Preferred | |
| <i>sm antifungal clotrimazole</i> | Preferred | QL 30 / 7 days |
| <i>sm antifungal miconazole</i> | Preferred | QL 15 / 7 days |
| <i>sm antifungal tolnaftate</i> | Preferred | QL 15 / 7 days |
| <i>sm athlete's foot</i> | Preferred | |
| <i>sm clotrimazole vaginal</i> | Preferred | QL 45 / 7 days |
| <i>sm miconazole 3</i> | Preferred | QL 1 / 3 days |
| <i>sm miconazole 3 applicator</i> | Preferred | |
| <i>sm miconazole 7 100 mg suppos</i> | Preferred | QL 30 / 30 days |
| <i>sm miconazole 7 2 % cream</i> | Preferred | QL 45 / 7 days |
| <i>sm tioconazole-1</i> | Preferred | |
| <i>soothe & cool inzo antifungal</i> | Preferred | QL 15 / 7 days |
| SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP) | Non-Preferred | |
| SPORANOX PULSEPAK | Non-Preferred | |
| <i>sulconazole nitrate (sulconazole nitrate 1 % cream, sulconazole nitrate 1 % solution)</i> | Non-Preferred | |
| <i>tavorole</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>terbinafine hcl 1 % cream</i> | Preferred | |
| <i>terbinafine hcl 250 mg tab</i> | Preferred | QL 90 / 365 days |
| <i>terconazole 0.4 % cream</i> | Non-Preferred | QL 45 / 14 days |
| <i>terconazole 0.8 % cream</i> | Non-Preferred | QL 20 / 14 days |
| <i>terconazole 80 mg suppos</i> | Non-Preferred | QL 3 / 14 days |
| <i>tgt miconazole 1</i> | Preferred | |
| <i>tgt miconazole 3 combo pack</i> | Preferred | QL 1 / 3 days |
| <i>tgt miconazole 7</i> | Preferred | QL 45 / 7 days |
| <i>ting (ting 1 % aerosol, ting 2 % aero powd)</i> | Preferred | |
| <i>ting 1 % cream</i> | Preferred | QL 15 / 7 days |
| <i>tioconazole-1</i> | Preferred | |
| <i>tm-clotrimazole</i> | Preferred | QL 30 / 7 days |
| <i>tm-tolnaftate</i> | Preferred | |
| <i>tm-tolnaftate lr</i> | Preferred | |
| <i>tolnafi-al</i> | Preferred | |
| <i>tolnaftate 1 % cream</i> | Preferred | QL 15 / 7 days |
| <i>tolnaftate 1 % powder</i> | Preferred | QL 45 / 7 days |
| <i>tolnaftate antifungal</i> | Preferred | QL 15 / 7 days |
| TOLSURA | Non-Preferred | |
| TRIPENICOL C | Non-Preferred | |
| <i>triple paste af</i> | Preferred | |
| <i>tritolnacide s</i> | Non-Preferred | |
| VFEND (VFEND 40 MG/ML RECON SUSP, VFEND 50 MG TAB, VFEND 200 MG TAB) | Non-Preferred | |
| VIVJOA | Non-Preferred | |
| <i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i> | Preferred | |
| <i>voriconazole 40 mg/ml recon susp</i> | Non-Preferred | |
| VOTRIZA-AL | Non-Preferred | |
| VUSION | Non-Preferred | |
| <i>zeasorb-af</i> | Preferred | QL 71 / 15 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ANTIGOUT AGENTS | | |
| <i>allopurinol 100 mg tab</i> | Preferred | QL 240 / 30 days |
| ALLOPURINOL 200 MG TAB | Non-Preferred | |
| <i>allopurinol 300 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>colchicine 0.6 mg cap</i> | Non-Preferred | QL 90 / 30 days PA |
| <i>colchicine 0.6 mg tab</i> | Preferred | QL 90 / 30 days PA |
| <i>colchicine-probenecid</i> | Preferred | |
| COLCRYS | Non-Preferred | QL 90 / 30 days |
| <i>febuxostat</i> | Preferred | |
| GLOPERBA | Non-Preferred | |
| KRYSTEXXA | Non-Preferred | |
| MITIGARE | Non-Preferred | QL 90 / 30 days |
| <i>probenecid</i> | Preferred | QL 4 / 1 days |
| ULORIC | Non-Preferred | |
| ZYLOPRIM 100 MG TAB | Non-Preferred | |
| ZYLOPRIM 300 MG TAB | Non-Preferred | QL 60 / 30 days |
| ANTIMIGRAINE AGENTS | | |
| CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS | | |
| AIMOVIG | Preferred | QL 1 / 28 days PA |
| AJOVY | Non-Preferred | QLC 0.05 mL/day |
| EMGALITY | Preferred | QL 2 / 28 days PA |
| EMGALITY (300 MG DOSE) | Preferred | QL 3 / 30 days PA |
| NURTEC | Preferred | QL 16 / 30 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| QULIPTA | Non-Preferred | QL 30 / 30 days |
| UBRELVY | Non-Preferred | QL 16 / 30 days PA |
| ZAVZPRET | Non-Preferred | |
| ERGOT ALKALOIDS | | |
| CAFERGOT | Non-Preferred | |
| D.H.E. 45 | Non-Preferred | |
| <i>dihydroergotamine mesylate (dihydroergotamine mesylate 1 mg/ml solution, dihydroergotamine mesylate 4 mg/ml solution)</i> | Non-Preferred | |
| ERGOMAR | Non-Preferred | |
| MIGRANAL | Non-Preferred | |
| TRUDHESA | Non-Preferred | |
| PROPHYLACTIC | | |
| VYEPTI | Non-Preferred | |
| SEROTONIN (5-HT) RECEPTOR AGONIST | | |
| <i>almotriptan malate 12.5 mg tab</i> | Non-Preferred | QL 9 / 30 day(s) |
| <i>almotriptan malate 6.25 mg tab</i> | Non-Preferred | QL 9 / 30 days |
| AMERGE | Non-Preferred | |
| <i>eletriptan hydrobromide</i> | Non-Preferred | QL 9 / 30 days |
| FROVA | Non-Preferred | QL 12 / 30 days |
| <i>frovatriptan succinate</i> | Non-Preferred | QL 12 / 30 days |
| IMITREX (IMITREX 5 MG/ACT SOLUTION, IMITREX 6 MG/0.5ML SOLUTION, IMITREX 20 MG/ACT SOLUTION, IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB) | Non-Preferred | |
| IMITREX STATDOSE REFILL | Non-Preferred | |
| IMITREX STATDOSE SYSTEM | Non-Preferred | |
| MAXALT | Non-Preferred | |
| MAXALT-MLT | Non-Preferred | |
| <i>naratriptan hcl</i> | Preferred | QL 9 / 24 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ONZETRA XSAIL | Non-Preferred | |
| RELPAK | Non-Preferred | QL 9 / 30 days |
| REYVOW 100 MG TAB | Non-Preferred | QL 8 / 30 days PA |
| REYVOW 50 MG TAB | Non-Preferred | QL 4 / 30 days PA |
| <i>rizatriptan benzoate</i> | Preferred | QL 9 / 30 days |
| <i>sumatriptan (sumatriptan 5 mg/act solution, sumatriptan 20 mg/act solution)</i> | Preferred | QL 6 / 24 days |
| <i>sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)</i> | Preferred | QL 9 / 24 days |
| <i>sumatriptan succinate (sumatriptan succinate 4 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml soln prsyr)</i> | Preferred | |
| <i>sumatriptan succinate (sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)</i> | Preferred | QL 2 / 24 days |
| <i>sumatriptan succinate refill 4 mg/0.5ml soln cart</i> | Preferred | |
| <i>sumatriptan succinate refill 6 mg/0.5ml soln cart</i> | Preferred | QL 2 / 24 days |
| <i>sumatriptan-naproxen sodium</i> | Non-Preferred | |
| TOSYMRA | Non-Preferred | |
| TREXIMET | Non-Preferred | |
| ZEMBRACE SYMTOUCH | Non-Preferred | |
| <i>zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 5 mg solution)</i> | Non-Preferred | |
| <i>zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)</i> | Preferred | QL 9 / 30 days |
| ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION) | Non-Preferred | |
| ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB) | Non-Preferred | QL 9 / 30 days |
| ZOMIG ZMT | Non-Preferred | QL 9 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ANTIMYCOBACTERIALS | | |
| ANTIMYCOBACTERIALS, OTHER | | |
| <i>dapsone 100 mg tab</i> | Preferred | QL 1 / 1 days |
| <i>dapsone 25 mg tab</i> | Preferred | QL 3 / 1 days |
| <i>rifabutin</i> | Preferred | QL 60 / 30 days |
| ANTITUBERCULARS | | |
| <i>ethambutol hcl (ethambutol hcl 100 mg tab, ethambutol hcl 400 mg tab)</i> | Preferred | QL 300 / 30 days |
| <i>isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>isoniazid 50 mg/5ml syrup</i> | Preferred | QL 2700 / 30 days |
| <i>pyrazinamide 500 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i> | Preferred | |
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| <i>cyclophosphamide (cyclophosphamide 25 mg cap, cyclophosphamide 50 mg cap)</i> | Preferred | |
| LEUKERAN | Preferred | |
| <i>melphalan</i> | Preferred | |
| MYLERAN | Preferred | |
| TEMODAR (TEMODAR 5 MG CAP, TEMODAR 20 MG CAP, TEMODAR 100 MG CAP, TEMODAR 140 MG CAP, TEMODAR 180 MG CAP, TEMODAR 250 MG CAP) | Non-Preferred | |
| <i>temozolomide</i> | Preferred | PA |
| ANTIANDROGENS | | |
| <i>abiraterone acetate 250 mg tab</i> | Preferred | PA |
| <i>abiraterone acetate 500 mg tab</i> | Non-Preferred | PA |
| <i>bicalutamide</i> | Preferred | QL 30 / 30 days PA |
| CASODEX | Non-Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ERLEADA | Preferred | PA |
| <i>flutamide</i> | Preferred | QL 180 / 30 days |
| NUBEQA | Preferred | PA |
| ORSERDU | Non-Preferred | |
| XTANDI | Preferred | PA |
| YONSA | Non-Preferred | PA |
| ZYTIGA | Non-Preferred | PA |
| ANTIANGIOGENIC AGENTS | | |
| <i>lenalidomide (lenalidomide 2.5 mg cap, lenalidomide 20 mg cap)</i> | Non-Preferred | |
| <i>lenalidomide (lenalidomide 5 mg cap, lenalidomide 10 mg cap, lenalidomide 15 mg cap, lenalidomide 25 mg cap)</i> | Non-Preferred | PA |
| POMALYST | Non-Preferred | |
| REVLIMID | Preferred | PA |
| THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP, THALOMID 200 MG CAP) | Preferred | PA |
| THALOMID 150 MG CAP | Preferred | |
| ANTIESTROGENS/MODIFIERS | | |
| EMCYT | Preferred | |
| FARESTON | Non-Preferred | QL 30 / 30 days |
| SOLTAMOX | Non-Preferred | |
| <i>tamoxifen citrate (tamoxifen citrate 10 mg tab, tamoxifen citrate 20 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>toremifene citrate</i> | Non-Preferred | QL 30 / 30 days |
| ANTIMETABOLITES | | |
| <i>capecitabine</i> | Preferred | PA |
| <i>mercaptopurine 50 mg tab</i> | Preferred | |
| TABLOID | Preferred | |
| XELODA | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ANTINEOPLASTICS, OTHER | | |
| AKEEGA | Non-Preferred | |
| AUGTYRO | Non-Preferred | |
| CAMCEVI | Non-Preferred | |
| FRUZAQLA | Non-Preferred | |
| HYDREA | Non-Preferred | |
| <i>hydroxyurea 500 mg cap</i> | Preferred | |
| IWILFIN | Non-Preferred | |
| <i>leucovorin calcium (leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>leucovorin calcium 10 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>leucovorin calcium 5 mg tab</i> | Preferred | QL 90 / 30 days |
| LONSURF | Preferred | PA |
| LYSODREN | Preferred | |
| OJJAARA | Non-Preferred | |
| QINLOCK | Non-Preferred | QL 90 / 30 days |
| WELIREG | Preferred | PA |
| ZOLINZA | Preferred | PA |
| AROMATASE INHIBITORS, 3RD GENERATION | | |
| <i>anastrozole 1 mg tab</i> | Preferred | QL 30 / 30 days |
| ARIMIDEX | Non-Preferred | QL 30 / 30 days |
| AROMASIN | Non-Preferred | QL 30 / 30 days |
| <i>exemestane</i> | Preferred | QL 30 / 30 days |
| FEMARA | Non-Preferred | |
| <i>letrozole 2.5 mg tab</i> | Preferred | PA |
| ENZYME INHIBITORS | | |
| <i>etoposide 50 mg cap</i> | Preferred | |
| TRUQAP | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| MOLECULAR TARGET INHIBITORS | | |
| AFINITOR | Non-Preferred | PA |
| AFINITOR DISPERZ | Preferred | PA |
| ALECENSA | Preferred | PA |
| ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB) | Preferred | QL 30 / 30 days PA |
| ALUNBRIG 30 MG TAB | Preferred | QL 60 / 30 days PA |
| AYVAKIT | Preferred | QL 30 / 30 days PA |
| BALVERSA | Preferred | |
| BOSULIF (BOSULIF 100 MG TAB, BOSULIF 400 MG TAB, BOSULIF 500 MG TAB) | Preferred | PA |
| BOSULIF (BOSULIF 50 MG CAP, BOSULIF 100 MG CAP) | Non-Preferred | |
| BRAFTOVI | Preferred | PA |
| BRUKINSA | Preferred | QL 120 / 30 days PA |
| CABOMETYX | Preferred | PA |
| CALQUENCE (CALQUENCE 100 MG CAP, CALQUENCE 100 MG TAB) | Preferred | QL 60 / 30 days PA |
| CAPRELSA | Preferred | PA |
| COMETRIQ (100 MG DAILY DOSE) | Preferred | PA |
| COMETRIQ (140 MG DAILY DOSE) | Preferred | PA |
| COMETRIQ (60 MG DAILY DOSE) | Preferred | PA |
| COPIKTRA | Preferred | PA |
| COTELLIC | Preferred | PA |
| DAURISMO | Preferred | PA |
| ERIVEDGE | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| <i>erlotinib hcl</i> | Preferred | PA |
| <i>everolimus (everolimus 2 mg tab sol, everolimus 3 mg tab sol, everolimus 5 mg tab sol)</i> | Non-Preferred | |
| <i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab)</i> | Preferred | PA |
| <i>everolimus 10 mg tab</i> | Preferred | |
| EXKIVITY | Preferred | QL 4 / 1 days PA |
| FARYDAK | Preferred | PA |
| FOTIVDA | Preferred | QL 21 / 28 days PA |
| GAVRETO | Preferred | QL 120 / 30 days PA |
| <i>gefitinib</i> | Non-Preferred | |
| GILOTRIF | Preferred | PA |
| GLEEVEC | Non-Preferred | PA |
| IBRANCE | Preferred | QL 30 / 30 days PA |
| ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 45 MG TAB) | Preferred | PA |
| ICLUSIG 30 MG TAB | Non-Preferred | PA |
| IDHIFA | Preferred | PA |
| <i>imatinib mesylate</i> | Preferred | PA |
| IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG CAP) | Preferred | PA |
| IMBRUVICA (IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB) | Non-Preferred | PA |
| INLYTA | Preferred | PA |
| INREBIC | Preferred | PA |
| IRESSA | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------|---------------|------------------------|
| JAKAFI | Preferred | PA |
| JAYPIRCA | Preferred | PA |
| KISQALI (200 MG DOSE) | Preferred | PA |
| KISQALI (400 MG DOSE) | Preferred | PA |
| KISQALI (600 MG DOSE) | Preferred | PA |
| KISQALI FEMARA (400 MG DOSE) | Preferred | PA |
| KISQALI FEMARA (600 MG DOSE) | Preferred | PA |
| KISQALI FEMARA(200 MG DOSE) | Preferred | PA |
| KOSELUGO | Preferred | PA |
| KRAZATI | Preferred | PA |
| <i>lapatinib ditosylate</i> | Non-Preferred | |
| LENVIMA (10 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (12 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (14 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (18 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (20 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (24 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (4 MG DAILY DOSE) | Preferred | PA |
| LENVIMA (8 MG DAILY DOSE) | Preferred | PA |
| LORBRENA | Preferred | PA |
| LUMAKRAS 120 MG TAB | Preferred | QL 240 / 30 days PA |
| LUMAKRAS 320 MG TAB | Preferred | QL 90 / 30 days PA |
| LYNPARZA | Preferred | PA |
| LYTGOBI (12 MG DAILY DOSE) | Preferred | PA |
| LYTGOBI (16 MG DAILY DOSE) | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| LYTGOBI (20 MG DAILY DOSE) | Preferred | PA |
| MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB) | Preferred | PA |
| MEKTOVI | Preferred | PA |
| NERLYNX | Preferred | PA |
| NEXAVAR | Preferred | QL 4 / 1 days PA |
| NINLARO | Preferred | PA |
| ODOMZO | Preferred | PA |
| OGSIVEO 50 MG TAB | Non-Preferred | |
| <i>pazopanib hcl</i> | Non-Preferred | |
| PEMAZYRE | Preferred | QL 14 / 21 days PA |
| PIQRAY (200 MG DAILY DOSE) | Preferred | PA |
| PIQRAY (250 MG DAILY DOSE) | Preferred | PA |
| PIQRAY (300 MG DAILY DOSE) | Preferred | PA |
| RETEVMO 40 MG CAP | Preferred | QL 180 / 30 days PA |
| RETEVMO 80 MG CAP | Preferred | QL 120 / 30 days PA |
| REZLIDHIA | Preferred | PA |
| ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP) | Preferred | PA |
| ROZLYTREK 50 MG PACKET | Non-Preferred | |
| RUBRACA | Preferred | PA |
| RYDAPT | Preferred | PA |
| SCSEMBLIX | Preferred | PA |
| <i>sorafenib tosylate</i> | Non-Preferred | |
| SPRYCEL | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| STIVARGA | Preferred | PA |
| <i>sunitinib malate</i> | Non-Preferred | |
| SUTENT (SUTENT 25 MG CAP, SUTENT 50 MG CAP) | Preferred | QL 30 / 30 days PA |
| SUTENT 12.5 MG CAP | Preferred | QL 3 / 1 days PA |
| SUTENT 37.5 MG CAP | Preferred | PA |
| TABRECTA | Preferred | QL 120 / 30 days PA |
| TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP) | Preferred | PA |
| TAFINLAR 10 MG TAB SOL | Non-Preferred | |
| TAGRISSO | Preferred | PA |
| TALZENNA | Preferred | PA |
| TARCEVA | Non-Preferred | PA |
| TASIGNA | Preferred | PA |
| TAZVERIK | Preferred | QL 240 / 30 days PA |
| TEPMETKO | Preferred | QL 60 / 30 days PA |
| TIBSOVO | Preferred | PA |
| TRUSELTIQ (100MG DAILY DOSE) | Preferred | QL 21 / 28 days PA |
| TRUSELTIQ (125MG DAILY DOSE) | Preferred | QL 42 / 28 days PA |
| TRUSELTIQ (50MG DAILY DOSE) | Preferred | QL 42 / 28 days PA |
| TRUSELTIQ (75MG DAILY DOSE) | Preferred | QL 63 / 28 days PA |
| TUKYSA | Preferred | QL 120 / 30 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| TURALIO | Preferred | PA |
| TYKERB | Preferred | PA |
| UKONIQ | Preferred | PA |
| VANFLYTA | Preferred | PA |
| VENCLEXTA | Preferred | PA |
| VENCLEXTA STARTING PACK | Preferred | PA |
| VERZENIO | Preferred | PA |
| VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP) | Preferred | PA |
| VIZIMPRO | Preferred | PA |
| VOTRIENT | Preferred | PA |
| XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK, XALKORI 150 MG CAP SPRINK) | Non-Preferred | |
| XALKORI (XALKORI 200 MG CAP, XALKORI 250 MG CAP) | Preferred | PA |
| XOSPATA | Preferred | PA |
| XPOVIO (100 MG ONCE WEEKLY) | Preferred | PA |
| XPOVIO (40 MG ONCE WEEKLY) | Preferred | PA |
| XPOVIO (40 MG TWICE WEEKLY) | Preferred | PA |
| XPOVIO (60 MG ONCE WEEKLY) | Preferred | PA |
| XPOVIO (60 MG TWICE WEEKLY) | Preferred | PA |
| XPOVIO (80 MG ONCE WEEKLY) | Preferred | PA |
| XPOVIO (80 MG TWICE WEEKLY) | Preferred | PA |
| ZEJULA | Preferred | PA |
| ZELBORAF | Preferred | PA |
| ZYDELIG | Preferred | PA |
| ZYKADIA | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE | | |
| XGEVA | Non-Preferred | QLC 5.1 mL/28 days |
| RETINOIDS | | |
| <i>tretinoin 10 mg cap</i> | Preferred | |
| TREATMENT ADJUNCTS | | |
| HEMADY | Non-Preferred | |
| VONJO | Preferred | PA |
| ANTIPARASITICS | | |
| ANTHELMINTHICS | | |
| <i>ivermectin 3 mg tab</i> | Preferred | |
| ANTIPROTOZOALS | | |
| ARAKODA | Non-Preferred | |
| <i>atovaquone-proguanil hcl 250-100 mg tab</i> | Preferred | QL 1 / 1 days |
| <i>atovaquone-proguanil hcl 62.5-25 mg tab</i> | Preferred | QL 3 / 1 days |
| <i>chloroquine phosphate 250 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>chloroquine phosphate 500 mg tab</i> | Preferred | QL 1 / 1 days |
| COARTEM | Preferred | |
| <i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 400 mg tab)</i> | Preferred | |
| <i>hydroxychloroquine sulfate 200 mg tab</i> | Preferred | QL 120 / 30 days |
| KRINTAFEL | Preferred | |
| LIKMEZ | Non-Preferred | |
| MALARONE 250-100 MG TAB | Non-Preferred | QL 1 / 1 days |
| MALARONE 62.5-25 MG TAB | Non-Preferred | QL 3 / 1 days |
| <i>mefloquine hcl</i> | Preferred | QL 5 / 26 days |
| <i>nitazoxanide 500 mg tab</i> | Non-Preferred | |
| PLAQUENIL | Non-Preferred | QL 120 / 30 days |
| <i>primaquine phosphate</i> | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| QUALAQUIN | Non-Preferred | |
| <i>quinine sulfate 324 mg cap</i> | Non-Preferred | |
| SOVUNA | Non-Preferred | |
| ANTIPARKINSON AGENTS | | |
| ANTICHOLINERGICS | | |
| <i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>trihexyphenidyl hcl 0.4 mg/ml solution</i> | Preferred | QL 38 / 1 days |
| <i>trihexyphenidyl hcl 2 mg tab</i> | Preferred | QL 210 / 30 days |
| <i>trihexyphenidyl hcl 5 mg tab</i> | Preferred | QL 90 / 30 days |
| ANTIPARKINSON AGENTS, OTHER | | |
| <i>amantadine hcl (amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>amantadine hcl 50 mg/5ml solution</i> | Preferred | QL 40 / 1 days |
| <i>carbidopa-levodopa-entacapone</i> | Non-Preferred | |
| COMTAN | Non-Preferred | |
| <i>entacapone</i> | Preferred | |
| GOCOVRI | Non-Preferred | |
| NOURIANZ | Non-Preferred | |
| ONGENTYS | Non-Preferred | |
| OSMOLEX ER | Non-Preferred | |
| STALEVO 100 | Non-Preferred | |
| STALEVO 125 | Non-Preferred | |
| STALEVO 150 | Non-Preferred | |
| STALEVO 200 | Non-Preferred | |
| STALEVO 50 | Non-Preferred | |
| STALEVO 75 | Non-Preferred | |
| TASMAR | Non-Preferred | QL 90 / 30 days |
| <i>tolcapone</i> | Non-Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| DOPAMINE AGONISTS | | |
| <i>bromocriptine mesylate (bromocriptine mesylate 2.5 mg tab, bromocriptine mesylate 5 mg cap)</i> | Preferred | QL 600 / 30 days |
| KYNMOBI | Non-Preferred | |
| MIRAPEX | Non-Preferred | QL 90 / 30 days |
| MIRAPEX ER | Non-Preferred | QL 30 / 30 days |
| NEUPRO | Non-Preferred | |
| PARLODEL | Preferred | |
| <i>pramipexole dihydrochloride</i> | Preferred | QL 90 / 30 days |
| <i>pramipexole dihydrochloride er</i> | Non-Preferred | QL 30 / 30 days |
| REQUIP XL | Non-Preferred | |
| <i>ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)</i> | Non-Preferred | |
| DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS | | |
| <i>carbidopa 25 mg tab</i> | Non-Preferred | |
| <i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i> | Non-Preferred | |
| <i>carbidopa-levodopa (carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i> | Preferred | QL 240 / 30 days |
| <i>carbidopa-levodopa 10-100 mg tab</i> | Preferred | QL 600 / 30 days |
| <i>carbidopa-levodopa er</i> | Preferred | QL 360 / 30 days |
| DHIVY | Non-Preferred | |
| DUOPA | Non-Preferred | |
| INBRIJA | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| LODOSYN | Non-Preferred | |
| RYTARY | Non-Preferred | |
| SINEMET | Non-Preferred | |
| MONOAMINE OXIDASE B (MAO-B) INHIBITORS | | |
| AZILECT | Non-Preferred | |
| <i>rasagiline mesylate (rasagiline mesylate 0.5 mg tab, rasagiline mesylate 1 mg tab)</i> | Non-Preferred | |
| <i>selegiline hcl (selegiline hcl 5 mg cap, selegiline hcl 5 mg tab)</i> | Preferred | QL 60 / 30 days |
| XADAGO | Non-Preferred | |
| ZELAPAR | Non-Preferred | |
| ANTIPSYCHOTICS | | |
| 1ST GENERATION/TYPICAL | | |
| ADASUVE | Non-Preferred | QL 30 / 30 days AL1 At least 18 yrs old |
| <i>chlorpromazine hcl (chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)</i> | Non-Preferred | AL1 At least 18 yrs old |
| <i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i> | Non-Preferred | AL1 At least 18 yrs old C Age restriction, clinical PA required |
| CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC) | Non-Preferred | |
| <i>chlorpromazine hcl 10 mg tab</i> | Non-Preferred | QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>fluphenazine decanoate 25 mg/ml solution</i> | Preferred | QL 10 / 26 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i> | Preferred | QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>fluphenazine hcl 2.5 mg/5ml elixir</i> | Non-Preferred | <ul style="list-style-type: none"> QL 20 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>fluphenazine hcl 2.5 mg/ml solution</i> | Non-Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>fluphenazine hcl 5 mg/ml conc</i> | Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| HALDOL | Preferred | <ul style="list-style-type: none"> QL 20 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| HALDOL DECANOATE | Non-Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>haloperidol (haloperidol 0.5 mg tab, haloperidol 1 mg tab, haloperidol 2 mg tab, haloperidol 5 mg tab, haloperidol 10 mg tab, haloperidol 20 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>haloperidol decanoate (haloperidol decanoate 50 mg/ml solution, haloperidol decanoate 100 mg/ml solution)</i> | Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>haloperidol lactate 2 mg/ml conc</i> | Preferred | <ul style="list-style-type: none"> QL 50 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>haloperidol lactate 5 mg/ml solution</i> | Preferred | <ul style="list-style-type: none"> QL 600 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>loxapine succinate (loxapine succinate 25 mg cap, loxapine succinate 50 mg cap)</i> | Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>loxapine succinate 10 mg cap</i> | Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 18 yrs old |
| <i>loxapine succinate 5 mg cap</i> | Preferred | <ul style="list-style-type: none"> QL 360 / 30 days AL1 At least 18 yrs old |
| <i>molindone hcl</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old |
| <i>pimozide 1 mg tab</i> | Non-Preferred | <ul style="list-style-type: none"> QL 300 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>pimozide 2 mg tab</i> | Non-Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>thioridazine hcl (thioridazine hcl 10 mg tab, thioridazine hcl 25 mg tab, thioridazine hcl 50 mg tab, thioridazine hcl 100 mg tab)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>thiothixene</i> | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| <i>trifluoperazine hcl</i> | Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| 2ND GENERATION/ATYPICAL | | |
| ABILIFY (ABILIFY 2 MG TAB, ABILIFY 5 MG TAB, ABILIFY 10 MG TAB, ABILIFY 15 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| ABILIFY (ABILIFY 20 MG TAB, ABILIFY 30 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| ABILIFY ASIMTUFII | Preferred | |
| ABILIFY MAINTENA | Preferred | <ul style="list-style-type: none"> QL 1 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| ABILIFY MYCITE | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ABILIFY MYCITE MAINTENANCE KIT | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ABILIFY MYCITE STARTER KIT | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old |
| <i>aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>aripiprazole (aripiprazole 20 mg tab, aripiprazole 30 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>aripiprazole 1 mg/ml solution</i> | Non-Preferred | <ul style="list-style-type: none"> QL 750 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ARISTADA 1064 MG/3.9ML PRSYR | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 3.9 mL/56 days |
| ARISTADA 441 MG/1.6ML PRSYR | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 1.6 mL/28 days |
| ARISTADA 662 MG/2.4ML PRSYR | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 2.4 mL/28 days |
| ARISTADA 882 MG/3.2ML PRSYR | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 3.2 mL/42 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| ARISTADA INITIO | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 2.4 mL/42 days |
| <i>asenapine maleate</i> | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| CAPLYTA | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| FANAPT | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| FANAPT TITRATION PACK | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| GEODON (GEODON 60 MG CAP, GEODON 80 MG CAP) | Non-Preferred | |
| GEODON 20 MG CAP | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required |
| GEODON 20 MG RECON SOLN | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| GEODON 40 MG CAP | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| INVEGA (INVEGA 1.5 MG TAB ER 24H, INVEGA 3 MG TAB ER 24H, INVEGA 9 MG TAB ER 24H) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| INVEGA 6 MG TAB ER 24H | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------|--|
| INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR | Preferred | Q1C | 3.5 mL/180 days |
| INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR | Preferred | Q1C | 5 mL/180 days |
| INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 0.75 mL/28 days |
| INVEGA SUSTENNA 156 MG/ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 1 mL/28 days |
| INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 1.5 mL/28 days |
| INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 0.25 mL/28 days |
| INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 0.5 mL/28 days |
| INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 0.875 mL/84 days |
| INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 1.315 mL/84 days |
| INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 1.75 mL/84 days |
| INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR | Preferred | AL1 C Q1C | At least 18 yrs old Age restriction, clinical PA required 2.63 mL/84 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| LATUDA (LATUDA 20 MG TAB, LATUDA 40 MG TAB, LATUDA 60 MG TAB, LATUDA 120 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| LATUDA 80 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>lurasidone hcl (lurasidone hcl 20 mg tab, lurasidone hcl 40 mg tab, lurasidone hcl 60 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>lurasidone hcl 120 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 day(s) AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>lurasidone hcl 80 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 day(s) AL1 At least 18 yrs old c Age restriction, clinical PA required |
| NUPLAZID | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>olanzapine 10 mg recon soln</i> | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>olanzapine 10 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>paliperidone er 6 mg tab er 24h</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| PERSERIS | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 0.04 mL/day |
| <i>quetiapine fumarate (quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>quetiapine fumarate (quetiapine fumarate 50 mg tab, quetiapine fumarate 200 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>quetiapine fumarate 100 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>quetiapine fumarate 150 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>quetiapine fumarate 25 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>quetiapine fumarate er (quetiapine fumarate er 150 mg tab er 24h, quetiapine fumarate er 200 mg tab er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>quetiapine fumarate er (quetiapine fumarate er 50 mg tab er 24h, quetiapine fumarate er 300 mg tab er 24h, quetiapine fumarate er 400 mg tab er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| REXULTI (REXULTI 0.25 MG TAB, REXULTI 0.5 MG TAB, REXULTI 1 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| REXULTI (REXULTI 2 MG TAB, REXULTI 3 MG TAB, REXULTI 4 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| RISPERDAL (RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| RISPERDAL 1 MG/ML SOLUTION | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 8 mL/day |
| RISPERDAL 2 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| RISPERDAL CONSTA | Preferred | <ul style="list-style-type: none"> QL 2 / 28 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>risperidone (risperidone 0.25 mg tab, risperidone 0.5 mg tab, risperidone 1 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>risperidone (risperidone 3 mg tab, risperidone 4 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>risperidone 1 mg/ml solution</i> | Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 8 mL/day |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>risperidone 2 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>risperidone microspheres er</i> | Non-Preferred | |
| RYKINDO | Non-Preferred | |
| SAPHRIS | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SECUADO | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SEROQUEL (SEROQUEL 300 MG TAB, SEROQUEL 400 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SEROQUEL (SEROQUEL 50 MG TAB, SEROQUEL 200 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SEROQUEL 100 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SEROQUEL 25 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SEROQUEL XR (SEROQUEL XR 150 MG TAB ER 24H, SEROQUEL XR 200 MG TAB ER 24H) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| SEROQUEL XR (SEROQUEL XR 50 MG TAB ER 24H, SEROQUEL XR 300 MG TAB ER 24H, SEROQUEL XR 400 MG TAB ER 24H) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| UZEDY | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| VRAYLAR 1.5 & 3 MG CAP THPK | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>ziprasidone hcl</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>ziprasidone mesylate</i> | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ZYPREXA (ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 15 MG TAB, ZYPREXA 20 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ZYPREXA RELPREVV | Preferred | <ul style="list-style-type: none"> QL 2 / 28 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| ZYPREXA ZYDIS | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| TREATMENT-RESISTANT | | |
| <i>clozapine 100 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 270 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 100 mg tab disp</i> | Non-Preferred | <ul style="list-style-type: none"> QL 270 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|---------------|--|
| <i>clozapine 12.5 mg tab disp</i> | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 150 mg tab disp</i> | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 200 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 200 mg tab disp</i> | Non-Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 25 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 25 mg tab disp</i> | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| <i>clozapine 50 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| CLOZARIL 100 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 270 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| CLOZARIL 200 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |
| CLOZARIL 25 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-----------------------|---------------|--|
| CLOZARIL 50 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required |
| IGALMI | Non-Preferred | |
| VERSACLOZ | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required |

ANTISPASTICITY AGENTS

| | | |
|---|---------------|-------------------------------|
| BACLOFEN (BACLOFEN 5 MG/5ML SOLUTION, BACLOFEN 10 MG/5ML SOLUTION, BACLOFEN 15 MG TAB, BACLOFEN 25 MG/5ML SUSPENSION) | Non-Preferred | |
| <i>baclofen 10 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>baclofen 20 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>baclofen 5 mg tab</i> | Preferred | QL 120 / 30 days |
| DANTRIUM (DANTRIUM 25 MG CAP, DANTRIUM 50 MG CAP) | Non-Preferred | |
| <i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i> | Preferred | QL 4 / 1 days |
| FLEQSUVY | Non-Preferred | |
| LYVISPAH | Non-Preferred | |
| OZOBAX | Non-Preferred | |
| OZOBAX DS | Non-Preferred | |
| <i>tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 4 mg cap, tizanidine hcl 6 mg cap)</i> | Non-Preferred | |
| <i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i> | Preferred | QL 180 / 30 days |
| ZANAFLEX | Non-Preferred | |

ANTIVIRALS

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS

| | | |
|---|---------------|-----------------|
| LIVTENCITY | Non-Preferred | |
| PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB) | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| VALCYTE (VALCYTE 50 MG/ML RECON SOLN, VALCYTE 450 MG TAB) | Non-Preferred | |
| <i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i> | Preferred | |
| ANTI-HEPATITIS B (HBV) AGENTS | | |
| <i>adefovir dipivoxil</i> | Preferred | |
| BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB) | Non-Preferred | QL 30 / 30 days |
| BARACLUDE 0.05 MG/ML SOLUTION | Preferred | QL 20 / 1 days |
| <i>entecavir</i> | Preferred | QL 30 / 30 days |
| EPIVIR HBV 100 MG TAB | Non-Preferred | |
| EPIVIR HBV 5 MG/ML SOLUTION | Preferred | |
| HEPSERA | Preferred | |
| <i>lamivudine 100 mg tab</i> | Preferred | |
| VEMLIDY | Non-Preferred | QL 30 / 30 days |
| ANTI-HEPATITIS C (HCV) AGENTS | | |
| EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG TAB) | Non-Preferred | QL 28 / 28 days |
| EPCLUSA 200-50 MG PACKET | Non-Preferred | QL 56 / 28 days |
| | | QL 28 / 28 days |
| EPCLUSA 400-100 MG TAB | Non-Preferred | <div style="background-color: black; color: white; padding: 5px; display: inline-block;">C</div> Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration |
| HARVONI | Non-Preferred | |
| LEDIPASVIR-SOFOSBUVIR | Non-Preferred | |
| | | QL 84 / 28 days |
| MAVYRET 100-40 MG TAB | Preferred | <div style="background-color: black; color: white; padding: 5px; display: inline-block;">C</div> Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| PEGINTRON | Non-Preferred | QL 4 / 28 days |
| <i>ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)</i> | Preferred | QL 210 / 30 days |
| SOFOSBUVIR-VELPATASVIR | Preferred | QL 28 / 28 days |
| | | <div style="background-color: #333; color: white; padding: 2px; display: inline-block;">C</div> Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance |
| | | QLC Max 12 week treatment duration |
| SOVALDI | Non-Preferred | |
| VIEKIRA PAK | Non-Preferred | |
| VOSEVI | Non-Preferred | QL 30 / 30 days |
| ZEPATIER | Non-Preferred | QL 28 / 28 days |
| ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI) | | |
| APRETUDE | Preferred | QLC 3ml/28 days |
| BIKTARVY | Preferred | QL 30 / 30 days |
| DOVATO | Preferred | |
| GENVOYA | Preferred | QL 30 / 30 days |
| ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB) | Preferred | QL 180 / 30 days |
| ISENTRESS 100 MG PACKET | Preferred | |
| ISENTRESS 400 MG TAB | Preferred | QL 60 / 30 days |
| ISENTRESS HD | Non-Preferred | QL 60 / 30 days |
| JULUCA | Preferred | QL 30 / 30 days |
| STRIBILD | Non-Preferred | QL 30 / 30 days |
| TIVICAY | Preferred | QL 60 / 30 days |
| TIVICAY PD | Preferred | QL 180 / 30 days |
| VOCABRIA | Non-Preferred | QL 30 / 30 days |
| ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI) | | |
| ATRIPLA | Non-Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| COMPLERA | Preferred | QL 30 / 30 days |
| DELSTRIGO | Preferred | QL 30 / 30 days |
| EDURANT | Preferred | QL 30 / 30 days |
| <i>efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap)</i> | Preferred | QL 90 / 30 days |
| <i>efavirenz 600 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>efavirenz-emtricitab-tenofo df</i> | Preferred | |
| <i>efavirenz-lamivudine-tenofovir</i> | Non-Preferred | |
| <i>etravirine</i> | Non-Preferred | |
| INTELENCE 100 MG TAB | Non-Preferred | QL 120 / 30 days |
| INTELENCE 200 MG TAB | Non-Preferred | QL 60 / 30 days |
| INTELENCE 25 MG TAB | Non-Preferred | |
| <i>nevirapine 200 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>nevirapine 50 mg/5ml suspension</i> | Non-Preferred | QL 1200 / 30 days |
| <i>nevirapine er 100 mg tab er 24h</i> | Non-Preferred | |
| <i>nevirapine er 400 mg tab er 24h</i> | Non-Preferred | QL 30 / 30 days |
| ODEFSEY | Preferred | QL 30 / 30 days |
| PIFELTRO | Non-Preferred | QL 60 / 30 days |
| SUSTIVA (SUSTIVA 50 MG CAP, SUSTIVA 200 MG CAP) | Non-Preferred | QL 90 / 30 days |
| SUSTIVA 600 MG TAB | Non-Preferred | QL 30 / 30 days |
| SYMFI | Preferred | QL 30 / 30 days |
| SYMFI LO | Preferred | QL 30 / 30 days |
| VIRAMUNE 200 MG TAB | Non-Preferred | QL 60 / 30 days |
| VIRAMUNE 50 MG/5ML SUSPENSION | Non-Preferred | QL 1200 / 30 days |
| VIRAMUNE XR | Non-Preferred | QL 30 / 30 days |
| ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI) | | |
| <i>abacavir sulfate 20 mg/ml solution</i> | Preferred | QL 900 / 30 days |
| <i>abacavir sulfate 300 mg tab</i> | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>abacavir sulfate-lamivudine</i> | Preferred | QL 30 / 30 days |
| CIMDUO | Preferred | QL 30 / 30 days |
| COMBIVIR | Non-Preferred | QL 60 / 30 days |
| DESCOVY | Preferred | QL 30 / 30 days |
| <i>didanosine (didanosine 250 mg cap dr, didanosine 400 mg cap dr)</i> | Non-Preferred | QL 30 / 30 days |
| <i>emtricitabine</i> | Non-Preferred | |
| <i>emtricitabine-tenofovir df</i> | Preferred | QL 30 / 30 days |
| EMTRIVA 10 MG/ML SOLUTION | Preferred | QL 720 / 30 days |
| EMTRIVA 200 MG CAP | Preferred | QL 30 / 30 days |
| EPIVIR 10 MG/ML SOLUTION | Non-Preferred | |
| EPIVIR 150 MG TAB | Non-Preferred | QL 60 / 30 days |
| EPIVIR 300 MG TAB | Non-Preferred | QL 30 / 30 days |
| EPZICOM | Non-Preferred | QL 30 / 30 days |
| <i>lamivudine 10 mg/ml solution</i> | Preferred | QL 900 / 30 days |
| <i>lamivudine 150 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>lamivudine 300 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>lamivudine-zidovudine</i> | Preferred | QL 60 / 30 days |
| RETROVIR (RETROVIR 50 MG/5ML SYRUP, RETROVIR 100 MG CAP) | Non-Preferred | |
| <i>stavudine (stavudine 15 mg cap, stavudine 20 mg cap)</i> | Non-Preferred | QL 120 / 30 days |
| <i>stavudine (stavudine 30 mg cap, stavudine 40 mg cap)</i> | Non-Preferred | QL 60 / 30 days |
| <i>tenofovir disoproxil fumarate</i> | Preferred | QL 30 / 30 days |
| TRIUMEQ | Preferred | QL 30 / 30 days |
| TRIUMEQ PD | Non-Preferred | |
| TRIZIVIR | Non-Preferred | QL 60 / 30 days |
| TRUVADA | Non-Preferred | QL 30 / 30 days |
| VIDEX | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| VIREAD (VIREAD 200 MG TAB, VIREAD 250 MG TAB) | Preferred | QL 30 / 30 days |
| VIREAD 150 MG TAB | Preferred | QL 60 / 30 days |
| VIREAD 300 MG TAB | Non-Preferred | QL 30 / 30 days |
| VIREAD 40 MG/GM POWDER | Preferred | |
| ZIAGEN 20 MG/ML SOLUTION | Non-Preferred | |
| ZIAGEN 300 MG TAB | Non-Preferred | QL 60 / 30 days |
| <i>zidovudine 100 mg cap</i> | Preferred | QL 180 / 30 days |
| <i>zidovudine 300 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>zidovudine 50 mg/5ml syrup</i> | Preferred | QL 1800 / 30 days |
| ANTI-HIV AGENTS, OTHER | | |
| CABENUVA 400 & 600 MG/2ML SUSP | Preferred | QLC 4 mL/28 days |
| CABENUVA 600 & 900 MG/3ML SUSP | Preferred | QLC 6 mL/28 days |
| FUZEON | Non-Preferred | QL 60 / 30 days |
| <i>maraviroc</i> | Non-Preferred | |
| RUKOBIA | Non-Preferred | QL 60 / 30 days |
| SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB) | Non-Preferred | |
| SELZENTRY 150 MG TAB | Non-Preferred | QL 60 / 30 days |
| SELZENTRY 300 MG TAB | Non-Preferred | QL 120 / 30 days |
| SUNLENCA 4 X 300 MG TAB THPK | Non-Preferred | QL 4 / 365 days |
| SUNLENCA 463.5 MG/1.5ML SOLUTION | Non-Preferred | |
| SUNLENCA 5 X 300 MG TAB THPK | Non-Preferred | QL 5 / 365 days |
| TROGARZO | Non-Preferred | |
| TYBOST | Non-Preferred | QL 30 / 30 days |
| ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI) | | |
| APTIVUS 100 MG/ML SOLUTION | Non-Preferred | QL 300 / 30 days |
| APTIVUS 250 MG CAP | Non-Preferred | QL 120 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>atazanavir sulfate (atazanavir sulfate 150 mg cap, atazanavir sulfate 200 mg cap)</i> | Preferred | QL 60 / 30 days |
| <i>atazanavir sulfate 300 mg cap</i> | Preferred | QL 30 / 30 days |
| CRIVAN 200 MG CAP | Non-Preferred | QL 360 / 30 days |
| CRIVAN 400 MG CAP | Non-Preferred | QL 180 / 30 days |
| <i>darunavir</i> | Non-Preferred | |
| EVOTAZ | Preferred | QL 30 / 30 days |
| <i>fosamprenavir calcium</i> | Non-Preferred | QL 120 / 30 days |
| INVIRASE | Non-Preferred | QL 120 / 30 days |
| KALETRA 100-25 MG TAB | Non-Preferred | QL 300 / 30 days |
| KALETRA 200-50 MG TAB | Non-Preferred | QL 120 / 30 days |
| KALETRA 400-100 MG/5ML SOLUTION | Preferred | QL 400 / 30 days |
| LEXIVA 50 MG/ML SUSPENSION | Non-Preferred | QL 1680 / 30 days |
| LEXIVA 700 MG TAB | Non-Preferred | |
| <i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i> | Preferred | |
| <i>lopinavir-ritonavir 400-100 mg/5ml solution</i> | Non-Preferred | QL 400 / 30 days |
| NORVIR 100 MG PACKET | Preferred | QL 360 / 30 days |
| NORVIR 100 MG TAB | Non-Preferred | |
| NORVIR 80 MG/ML SOLUTION | Preferred | QL 480 / 30 days |
| PREZCOBIX | Preferred | QL 30 / 30 days |
| PREZISTA 100 MG/ML SUSPENSION | Preferred | QL 12 / 1 days |
| PREZISTA 150 MG TAB | Preferred | QL 120 / 30 days |
| PREZISTA 600 MG TAB | Preferred | QL 60 / 30 days |
| PREZISTA 75 MG TAB | Preferred | QL 180 / 30 days |
| PREZISTA 800 MG TAB | Preferred | QL 30 / 30 days |
| REYATAZ (REYATAZ 150 MG CAP, REYATAZ 200 MG CAP) | Non-Preferred | QL 60 / 30 days |
| REYATAZ 300 MG CAP | Non-Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--------------------------------------|
| REYATAZ 50 MG PACKET | Preferred | |
| <i>ritonavir</i> | Preferred | QL 360 / 30 days |
| SYMTUZA | Non-Preferred | QL 30 / 30 days |
| VIRACEPT 250 MG TAB | Non-Preferred | QL 270 / 30 days |
| VIRACEPT 625 MG TAB | Non-Preferred | QL 120 / 30 days |
| ANTI-INFLUENZA AGENTS | | |
| <i>oseltamivir phosphate (oseltamivir phosphate 6 mg/ml recon susp, oseltamivir phosphate 30 mg cap, oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)</i> | Preferred | QLC Max 21 day supply every 365 days |
| RAPIVAB | Non-Preferred | |
| RELENZA DISKHALER | Non-Preferred | |
| <i>rimantadine hcl</i> | Non-Preferred | |
| TAMIFLU (TAMIFLU 6 MG/ML RECON SUSP, TAMIFLU 30 MG CAP, TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP) | Non-Preferred | QLC Max 21 day supply every 365 days |
| XOFLUZA (40 MG DOSE) | Non-Preferred | |
| XOFLUZA (80 MG DOSE) | Non-Preferred | |
| ANTIHERPETIC AGENTS | | |
| ABREVA | Preferred | |
| <i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i> | Preferred | QL 150 / 30 days |
| <i>acyclovir 200 mg/5ml suspension</i> | Preferred | QL 1500 / 30 days |
| <i>docosanol 10 % cream</i> | Preferred | |
| <i>famciclovir (famciclovir 125 mg tab, famciclovir 250 mg tab)</i> | Preferred | QL 3 / 1 days |
| <i>famciclovir 500 mg tab</i> | Preferred | QL 1 / 1 days |
| <i>ft docosanol</i> | Preferred | |
| <i>gnp docosanol</i> | Preferred | |
| <i>hm docosanol</i> | Preferred | |
| SITAVIG | Non-Preferred | |
| <i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i> | Preferred | QL 4 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| VALTREX | Non-Preferred | |
| ZOVIRAX (ZOVIRAX 200 MG/5ML SUSPENSION, ZOVIRAX 400 MG TAB, ZOVIRAX 800 MG TAB) | Non-Preferred | |
| ANTIVIRAL, CORONAVIRUS AGENTS | | |
| PAXLOVID (150/100) | Preferred | |
| PAXLOVID (300/100) | Preferred | |
| ANXIOLYTICS | | |
| ANXIOLYTICS, OTHER | | |
| <i>bupirone hcl (bupirone hcl 5 mg tab, bupirone hcl 10 mg tab)</i> | Preferred | QL 180 / 30 days |
| <i>bupirone hcl (bupirone hcl 7.5 mg tab, bupirone hcl 15 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>bupirone hcl 30 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>meprobamate</i> | Non-Preferred | QL 180 / 30 days |
| BENZODIAZEPINES | | |
| <i>alprazolam (alprazolam 0.25 mg tab disp, alprazolam 0.5 mg tab disp, alprazolam 1 mg tab disp, alprazolam 2 mg tab disp)</i> | Non-Preferred | AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i> | Preferred | QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>alprazolam 2 mg tab</i> | Preferred | QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>alprazolam er</i> | Non-Preferred | AL1 At least 21 yrs old C Age restriction, clinical PA required |
| ALPRAZOLAM INTENSOL | Non-Preferred | AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>alprazolam xr</i> | Non-Preferred | AL1 At least 21 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| ATIVAN (ATIVAN 0.5 MG TAB, ATIVAN 1 MG TAB, ATIVAN 2 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old c Age restriction, clinical PA required |
| ATIVAN (ATIVAN 2 MG/ML SOLUTION, ATIVAN 4 MG/ML SOLUTION) | Non-Preferred | |
| <i>chlordiazepoxide hcl 10 mg cap</i> | Preferred | <ul style="list-style-type: none"> QL 300 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>chlordiazepoxide hcl 25 mg cap</i> | Preferred | <ul style="list-style-type: none"> QL 360 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>chlordiazepoxide hcl 5 mg cap</i> | Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp, clonazepam 2 mg tab disp)</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab, clonazepam 2 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>clorazepate dipotassium (clorazepate dipotassium 3.75 mg tab, clorazepate dipotassium 7.5 mg tab)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>clorazepate dipotassium 15 mg tab</i> | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| <i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 21 yrs old c Age restriction, clinical PA required |
| DIAZEPAM (DIAZEPAM 5 MG/ML SOLUTION, DIAZEPAM 10 MG/2ML SOLN A-INJ, DIAZEPAM 10 MG/2ML SOLUTION) | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>diazepam 5 mg/5ml solution</i> | Preferred | <ul style="list-style-type: none"> QL 40 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>diazepam 5 mg/ml conc</i> | Non-Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>diazepam 5 mg/ml solution</i> | Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>diazepam intensol</i> | Non-Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| KLONOPIN (KLONOPIN 1 MG TAB, KLONOPIN 2 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required |
| KLONOPIN 0.5 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>lorazepam (lorazepam 2 mg/ml solution, lorazepam 4 mg/ml solution)</i> | Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>lorazepam 2 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>lorazepam 2 mg/ml conc</i> | Non-Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>lorazepam intensol</i> | Non-Preferred | <ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| LOREEV XR | Non-Preferred | |
| <i>oxazepam 10 mg cap</i> | Non-Preferred | <ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>oxazepam 15 mg cap</i> | Non-Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| <i>oxazepam 30 mg cap</i> | Non-Preferred | <ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| TRANXENE-T | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required |
| VALIUM (VALIUM 5 MG TAB, VALIUM 10 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| VALIUM 2 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 120 / 30 days |
| XANAX (XANAX 0.25 MG TAB, XANAX 0.5 MG TAB, XANAX 1 MG TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| XANAX 2 MG TAB | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required |
| XANAX XR | Non-Preferred | <ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required |

BIPOLAR AGENTS

MOOD STABILIZERS

| | | |
|---|-----------|---|
| EQUETRO | Preferred | |
| <i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap)</i> | Preferred | <ul style="list-style-type: none"> QL 4 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>lithium carbonate er</i> | Preferred | QL 4 / 1 days |
| BLOOD GLUCOSE REGULATORS | | |
| ANTIDIABETIC AGENTS | | |
| <i>acarbose (acarbose 25 mg tab, acarbose 50 mg tab, acarbose 100 mg tab)</i> | Preferred | QL 90 / 30 days |
| ACTOPLUS MET | Non-Preferred | QL 90 / 30 days |
| ACTOS | Non-Preferred | QL 30 / 30 days |
| ADLYXIN | Non-Preferred | |
| ADLYXIN STARTER PACK | Non-Preferred | |
| <i>alogliptin benzoate</i> | Non-Preferred | |
| <i>alogliptin-metformin hcl</i> | Non-Preferred | |
| <i>alogliptin-pioglitazone</i> | Non-Preferred | |
| AMARYL (AMARYL 1 MG TAB, AMARYL 4 MG TAB) | Non-Preferred | QL 60 / 30 days |
| AMARYL 2 MG TAB | Non-Preferred | QL 90 / 30 days |
| AVANDIA | Non-Preferred | |
| BEXAGLIFLOZIN | Non-Preferred | |
| BRENZAVVY | Non-Preferred | |
| BYDUREON BCISE | Non-Preferred | QL 3.4 / 28 days |
| BYETTA 10 MCG PEN | Non-Preferred | QL 2.4 / 30 days |
| BYETTA 5 MCG PEN | Non-Preferred | QL 1.2 / 30 days |
| <i>dapagliflozin pro-metformin er</i> | Non-Preferred | |
| DUETACT | Non-Preferred | QL 30 / 30 days |
| FORTAMET 1000 MG TAB ER 24H | Non-Preferred | QL 60 / 30 days |
| FORTAMET 500 MG TAB ER 24H | Non-Preferred | QL 90 / 30 days |
| <i>glimepiride (glimepiride 1 mg tab, glimepiride 4 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>glimepiride 2 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>glipizide 10 mg tab</i> | Preferred | QL 120 / 30 day(s) |
| <i>glipizide 2.5 mg tab</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>glipizide 5 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>glipizide er 10 mg tab er 24h</i> | Preferred | QL 60 / 30 days |
| <i>glipizide er 2.5 mg tab er 24h</i> | Preferred | QL 240 / 30 days |
| <i>glipizide er 5 mg tab er 24h</i> | Preferred | QL 4 / 1 days |
| <i>glipizide xl 10 mg tab er 24h</i> | Preferred | QL 60 / 30 days |
| <i>glipizide xl 2.5 mg tab er 24h</i> | Preferred | QL 240 / 30 days |
| <i>glipizide xl 5 mg tab er 24h</i> | Preferred | QL 4 / 1 days |
| <i>glipizide-metformin hcl 2.5-250 mg tab</i> | Preferred | QL 210 / 30 days |
| <i>glipizide-metformin hcl 2.5-500 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>glipizide-metformin hcl 5-500 mg tab</i> | Preferred | QL 4 / 1 days |
| GLUCOTROL 10 MG TAB | Non-Preferred | QL 120 / 30 day(s) |
| GLUCOTROL 5 MG TAB | Non-Preferred | |
| GLUCOTROL XL (GLUCOTROL XL 2.5 MG TAB ER 24H, GLUCOTROL XL 5 MG TAB ER 24H) | Non-Preferred | |
| GLUCOTROL XL 10 MG TAB ER 24H | Non-Preferred | QL 60 / 30 days |
| GLUMETZA 1000 MG TAB ER 24H | Non-Preferred | QL 60 / 30 days |
| GLUMETZA 500 MG TAB ER 24H | Non-Preferred | QL 90 / 30 days |
| <i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i> | Preferred | QL 4 / 1 days |
| GLYBURIDE MICRONIZED | Preferred | QL 60 / 30 days |
| <i>glyburide-metformin</i> | Preferred | QL 4 / 1 days |
| GLYNASE | Non-Preferred | QL 60 / 30 days |
| GLYSET | Non-Preferred | |
| GLYXAMBI | Non-Preferred | |
| INVOKAMET | Preferred | |
| INVOKAMET XR | Non-Preferred | |
| JANUMET | Preferred | QL 60 / 30 days |
| JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H) | Preferred | QL 60 / 30 days |
| JANUMET XR 100-1000 MG TAB ER 24H | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| JANUVIA | Preferred | QL 30 / 30 days |
| JENTADUETO | Preferred | QL 60 / 30 days |
| JENTADUETO XR 2.5-1000 MG TAB ER 24H | Preferred | QL 60 / 30 days PA |
| JENTADUETO XR 5-1000 MG TAB ER 24H | Preferred | QL 30 / 30 days PA |
| KAZANO | Non-Preferred | |
| KOMBIGLYZE XR | Non-Preferred | |
| METFORMIN HCL (METFORMIN HCL 500 MG/5ML SOLUTION, METFORMIN HCL 625 MG TAB) | Non-Preferred | |
| <i>metformin hcl 1000 mg tab</i> | Preferred | QL 75 / 30 days |
| <i>metformin hcl 500 mg tab</i> | Preferred | QL 150 / 30 days |
| <i>metformin hcl 850 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>metformin hcl er (mod) 1000 mg tab er 24h</i> | Non-Preferred | QL 60 / 30 days |
| <i>metformin hcl er (mod) 500 mg tab er 24h</i> | Non-Preferred | QL 90 / 30 days |
| <i>metformin hcl er (osm) 1000 mg tab er 24h</i> | Non-Preferred | QL 60 / 30 days |
| <i>metformin hcl er (osm) 500 mg tab er 24h</i> | Non-Preferred | QL 90 / 30 days |
| <i>metformin hcl er 500 mg tab er 24h</i> | Preferred | QL 150 / 30 days |
| <i>metformin hcl er 750 mg tab er 24h</i> | Preferred | QL 90 / 30 days |
| <i>miglitol</i> | Non-Preferred | |
| MOUNJARO | Non-Preferred | |
| <i>nateglinide</i> | Preferred | QL 90 / 30 days |
| NESINA | Non-Preferred | |
| ONGLYZA | Non-Preferred | |
| OSENI | Non-Preferred | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN | Preferred | QL 1.5 / 28 days |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN | Preferred | QL 3 / 28 days |
| OZEMPIC (1 MG/DOSE) | Preferred | QL 3 / 28 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| OZEMPIC (2 MG/DOSE) | Preferred | QL 3 / 28 days |
| <i>pioglitazone hcl</i> | Preferred | QL 30 / 30 days |
| <i>pioglitazone hcl-glimepiride</i> | Non-Preferred | QL 30 / 30 days |
| <i>pioglitazone hcl-metformin hcl</i> | Non-Preferred | QL 90 / 30 days |
| PRECOSE | Non-Preferred | QL 90 / 30 days |
| QTERN | Non-Preferred | |
| <i>repaglinide (repaglinide 0.5 mg tab, repaglinide 1 mg tab)</i> | Preferred | QL 120 / 30 days |
| <i>repaglinide 2 mg tab</i> | Preferred | QL 240 / 30 days |
| RIOMET | Non-Preferred | |
| RIOMET ER | Non-Preferred | |
| RYBELSUS | Non-Preferred | QL 30 / 30 days |
| <i>saxagliptin hcl</i> | Non-Preferred | |
| <i>saxagliptin-metformin er</i> | Non-Preferred | |
| SEGLUROMET | Non-Preferred | QL 60 / 30 days |
| SITAGLIPTIN | Non-Preferred | |
| SOLIQUA | Non-Preferred | QLC 18 mL/30 days |
| STARLIX | Non-Preferred | QL 90 / 30 days |
| STEGLUJAN | Non-Preferred | |
| SYMLINPEN 120 | Non-Preferred | |
| SYMLINPEN 60 | Non-Preferred | |
| SYNJARDY | Preferred | |
| SYNJARDY XR | Non-Preferred | |
| <i>tolbutamide</i> | Non-Preferred | QL 180 / 30 days |
| TRADJENTA | Preferred | |
| TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H) | Non-Preferred | QL 30 / 30 days |
| TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H) | Non-Preferred | QL 60 / 30 days |
| TRULICITY | Preferred | QL 2 / 28 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| VICTOZA | Preferred | QL 9 / 30 days |
| XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H) | Preferred | |
| XULTOPHY | Non-Preferred | QLC 15 mL/30 days |
| ZITUVIO | Non-Preferred | |
| GLYCEMIC AGENTS | | |
| BAQSIMI ONE PACK | Preferred | |
| BAQSIMI TWO PACK | Preferred | |
| CVS GLUCOSE (CVS GLUCOSE 4 GM CHEW TAB, CVS GLUCOSE 4-6 GM-MG CHEW TAB) | Preferred | |
| CVS SOFT GLUCOSE | Preferred | |
| DEX4 | Preferred | |
| DEX4 GLUCOSE 4-6 GM-MG CHEW TAB | Preferred | |
| DEX4 NATURALS | Preferred | |
| DEX4 POUCH PACK | Preferred | |
| DEX4 QUICK DISSOLVE GLUCOSE | Preferred | |
| GLUCAGEN DIAGNOSTIC | Preferred | QL 2 / 22 days |
| GLUCAGEN HYPOKIT | Preferred | QL 1 / 22 days |
| GLUCAGON EMERGENCY 1 MG KIT | Non-Preferred | QL 1 / 26 days |
| GLUCAGON EMERGENCY 1 MG/ML RECON SOLN | Non-Preferred | |
| GLUCO TO GO | Preferred | |
| GLUCOSE (GLUCOSE 4 GM CHEW TAB, GLUCOSE 4-6 GM-MG CHEW TAB) | Preferred | |
| GLUCOSE INSTANT ENERGY | Preferred | |
| GNP GLUCOSE (GNP GLUCOSE 4 GM CHEW TAB, GNP GLUCOSE 4-6 GM-MG CHEW TAB) | Preferred | |
| GNP QUICK DISSOLVE GLUCOSE | Preferred | |
| GOODSENSE GLUCOSE | Preferred | |
| GVOKE HYPOPEN 1-PACK | Preferred | QLC 0.4 mL/30 days |
| GVOKE HYPOPEN 2-PACK | Preferred | QLC 0.4 mL/30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| GVOKE KIT | Preferred | |
| GVOKE PFS | Preferred | QLC 0.4 mL/30 days |
| HY-VEE GLUCOSE | Preferred | |
| KROGER GLUCOSE | Preferred | |
| LEADER GLUCOSE | Preferred | |
| LEADER QUICK DISSOLVE GLUCOSE | Preferred | |
| LONGS GLUCOSE | Preferred | |
| MEIJER GLUCOSE | Preferred | |
| PREFERRED PLUS GLUCOSE | Preferred | |
| PX GLUCOSE | Preferred | |
| RA GLUCOSE | Preferred | |
| RELION GLUCOSE 4-6 GM-MG CHEW TAB | Preferred | |
| SM GLUCOSE (SM GLUCOSE 4 GM CHEW TAB, SM GLUCOSE 4-6 GM-MG CHEW TAB) | Preferred | |
| SMART SENSE GLUCOSE | Preferred | |
| TGT GLUCOSE | Preferred | |
| TRUEPLUS GLUCOSE 4 GM CHEW TAB | Preferred | |
| TRUEPLUS GLUCOSE ON THE GO | Preferred | |
| UP & UP GLUCOSE | Preferred | |
| VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB | Preferred | |
| WALGREENS GLUCOSE (WALGREENS GLUCOSE 4 GM CHEW TAB, WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB) | Preferred | |
| ZEGALOGUE | Preferred | |
| INSULINS | | |
| ADMELOG | Non-Preferred | QL 40 / 30 days |
| ADMELOG SOLOSTAR | Non-Preferred | QL 45 / 30 days |
| AFREZZA | Non-Preferred | |
| APIDRA | Preferred | QL 40 / 30 days |
| APIDRA SOLOSTAR | Preferred | QL 45 / 30 days |
| BASAGLAR KWIKPEN | Non-Preferred | QL 45 / 30 days |
| BASAGLAR TEMPO PEN | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|---------------|-----------------------|
| FIASP | Non-Preferred | |
| FIASP FLEXTOUCH | Non-Preferred | |
| FIASP PENFILL | Non-Preferred | |
| FIASP PUMPCART | Non-Preferred | |
| HUMALOG | Non-Preferred | QL 40 / 30 days |
| HUMALOG JUNIOR KWIKPEN | Non-Preferred | QL 45 / 30 days |
| HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN | Non-Preferred | QL 45 / 30 days |
| HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN | Non-Preferred | QL 18 / 23 days |
| HUMALOG MIX 50/50 | Preferred | QL 40 / 30 days |
| HUMALOG MIX 50/50 KWIKPEN | Preferred | QL 45 / 30 days |
| HUMALOG MIX 75/25 | Preferred | QL 40 / 30 days |
| HUMALOG MIX 75/25 KWIKPEN | Non-Preferred | QL 45 / 30 days |
| HUMALOG TEMPO PEN | Non-Preferred | |
| HUMULIN 70/30 | Preferred | QL 40 / 30 days |
| HUMULIN 70/30 KWIKPEN | Non-Preferred | QL 45 / 30 days |
| HUMULIN N | Preferred | QL 40 / 30 days |
| HUMULIN N KWIKPEN | Preferred | QL 45 / 30 days |
| HUMULIN R | Preferred | QL 40 / 30 days |
| HUMULIN R U-500 (CONCENTRATED) | Preferred | QL 20 / 30 days |
| HUMULIN R U-500 KWIKPEN | Preferred | QL 15 / 30 days |
| INSULIN ASP PROT & ASP FLEXPEN | Preferred | QL 45 / 30 days |
| INSULIN ASPART | Preferred | QL 40 / 30 days |
| INSULIN ASPART FLEXPEN | Preferred | QL 45 / 30 days |
| INSULIN ASPART PENFILL | Preferred | QL 45 / 30 days |
| INSULIN ASPART PROT & ASPART | Preferred | QL 40 / 30 days |
| INSULIN DEGLUDEC | Non-Preferred | |
| INSULIN DEGLUDEC FLEXTOUCH | Non-Preferred | |
| INSULIN GLARGINE | Preferred | QL 40 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| INSULIN GLARGINE MAX SOLOSTAR | Non-Preferred | QL 12 / 30 days |
| INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN | Preferred | QL 45 / 30 days |
| INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN | Non-Preferred | QL 13.5 / 30 days |
| INSULIN GLARGINE-YFGN | Non-Preferred | |
| INSULIN LISPRO | Preferred | QL 40 / 30 days |
| INSULIN LISPRO (1 UNIT DIAL) | Preferred | QL 45 / 30 days |
| INSULIN LISPRO JUNIOR KWIKPEN | Preferred | QL 45 / 30 days |
| INSULIN LISPRO PROT & LISPRO | Preferred | QL 45 / 30 days |
| LANTUS | Preferred | QL 40 / 30 days |
| LANTUS SOLOSTAR | Preferred | QL 45 / 30 days |
| LEVEMIR | Preferred | QL 40 / 30 days |
| LEVEMIR FLEXPEN | Preferred | QL 45 / 30 days |
| LEVEMIR FLEXTOUCH | Preferred | QL 45 / 30 days |
| LYUMJEV | Non-Preferred | |
| LYUMJEV KWIKPEN | Non-Preferred | |
| LYUMJEV TEMPO PEN | Non-Preferred | |
| NOVOLIN 70/30 | Non-Preferred | QL 40 / 30 days |
| NOVOLIN 70/30 FLEXPEN | Non-Preferred | QL 45 / 30 days |
| NOVOLIN 70/30 FLEXPEN RELION | Non-Preferred | QL 45 / 30 days |
| NOVOLIN 70/30 RELION | Non-Preferred | QL 40 / 30 days |
| NOVOLIN N | Preferred | QL 40 / 30 days |
| NOVOLIN N FLEXPEN | Preferred | QL 45 / 30 days |
| NOVOLIN N FLEXPEN RELION | Non-Preferred | QL 45 / 30 days |
| NOVOLIN N RELION | Non-Preferred | QL 40 / 30 days |
| NOVOLIN R | Preferred | QL 40 / 30 days |
| NOVOLIN R FLEXPEN | Preferred | |
| NOVOLIN R FLEXPEN RELION | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------|---------------|-----------------------|
| NOVOLIN R RELION | Non-Preferred | QL 40 / 30 days |
| NOVOLOG | Non-Preferred | QL 40 / 30 days |
| NOVOLOG 70/30 FLEXPEN RELION | Non-Preferred | QL 45 / 30 days |
| NOVOLOG FLEXPEN | Non-Preferred | QL 45 / 30 days |
| NOVOLOG FLEXPEN RELION | Non-Preferred | QL 45 / 30 days |
| NOVOLOG MIX 70/30 | Non-Preferred | QL 40 / 30 days |
| NOVOLOG MIX 70/30 FLEXPEN | Non-Preferred | QL 45 / 30 days |
| NOVOLOG MIX 70/30 RELION | Non-Preferred | QL 40 / 30 days |
| NOVOLOG PENFILL | Non-Preferred | QL 45 / 30 days |
| NOVOLOG RELION | Non-Preferred | QL 40 / 30 days |
| REZVOGLAR KWIKPEN | Non-Preferred | |
| SEMGLEE (YFGN) | Non-Preferred | |
| SEMGLEE 100 UNIT/ML SOLN PEN | Non-Preferred | QL 45 / 30 days |
| SEMGLEE 100 UNIT/ML SOLUTION | Non-Preferred | QL 40 / 30 days |
| TOUJEO MAX SOLOSTAR | Preferred | QL 12 / 30 days |
| TOUJEO SOLOSTAR | Preferred | QL 13.5 / 30 days |
| TRESIBA | Non-Preferred | |
| TRESIBA FLEXTOUCH | Non-Preferred | |

BLOOD PRODUCTS AND MODIFIERS

ANTICOAGULANTS

| | | |
|--------------------------------------|---------------|------------------------------|
| ARIXTRA | Non-Preferred | C Limited to a 10 day supply |
| <i>bd heparin posiflush</i> | Preferred | |
| BEVYXXA 40 MG CAP | Non-Preferred | |
| COUMADIN | Non-Preferred | |
| <i>dabigatran etexilate mesylate</i> | Non-Preferred | |
| ELIQUIS 2.5 MG TAB | Preferred | QL 60 / 30 days |
| ELIQUIS 5 MG TAB | Preferred | QL 4 / 1 days |
| ELIQUIS DVT/PE STARTER PACK | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>enoxaparin sodium (enoxaparin sodium 100 mg/ml soln prsy, enoxaparin sodium 150 mg/ml soln prsy, enoxaparin sodium 300 mg/3ml solution)</i> | Preferred | <div data-bbox="1133 113 1195 193">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 205 1195 247">QLC</div> 2 mL/day |
| <i>enoxaparin sodium (enoxaparin sodium 80 mg/0.8ml soln prsy, enoxaparin sodium 120 mg/0.8ml soln prsy)</i> | Preferred | <div data-bbox="1133 281 1195 361">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 373 1195 415">QLC</div> 1.6 mL/day |
| <i>enoxaparin sodium 30 mg/0.3ml soln prsy</i> | Preferred | <div data-bbox="1133 428 1195 508">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 520 1195 562">QLC</div> 0.6 mL/day |
| <i>enoxaparin sodium 40 mg/0.4ml soln prsy</i> | Preferred | <div data-bbox="1133 579 1195 659">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 676 1195 718">QLC</div> 0.8 mL/day |
| <i>enoxaparin sodium 60 mg/0.6ml soln prsy</i> | Preferred | <div data-bbox="1133 730 1195 810">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 823 1195 865">QLC</div> 1.2 mL/day |
| ENOXILUV KIT | Non-Preferred | |
| <i>fondaparinux sodium</i> | Non-Preferred | <div data-bbox="1133 940 1195 1020">C</div> Limited to a 10 day supply |
| FRAGMIN | Non-Preferred | |
| <i>heparin lock flush</i> | Preferred | |
| <i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i> | Preferred | |
| <i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i> | Preferred | |
| <i>heparin sodium lock flush</i> | Preferred | |
| <i>jantoven</i> | Preferred | |
| LOVENOX (LOVENOX 150 MG/ML SOLN PRSYR, LOVENOX 300 MG/3ML SOLUTION) | Non-Preferred | <div data-bbox="1133 1558 1195 1638">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 1654 1195 1696">QLC</div> 2 mL/day |
| LOVENOX 100 MG/ML SOLN PRSYR | Non-Preferred | <div data-bbox="1133 1713 1195 1793">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 1810 1195 1852">QLC</div> 2 mL/day |

| DRUG DESCRIPTION (RX) | | TIER | LIMITS & RESTRICTIONS |
|--|---------------|------|---|
| LOVENOX 120 MG/0.8ML SOLN PRSYR | Non-Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">C</div> <div style="font-size: 0.8em;">Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div style="font-size: 0.8em;">1.6 mL/day</div> </div> |
| LOVENOX 30 MG/0.3ML SOLN PRSYR | Non-Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">C</div> <div style="font-size: 0.8em;">Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div style="font-size: 0.8em;">0.6 mL/day</div> </div> |
| LOVENOX 40 MG/0.4ML SOLN PRSYR | Non-Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">C</div> <div style="font-size: 0.8em;">Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div style="font-size: 0.8em;">0.8 mL/day</div> </div> |
| LOVENOX 60 MG/0.6ML SOLN PRSYR | Non-Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">C</div> <div style="font-size: 0.8em;">Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div style="font-size: 0.8em;">1.2 mL/day</div> </div> |
| LOVENOX 80 MG/0.8ML SOLN PRSYR | Non-Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">C</div> <div style="font-size: 0.8em;">Up to a 180 day supply every 365 days will be allowed without PA</div> </div> <div style="display: flex; align-items: center; margin-top: 2px;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> <div style="font-size: 0.8em;">1.6 mL/day</div> </div> |
| PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET) | Non-Preferred | | |
| PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP) | Preferred | | |
| SAVAYSA | Non-Preferred | | |
| <i>warfarin sodium (warfarin sodium 1 mg tab, warfarin sodium 2 mg tab, warfarin sodium 2.5 mg tab, warfarin sodium 3 mg tab, warfarin sodium 4 mg tab, warfarin sodium 5 mg tab, warfarin sodium 6 mg tab, warfarin sodium 7.5 mg tab, warfarin sodium 10 mg tab)</i> | Preferred | | |
| XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB) | Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="font-size: 0.8em;">30 / 30 days</div> </div> |
| XARELTO (XARELTO 2.5 MG TAB, XARELTO 15 MG TAB) | Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="font-size: 0.8em;">60 / 30 days</div> </div> |
| XARELTO 1 MG/ML RECON SUSP | Non-Preferred | | |
| XARELTO STARTER PACK | Preferred | | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> <div style="font-size: 0.8em;">51 / 1 years</div> </div> |
| ZONTIVITY | Non-Preferred | | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--------------------------|
| BLOOD PRODUCTS AND MODIFIERS, OTHER | | |
| ARANESP (ALBUMIN FREE) | Non-Preferred | |
| EPOGEN | Preferred | PA |
| FULPHILA | Preferred | PA QLC 2.4 mL/28 days |
| FYLNETRA | Non-Preferred | |
| GRANIX | Preferred | PA |
| LEUKINE | Non-Preferred | |
| MIRCERA | Non-Preferred | |
| MULPLETA | Non-Preferred | |
| NEULASTA | Non-Preferred | QLC 2.4 mL/28 days |
| NEULASTA ONPRO | Non-Preferred | QLC 2.4 mL/28 days |
| NEUPOGEN | Preferred | PA |
| NIVESTYM | Non-Preferred | |
| NPLATE | Preferred | PA |
| NYVEPRIA | Preferred | PA QLC 2.4 mL/28 days |
| PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION) | Non-Preferred | PA |
| PROCRIT 40000 UNIT/ML SOLUTION | Non-Preferred | |
| PROMACTA | Preferred | PA |
| RELEUKO | Preferred | PA |
| RETACRIT | Preferred | PA |
| ROLVEDON | Non-Preferred | |
| STIMUFEND | Non-Preferred | |
| UDENYCA 6 MG/0.6ML SOLN A-INJ | Non-Preferred | |
| UDENYCA 6 MG/0.6ML SOLN PRSYR | Non-Preferred | QLC 2.4 mL/28 days |
| UDENYCA ONBODY | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ZARXIO | Non-Preferred | |
| ZIEXTENZO | Non-Preferred | QLC 2.4 mL/28 days |
| HEMOSTASIS AGENTS | | |
| ADVATE | Preferred | PA |
| ADYNOVATE | Preferred | PA |
| AFSTYLA | Preferred | PA |
| ALPHANATE | Preferred | PA |
| ALPHANATE/VWF COMPLEX/HUMAN | Preferred | PA |
| ALPHANINE SD | Preferred | PA |
| ALPROLIX | Preferred | PA |
| ALTUVIIO | Non-Preferred | |
| <i>aminocaproic acid (aminocaproic acid 0.25 gm/ml solution, aminocaproic acid 500 mg tab, aminocaproic acid 1000 mg tab)</i> | Preferred | |
| BENEFIX | Preferred | PA |
| ELOCTATE | Preferred | PA |
| ESPEROCT (ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN) | Non-Preferred | PA |
| ESPEROCT 500 UNIT RECON SOLN | Non-Preferred | |
| FEIBA | Preferred | PA |
| HEMLIBRA (HEMLIBRA 12 MG/0.4ML SOLUTION, HEMLIBRA 300 MG/2ML SOLUTION) | Preferred | |
| HEMLIBRA (HEMLIBRA 30 MG/ML SOLUTION, HEMLIBRA 60 MG/0.4ML SOLUTION, HEMLIBRA 105 MG/0.7ML SOLUTION, HEMLIBRA 150 MG/ML SOLUTION) | Preferred | PA |
| HEMOFIL M | Preferred | PA |
| HUMATE-P | Preferred | PA |
| IDELVION | Non-Preferred | PA |
| IXINITY | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| JIVI | Preferred | PA |
| KOATE | Preferred | PA |
| KOATE-DVI 1000 UNIT RECON SOLN | Preferred | PA |
| KOGENATE FS | Preferred | PA |
| KOVALTRY | Preferred | PA |
| MONONINE | Preferred | PA |
| NOVOEIGHT | Preferred | PA |
| NOVOSEVEN RT | Preferred | PA |
| NUWIQ (NUWIQ 1500 UNIT KIT, NUWIQ 1500 UNIT RECON SOLN) | Preferred | |
| NUWIQ (NUWIQ 250 UNIT KIT, NUWIQ 250 UNIT RECON SOLN, NUWIQ 500 UNIT KIT, NUWIQ 500 UNIT RECON SOLN, NUWIQ 1000 UNIT KIT, NUWIQ 1000 UNIT RECON SOLN, NUWIQ 2000 UNIT KIT, NUWIQ 2000 UNIT RECON SOLN, NUWIQ 2500 UNIT KIT, NUWIQ 2500 UNIT RECON SOLN, NUWIQ 3000 UNIT KIT, NUWIQ 3000 UNIT RECON SOLN, NUWIQ 4000 UNIT KIT, NUWIQ 4000 UNIT RECON SOLN) | Preferred | PA |
| OBIZUR | Non-Preferred | |
| <i>phytonadione 5 mg tab</i> | Preferred | QL 150 / 30 days |
| PROFILNINE | Preferred | PA |
| REBINYN | Preferred | PA |
| RECOMBINATE | Preferred | PA |
| RIXUBIS | Preferred | PA |
| SEVENFACT | Preferred | PA |
| <i>tranexamic acid 650 mg tab</i> | Preferred | |
| VONVENDI | Non-Preferred | |
| WILATE | Preferred | PA |
| XYNTHA | Preferred | PA |
| XYNTHA SOLOFUSE | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| PLATELET MODIFYING AGENTS | | |
| AGGRENOX | Preferred | QL 60 / 30 days |
| <i>aspirin-dipyridamole er</i> | Preferred | QL 60 / 30 days |
| ASPIRIN-OMEPRAZOLE 81-40 MG TAB DR | Non-Preferred | |
| BRILINTA | Preferred | QL 60 / 30 days |
| <i>cilostazol</i> | Preferred | QL 60 / 30 days |
| <i>clopidogrel bisulfate 300 mg tab</i> | Preferred | |
| <i>clopidogrel bisulfate 75 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 75 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>dipyridamole 50 mg tab</i> | Preferred | QL 240 / 30 days |
| DOPTELET | Non-Preferred | |
| EFFIENT | Non-Preferred | QL 30 / 30 days |
| PLAVIX | Non-Preferred | |
| <i>prasugrel hcl</i> | Preferred | QL 30 / 30 days |
| TAVALISSE | Non-Preferred | |
| YOSPRALA | Non-Preferred | |
| CARDIOVASCULAR AGENTS | | |
| ALPHA-ADRENERGIC AGONISTS | | |
| CATAPRES | Non-Preferred | |
| CATAPRES-TTS-1 | Non-Preferred | |
| CATAPRES-TTS-2 | Non-Preferred | |
| CATAPRES-TTS-3 | Non-Preferred | |
| <i>clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)</i> | Preferred | QL 4 / 22 days |
| <i>clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)</i> | Preferred | QL 240 / 30 days |
| CLONIDINE HCL ER 0.17 MG TAB ER 24H | Non-Preferred | |
| <i>guanfacine hcl 1 mg tab</i> | Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>guanfacine hcl 2 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>methyl dopa</i> | Preferred | QL 180 / 30 days |
| METHYLDOPA | Preferred | |
| <i>midodrine hcl (midodrine hcl 2.5 mg tab, midodrine hcl 5 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>midodrine hcl 10 mg tab</i> | Preferred | QL 120 / 30 day(s) |
| NEXICLON XR | Non-Preferred | |
| ALPHA-ADRENERGIC BLOCKING AGENTS | | |
| CARDURA | Non-Preferred | |
| <i>doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>doxazosin mesylate 8 mg tab</i> | Preferred | QL 60 / 30 days |
| MINIPRESS | Non-Preferred | QL 120 / 30 days |
| <i>prazosin hcl (prazosin hcl 1 mg cap, prazosin hcl 2 mg cap, prazosin hcl 5 mg cap)</i> | Preferred | QL 120 / 30 days |
| <i>terazosin hcl</i> | Preferred | QL 60 / 30 days |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| ATACAND | Non-Preferred | |
| AVAPRO (AVAPRO 75 MG TAB, AVAPRO 300 MG TAB) | Non-Preferred | QL 30 / 30 days |
| AVAPRO 150 MG TAB | Non-Preferred | QL 60 / 30 days |
| BENICAR | Non-Preferred | QL 30 / 30 days |
| <i>candesartan cilexetil</i> | Non-Preferred | |
| COZAAR (COZAAR 25 MG TAB, COZAAR 50 MG TAB) | Non-Preferred | QL 90 / 30 days |
| COZAAR 100 MG TAB | Non-Preferred | QL 30 / 30 days |
| DIOVAN (DIOVAN 40 MG TAB, DIOVAN 80 MG TAB, DIOVAN 160 MG TAB) | Non-Preferred | QL 60 / 30 days |
| DIOVAN 320 MG TAB | Non-Preferred | QL 30 / 30 days |
| EDARBI | Non-Preferred | |
| EPROSARTAN MESYLATE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>irbesartan (irbesartan 75 mg tab, irbesartan 300 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>irbesartan 150 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>losartan potassium (losartan potassium 25 mg tab, losartan potassium 50 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>losartan potassium 100 mg tab</i> | Preferred | QL 30 / 30 days |
| MICARDIS 20 MG TAB | Non-Preferred | |
| MICARDIS 40 MG TAB | Non-Preferred | QL 60 / 30 days |
| MICARDIS 80 MG TAB | Non-Preferred | QL 30 / 30 days |
| <i>olmesartan medoxomil (olmesartan medoxomil 5 mg tab, olmesartan medoxomil 20 mg tab, olmesartan medoxomil 40 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>telmisartan 20 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>telmisartan 40 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>telmisartan 80 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>valsartan 320 mg tab</i> | Preferred | QL 30 / 30 days |
| VALSARTAN 4 MG/ML SOLUTION | Non-Preferred | |
| ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS | | |
| ACCUPRIL | Non-Preferred | QL 60 / 30 days |
| ALTACE | Non-Preferred | QL 60 / 30 days |
| <i>benazepril hcl (benazepril hcl 5 mg tab, benazepril hcl 10 mg tab, benazepril hcl 20 mg tab, benazepril hcl 40 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>captopril (captopril 12.5 mg tab, captopril 25 mg tab, captopril 50 mg tab, captopril 100 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>enalapril maleate 1 mg/ml solution</i> | Non-Preferred | C No PA required for children under 9 years old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| EPANED | Non-Preferred | C No PA required for children under 9 years old |
| <i>fosinopril sodium</i> | Preferred | QL 60 / 30 days |
| <i>lisinopril (lisinopril 2.5 mg tab, lisinopril 5 mg tab, lisinopril 10 mg tab, lisinopril 20 mg tab, lisinopril 30 mg tab, lisinopril 40 mg tab)</i> | Preferred | QL 60 / 30 days |
| LOTENSIN | Non-Preferred | QL 60 / 30 days |
| <i>moexipril hcl</i> | Non-Preferred | |
| PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB) | Non-Preferred | |
| PRINIVIL | Non-Preferred | QL 60 / 30 days |
| QBRELIS | Non-Preferred | C No PA required for children under 9 years old |
| <i>quinapril hcl</i> | Preferred | QL 60 / 30 days |
| <i>ramipril</i> | Preferred | QL 60 / 30 days |
| <i>trandolapril</i> | Preferred | |
| VASOTEC | Non-Preferred | QL 60 / 30 days |
| ZESTRIL | Non-Preferred | QL 60 / 30 days |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl (amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i> | Preferred | QL 4 / 1 days |
| BETAPACE | Non-Preferred | QL 60 / 30 days |
| BETAPACE AF | Non-Preferred | QL 60 / 30 days |
| <i>digitek</i> | Preferred | |
| <i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i> | Preferred | |
| <i>digoxin 0.05 mg/ml solution</i> | Preferred | QL 150 / 30 days |
| <i>disopyramide phosphate 100 mg cap</i> | Preferred | QL 480 / 30 days |
| <i>disopyramide phosphate 150 mg cap</i> | Preferred | QL 300 / 30 days |
| <i>flecainide acetate (flecainide acetate 50 mg tab, flecainide acetate 100 mg tab)</i> | Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>flecainide acetate 150 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>mexiletine hcl 150 mg cap</i> | Preferred | QL 240 / 30 days |
| <i>mexiletine hcl 200 mg cap</i> | Preferred | QL 180 / 30 days |
| <i>mexiletine hcl 250 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>pacerone (pacerone 200 mg tab, pacerone 400 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>propafenone hcl</i> | Preferred | QL 90 / 30 days |
| <i>quinidine sulfate</i> | Preferred | QL 180 / 30 days |
| <i>sorine</i> | Preferred | QL 60 / 30 days |
| <i>sotalol hcl (af)</i> | Preferred | QL 60 / 30 days |
| <i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i> | Preferred | QL 60 / 30 days |
| SOTYLIZE | Non-Preferred | |
| BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>acebutolol hcl (acebutolol hcl 200 mg cap, acebutolol hcl 400 mg cap)</i> | Preferred | QL 90 / 30 days |
| <i>atenolol (atenolol 25 mg tab, atenolol 50 mg tab, atenolol 100 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>bisoprolol fumarate 10 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>bisoprolol fumarate 5 mg tab</i> | Preferred | QL 4 / 1 days |
| BYSTOLIC | Non-Preferred | |
| <i>carvedilol (carvedilol 3.125 mg tab, carvedilol 6.25 mg tab, carvedilol 12.5 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>carvedilol 25 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>carvedilol phosphate er</i> | Non-Preferred | |
| COREG (COREG 3.125 MG TAB, COREG 6.25 MG TAB, COREG 12.5 MG TAB) | Non-Preferred | QL 60 / 30 days |
| COREG 25 MG TAB | Non-Preferred | QL 120 / 30 days |
| COREG CR | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| CORGARD | Non-Preferred | |
| HEMANGEOL | Preferred | PA |
| INDERAL LA | Non-Preferred | QL 30 / 30 days |
| INDERAL XL | Non-Preferred | |
| INNOPRAN XL | Non-Preferred | |
| KAPSPARGO SPRINKLE | Non-Preferred | |
| <i>labetalol hcl 100 mg tab</i> | Preferred | QL 420 / 30 days |
| <i>labetalol hcl 200 mg tab</i> | Preferred | QL 360 / 30 days |
| <i>labetalol hcl 300 mg tab</i> | Preferred | QL 240 / 30 days |
| LOPRESSOR | Non-Preferred | QL 120 / 30 days |
| <i>metoprolol succinate er</i> | Preferred | QL 60 / 30 days |
| <i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 100 mg tab)</i> | Preferred | QL 120 / 30 days |
| <i>metoprolol tartrate (metoprolol tartrate 37.5 mg tab, metoprolol tartrate 75 mg tab)</i> | Preferred | |
| <i>nadolol (nadolol 20 mg tab, nadolol 40 mg tab, nadolol 80 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>nebivolol hcl</i> | Preferred | |
| <i>pindolol</i> | Preferred | QL 180 / 30 days |
| <i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i> | Preferred | QL 240 / 30 days |
| <i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)</i> | Preferred | QL 2400 / 30 days |
| <i>propranolol hcl er</i> | Preferred | QL 30 / 30 days |
| TENORMIN | Non-Preferred | QL 60 / 30 days |
| <i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i> | Non-Preferred | QL 90 / 30 days |
| TOPROL XL | Non-Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES | | |
| ADALAT CC | Non-Preferred | QL 60 / 30 days |
| <i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i> | Preferred | QL 60 / 30 days |
| CONJUPRI | Non-Preferred | |
| <i>felodipine er</i> | Preferred | QL 30 / 30 days |
| <i>isradipine</i> | Non-Preferred | |
| KATERZIA | Non-Preferred | |
| LEVAMLODIPINE MALEATE | Non-Preferred | |
| <i>nicardipine hcl 20 mg cap</i> | Non-Preferred | QL 180 / 30 days |
| <i>nicardipine hcl 30 mg cap</i> | Non-Preferred | QL 4 / 1 days |
| <i>nifedipine (nifedipine 10 mg cap, nifedipine 20 mg cap)</i> | Preferred | QL 4 / 1 days |
| <i>nifedipine er</i> | Preferred | QL 60 / 30 days |
| <i>nifedipine er osmotic release</i> | Preferred | QL 60 / 30 days |
| <i>nimodipine 30 mg cap</i> | Preferred | |
| <i>nisoldipine er (nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 34 mg tab er 24h, nisoldipine er 40 mg tab er 24h)</i> | Non-Preferred | QL 30 / 30 days |
| <i>nisoldipine er 30 mg tab er 24h</i> | Non-Preferred | QL 60 / 30 days |
| NORLIQVA | Non-Preferred | |
| NORVASC | Non-Preferred | QL 60 / 30 days |
| NYMALIZE | Non-Preferred | |
| PROCARDIA | Non-Preferred | |
| PROCARDIA XL | Non-Preferred | QL 60 / 30 days |
| SULAR | Non-Preferred | QL 30 / 30 days |
| CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES | | |
| CALAN SR (CALAN SR 180 MG TAB ER, CALAN SR 240 MG TAB ER) | Non-Preferred | QL 60 / 30 days |
| CALAN SR 120 MG TAB ER | Non-Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| CARDIZEM (CARDIZEM 30 MG TAB, CARDIZEM 60 MG TAB) | Non-Preferred | |
| CARDIZEM 120 MG TAB | Non-Preferred | QL 60 / 30 days |
| CARDIZEM CD (CARDIZEM CD 120 MG CAP ER 24H, CARDIZEM CD 180 MG CAP ER 24H, CARDIZEM CD 300 MG CAP ER 24H, CARDIZEM CD 360 MG CAP ER 24H) | Non-Preferred | QL 30 / 30 days |
| CARDIZEM CD 240 MG CAP ER 24H | Non-Preferred | QL 60 / 30 days |
| CARDIZEM LA | Non-Preferred | QL 30 / 30 days |
| <i>cartia xt (cartia xt 120 mg cap er 24h, cartia xt 180 mg cap er 24h, cartia xt 300 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>cartia xt 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| <i>dilt-xr (dilt-xr 120 mg cap er 24h, dilt-xr 180 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>dilt-xr 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| <i>diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>diltiazem hcl 120 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>diltiazem hcl 90 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>diltiazem hcl er (diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 180 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>diltiazem hcl er (diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)</i> | Non-Preferred | QL 30 / 30 days |
| <i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h)</i> | Non-Preferred | QL 60 / 30 days |
| <i>diltiazem hcl er 120 mg tab er 24h</i> | Non-Preferred | |
| <i>diltiazem hcl er 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| <i>diltiazem hcl er beads (diltiazem hcl er beads 120 mg cap er 24h, diltiazem hcl er beads 180 mg cap er 24h, diltiazem hcl er beads 300 mg cap er 24h, diltiazem hcl er beads 360 mg cap er 24h, diltiazem hcl er beads 420 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>diltiazem hcl er beads 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| <i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>diltiazem hcl er coated beads 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| <i>matzim la</i> | Non-Preferred | QL 30 / 30 days |
| <i>taztia xt (taztia xt 120 mg cap er 24h, taztia xt 180 mg cap er 24h, taztia xt 300 mg cap er 24h, taztia xt 360 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>taztia xt 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| <i>tiadylt er (tiadylt er 120 mg cap er 24h, tiadylt er 180 mg cap er 24h, tiadylt er 300 mg cap er 24h, tiadylt er 360 mg cap er 24h, tiadylt er 420 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>tiadylt er 240 mg cap er 24h</i> | Preferred | QL 60 / 30 days |
| TIAZAC (TIAZAC 120 MG CAP ER 24H, TIAZAC 180 MG CAP ER 24H, TIAZAC 300 MG CAP ER 24H, TIAZAC 360 MG CAP ER 24H, TIAZAC 420 MG CAP ER 24H) | Non-Preferred | QL 30 / 30 days |
| TIAZAC 240 MG CAP ER 24H | Non-Preferred | QL 60 / 30 days |
| <i>verapamil hcl (verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>verapamil hcl 40 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>verapamil hcl er (verapamil hcl er 100 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h)</i> | Preferred | |
| <i>verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er)</i> | Preferred | QL 60 / 30 days |
| <i>verapamil hcl er (verapamil hcl er 120 mg tab er, verapamil hcl er 360 mg cap er 24h)</i> | Preferred | QL 30 / 30 days |
| VERELAN (VERELAN 120 MG CAP ER 24H, VERELAN 180 MG CAP ER 24H, VERELAN 240 MG CAP ER 24H) | Non-Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| VERELAN 360 MG CAP ER 24H | Non-Preferred | QL 30 / 30 days |
| VERELAN PM | Non-Preferred | |
| CARDIOVASCULAR AGENTS, OTHER | | |
| ACCURETIC | Non-Preferred | |
| <i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i> | Preferred | QL 4 / 1 days |
| ALDACTAZIDE 50-50 MG TAB | Preferred | |
| <i>aliskiren fumarate</i> | Non-Preferred | |
| <i>amiloride-hydrochlorothiazide</i> | Preferred | QL 60 / 30 days |
| <i>amlodipine besy-benazepril hcl</i> | Preferred | QL 30 / 30 days |
| <i>amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)</i> | Preferred | |
| <i>amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)</i> | Non-Preferred | |
| <i>amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)</i> | Preferred | |
| <i>amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)</i> | Preferred | |
| ASPRUZYO SPRINKLE | Non-Preferred | |
| ATACAND HCT | Non-Preferred | |
| <i>atenolol-chlorthalidone 100-25 mg tab</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>atenolol-chlorthalidone 50-25 mg tab</i> | Preferred | QL 60 / 30 days |
| AVALIDE | Non-Preferred | QL 30 / 30 days |
| AZOR | Non-Preferred | |
| <i>benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)</i> | Preferred | |
| BENICAR HCT | Non-Preferred | QL 30 / 30 days |
| BIDIL | Non-Preferred | |
| <i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i> | Preferred | QL 60 / 30 day(s) |
| CADUET | Non-Preferred | |
| <i>candesartan cilexetil-hctz</i> | Non-Preferred | |
| CAPTOPRIL-HYDROCHLOROTHIAZIDE | Non-Preferred | |
| <i>captopril-hydrochlorothiazide (captopril-hydrochlorothiazide 25-15 mg tab, captopril-hydrochlorothiazide 50-15 mg tab)</i> | Non-Preferred | QL 90 / 30 days |
| <i>captopril-hydrochlorothiazide (captopril-hydrochlorothiazide 25-25 mg tab, captopril-hydrochlorothiazide 50-25 mg tab)</i> | Non-Preferred | QL 60 / 30 days |
| DIOVAN HCT (DIOVAN HCT 320-12.5 MG TAB, DIOVAN HCT 320-25 MG TAB) | Non-Preferred | QL 30 / 30 days |
| DIOVAN HCT (DIOVAN HCT 80-12.5 MG TAB, DIOVAN HCT 160-12.5 MG TAB, DIOVAN HCT 160-25 MG TAB) | Non-Preferred | QL 60 / 30 days |
| EDARBYCLOR | Non-Preferred | |
| <i>enalapril-hydrochlorothiazide 10-25 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i> | Preferred | QL 30 / 30 days |
| ENTRESTO | Preferred | QL 60 / 30 days |
| EXFORGE | Non-Preferred | |
| EXFORGE HCT | Non-Preferred | |
| <i>fosinopril sodium-hctz</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| HYZAAR | Non-Preferred | QL 30 / 30 days |
| <i>irbesartan-hydrochlorothiazide</i> | Preferred | QL 30 / 30 days |
| <i>isosorb dinitrate-hydralazine</i> | Non-Preferred | |
| <i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i> | Preferred | QL 60 / 30 days |
| <i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i> | Preferred | QL 30 / 30 days |
| LODOCO | Non-Preferred | |
| <i>losartan potassium-hctz</i> | Preferred | QL 30 / 30 days |
| LOTENSIN HCT | Non-Preferred | |
| LOTREL | Non-Preferred | QL 30 / 30 days |
| <i>methyldopa-hydrochlorothiazide</i> | Non-Preferred | |
| <i>metoprolol-hydrochlorothiazide (metoprolol-hydrochlorothiazide 50-25 mg tab, metoprolol-hydrochlorothiazide 100-25 mg tab)</i> | Non-Preferred | QL 60 / 30 days |
| <i>metoprolol-hydrochlorothiazide 100-50 mg tab</i> | Non-Preferred | QL 30 / 30 days |
| MICARDIS HCT | Non-Preferred | |
| NEXLETOL | Preferred | PA |
| <i>olmesartan medoxomil-hctz</i> | Preferred | QL 30 / 30 days |
| <i>olmesartan-amlodipine-hctz</i> | Preferred | |
| <i>pentoxifylline er</i> | Preferred | QL 90 / 30 days |
| <i>propranolol-hctz</i> | Preferred | QL 60 / 30 days |
| <i>quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)</i> | Preferred | |
| RANEXA | Non-Preferred | |
| <i>ranolazine er</i> | Preferred | PA |
| <i>spironolactone-hctz</i> | Preferred | QL 240 / 30 days |
| TARKA | Non-Preferred | |
| TEKTURNA | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| TEKTURNA HCT | Non-Preferred | |
| <i>telmisartan-amlodipine</i> | Preferred | |
| <i>telmisartan-hctz</i> | Non-Preferred | |
| TENORETIC 100 | Non-Preferred | QL 30 / 30 days |
| TENORETIC 50 | Non-Preferred | QL 60 / 30 days |
| <i>trandolapril-verapamil hcl er</i> | Preferred | |
| <i>triamterene-hctz (triamterene-hctz 37.5-25 mg tab, triamterene-hctz 75-50 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>triamterene-hctz 37.5-25 mg cap</i> | Preferred | QL 60 / 30 days |
| TRIBENZOR | Non-Preferred | |
| TWYNSTA | Non-Preferred | |
| <i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 320-12.5 mg tab, valsartan-hydrochlorothiazide 320-25 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 80-12.5 mg tab, valsartan-hydrochlorothiazide 160-12.5 mg tab, valsartan-hydrochlorothiazide 160-25 mg tab)</i> | Preferred | QL 60 / 30 days |
| VASERETIC | Non-Preferred | QL 60 / 30 days |
| ZESTORETIC (ZESTORETIC 20-12.5 MG TAB, ZESTORETIC 20-25 MG TAB) | Non-Preferred | QL 60 / 30 days |
| ZESTORETIC 10-12.5 MG TAB | Non-Preferred | QL 30 / 30 days |
| ZIAC (ZIAC 2.5-6.25 MG TAB, ZIAC 5-6.25 MG TAB) | Non-Preferred | QL 30 / 30 days |
| ZIAC 10-6.25 MG TAB | Non-Preferred | QL 60 / 30 day(s) |
| DIURETICS, LOOP | | |
| <i>bumetanide (bumetanide 0.5 mg tab, bumetanide 2 mg tab)</i> | Preferred | QL 150 / 30 days |
| <i>bumetanide 1 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab)</i> | Preferred | QL 450 / 30 days |
| <i>furosemide 10 mg/ml solution</i> | Preferred | QL 1800 / 30 day(s) |
| <i>furosemide 8 mg/ml solution</i> | Preferred | QL 2250 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>furosemide 80 mg tab</i> | Preferred | QL 210 / 30 days |
| <i>torseamide 10 mg tab</i> | Preferred | |
| DIURETICS, POTASSIUM-SPARING | | |
| <i>amiloride hcl 5 mg tab</i> | Preferred | QL 4 / 1 days |
| DIURETICS, THIAZIDE | | |
| <i>chlorthalidone</i> | Preferred | QL 4 / 1 days |
| DIURIL | Preferred | QL 40 / 1 days |
| <i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 50 mg tab)</i> | Preferred | QL 120 / 30 days |
| <i>hydrochlorothiazide (hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>indapamide 1.25 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>indapamide 2.5 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>metolazone</i> | Preferred | QL 60 / 30 days |
| DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES | | |
| ANTARA | Non-Preferred | |
| <i>fenofibrate (fenofibrate 40 mg tab, fenofibrate 50 mg cap, fenofibrate 120 mg tab, fenofibrate 150 mg cap)</i> | Non-Preferred | |
| <i>fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)</i> | Preferred | QL 30 / 30 days |
| FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP) | Non-Preferred | |
| <i>fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)</i> | Preferred | |
| <i>fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)</i> | Preferred | QL 30 / 30 days |
| FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB) | Non-Preferred | |
| <i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| FENOGLIDE | Non-Preferred | |
| <i>gemfibrozil 600 mg tab</i> | Preferred | QL 60 / 30 days |
| LIPOFEN | Non-Preferred | |
| LOPID | Non-Preferred | QL 60 / 30 days |
| TRICOR | Non-Preferred | QL 30 / 30 days |
| TRIGLIDE | Non-Preferred | QL 30 / 30 days |
| TRILIPIX | Non-Preferred | |
| DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS | | |
| ALTOPREV | Non-Preferred | |
| ATORVALIQ | Non-Preferred | |
| <i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab, atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i> | Preferred | QL 30 / 30 days |
| CRESTOR | Non-Preferred | QL 30 / 30 days |
| EZALLOR SPRINKLE | Non-Preferred | |
| <i>fluvastatin sodium</i> | Non-Preferred | QL 30 / 30 days |
| <i>fluvastatin sodium er</i> | Non-Preferred | |
| LESCOL XL | Non-Preferred | |
| LIPITOR | Non-Preferred | QL 30 / 30 days |
| LIVALO | Non-Preferred | |
| <i>lovastatin (lovastatin 10 mg tab, lovastatin 20 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>lovastatin 40 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>pitavastatin calcium</i> | Non-Preferred | |
| PRAVACHOL | Non-Preferred | QL 30 / 30 days |
| <i>pravastatin sodium</i> | Preferred | QL 30 / 30 days |
| <i>rosuvastatin calcium</i> | Preferred | QL 30 / 30 days |
| <i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i> | Preferred | QL 30 / 30 days |
| SIMVASTATIN 20 MG/5ML SUSPENSION | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ZOCOR | Non-Preferred | QL 30 / 30 days |
| ZYPITAMAG | Non-Preferred | |
| DYSLIPIDEMICS, OTHER | | |
| <i>cholestyramine 4 gm packet</i> | Preferred | QL 180 / 30 days |
| <i>cholestyramine 4 gm/dose powder</i> | Preferred | QLC 54 grams/day |
| <i>cholestyramine light 4 gm packet</i> | Preferred | QL 180 / 30 days |
| <i>cholestyramine light 4 gm/dose powder</i> | Preferred | QLC 54 grams/day |
| <i>colesevelam hcl</i> | Non-Preferred | |
| COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET) | Non-Preferred | |
| COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET) | Non-Preferred | |
| <i>colestipol hcl (colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i> | Non-Preferred | |
| <i>colestipol hcl 1 gm tab</i> | Preferred | |
| EVKEEZA | Non-Preferred | |
| <i>ezetimibe</i> | Preferred | QL 30 / 30 days |
| EZETIMIBE-ROSUVASTATIN | Non-Preferred | |
| <i>ezetimibe-simvastatin</i> | Non-Preferred | |
| <i>icosapent ethyl 0.5 gm cap</i> | Non-Preferred | |
| <i>icosapent ethyl 1 gm cap</i> | Non-Preferred | QL 120 / 30 days |
| JUXTAPID | Non-Preferred | |
| LEQVIO | Non-Preferred | |
| LOVAZA | Non-Preferred | |
| NEXLIZET | Preferred | PA |
| NIACIN (ANTIHYPERLIPIDEMIC) | Non-Preferred | |
| <i>niacin er (antihyperlipidemic) (niacin er (antihyperlipidemic) 750 mg tab er, niacin er (antihyperlipidemic) 1000 mg tab er)</i> | Non-Preferred | |
| <i>niacin er (antihyperlipidemic) 500 mg tab er</i> | Non-Preferred | QL 4 / 1 days |
| NIACOR | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| NIASPAN | Non-Preferred | |
| <i>omega-3-acid ethyl esters</i> | Preferred | QL 4 / 1 days |
| PRALUENT | Preferred | QL 2 / 28 days PA |
| <i>prevalite 4 gm packet</i> | Preferred | QL 180 / 30 days |
| <i>prevalite 4 gm/dose powder</i> | Preferred | QLC 54 grams/day |
| QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER) | Non-Preferred | |
| QUESTRAN LIGHT | Non-Preferred | |
| REPATHA | Preferred | QL 3 / 28 days PA |
| REPATHA PUSHTRONEX SYSTEM | Preferred | PA |
| REPATHA SURECLICK | Preferred | QL 3 / 28 days PA |
| ROSZET | Non-Preferred | |
| VASCEPA 0.5 GM CAP | Non-Preferred | QL 240 / 30 days |
| VASCEPA 1 GM CAP | Non-Preferred | QL 120 / 30 days |
| VYTORIN | Non-Preferred | |
| WELCHOL | Non-Preferred | |
| ZETIA | Non-Preferred | QL 30 / 30 days |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| <i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab)</i> | Preferred | QL 90 / 30 day(s) |
| <i>spironolactone 100 mg tab</i> | Preferred | QL 120 / 30 day(s) |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I) | | |
| <i>dapagliflozin propanediol</i> | Non-Preferred | |
| FARXIGA | Preferred | |
| INPEFA | Non-Preferred | |
| INVOKANA | Preferred | |
| JARDIANCE | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| STEGLATRO | Non-Preferred | QL 30 / 30 days |
| VASODILATORS, DIRECT-ACTING ARTERIAL | | |
| <i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>hydralazine hcl 100 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>minoxidil 10 mg tab</i> | Preferred | QL 300 / 30 days |
| <i>minoxidil 2.5 mg tab</i> | Preferred | QL 4 / 1 days |
| VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS | | |
| DILATRATE-SR | Non-Preferred | |
| GONITRO | Non-Preferred | |
| ISORDIL TITRADOSE | Non-Preferred | |
| <i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i> | Non-Preferred | QL 240 / 30 days |
| <i>isosorbide dinitrate 40 mg tab</i> | Non-Preferred | |
| <i>isosorbide mononitrate</i> | Preferred | |
| <i>isosorbide mononitrate er (isosorbide mononitrate er 60 mg tab er 24h, isosorbide mononitrate er 120 mg tab er 24h)</i> | Preferred | QL 60 / 30 days |
| <i>isosorbide mononitrate er 30 mg tab er 24h</i> | Preferred | QL 90 / 30 days |
| <i>minitran</i> | Non-Preferred | QL 30 / 30 days |
| NITRO-BID | Preferred | |
| NITRO-DUR (NITRO-DUR 0.1 MG/HR PATCH 24HR, NITRO-DUR 0.2 MG/HR PATCH 24HR, NITRO-DUR 0.4 MG/HR PATCH 24HR, NITRO-DUR 0.6 MG/HR PATCH 24HR) | Non-Preferred | QL 30 / 30 days |
| NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR) | Non-Preferred | |
| <i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg/hr patch 24hr)</i> | Preferred | QL 30 / 30 days |
| <i>nitroglycerin (nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.6 mg sl tab)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>nitroglycerin 0.4 mg/spray solution</i> | Non-Preferred | |
| NITROLINGUAL | Non-Preferred | |
| NITROMIST | Non-Preferred | |
| NITROSTAT | Non-Preferred | |
| CENTRAL NERVOUS SYSTEM AGENTS | | |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES | | |
| ADDERALL (ADDERALL 10 MG TAB, ADDERALL 12.5 MG TAB, ADDERALL 15 MG TAB, ADDERALL 20 MG TAB) | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| ADDERALL (ADDERALL 5 MG TAB, ADDERALL 7.5 MG TAB) | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| ADDERALL 30 MG TAB | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| ADDERALL XR | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| ADZENYS ER | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| ADZENYS XR-ODT | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| <i>amphet-dextroamphet 3-bead er</i> | Non-Preferred | |
| AMPHETAMINE ER | Non-Preferred | |
| <i>amphetamine sulfate</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| <i>amphetamine-dextroamphet er</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>amphetamine-dextroamphetamine</i> <i>(amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab, amphetamine-dextroamphetamine 20 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>amphetamine-dextroamphetamine</i> <i>(amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>amphetamine-dextroamphetamine 30 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| AZSTARYS | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| DESOXYN | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| DEXEDRINE | Non-Preferred | |
| <i>dextroamphetamine sulfate</i> <i>(dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab)</i> | Preferred | |
| <i>dextroamphetamine sulfate</i> <i>(dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>dextroamphetamine sulfate 30 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>dextroamphetamine sulfate 5 mg/5ml solution</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>dextroamphetamine sulfate er</i> <i>(dextroamphetamine sulfate er 10 mg cap er 24h, dextroamphetamine sulfate er 15 mg cap er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>dextroamphetamine sulfate er 5 mg cap er 24h</i> | Preferred | <div data-bbox="1133 117 1192 149">QL</div> 60 / 30 days <div data-bbox="1133 170 1192 201">AL1</div> 4 to 17 yrs old <div data-bbox="1133 222 1192 254">C</div> Age restriction, clinical PA required |
| DYANAVEL XR (DYANAVEL XR 5 MG CHER, DYANAVEL XR 10 MG CHER, DYANAVEL XR 15 MG CHER, DYANAVEL XR 20 MG CHER) | Non-Preferred | |
| DYANAVEL XR 2.5 MG/ML SUSP | Preferred | <div data-bbox="1133 411 1192 443">AL1</div> 4 to 17 yrs old <div data-bbox="1133 464 1192 495">C</div> Age restriction, clinical PA required |
| EVEKEO | Non-Preferred | <div data-bbox="1133 537 1192 569">AL1</div> 4 to 17 yrs old <div data-bbox="1133 590 1192 621">C</div> Age restriction, clinical PA required |
| EVEKEO ODT | Non-Preferred | <div data-bbox="1133 663 1192 695">AL1</div> 4 to 17 yrs old <div data-bbox="1133 716 1192 747">C</div> Age restriction, clinical PA required |
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap)</i> | Preferred | <div data-bbox="1133 894 1192 926">QL</div> 30 / 30 days |
| <i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab, lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab)</i> | Non-Preferred | |
| <i>methamphetamine hcl</i> | Non-Preferred | <div data-bbox="1133 1346 1192 1377">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1398 1192 1430">C</div> Age restriction, clinical PA required |
| MYDAYIS | Non-Preferred | <div data-bbox="1133 1472 1192 1503">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1524 1192 1556">C</div> Age restriction, clinical PA required |
| <i>procentra</i> | Preferred | <div data-bbox="1133 1598 1192 1629">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1650 1192 1682">C</div> Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP, VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP) | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB, VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| XELSTRYM | Non-Preferred | |
| <i>zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| <i>zenzedi 30 mg tab</i> | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

| | | |
|---|---------------|---|
| ADHANSIA XR | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| APTENSIO XR | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| <i>atomoxetine hcl (atomoxetine hcl 10 mg cap, atomoxetine hcl 18 mg cap, atomoxetine hcl 25 mg cap, atomoxetine hcl 40 mg cap)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| <i>atomoxetine hcl (atomoxetine hcl 60 mg cap, atomoxetine hcl 80 mg cap, atomoxetine hcl 100 mg cap)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| <i>clonidine hcl er 0.1 mg tab er 12h</i> | Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required |
| CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 54 MG TAB ER) | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| CONCERTA 36 MG TAB ER | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| COTEMPLA XR-ODT | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| DAYTRANA | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>dexmethylphenidate hcl</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| FOCALIN | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>guanfacine hcl er (guanfacine hcl er 1 mg tab er 24h, guanfacine hcl er 2 mg tab er 24h, guanfacine hcl er 3 mg tab er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| INTUNIV (INTUNIV 1 MG TAB ER 24H, INTUNIV 2 MG TAB ER 24H, INTUNIV 3 MG TAB ER 24H) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| INTUNIV 4 MG TAB ER 24H | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| JORNAY PM | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| KAPVAY | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| METADATE CD | Non-Preferred | |
| METHYLIN | Non-Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate</i> | Non-Preferred | |
| <i>methylphenidate hcl (methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i> | Preferred | <ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl 10 mg chew tab</i> | Non-Preferred | <ul style="list-style-type: none"> QL 180 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl 5 mg tab</i> | Preferred | <ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| <i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (la) (methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (la) (methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i> | Preferred | <ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 54 mg tab er)</i> | Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| METHYLPHENIDATE HCL ER (OSM) (METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER, METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER) | Non-Preferred | |
| <i>methylphenidate hcl er (osm) 36 mg tab er</i> | Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER | Non-Preferred | AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| <i>methylphenidate hcl er (xr)</i> | Non-Preferred | AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| QELBREE (QELBREE 150 MG CAP ER 24H, QELBREE 200 MG CAP ER 24H) | Preferred | QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| QELBREE 100 MG CAP ER 24H | Preferred | QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| QUILLICHEW ER | Preferred | AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| QUILLIVANT XR | Preferred | AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| RELEXXII (RELEXXII 18 MG TAB ER, RELEXXII 27 MG TAB ER, RELEXXII 36 MG TAB ER, RELEXXII 45 MG TAB ER, RELEXXII 54 MG TAB ER, RELEXXII 63 MG TAB ER) | Non-Preferred | |
| RELEXXII 72 MG TAB ER | Non-Preferred | AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| RITALIN (RITALIN 10 MG TAB, RITALIN 20 MG TAB) | Non-Preferred | QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| RITALIN 5 MG TAB | Non-Preferred | QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H) | Non-Preferred | QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| RITALIN LA 40 MG CAP ER 24H | Non-Preferred | QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| STRATTERA (STRATTERA 10 MG CAP, STRATTERA 18 MG CAP, STRATTERA 25 MG CAP, STRATTERA 40 MG CAP) | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| STRATTERA (STRATTERA 60 MG CAP, STRATTERA 80 MG CAP, STRATTERA 100 MG CAP) | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required |
| CENTRAL NERVOUS SYSTEM, OTHER | | |
| <i>acetaminophen (acetaminophen 160 mg/5ml liquid, acetaminophen 160 mg/5ml solution, acetaminophen 160 mg/5ml suspension, acetaminophen 325 mg/10.15ml solution, acetaminophen 650 mg/20.3ml solution, acetaminophen 650 mg/20.3ml suspension)</i> | Preferred | QL 30 / 1 days |
| <i>acetaminophen (acetaminophen 325 mg tab, acetaminophen 500 mg tab)</i> | Preferred | |
| <i>acetaminophen 120 mg suppos</i> | Preferred | QL 5 / 1 days |
| <i>acetaminophen 650 mg suppos</i> | Preferred | QL 6 / 1 days |
| <i>acetaminophen childrens (acetaminophen childrens 160 mg/5ml solution, acetaminophen childrens 160 mg/5ml suspension)</i> | Preferred | QL 30 / 1 days |
| <i>acetaminophen extra strength 500 mg tab</i> | Preferred | |
| <i>acetaminophen infants</i> | Preferred | QL 30 / 1 days |
| ALLZITAL | Non-Preferred | QLC Max 18 tabs/caps per month |
| <i>aminofen</i> | Preferred | |
| <i>aphen</i> | Preferred | |
| <i>aurophen childrens</i> | Preferred | QL 30 / 1 days |
| AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB) | Preferred | <ul style="list-style-type: none"> QL 120 / 30 day(s) PA |
| AUSTEDO 6 MG TAB | Preferred | <ul style="list-style-type: none"> QL 60 / 30 day(s) PA |
| AUSTEDO XR 12 MG TAB ER 24H | Preferred | <ul style="list-style-type: none"> QL 30 / 30 day(s) PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| AUSTEDO XR 24 MG TAB ER 24H | Preferred | <div data-bbox="1133 117 1192 149">QL</div> 60 / 30 day(s) <div data-bbox="1133 163 1192 195">PA</div> |
| AUSTEDO XR 6 MG TAB ER 24H | Preferred | <div data-bbox="1133 228 1192 260">QL</div> 90 / 30 day(s) <div data-bbox="1133 275 1192 306">PA</div> |
| AUSTEDO XR PATIENT TITRATION | Preferred | <div data-bbox="1133 340 1192 371">PA</div> |
| <i>bac</i> | Preferred | <div data-bbox="1133 403 1192 434">PA</div> <div data-bbox="1133 449 1192 480">QLC</div> Max 18 tabs/caps per month |
| <i>betatemp childrens</i> | Preferred | <div data-bbox="1133 535 1192 567">QL</div> 30 / 1 days |
| <i>bupap</i> | Non-Preferred | <div data-bbox="1133 598 1192 630">QLC</div> Max 18 tabs/caps per month |
| <i>butalbital-acetaminophen (butalbital-acetaminophen 25-325 mg tab, butalbital-acetaminophen 50-300 mg cap, butalbital-acetaminophen 50-300 mg tab, butalbital-acetaminophen 50-325 mg tab)</i> | Non-Preferred | <div data-bbox="1133 722 1192 753">QLC</div> Max 18 tabs/caps per month |
| <i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-300-40 mg cap, butalbital-apap-caffeine 50-325-40 mg cap)</i> | Non-Preferred | <div data-bbox="1133 875 1192 907">QLC</div> Max 18 tabs/caps per month |
| <i>butalbital-apap-caffeine 50-325-40 mg tab</i> | Preferred | <div data-bbox="1133 966 1192 997">PA</div> <div data-bbox="1133 1012 1192 1043">QLC</div> Max 18 tabs/caps per month |
| <i>childrens acetaminophen 160 mg/5ml suspension</i> | Preferred | <div data-bbox="1133 1098 1192 1129">QL</div> 30 / 1 days |
| <i>childrens non-aspirin 160 mg/5ml suspension</i> | Preferred | <div data-bbox="1133 1182 1192 1213">QL</div> 30 / 1 days |
| <i>childrens silapap</i> | Preferred | <div data-bbox="1133 1245 1192 1276">QL</div> 30 / 1 days |
| <i>curanol</i> | Preferred | <div data-bbox="1133 1308 1192 1339">QL</div> 30 / 1 days |
| <i>cvs acetaminophen 325 mg tab</i> | Preferred | |
| <i>cvs acetaminophen ex st 500 mg tab</i> | Preferred | |
| <i>cvs fever reducing childrens</i> | Preferred | <div data-bbox="1133 1476 1192 1507">QL</div> 5 / 1 days |
| <i>cvs infants pain relief drops</i> | Preferred | <div data-bbox="1133 1539 1192 1570">QL</div> 30 / 1 days |
| <i>cvs non-aspirin extra strength</i> | Preferred | |
| <i>cvs pain & fever childrens</i> | Preferred | <div data-bbox="1133 1665 1192 1696">QL</div> 30 / 1 days |
| <i>cvs pain & fever infants</i> | Preferred | <div data-bbox="1133 1728 1192 1759">QL</div> 30 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--------------------------------|
| <i>cvs pain relief 500 mg tab</i> | Preferred | |
| <i>cvs pain relief childrens 160 mg/5ml suspension</i> | Preferred | QL 30 / 1 days |
| <i>cvs pain relief extra strength</i> | Preferred | |
| <i>cvs pain relief regular st</i> | Preferred | |
| <i>ed-apap</i> | Preferred | QL 30 / 1 days |
| <i>eq acetaminophen</i> | Preferred | |
| <i>eq pain & fever childrens 160 mg/5ml suspension</i> | Preferred | QL 30 / 1 days |
| <i>eq pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>eq pain reliever</i> | Preferred | |
| <i>eq pain reliever ex st</i> | Preferred | |
| <i>eq acetaminophen</i> | Preferred | |
| <i>eq acetaminophen childrens</i> | Preferred | QL 30 / 1 days |
| <i>eq acetaminophen ex st</i> | Preferred | |
| <i>eq acetaminophen infants</i> | Preferred | QL 30 / 1 days |
| <i>esgic (esgic 50-325-40 mg cap, esgic 50-325-40 mg tab)</i> | Non-Preferred | QLC Max 18 tabs/caps per month |
| <i>fever reducer childrens</i> | Preferred | QL 5 / 1 days |
| <i>feverall adults</i> | Preferred | QL 6 / 1 days |
| <i>feverall childrens</i> | Preferred | QL 5 / 1 days |
| FEVERALL INFANTS | Preferred | QL 5 / 1 days |
| FEVERALL JUNIOR STRENGTH | Preferred | QL 5 / 1 days |
| FIORICET | Non-Preferred | QLC Max 18 tabs/caps per month |
| <i>ft pain & fever childrens</i> | Preferred | QL 30 / 1 days |
| <i>ft pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>ft pain relief</i> | Preferred | |
| <i>ft pain relief adult extra st</i> | Preferred | |
| <i>ft pain relief extra strength</i> | Preferred | |
| <i>ft pain reliever ex str adult</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>ft pain reliver extra st adult</i> | Preferred | |
| <i>gabapentin (once-daily)</i> | Non-Preferred | |
| <i>gnp acetaminophen 325 mg tab</i> | Preferred | |
| <i>gnp acetaminophen ex st</i> | Preferred | |
| <i>gnp children's pain & fever</i> | Preferred | QL 30 / 1 days |
| <i>gnp infants pain/fever</i> | Preferred | QL 30 / 1 days |
| <i>gnp pain & fever childrens</i> | Preferred | QL 30 / 1 days |
| <i>gnp pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>gnp pain relief 325 mg tab</i> | Preferred | |
| <i>gnp pain relief extra strength 500 mg tab</i> | Preferred | |
| <i>goodsense pain & fever child</i> | Preferred | QL 30 / 1 days |
| <i>goodsense pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>goodsense pain relief 325 mg tab</i> | Preferred | |
| <i>goodsense pain relief extra st</i> | Preferred | |
| GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB) | Non-Preferred | |
| <i>healthy mama shake that ache</i> | Preferred | |
| <i>hm pain & fever childrens</i> | Preferred | QL 30 / 1 days |
| <i>hm pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>hm pain relief extra strength</i> | Preferred | |
| <i>hm pain relieve child dye-free</i> | Preferred | QL 30 / 1 days |
| <i>hm pain reliever</i> | Preferred | |
| <i>hm pain reliever childrens</i> | Preferred | QL 30 / 1 days |
| <i>hm pain reliever infants</i> | Preferred | QL 30 / 1 days |
| HORIZANT | Non-Preferred | |
| <i>infants pain & fever</i> | Preferred | QL 30 / 1 days |
| INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP) | Preferred | QL 30 / 30 days PA |
| INGREZZA 40 & 80 MG CAP THPK | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>kls acetaminophen ex st</i> | Preferred | |
| <i>kls rapid release pain</i> | Preferred | |
| <i>liquid acetaminophen</i> | Preferred | QL 30 / 1 days |
| <i>liquid pain relief</i> | Preferred | QL 30 / 1 days |
| <i>little remedies for fever</i> | Preferred | QL 30 / 1 days |
| m-pap | Preferred | QL 30 / 1 days |
| <i>max relief jr child pain/fever</i> | Preferred | QL 30 / 1 days |
| <i>medi-tabs extra strength</i> | Preferred | |
| <i>meijer aspirin free</i> | Preferred | |
| <i>midazolam hcl 2 mg/ml syrup</i> | Non-Preferred | |
| <i>mm acetaminophen ex str</i> | Preferred | |
| <i>non-aspirin</i> | Preferred | |
| <i>non-aspirin childrens</i> | Preferred | QL 30 / 1 days |
| <i>non-aspirin extra strength</i> | Preferred | |
| <i>non-aspirin pain relief</i> | Preferred | |
| <i>non-aspirin pain reliever</i> | Preferred | |
| <i>pain & fever childrens 160 mg/5ml suspension</i> | Preferred | QL 30 / 1 days |
| <i>pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>pain & fever kids</i> | Preferred | QL 30 / 1 days |
| <i>pain and fever relief kids</i> | Preferred | QL 30 / 1 days |
| <i>pain relief childrens 160 mg/5ml suspension</i> | Preferred | QL 30 / 1 days |
| <i>pain relief extra strength 500 mg tab</i> | Preferred | |
| <i>pain relief regular strength</i> | Preferred | |
| <i>pain reliever (pain reliever 325 mg tab, pain reliever 500 mg tab)</i> | Preferred | |
| <i>pain reliever extra strength 500 mg tab</i> | Preferred | |
| <i>pain reliever for adults</i> | Preferred | |
| <i>pain reliever/fever reducer</i> | Preferred | QL 5 / 1 days |
| <i>panadol childrens</i> | Preferred | QL 30 / 1 days |
| <i>panadol extra strength</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| <i>panadol infants</i> | Preferred | QL 30 / 1 days |
| <i>pediacare children</i> | Preferred | QL 30 / 1 days |
| <i>pediacare infant fever/pain</i> | Preferred | QL 30 / 1 days |
| <i>pediacare infants</i> | Preferred | QL 30 / 1 days |
| <i>pharbetol</i> | Preferred | |
| <i>pharbetol extra strength</i> | Preferred | |
| <i>px childrens pain relief</i> | Preferred | QL 30 / 1 days |
| <i>px pain relief extra strength</i> | Preferred | |
| <i>qc acetaminophen infants</i> | Preferred | QL 30 / 1 days |
| <i>qc non-aspirin childrens 160 mg/5ml suspension</i> | Preferred | QL 30 / 1 days |
| <i>qc non-aspirin extra strength</i> | Preferred | |
| <i>qc pain relief 325 mg tab</i> | Preferred | |
| <i>qc pain relief childrens</i> | Preferred | QL 30 / 1 days |
| <i>qc pain relief extra strength 500 mg tab</i> | Preferred | |
| <i>qc pain relief infants</i> | Preferred | QL 30 / 1 days |
| <i>ra acetaminophen</i> | Preferred | |
| <i>ra acetaminophen ex st</i> | Preferred | |
| <i>ra childrens fever/pain</i> | Preferred | QL 30 / 1 days |
| <i>ra fever reducer/pain reliever</i> | Preferred | QL 30 / 1 days |
| <i>ra pain relief acetaminophen</i> | Preferred | |
| <i>sb non-aspirin 325 mg tab</i> | Preferred | |
| <i>sb non-aspirin extra strength</i> | Preferred | |
| <i>sb pain reliever childrens</i> | Preferred | QL 30 / 1 days |
| <i>sb pain reliever ex st</i> | Preferred | |
| <i>sm pain & fever childrens</i> | Preferred | QL 30 / 1 days |
| <i>sm pain & fever infants</i> | Preferred | QL 30 / 1 days |
| <i>sm pain relief</i> | Preferred | |
| <i>sm pain relief extra strength</i> | Preferred | |
| <i>sm pain reliever</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--------------------------------|
| <i>sm pain reliever childrens</i> | Preferred | QL 30 / 1 days |
| <i>sm pain reliever ex st 500 mg tab</i> | Preferred | |
| <i>tactinal</i> | Preferred | |
| <i>tactinal extra strength</i> | Preferred | |
| <i>tetrabenazine</i> | Preferred | PA |
| <i>tgt acetaminophen childrens</i> | Preferred | QL 30 / 1 days |
| <i>tgt acetaminophen ex st</i> | Preferred | |
| <i>tgt childrens acetaminophen</i> | Preferred | QL 30 / 1 days |
| <i>vanatol lq</i> | Non-Preferred | QLC 270 mL/30 days |
| <i>vanatol s</i> | Non-Preferred | QLC 270 mL/30 days |
| VTOL LQ | Non-Preferred | QLC 270 mL/30 days |
| XENAZINE | Non-Preferred | |
| <i>zebutal</i> | Non-Preferred | QLC Max 18 tabs/caps per month |
| FIBROMYALGIA AGENTS | | |
| CYMBALTA | Non-Preferred | QL 60 / 30 days |
| DRIZALMA SPRINKLE | Non-Preferred | |
| <i>duloxetine hcl (duloxetine hcl 20 mg cp dr part, duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)</i> | Preferred | QL 60 / 30 days |
| <i>duloxetine hcl 40 mg cp dr part</i> | Non-Preferred | QL 30 / 30 days |
| LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP) | Non-Preferred | QL 60 / 30 days |
| LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP) | Non-Preferred | QL 90 / 30 days |
| LYRICA 20 MG/ML SOLUTION | Non-Preferred | QLC 30 mL/day |
| LYRICA CR (LYRICA CR 82.5 MG TAB ER 24H, LYRICA CR 165 MG TAB ER 24H) | Non-Preferred | QL 90 / 30 days |
| LYRICA CR 330 MG TAB ER 24H | Non-Preferred | QL 60 / 30 days |
| <i>pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)</i> | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)</i> | Preferred | QL 90 / 30 days |
| <i>pregabalin 20 mg/ml solution</i> | Preferred | QLC 30 mL/day |
| <i>pregabalin er</i> | Non-Preferred | |
| SAVELLA | Non-Preferred | |
| SAVELLA TITRATION PACK | Non-Preferred | |
| MULTIPLE SCLEROSIS AGENTS | | |
| AMPYRA | Non-Preferred | QL 60 / 30 days |
| AUBAGIO | Non-Preferred | |
| AVONEX PEN | Preferred | |
| AVONEX PREFILLED | Preferred | |
| BAFIERTAM | Non-Preferred | QL 120 / 30 days |
| BETASERON | Preferred | |
| BRIUMVI | Non-Preferred | |
| COPAXONE 20 MG/ML SOLN PRSYR | Non-Preferred | QL 30 / 30 days |
| COPAXONE 40 MG/ML SOLN PRSYR | Non-Preferred | QL 12 / 28 days |
| <i>dalfampridine er</i> | Preferred | QL 60 / 30 days PA |
| <i>dimethyl fumarate (dimethyl fumarate 120 mg cap dr, dimethyl fumarate 240 mg cap dr)</i> | Preferred | PA |
| <i>dimethyl fumarate starter pack</i> | Preferred | PA |
| EXTAVIA | Non-Preferred | |
| <i>fingolimod hcl</i> | Preferred | |
| GILENYA 0.25 MG CAP | Non-Preferred | |
| GILENYA 0.5 MG CAP | Non-Preferred | PA |
| <i>glatiramer acetate 20 mg/ml soln prsy</i> | Preferred | QL 30 / 30 days |
| <i>glatiramer acetate 40 mg/ml soln prsy</i> | Preferred | QL 12 / 28 days |
| <i>glatopa 20 mg/ml soln prsy</i> | Preferred | QL 30 / 30 days |
| <i>glatopa 40 mg/ml soln prsy</i> | Preferred | QL 12 / 28 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-------------------------|
| KESIMPTA | Preferred | PA |
| LEMTRADA | Non-Preferred | |
| MAVENCLAD (10 TABS) | Non-Preferred | |
| MAVENCLAD (4 TABS) | Non-Preferred | |
| MAVENCLAD (5 TABS) | Non-Preferred | |
| MAVENCLAD (6 TABS) | Non-Preferred | |
| MAVENCLAD (7 TABS) | Non-Preferred | |
| MAVENCLAD (8 TABS) | Non-Preferred | |
| MAVENCLAD (9 TABS) | Non-Preferred | |
| MAYZENT 0.25 MG TAB | Non-Preferred | QL 120 / 30 days |
| MAYZENT 1 MG TAB | Non-Preferred | |
| MAYZENT 2 MG TAB | Non-Preferred | QL 30 / 30 days |
| MAYZENT STARTER PACK 0.25 MG TAB THPK | Non-Preferred | |
| MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK | Non-Preferred | QLC 1 fill per lifetime |
| OCREVUS | Preferred | PA |
| PLEGRIDY | Non-Preferred | |
| PLEGRIDY STARTER PACK | Non-Preferred | |
| PONVORY | Non-Preferred | QL 30 / 30 days |
| PONVORY STARTER PACK | Non-Preferred | QL 14 / 14 days |
| REBIF | Preferred | |
| REBIF REBIDOSE | Preferred | |
| REBIF REBIDOSE TITRATION PACK | Preferred | |
| REBIF TITRATION PACK | Preferred | |
| TASCENSO ODT | Non-Preferred | |
| TECFIDERA | Non-Preferred | |
| <i>teriflunomide</i> | Preferred | QL 30 / 30 days PA |
| TYSABRI | Preferred | PA |
| VUMERITY | Non-Preferred | QL 120 / 30 days |
| ZEPOSIA | Non-Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| ZEPOSIA 7-DAY STARTER PACK | Non-Preferred | QLC 1 fill per lifetime |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK | Non-Preferred | QLC 1 fill per lifetime |
| ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK | Non-Preferred | |
| DENTAL AND ORAL AGENTS | | |
| <i>chlorhexidine gluconate 0.12 % solution</i> | Preferred | QL 30 / 1 days |
| <i>kourzeq</i> | Preferred | |
| <i>oralone</i> | Preferred | |
| <i>paroex</i> | Preferred | QL 30 / 1 days |
| <i>periogard</i> | Preferred | QL 30 / 1 days |
| <i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>triamcinolone acetonide 0.1 % paste</i> | Preferred | |
| DERMATOLOGICAL AGENTS | | |
| ACNE AND ROSACEA AGENTS | | |
| ABSORICA | Non-Preferred | PA |
| ABSORICA LD | Non-Preferred | |
| ACANYA | Non-Preferred | |
| <i>accutane</i> | Non-Preferred | PA |
| <i>acitretin</i> | Preferred | |
| ACNE MEDICATION 10 (ACNE MEDICATION 10 10 % GEL, ACNE MEDICATION 10 10 % LOTION) | Preferred | |
| <i>acne medication 2.5</i> | Preferred | |
| <i>acne medication 5 (acne medication 5 5 % gel, acne medication 5 5 % lotion)</i> | Preferred | |
| <i>adapalene 0.1 % cream</i> | Non-Preferred | QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>adapalene 0.1 % gel</i> | Preferred | QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| ADAPALENE 0.1 % SOLUTION | Non-Preferred | <div data-bbox="1133 113 1190 149">AL1</div> Up to 20 yrs old <div data-bbox="1133 163 1190 212">C</div> Age restriction, clinical PA required |
| <i>adapalene 0.3 % gel pump</i> | Non-Preferred | <div data-bbox="1133 239 1190 275">AL1</div> Up to 20 yrs old <div data-bbox="1133 289 1190 338">C</div> Age restriction, clinical PA required |
| <i>adapalene 0.3 % gel tube</i> | Preferred | <div data-bbox="1133 365 1190 401">AL1</div> Up to 20 yrs old <div data-bbox="1133 415 1190 464">C</div> Age restriction, clinical PA required |
| <i>adapalene treatment</i> | Preferred | <div data-bbox="1133 491 1190 527">QL</div> 45 / 30 days <div data-bbox="1133 541 1190 577">AL1</div> Up to 20 yrs old <div data-bbox="1133 592 1190 640">C</div> Age restriction, clinical PA required |
| <i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i> | Preferred | <div data-bbox="1133 667 1190 703">AL1</div> Up to 20 yrs old <div data-bbox="1133 718 1190 766">C</div> Age restriction, clinical PA required |
| <i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i> | Non-Preferred | <div data-bbox="1133 793 1190 829">AL1</div> Up to 20 yrs old <div data-bbox="1133 844 1190 892">C</div> Age restriction, clinical PA required |
| AKLIEF | Non-Preferred | <div data-bbox="1133 919 1190 955">AL1</div> Up to 20 yrs old <div data-bbox="1133 970 1190 1018">C</div> Age restriction, clinical PA required |
| ALTRENO | Non-Preferred | <div data-bbox="1133 1045 1190 1081">AL1</div> Up to 20 yrs old <div data-bbox="1133 1096 1190 1144">C</div> Age restriction, clinical PA required |
| <i>amnesteem</i> | Preferred | <div data-bbox="1133 1171 1190 1207">PA</div> |
| AMZEEQ | Non-Preferred | |
| ARAZLO | Non-Preferred | |
| ATRALIN | Non-Preferred | <div data-bbox="1133 1337 1190 1373">AL1</div> Up to 20 yrs old <div data-bbox="1133 1388 1190 1436">C</div> Age restriction, clinical PA required |
| <i>avita 0.025 % cream</i> | Preferred | <div data-bbox="1133 1463 1190 1499">QL</div> 45 / 30 days <div data-bbox="1133 1514 1190 1549">AL1</div> Up to 20 yrs old <div data-bbox="1133 1564 1190 1612">C</div> Age restriction, clinical PA required |
| <i>avita 0.025 % gel</i> | Non-Preferred | <div data-bbox="1133 1640 1190 1675">QL</div> 45 / 30 days <div data-bbox="1133 1690 1190 1726">AL1</div> Up to 20 yrs old <div data-bbox="1133 1740 1190 1789">C</div> Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| AZELEX | Non-Preferred | AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| BENZACLIN | Non-Preferred | |
| BENZACLIN WITH PUMP | Non-Preferred | |
| BENZAMYCIN | Non-Preferred | |
| <i>benzoyl peroxide (benzoyl peroxide 2.5 % gel, benzoyl peroxide 5 % gel, benzoyl peroxide 5.3 % foam, benzoyl peroxide 10 % gel)</i> | Preferred | |
| <i>benzoyl peroxide-erythromycin</i> | Preferred | |
| BPO | Non-Preferred | |
| CABTREO | Non-Preferred | |
| <i>claravis</i> | Preferred | PA |
| CLINDACIN ETZ 1 % KIT | Non-Preferred | |
| CLINDACIN PAC | Non-Preferred | |
| <i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)</i> | Non-Preferred | |
| <i>clindamycin phos-benzoyl perox 1-5 % gel pump</i> | Non-Preferred | |
| <i>clindamycin phos-benzoyl perox 1.2-5 % gel</i> | Preferred | |
| <i>clindamycin-tretinoin</i> | Non-Preferred | AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| CLINDAVIX | Non-Preferred | |
| <i>cvs adapalene</i> | Preferred | QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| DIFFERIN 0.1 % CREAM | Preferred | QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| DIFFERIN 0.1 % GEL | Preferred | QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| DIFFERIN 0.1 % LOTION | Non-Preferred | <div data-bbox="1133 117 1192 149">AL1</div> Up to 20 yrs old <div data-bbox="1133 163 1192 216">C</div> Age restriction, clinical PA required |
| DIFFERIN 0.3 % GEL | Non-Preferred | <div data-bbox="1133 243 1192 275">AL1</div> Up to 20 yrs old <div data-bbox="1133 289 1192 342">C</div> Age restriction, clinical PA required |
| EPIDUO | Non-Preferred | <div data-bbox="1133 369 1192 401">AL1</div> Up to 20 yrs old <div data-bbox="1133 415 1192 468">C</div> Age restriction, clinical PA required |
| EPIDUO FORTE | Non-Preferred | <div data-bbox="1133 495 1192 527">AL1</div> Up to 20 yrs old <div data-bbox="1133 541 1192 594">C</div> Age restriction, clinical PA required |
| FABIOR | Non-Preferred | <div data-bbox="1133 621 1192 653">AL1</div> Up to 20 yrs old <div data-bbox="1133 667 1192 720">C</div> Age restriction, clinical PA required |
| <i>isotretinoin (isotretinoin 10 mg cap, isotretinoin 20 mg cap, isotretinoin 30 mg cap, isotretinoin 40 mg cap)</i> | Preferred | <div data-bbox="1133 772 1192 804">PA</div> |
| <i>isotretinoin (isotretinoin 25 mg cap, isotretinoin 35 mg cap)</i> | Non-Preferred | <div data-bbox="1133 877 1192 909">PA</div> |
| KLARON | Non-Preferred | |
| <i>medpura benzoyl peroxide (medpura benzoyl peroxide 5 % gel, medpura benzoyl peroxide 10 % gel)</i> | Preferred | |
| <i>myorisan</i> | Preferred | <div data-bbox="1133 1129 1192 1161">PA</div> |
| NEUAC (NEUAC 1.2-5 % GEL, NEUAC 1.2-5 % KIT) | Non-Preferred | |
| ONEXTON | Non-Preferred | |
| RETIN-A | Preferred | <div data-bbox="1133 1327 1192 1358">QL</div> 45 / 30 days <div data-bbox="1133 1373 1192 1404">AL1</div> Up to 20 yrs old <div data-bbox="1133 1419 1192 1472">C</div> Age restriction, clinical PA required |
| RETIN-A MICRO | Non-Preferred | <div data-bbox="1133 1503 1192 1535">AL1</div> Up to 20 yrs old <div data-bbox="1133 1549 1192 1602">C</div> Age restriction, clinical PA required |
| RETIN-A MICRO PUMP | Non-Preferred | <div data-bbox="1133 1629 1192 1661">AL1</div> Up to 20 yrs old <div data-bbox="1133 1675 1192 1728">C</div> Age restriction, clinical PA required |
| <i>sulfacetamide sodium (acne)</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % gel)</i> | Non-Preferred | |
| <i>tazarotene 0.1 % cream</i> | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| TAZAROTENE 0.1 % FOAM | Non-Preferred | <ul style="list-style-type: none"> AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i> | Non-Preferred | <ul style="list-style-type: none"> QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>tretinoin 0.05 % gel</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel)</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>tretinoin microsphere 0.08 % gel</i> | Non-Preferred | |
| <i>tretinoin microsphere pump (tretinoin microsphere pump 0.04 % gel, tretinoin microsphere pump 0.1 % gel)</i> | Non-Preferred | <ul style="list-style-type: none"> AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>tretinoin microsphere pump 0.08 % gel</i> | Non-Preferred | |
| WINLEVI | Non-Preferred | |
| <i>zenatane</i> | Preferred | <ul style="list-style-type: none"> PA |
| ZIANA | Non-Preferred | <ul style="list-style-type: none"> AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| DERMATITIS AND PRURITUS AGENTS | | |
| ADBRY | Preferred | <ul style="list-style-type: none"> PA |
| <i>a12</i> | Preferred | |
| ALA SCALP | Non-Preferred | |
| <i>ala-cort 1 % cream</i> | Non-Preferred | <ul style="list-style-type: none"> QL 2 / 1 days |
| <i>alclometasone dipropionate 0.05 % cream</i> | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days |
| <i>alclometasone dipropionate 0.05 % ointment</i> | Non-Preferred | <ul style="list-style-type: none"> QL 60 / 24 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>amcinonide (amcinonide 0.1 % cream, amcinonide 0.1 % lotion, amcinonide 0.1 % ointment)</i> | Non-Preferred | |
| <i>amlactin daily</i> | Preferred | |
| <i>ammonium lactate (ammonium lactate 12 % cream, ammonium lactate 12 % lotion)</i> | Preferred | |
| <i>anti-itch 2-0.1 % cream</i> | Preferred | QL 30 / 7 days |
| <i>anti-itch extra strength</i> | Preferred | QL 30 / 7 days |
| <i>anti-itch maximum strength</i> | Preferred | QL 2 / 1 days |
| APEXICON E | Non-Preferred | |
| <i>aquanil hc</i> | Preferred | |
| <i>aquaphor itch relief children</i> | Non-Preferred | QL 30 / 7 days |
| <i>aquaphor itch relief max str</i> | Non-Preferred | QL 30 / 7 days |
| <i>banophen 2-0.1 % cream</i> | Preferred | QL 30 / 7 days |
| <i>baser 0.05 % lotion</i> | Non-Preferred | |
| <i>betamethasone dipropionate 0.05 % cream</i> | Preferred | QL 45 / 28 days |
| <i>betamethasone dipropionate 0.05 % lotion</i> | Preferred | |
| <i>betamethasone dipropionate 0.05 % ointment</i> | Non-Preferred | |
| <i>betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % lotion)</i> | Non-Preferred | |
| <i>betamethasone dipropionate aug 0.05 % cream</i> | Preferred | QL 30 / 30 days |
| <i>betamethasone dipropionate aug 0.05 % ointment</i> | Non-Preferred | QL 50 / 30 days |
| <i>betamethasone valerate 0.1 % cream</i> | Preferred | QL 45 / 24 days |
| <i>betamethasone valerate 0.1 % lotion</i> | Preferred | QL 60 / 27 days |
| <i>betamethasone valerate 0.1 % ointment</i> | Preferred | |
| <i>betamethasone valerate 0.12 % foam</i> | Non-Preferred | |
| BRYHALI | Non-Preferred | |
| CAPEX | Non-Preferred | |
| <i>clobetasol prop emollient base</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>clobetasol prop emollient base 0.05 % cream</i> | Non-Preferred | |
| <i>clobetasol propionate (clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % liquid, clobetasol propionate 0.05 % lotion, clobetasol propionate 0.05 % shampoo)</i> | Non-Preferred | |
| <i>clobetasol propionate 0.05 % cream</i> | Preferred | QL 60 / 27 days |
| <i>clobetasol propionate 0.05 % gel</i> | Non-Preferred | QL 60 / 24 days |
| <i>clobetasol propionate 0.05 % ointment</i> | Preferred | QL 60 / 30 day(s) |
| <i>clobetasol propionate 0.05 % solution</i> | Preferred | QL 50 / 30 days |
| <i>clobetasol propionate e</i> | Non-Preferred | |
| <i>clobetasol propionate emulsion</i> | Non-Preferred | |
| CLOBEX | Non-Preferred | |
| CLOBEX SPRAY | Non-Preferred | |
| <i>clocortolone pivalate</i> | Non-Preferred | |
| <i>clodan 0.05 % shampoo</i> | Preferred | |
| CLODERM | Non-Preferred | |
| CORDRAN 4 MCG/SQCM TAPE | Non-Preferred | |
| <i>cortizone-10 feminine itch</i> | Non-Preferred | QL 2 / 1 days |
| <i>cortizone-10 intensive moisture</i> | Non-Preferred | QL 2 / 1 days |
| CORTIZONE-10 MAXIMUM STRENGTH | Non-Preferred | |
| <i>cortizone-10 overnight itch</i> | Non-Preferred | QL 2 / 1 days |
| <i>cortizone-10 psoriasis</i> | Preferred | |
| <i>cortizone-10 sensitive skin</i> | Non-Preferred | QL 2 / 1 days |
| <i>cortizone-10 soothing aloe</i> | Non-Preferred | QL 2 / 1 days |
| <i>cortizone-10 ultra soothing</i> | Non-Preferred | QL 2 / 1 days |
| <i>cortizone-10 water resistant</i> | Non-Preferred | QL 30 / 7 days |
| CORTIZONE-10/ALOE 1 % LIQUID | Non-Preferred | |
| <i>curad hydrocortisone</i> | Preferred | QL 2 / 1 days |
| CUTIVATE | Non-Preferred | |
| <i>cvs cortisone maximum strength 1 % ointment</i> | Preferred | QL 30 / 7 days |
| <i>cvs hydrating skin treatment</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>cvs hydrocortisone anti-itch 0.5 % cream</i> | Preferred | QL 30 / 7 days |
| <i>cvs itch relief extra strength</i> | Preferred | QL 30 / 7 days |
| <i>cvs skin treatment</i> | Preferred | |
| DERMA-SMOOTH/FS BODY | Non-Preferred | |
| DERMA-SMOOTH/FS SCALP | Non-Preferred | |
| DESONATE | Non-Preferred | |
| <i>desonide 0.05 % cream</i> | Non-Preferred | QL 120 / 24 days |
| DESONIDE 0.05 % GEL | Non-Preferred | |
| <i>desonide 0.05 % lotion</i> | Non-Preferred | QL 118 / 24 days |
| <i>desonide 0.05 % ointment</i> | Non-Preferred | QL 60 / 27 days |
| DESOWEN | Non-Preferred | |
| <i>desoximetasone (desoximetasone 0.05 % cream, desoximetasone 0.05 % gel, desoximetasone 0.05 % ointment, desoximetasone 0.25 % cream, desoximetasone 0.25 % liquid, desoximetasone 0.25 % ointment)</i> | Non-Preferred | |
| <i>desrx</i> | Non-Preferred | |
| <i>diflorasone diacetate 0.05 % cream</i> | Non-Preferred | |
| <i>diflorasone diacetate 0.05 % ointment</i> | Non-Preferred | QL 60 / 27 days |
| <i>diphenhydramine-zinc acetate</i> | Preferred | QL 30 / 7 days |
| DIPROLENE | Non-Preferred | QL 50 / 30 days |
| ELIDEL | Preferred | |
| <i>eq hydrocortisone max st</i> | Preferred | QL 2 / 1 days |
| EUCRISA | Non-Preferred | PA |
| <i>fluocinolone acetonide (fluocinolone acetonide 0.01 % cream, fluocinolone acetonide 0.01 % solution, fluocinolone acetonide 0.025 % cream)</i> | Non-Preferred | |
| <i>fluocinolone acetonide 0.025 % ointment</i> | Non-Preferred | QL 60 / 30 days |
| <i>fluocinolone acetonide body</i> | Preferred | |
| <i>fluocinolone acetonide scalp</i> | Preferred | |
| <i>fluocinonide (fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution)</i> | Preferred | QL 60 / 24 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>fluocinonide 0.05 % cream</i> | Preferred | QL 120 / 24 days |
| <i>fluocinonide 0.1 % cream</i> | Preferred | |
| <i>fluocinonide emulsified base</i> | Non-Preferred | QL 60 / 24 days |
| <i>flurandrenolide (flurandrenolide 0.05 % cream, flurandrenolide 0.05 % lotion, flurandrenolide 0.05 % ointment)</i> | Non-Preferred | |
| <i>fluticasone propionate (fluticasone propionate 0.005 % ointment, fluticasone propionate 0.05 % cream)</i> | Preferred | |
| FLUTICASONE PROPIONATE 0.05 % LOTION | Non-Preferred | |
| <i>gnp anti-itch 2-0.1 % cream</i> | Preferred | QL 30 / 7 days |
| <i>gnp hydrocortisone</i> | Preferred | QL 30 / 7 days |
| <i>gnp hydrocortisone max st</i> | Preferred | QL 30 / 7 days |
| <i>gnp hydrocortisone plus</i> | Preferred | QL 2 / 1 days |
| <i>gnp hydrocortisone/aloe</i> | Preferred | QL 2 / 1 days |
| <i>halcinonide</i> | Non-Preferred | |
| <i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i> | Non-Preferred | QL 50 / 30 days |
| <i>halobetasol propionate 0.05 % foam</i> | Non-Preferred | |
| HALOG (HALOG 0.1 % CREAM, HALOG 0.1 % OINTMENT, HALOG 0.1 % SOLUTION) | Non-Preferred | |
| <i>hm hydrocortisone plus</i> | Preferred | QL 2 / 1 days |
| <i>hm hydrocortisone-aloe max st</i> | Preferred | QL 2 / 1 days |
| HYDROCORT LOTION COMPLETE KIT | Non-Preferred | |
| <i>hydrocortisone (hydrocortisone 0.5 % cream, hydrocortisone 1 % ointment)</i> | Preferred | QL 30 / 7 days |
| <i>hydrocortisone (hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment)</i> | Preferred | |
| <i>hydrocortisone (perianal) 1 % cream</i> | Preferred | QL 2 / 1 day(s) |
| <i>hydrocortisone (perianal) 2.5 % cream</i> | Preferred | |
| <i>hydrocortisone 1 % cream</i> | Preferred | QL 2 / 1 days |
| <i>hydrocortisone 2.5 % lotion</i> | Preferred | QL 118 / 24 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| HYDROCORTISONE ACETATE (HYDROCORTISONE ACETATE 1 % CREAM, HYDROCORTISONE ACETATE 1 % OINTMENT) | Preferred | |
| <i>hydrocortisone anti-itch</i> | Preferred | QL 2 / 1 days |
| HYDROCORTISONE BUTYR LIPO BASE | Non-Preferred | |
| <i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % cream, hydrocortisone butyrate 0.1 % lotion, hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % solution)</i> | Non-Preferred | |
| <i>hydrocortisone max st 1 % cream</i> | Preferred | QL 2 / 1 days |
| <i>hydrocortisone max st 1 % ointment</i> | Preferred | QL 30 / 7 days |
| <i>hydrocortisone max st/12 moist</i> | Preferred | QL 2 / 1 days |
| <i>hydrocortisone valerate</i> | Non-Preferred | QL 60 / 24 days |
| <i>hydrocortisone/aloe max str</i> | Preferred | QL 2 / 1 days |
| HYDROXYM 2 % GEL | Non-Preferred | |
| IMPEKLO | Non-Preferred | |
| IMPOYZ | Non-Preferred | |
| <i>itch relief extra strength 2-0.1 % cream</i> | Preferred | QL 30 / 7 days |
| KENALOG 0.147 MG/GM AERO SOLN | Non-Preferred | |
| <i>kp hydrocortisone-aloe</i> | Preferred | QL 30 / 7 days |
| LEXETTE | Non-Preferred | |
| LOCOID (LOCOID 0.1 % CREAM, LOCOID 0.1 % LOTION, LOCOID 0.1 % SOLUTION) | Non-Preferred | |
| LOCOID LIPOCREAM | Non-Preferred | |
| LUXIQ | Non-Preferred | |
| <i>medpura hydrocortisone</i> | Preferred | QL 2 / 1 days |
| <i>mometasone furoate 0.1 % cream</i> | Preferred | QL 45 / 30 days |
| <i>mometasone furoate 0.1 % ointment</i> | Preferred | QL 45 / 19 days |
| <i>mometasone furoate 0.1 % solution</i> | Preferred | QL 60 / 30 days |
| OLUX | Non-Preferred | |
| OLUX-E | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| PANDEL | Non-Preferred | |
| <i>pimecrolimus</i> | Non-Preferred | |
| <i>pimecrolimus 1 % cream (oceanside [68682] labeler only)</i> | Non-Preferred | |
| <i>prednicarbate</i> | Non-Preferred | |
| <i>procto-med hc</i> | Preferred | |
| <i>proctocort 1 % cream</i> | Preferred | QL 2 / 1 day(s) |
| <i>proctosol hc</i> | Preferred | |
| <i>proctozone-hc</i> | Preferred | |
| PROTOPIC | Preferred | |
| PSORCON | Non-Preferred | |
| <i>qc anti-itch aloe</i> | Preferred | QL 2 / 1 days |
| <i>qc anti-itch extra strength</i> | Preferred | QL 30 / 7 days |
| <i>qc anti-itch intensive healing</i> | Preferred | QL 2 / 1 days |
| <i>ra allergy 2-0.1 % cream</i> | Preferred | QL 30 / 7 days |
| <i>ra anti-itch skin protectant</i> | Preferred | QL 30 / 7 days |
| <i>scalpicin maximum strength</i> | Preferred | |
| <i>selenium sulfide 2.5 % lotion</i> | Preferred | |
| SERNIVO | Non-Preferred | |
| <i>sm anti-itch extra strength</i> | Preferred | QL 30 / 7 days |
| <i>sm hydrocortisone 1 % cream</i> | Preferred | QL 2 / 1 days |
| <i>sm hydrocortisone max st</i> | Preferred | QL 30 / 7 days |
| <i>sm hydrocortisone plus</i> | Preferred | QL 2 / 1 days |
| SYNALAR (SYNALAR 0.01 % SOLUTION, SYNALAR 0.025 % CREAM) | Non-Preferred | |
| SYNALAR 0.025 % OINTMENT | Non-Preferred | QL 60 / 30 days |
| <i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i> | Preferred | |
| TEMOVATE 0.05 % CREAM | Non-Preferred | |
| TEMOVATE 0.05 % OINTMENT | Non-Preferred | QL 60 / 30 day(s) |
| TEXACORT | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>tgt itch relief extra strength</i> | Preferred | QL 30 / 7 days |
| TOPICORT | Non-Preferred | |
| TOPICORT SPRAY | Non-Preferred | |
| <i>tovet (tovet 0.05 % foam, tovet 0.05 % kit)</i> | Non-Preferred | |
| <i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)</i> | Preferred | QL 456 / 24 days |
| <i>triamcinolone acetonide (triamcinolone acetonide 0.05 % ointment, triamcinolone acetonide 0.1 % lotion)</i> | Preferred | |
| <i>triamcinolone acetonide 0.025 % lotion</i> | Preferred | QL 120 / 24 days |
| <i>triamcinolone acetonide 0.147 mg/gm aerosol</i> | Non-Preferred | |
| <i>triamcinolone acetonide 0.5 % cream</i> | Preferred | QL 60 / 27 days |
| <i>triamcinolone acetonide 0.5 % ointment</i> | Preferred | QL 30 / 24 days |
| <i>triamcinolone in absorbase</i> | Preferred | |
| <i>trianex</i> | Non-Preferred | |
| <i>triderm 0.1 % cream</i> | Non-Preferred | QL 456 / 24 days |
| <i>triderm 0.5 % cream</i> | Non-Preferred | QL 60 / 27 days |
| <i>tritocin</i> | Non-Preferred | |
| ULTRAVATE | Non-Preferred | |
| VANOS | Non-Preferred | |
| VTAMA | Non-Preferred | |
| <i>wal-dryl</i> | Preferred | QL 30 / 7 days |
| CLOBETEX | Non-Preferred | |
| DERMATOLOGICAL AGENTS, OTHER | | |
| a&d | Preferred | |
| a+d prevent | Preferred | |
| <i>alcohol wipes</i> | Preferred | |
| ALCORTIN A | Non-Preferred | |
| ALDARA | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>arthritis pain relieving</i> | Preferred | |
| <i>avar cleanser</i> | Non-Preferred | |
| <i>avar-e emollient</i> | Non-Preferred | |
| <i>avar-e green</i> | Non-Preferred | |
| <i>avedana hemorrhoid pain relief 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>baby vitamin a & d</i> | Preferred | |
| <i>beauty lotion</i> | Preferred | |
| BENSAL HP | Non-Preferred | |
| BENZEPRO 5.8 % MISC | Non-Preferred | |
| <i>benzoyl peroxide 10 % liquid</i> | Preferred | |
| BENZOYL PEROXIDE CLEANSER | Preferred | |
| <i>benzoyl peroxide wash</i> | Preferred | |
| BESER 0.05 % KIT | Non-Preferred | |
| BOTOX COSMETIC | Preferred | |
| <i>bp 10-1</i> | Non-Preferred | |
| BP CLEANSING WASH | Non-Preferred | |
| <i>bpo foaming cloths</i> | Non-Preferred | |
| <i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i> | Preferred | QL 60 / 30 days |
| CALCIPOTRIENE 0.005 % FOAM | Non-Preferred | |
| <i>calcipotriene 0.005 % solution</i> | Preferred | |
| <i>calcipotriene-betameth diprop</i> | Non-Preferred | |
| <i>calcitrene</i> | Non-Preferred | QL 60 / 30 days |
| CALCITRIOL 3 MCG/GM OINTMENT | Non-Preferred | |
| CALSODORE (CALSODORE 0.005 % KIT, CALSODORE 0.005-5 % THER PACK) | Non-Preferred | |
| <i>capsaicin (capsaicin 0.075 % cream, capsaicin 0.1 % cream)</i> | Preferred | |
| <i>capsaicin 0.025 % cream</i> | Preferred | QL 60 / 20 days |
| <i>capsaicin hp</i> | Preferred | |
| <i>capsaicin pain relief</i> | Preferred | |
| CAPZASIN-HP | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>capzix</i> | Non-Preferred | |
| <i>cerave acne foaming cream</i> | Non-Preferred | |
| <i>cerovel</i> | Preferred | QL 240 / 24 days |
| CIBINQO | Non-Preferred | |
| CLENIA PLUS | Non-Preferred | |
| CLODAN 0.05 % KIT | Non-Preferred | |
| <i>clotrimazole-betamethasone 1-0.05 % cream</i> | Preferred | QL 45 / 28 days |
| <i>clotrimazole-betamethasone 1-0.05 % lotion</i> | Non-Preferred | |
| <i>complete moisture</i> | Preferred | |
| <i>corti-sav</i> | Non-Preferred | |
| <i>curad vitamin a & d</i> | Preferred | |
| <i>cvs capsaicin hp</i> | Preferred | |
| <i>cvs dry skin therapy lotion</i> | Preferred | |
| <i>cvs extra moisturizing</i> | Preferred | |
| <i>cvs gentle skin cleanser</i> | Preferred | |
| <i>cvs hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>cvs intense dry skin therapy</i> | Preferred | |
| <i>cvs isopropyl alcohol wipes</i> | Preferred | |
| <i>cvs moisturizing lotion</i> | Preferred | |
| <i>cvs muscle rub 4-10-30 % cream</i> | Preferred | |
| <i>cvs muscle rub ultra strength</i> | Preferred | |
| <i>cvs special care</i> | Preferred | |
| <i>cvs vitamin a&d</i> | Preferred | |
| <i>cvs wart remover pen</i> | Preferred | |
| <i>dermacinrx penetral</i> | Non-Preferred | QL 60 / 20 days |
| <i>dermadaily</i> | Preferred | |
| <i>dermavantage</i> | Preferred | |
| <i>dermazene</i> | Non-Preferred | |
| <i>dml</i> | Preferred | |
| DOVONEX | Non-Preferred | QL 2 / 1 days |
| DRYSOL | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| DUOBRII | Non-Preferred | |
| ENSTILAR | Non-Preferred | |
| <i>eq pain relieving 4-10-30 % cream</i> | Preferred | |
| <i>eq vitamins a & d</i> | Preferred | |
| <i>eq absolute moisture dry skin</i> | Preferred | |
| <i>eq advanced recovery</i> | Preferred | |
| <i>eq advanced skin therapy</i> | Preferred | |
| <i>eq aloe after sun</i> | Preferred | |
| <i>eq hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream, fluorouracil 5 % solution)</i> | Preferred | |
| <i>geri-hydrofac 12</i> | Preferred | |
| <i>gnp hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>gnp muscle rub ultra strength</i> | Preferred | |
| <i>gnp vitamin a & d</i> | Preferred | |
| <i>goodsense hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>goodsense muscle rub 4-10-30 % cream</i> | Preferred | |
| <i>gordomatic lotion</i> | Preferred | |
| <i>hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>hm hemorrhoidal</i> | Preferred | QL 114 / 30 days |
| <i>hydrocortisone-iodoquinol</i> | Non-Preferred | |
| <i>imiquimod 3.75 % cream</i> | Non-Preferred | |
| <i>imiquimod 5 % cream</i> | Preferred | QL 48 / 365 days |
| <i>imiquimod pump</i> | Non-Preferred | |
| <i>iodoquinol-hc-aloe polysacch</i> | Non-Preferred | |
| <i>isopropyl alcohol 70 % misc</i> | Preferred | |
| <i>isopropyl alcohol wipes</i> | Preferred | |
| LITFULO | Non-Preferred | |
| <i>lubricating lotion</i> | Preferred | |
| <i>lubrisilk</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>lubriskin</i> | Preferred | |
| <i>major-prep hemorrhoidal</i> | Preferred | QL 114 / 30 days |
| <i>medpura alcohol pads</i> | Preferred | |
| <i>medpura benzoyl peroxide (medpura benzoyl peroxide 5 % liquid, medpura benzoyl peroxide 10 % liquid)</i> | Preferred | |
| <i>medpura vitamin a & d</i> | Preferred | |
| MINERAL OIL-HYDROPHIL PETROLAT | Preferred | |
| <i>minerin</i> | Preferred | |
| <i>moisture</i> | Preferred | |
| <i>moisture recovery</i> | Preferred | |
| <i>moisturizing lotion</i> | Preferred | |
| <i>moisturizing sensitive skin</i> | Preferred | |
| <i>muscle rub ultra strength</i> | Preferred | |
| NEO-SYNALAR (NEO-SYNALAR 0.5-0.025 % CREAM, NEO-SYNALAR 0.5-0.025 % KIT) | Non-Preferred | |
| <i>nystatin-triamcinolone</i> | Preferred | |
| OPZELURA | Non-Preferred | |
| OTEZLA 10 & 20 & 30 MG TAB THPK | Preferred | PA |
| OTEZLA 30 MG TAB | Preferred | QL 60 / 30 days PA |
| <i>pain relieving ultra st 4-10-30 % cream</i> | Preferred | |
| <i>panoxyl creamy wash</i> | Preferred | |
| <i>panoxyl foaming wash</i> | Preferred | |
| PLEXION 9.8-4.8 % CREAM | Non-Preferred | |
| PLEXION CLEANSER | Non-Preferred | |
| PLEXION CLEANSING CLOTH | Non-Preferred | |
| <i>podofilox 0.5 % solution</i> | Preferred | |
| PROCTOFOAM HC | Preferred | |
| <i>qc alcohol</i> | Preferred | |
| <i>qc hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>qc pain relieving</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| QUTENZA | Non-Preferred | |
| QUTENZA (2 PATCH) | Non-Preferred | |
| QUTENZA (4 PATCH) | Non-Preferred | |
| <i>ra gentle skin</i> | Preferred | |
| <i>ra isopropyl alcohol wipes</i> | Preferred | |
| <i>ra wart remover 17 % gel</i> | Preferred | |
| <i>refreshing aloe</i> | Preferred | |
| <i>sal-plant</i> | Preferred | |
| SALICYLIC ACID 3 % OINTMENT | Non-Preferred | |
| <i>silver sulfadiazine 1 % cream</i> | Preferred | |
| <i>sm dry skin therapy</i> | Preferred | |
| <i>sm hemorrhoidal 0.25-14-74.9 % ointment</i> | Preferred | QL 114 / 30 days |
| <i>sodium sulfacetamide wash</i> | Non-Preferred | |
| SORILUX | Non-Preferred | |
| <i>ssd</i> | Preferred | |
| <i>sss 10-5 10-5 % cream</i> | Preferred | |
| SSS 10-5 10-5 % FOAM | Non-Preferred | |
| <i>sulfacetamide sod-sulfur wash 9-4 % liquid</i> | Non-Preferred | |
| <i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i> | Preferred | |
| <i>sulfacetamide sodium (cleans)</i> | Non-Preferred | |
| <i>sulfacetamide sodium (sulfacetamide sodium 10 % (cleans) gel, sulfacetamide sodium 10 % liquid)</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION, SULFACETAMIDE SODIUM- SULFUR 9-4 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID, SULFACETAMIDE SODIUM- SULFUR 9.8-4.8 % LOTION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID, SULFACETAMIDE SODIUM- SULFUR 10-4 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION) | Non-Preferred | |
| <i>sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 9-4.5 % liquid, sulfacetamide sodium-sulfur 10-5 % liquid)</i> | Preferred | |
| SULFACETAMIDE-SULFUR IN UREA | Preferred | |
| SUMADAN | Non-Preferred | |
| SUMADAN WASH | Non-Preferred | |
| SUMADAN XLT | Non-Preferred | |
| SUMAXIN | Non-Preferred | |
| SUMAXIN CP | Non-Preferred | |
| SUMAXIN WASH | Non-Preferred | |
| SYNALAR (CREAM) | Non-Preferred | |
| SYNALAR (OINTMENT) | Non-Preferred | |
| SYNALAR TS | Non-Preferred | |
| TACLONEX | Preferred | |
| <i>thera-derm</i> | Preferred | |
| TRILOCICLO | Non-Preferred | |
| TWYNEO | Non-Preferred | <ul style="list-style-type: none"> QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required |
| <i>urea 40 % lotion</i> | Preferred | QL 240 / 24 days |
| <i>urea-c40</i> | Preferred | QL 240 / 24 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| VECTICAL | Non-Preferred | |
| <i>vitamin a & d ointment</i> | Preferred | |
| <i>vitamin a & d skin protectant</i> | Preferred | |
| <i>vitamin a&d</i> | Preferred | |
| <i>vitamins a & d ointment</i> | Preferred | |
| <i>wart remover</i> | Preferred | |
| <i>wart remover maximum strength 17 % gel</i> | Preferred | |
| WYNZORA | Non-Preferred | |
| XERESE | Non-Preferred | |
| ZORYVE (ZORYVE 0.3 % CREAM, ZORYVE 0.3 % FOAM) | Non-Preferred | |
| <i>zostrix hp</i> | Preferred | |
| ZYCLARA | Non-Preferred | |
| ZYCLARA PUMP | Non-Preferred | |
| PEDICULICIDES/SCABICIDES | | |
| <i>crotan</i> | Non-Preferred | |
| <i>cvs ivermectin lice treatment</i> | Non-Preferred | |
| <i>cvs lice solution 3-step</i> | Preferred | |
| ELIMITE | Non-Preferred | |
| <i>gnp lice treatment (gnp lice treatment 0.33-4 % shampoo, gnp lice treatment 1 % liquid)</i> | Preferred | |
| <i>goodsense lice killing</i> | Preferred | |
| <i>hm lice killing max st</i> | Preferred | |
| <i>hm lice treatment</i> | Preferred | |
| <i>ivermectin 0.5 % lotion</i> | Non-Preferred | |
| <i>lice killing</i> | Preferred | |
| <i>lice killing maximum strength</i> | Preferred | |
| <i>lice treatment</i> | Preferred | |
| <i>lice treatment creme rinse</i> | Preferred | |
| <i>lindane</i> | Non-Preferred | |
| <i>malathion</i> | Non-Preferred | Q1 118 / 30 days |
| NATROBA | Preferred | Q1 240 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| OVIDE | Non-Preferred | |
| <i>permethrin 5 % cream</i> | Preferred | |
| SKLICE | Non-Preferred | QL 234 / 30 days |
| <i>sm lice killing max strength</i> | Preferred | |
| <i>sm lice solution kit</i> | Preferred | |
| <i>sm lice solution kit 3-step</i> | Preferred | |
| <i>sm lice treatment</i> | Preferred | |
| <i>spinosad</i> | Non-Preferred | QL 240 / 30 days |
| VANALICE | Non-Preferred | |
| TOPICAL ANTI-INFECTIVES | | |
| <i>acyclovir 5 % cream</i> | Non-Preferred | |
| <i>acyclovir 5 % ointment</i> | Preferred | |
| ACZONE | Non-Preferred | |
| <i>benzefoam</i> | Non-Preferred | |
| BENZEPRO 5.2 % FOAM | Non-Preferred | |
| BENZOYL PEROXIDE 9.5 % PAD | Non-Preferred | |
| CENTANY | Non-Preferred | |
| CENTANY AT | Non-Preferred | |
| <i>ciclodan</i> | Non-Preferred | QL 6.6 / 30 days |
| <i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i> | Non-Preferred | |
| <i>ciclopirox 8 % solution</i> | Preferred | QL 6.6 / 30 days |
| <i>ciclopirox olamine 0.77 % cream</i> | Preferred | |
| <i>ciclopirox olamine 0.77 % suspension</i> | Non-Preferred | |
| CICLOPIROX TREATMENT | Non-Preferred | |
| CLEOCIN-T 1 % GEL | Non-Preferred | QL 120 / 30 days |
| CLEOCIN-T 1 % LOTION | Non-Preferred | |
| <i>clindacin</i> | Non-Preferred | |
| <i>clindacin etz 1 % swab</i> | Non-Preferred | |
| <i>clindacin-p</i> | Non-Preferred | |
| CLINDAGEL | Non-Preferred | QL 120 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>clindamycin phosphate (clindamycin phosphate 1 % gel, clindamycin phosphate 1 % solution)</i> | Preferred | QL 120 / 30 days |
| <i>clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % swab)</i> | Preferred | |
| <i>clindamycin phosphate 1 % foam</i> | Non-Preferred | |
| <i>cvs antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>cvs antibiotic plus</i> | Non-Preferred | |
| <i>cvs antibiotic/pain relief</i> | Non-Preferred | |
| <i>dapsone (dapsone 5 % gel, dapsone 7.5 % gel)</i> | Non-Preferred | |
| DENAVIR | Non-Preferred | |
| <i>double antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>eq antibiotic + pain relief</i> | Non-Preferred | |
| <i>ery</i> | Preferred | |
| ERYGEL | Non-Preferred | |
| <i>erythromycin 2 % gel</i> | Non-Preferred | |
| <i>erythromycin 2 % solution</i> | Preferred | |
| EVOCLIN | Non-Preferred | |
| <i>gnp antibiotic/pain relief</i> | Non-Preferred | |
| <i>gnp triple antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>gnp triple antibiotic plus</i> | Preferred | QL 30 / 10 days |
| <i>goodsense antibiotic/pain</i> | Non-Preferred | |
| <i>goodsense first aid antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>hm double antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>hm triple antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>hm triple antibiotic max st</i> | Preferred | QL 30 / 10 days |
| <i>lintera wash</i> | Non-Preferred | |
| LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO) | Non-Preferred | |
| <i>multi antibiotic plus</i> | Non-Preferred | |
| <i>mupirocin 2 % ointment</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>mupirocin calcium</i> | Non-Preferred | |
| NEOSPORIN ORIGINAL 3.5-400-5000 OINTMENT | Non-Preferred | |
| NEOSPORIN PLUS PAIN RELIEF MS | Non-Preferred | |
| <i>penciclovir</i> | Non-Preferred | |
| <i>poly bacitracin</i> | Preferred | QL 30 / 10 days |
| POLYSPORIN | Non-Preferred | |
| <i>qc triple antibiotic max st</i> | Preferred | QL 30 / 10 days |
| <i>ra antibiotic plus</i> | Non-Preferred | |
| RIAX 9.5 % PAD | Non-Preferred | |
| <i>sm antibiotic plus pain relief</i> | Non-Preferred | |
| <i>sm double antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>sm triple antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>sm triple antibiotic max st</i> | Preferred | QL 30 / 10 days |
| <i>sm triple antibiotic original</i> | Preferred | QL 30 / 10 days |
| <i>triple antibiotic</i> | Preferred | QL 30 / 10 days |
| <i>triple antibiotic first aid</i> | Preferred | QL 30 / 10 days |
| <i>triple antibiotic pain relief</i> | Preferred | QL 30 / 10 days |
| <i>triple antibiotic plus</i> | Preferred | QL 30 / 10 days |
| <i>triple antibiotic+pain relief</i> | Preferred | QL 30 / 10 days |
| XEPI | Non-Preferred | |
| ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT) | Non-Preferred | |
| ELECTROLYTES/MINERALS/METALS/VITAMINS | | |
| ELECTROLYTE/MINERAL REPLACEMENT | | |
| ACTIVE FE | Non-Preferred | |
| <i>advantage care electrolyte ped</i> | Preferred | QL 1014 / 1 days |
| AZESCHEW PRENATAL/POSTNATAL | Non-Preferred | |
| BENTIVITE | Non-Preferred | |
| <i>bprotected pedia iron</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|---------------|-----------------------|
| C-NATE DHA | Non-Preferred | |
| CENTRATEX | Non-Preferred | |
| CENTRUM ADULT 50+ MULTIGUMMIES | Preferred | QL 60 / 30 days |
| CENTRUM MULTIGUMMIES | Preferred | QL 60 / 30 days |
| <i>ceralyte 70 solution</i> | Preferred | QL 1014 / 1 days |
| <i>certavite/antioxidants</i> | Preferred | QL 30 / 30 days |
| <i>chromagen</i> | Non-Preferred | |
| CITRANATAL 90 DHA | Non-Preferred | |
| CITRANATAL ASSURE | Non-Preferred | |
| CITRANATAL B-CALM | Non-Preferred | |
| CITRANATAL BLOOM | Non-Preferred | |
| CITRANATAL DHA | Non-Preferred | |
| CITRANATAL HARMONY | Non-Preferred | |
| CITRANATAL RX | Non-Preferred | |
| COMPLETE NATAL DHA | Preferred | |
| COMPLETENATE | Non-Preferred | |
| CONCEPT DHA | Non-Preferred | |
| CONCEPT OB | Non-Preferred | |
| <i>corvita 150</i> | Non-Preferred | |
| CORVITE 150 TAB | Non-Preferred | |
| CORVITE FE | Non-Preferred | |
| <i>cvs electrolyte solution</i> | Preferred | QL 1014 / 1 days |
| <i>cvs iron 240 (27 fe) mg tab</i> | Preferred | QL 30 / 30 days |
| <i>cvs iron 325 (65 fe) mg tab</i> | Preferred | |
| <i>cvs ped electrolyte freeze pop</i> | Preferred | QL 1014 / 1 days |
| <i>cvs pediatric electrolyte</i> | Preferred | QL 1014 / 1 days |
| <i>cvs slow release iron</i> | Preferred | |
| DERMACINRX PRETRATE | Non-Preferred | |
| <i>effer-k 25 meq effer tab</i> | Preferred | QL 4 / 1 days |
| <i>elite-ob</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>eql iron supplement therapy</i> | Preferred | |
| <i>fe c tab</i> | Non-Preferred | |
| <i>fe tabs</i> | Preferred | |
| <i>fe-vite iron</i> | Preferred | |
| FEOSOL BIFERA | Non-Preferred | |
| FERAHEME | Non-Preferred | |
| <i>ferate</i> | Preferred | QL 30 / 30 days |
| <i>fergon</i> | Preferred | QL 30 / 30 days |
| FERIVA 21/7 | Non-Preferred | |
| FERIVAFA | Non-Preferred | |
| <i>ferocon</i> | Non-Preferred | |
| <i>ferosul</i> | Preferred | |
| FERRALET 90 | Non-Preferred | |
| FERRAPLUS 90 | Non-Preferred | |
| <i>ferrex 150 forte</i> | Preferred | |
| FERRLECIT | Preferred | |
| FERRO-SEQUELS | Non-Preferred | |
| <i>ferrocite plus</i> | Non-Preferred | |
| <i>ferrotabs</i> | Preferred | QL 30 / 30 days |
| <i>ferrous gluconate 240 (27 fe) mg tab</i> | Preferred | QL 30 / 30 days |
| FERROUS GLUCONATE 324 (38 FE) MG TAB | Preferred | QL 90 / 30 days |
| <i>ferrous sulfate (ferrous sulfate 220 (44 fe) mg/5ml solution, ferrous sulfate 300 mg/6.8ml solution)</i> | Preferred | QL 15 / 1 day(s) |
| <i>ferrous sulfate (ferrous sulfate 75 (15 fe) mg/ml solution, ferrous sulfate 300 (60 fe) mg/5ml solution, ferrous sulfate 324 mg tab dr, ferrous sulfate 325 (65 fe) mg tab, ferrous sulfate 325 (65 fe) mg tab dr)</i> | Preferred | |
| <i>ferumoxytol</i> | Non-Preferred | |
| FOLITAB 500 | Non-Preferred | |
| FOLIVANE-F | Preferred | |
| FOLIVANE-OB | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|------------------------------------|---------------|-----------------------|
| FOLIVANE-PLUS | Non-Preferred | |
| FUSION | Non-Preferred | |
| FUSION PLUS | Non-Preferred | |
| FUSION SPRINKLES | Non-Preferred | |
| <i>gnp electrolyte solution</i> | Preferred | QL 1014 / 1 days |
| <i>gnp healthy eyes</i> | Preferred | QL 30 / 30 days |
| <i>gnp iron 200 (65 fe) mg tab</i> | Preferred | |
| <i>gnp mega multi for men</i> | Preferred | QL 30 / 30 days |
| <i>gnp one daily mens/lycopene</i> | Preferred | QL 30 / 30 days |
| <i>gnp pediatric electrolyte</i> | Preferred | QL 1014 / 1 days |
| <i>goodsense iron</i> | Preferred | |
| h-e-b oral electrolyte | Preferred | QL 1014 / 1 days |
| <i>hematinic plus vit/minerals</i> | Preferred | |
| HEMATINIC/FOLIC ACID | Non-Preferred | |
| <i>hematogen</i> | Non-Preferred | |
| HEMATOGEN FA | Non-Preferred | |
| <i>hematogen forte</i> | Non-Preferred | |
| HEMAX EZY-DOSE | Non-Preferred | |
| HEMETAB | Non-Preferred | |
| HEMOCYTE PLUS | Non-Preferred | |
| <i>hemocyte-f</i> | Preferred | |
| <i>hm iron</i> | Preferred | |
| <i>hm pediatric electrolyte</i> | Preferred | QL 1014 / 1 days |
| i-vite protect | Preferred | QL 30 / 30 days |
| ICAR-C | Non-Preferred | |
| <i>iferex 150 forte</i> | Preferred | |
| INFED | Preferred | |
| INJECTAFER | Non-Preferred | |
| INTEGRA | Preferred | |
| INTEGRA F | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| INTEGRA PLUS | Non-Preferred | |
| <i>iron (ferrous sulfate) (iron (ferrous sulfate) 75 (15 fe) mg/ml solution, iron (ferrous sulfate) 325 (65 fe) mg tab)</i> | Preferred | |
| <i>iron 100/c</i> | Non-Preferred | |
| <i>iron 240 (27 fe) mg tab</i> | Preferred | QL 30 / 30 days |
| <i>iron 27</i> | Preferred | QL 30 / 30 days |
| <i>iron 325 (65 fe) mg tab</i> | Preferred | |
| IRON FOLATE PLUS | Non-Preferred | |
| IRON FOLATE-F | Preferred | |
| <i>iron high-potency 325 mg tab</i> | Preferred | |
| <i>iron infant & toddler</i> | Preferred | |
| <i>iron infant/toddler</i> | Preferred | |
| <i>iron supplement 15 mg/ml solution</i> | Preferred | |
| <i>iron supplement 220 (44 fe) mg/5ml solution</i> | Preferred | QL 15 / 1 day(s) |
| <i>iron supplement childrens</i> | Preferred | |
| <i>iron-vitamin c</i> | Non-Preferred | |
| IROSPAN 24/6 | Non-Preferred | |
| k-prime | Preferred | QL 4 / 1 days |
| <i>klor-con</i> | Preferred | QL 150 / 30 days |
| <i>klor-con 10</i> | Preferred | QL 150 / 30 days |
| <i>klor-con m10</i> | Preferred | QL 150 / 30 days |
| <i>klor-con m20</i> | Preferred | QL 150 / 30 days |
| <i>klor-con sprinkle 10 meq cap er</i> | Preferred | QL 150 / 30 days |
| <i>klor-con sprinkle 8 meq cap er</i> | Preferred | |
| <i>klor-con/ef</i> | Preferred | QL 4 / 1 days |
| <i>kp ferrous sulfate</i> | Preferred | |
| KP PRENATAL MULTIVITAMINS | Non-Preferred | |
| M-NATAL PLUS | Preferred | QL 30 / 30 days |
| <i>mediplex plus</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>meijer ferrous sulfate</i> | Preferred | |
| MONOFERRIC | Non-Preferred | |
| MULTI-MAC | Non-Preferred | |
| <i>multi-vit/iron/fluoride</i> | Preferred | |
| <i>multi-vitamin/fluoride/iron</i> | Preferred | |
| MULTIGEN | Non-Preferred | |
| MULTIGEN FOLIC | Non-Preferred | |
| MULTIGEN PLUS | Non-Preferred | |
| <i>multilex</i> | Preferred | QL 30 / 30 days |
| MULTIVITAMIN ADULT CHEW TAB | Preferred | QL 60 / 30 days |
| <i>multivitamin adults 50+</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin w/fluoride</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin/fluoride/iron</i> | Preferred | |
| <i>multivitamins/fluoride</i> | Preferred | QL 30 / 30 days |
| <i>na ferric gluc cplx in sucrose</i> | Preferred | |
| <i>nafrinse</i> | Preferred | QL 30 / 30 days |
| <i>nat-rul iron</i> | Preferred | |
| NATAL PNV | Non-Preferred | |
| NEONATAL + DHA | Non-Preferred | |
| NEONATAL COMPLETE 29-1 MG TAB | Non-Preferred | |
| NEONATAL FE | Non-Preferred | |
| NEONATAL PLUS | Non-Preferred | QL 30 / 30 days |
| NEPHRON FA | Non-Preferred | |
| NESTABS | Non-Preferred | |
| NESTABS DHA | Non-Preferred | |
| NESTABS ONE | Non-Preferred | |
| NIFEREX | Non-Preferred | |
| NIVA-PLUS | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|---------------|-----------------------|
| NUFERA | Non-Preferred | |
| OB COMPLETE | Non-Preferred | |
| OB COMPLETE ONE | Non-Preferred | |
| OB COMPLETE PETITE | Non-Preferred | |
| OB COMPLETE PREMIER | Non-Preferred | |
| OB COMPLETE/DHA | Non-Preferred | |
| <i>one vite ferrous sulfate</i> | Preferred | QL 15 / 1 day(s) |
| ONE-A-DAY WOMENS PRENATAL 1 | Non-Preferred | |
| ONE-A-DAY WOMENS VITACRAVES | Preferred | QL 60 / 30 days |
| <i>oral electrolyte freezer pops</i> | Preferred | QL 1014 / 1 days |
| <i>oral electrolytes</i> | Preferred | QL 1014 / 1 days |
| <i>oralyte</i> | Preferred | QL 1014 / 1 days |
| <i>oralyte freezer pops</i> | Preferred | QL 1014 / 1 days |
| <i>pc pediatric iron drops</i> | Preferred | |
| <i>ped electrolyte freeze pops</i> | Preferred | QL 1014 / 1 days |
| <i>ped electrolyte freezer pops</i> | Preferred | QL 1014 / 1 days |
| <i>pedia vance</i> | Preferred | QL 1014 / 1 days |
| <i>pediatric electrolyte solution</i> | Preferred | QL 1014 / 1 days |
| <i>pediatric electrolyte-zinc</i> | Preferred | QL 1014 / 1 days |
| PNV PRENATAL PLUS MULTIVIT+DHA | Non-Preferred | |
| PNV TABS 20-1 | Non-Preferred | |
| PNV TABS 29-1 | Preferred | QL 30 / 30 days |
| <i>pnv-dha</i> | Non-Preferred | |
| PNV-DHA+DOCUSATE | Non-Preferred | |
| PNV-OMEGA | Non-Preferred | |
| <i>pnv-select</i> | Non-Preferred | |
| <i>poly-iron 150 forte</i> | Non-Preferred | |
| <i>polyvitamin/iron</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i> | Preferred | QL 1800 / 30 day(s) |
| <i>potassium chloride 20 meq packet</i> | Preferred | QL 150 / 30 days |
| <i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i> | Preferred | QL 150 / 30 days |
| <i>potassium chloride er (potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i> | Preferred | QL 150 / 30 days |
| <i>potassium chloride er 8 meq cap er</i> | Preferred | |
| <i>potassium citrate er (potassium citrate er 5 meq (540 mg) tab er, potassium citrate er 10 meq (1080 mg) tab er)</i> | Preferred | QL 300 / 30 days |
| <i>potassium citrate er 15 meq (1620 mg) tab er</i> | Preferred | |
| PREGEN DHA | Non-Preferred | |
| PRENAISSANCE | Non-Preferred | |
| PRENAISSANCE PLUS | Non-Preferred | |
| PRENATAL (PRENATAL 27-0.8 MG TAB, PRENATAL 28-0.8 MG TAB) | Non-Preferred | |
| PRENATAL (W/IRON & FA) | Non-Preferred | |
| PRENATAL 19 CHEW TAB | Non-Preferred | |
| PRENATAL 27-1 MG TAB | Preferred | QL 30 / 30 days |
| PRENATAL ESSENTIALS | Non-Preferred | |
| PRENATAL MULTI +DHA 27-0.8-228 MG CAP | Non-Preferred | |
| PRENATAL PLUS VITAMIN/MINERAL | Preferred | QL 30 / 30 days |
| PRENATAL VITAMIN PLUS LOW IRON | Preferred | QL 30 / 30 days |
| PRENATAL VITAMIN/MIN +DHA | Non-Preferred | |
| PRENATAL VITAMINS | Non-Preferred | |
| PRENATAL-U | Preferred | |
| PRENATAL/FOLIC ACID+DHA | Non-Preferred | |
| PRENATE DHA | Non-Preferred | |
| PRENATE ELITE | Non-Preferred | |
| PRENATE ENHANCE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| PRENATE ESSENTIAL | Non-Preferred | |
| PRENATE MINI | Non-Preferred | |
| PRENATE PIXIE | Non-Preferred | |
| PRENATE RESTORE | Non-Preferred | |
| PRENATRIX | Non-Preferred | QL 30 / 30 days |
| PRENATRYL | Non-Preferred | QL 30 / 30 days |
| PREPLUS | Preferred | QL 30 / 30 days |
| PRETAB | Preferred | |
| PRIMACARE | Non-Preferred | |
| PROVIDA OB | Non-Preferred | |
| <i>purevit dualfe plus</i> | Non-Preferred | |
| <i>px iron 200 (65 fe) mg tab</i> | Preferred | |
| <i>qc ferrous sulfate</i> | Preferred | |
| <i>ra iron 325 (65 fe) mg tab</i> | Preferred | |
| <i>ra pediatric electrolyte</i> | Preferred | QL 1014 / 1 days |
| <i>ra slow release iron</i> | Preferred | |
| <i>rehydralyte</i> | Preferred | QL 1014 / 1 days |
| <i>sb pediatric electrolyte</i> | Preferred | QL 1014 / 1 days |
| SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB) | Preferred | |
| <i>se-tan plus</i> | Non-Preferred | |
| SELECT-OB (SELECT-OB 29-0.6-0.4 MG CHEW TAB, SELECT-OB 29-1 MG CHEW TAB) | Non-Preferred | |
| SELECT-OB+DHA | Non-Preferred | |
| <i>slow release iron 45 mg tab er</i> | Preferred | |
| <i>sm iron</i> | Preferred | |
| <i>sm pediatric electrolyte</i> | Preferred | QL 1014 / 1 days |
| <i>sodium fluoride (sodium fluoride 0.5 mg/ml solution, sodium fluoride 1.1 (0.5 f) mg/ml solution)</i> | Preferred | QL 50 / 30 days |
| <i>sodium fluoride 0.55 (0.25 f) mg chew tab</i> | Preferred | QL 4 / 1 days |
| <i>sodium fluoride 1.1 (0.5 f) mg chew tab</i> | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>sodium fluoride 2.2 (1 f) mg chew tab</i> | Preferred | QL 30 / 30 days |
| <i>sv iron</i> | Preferred | |
| TANDEM | Preferred | |
| <i>tandem plus</i> | Non-Preferred | |
| TARON FORTE | Non-Preferred | |
| TARON-C DHA | Non-Preferred | |
| TARON-PREX | Non-Preferred | |
| <i>tgt multivitamin/multimineral</i> | Preferred | QL 30 / 30 days |
| THRIVITE RX | Preferred | QL 30 / 30 days |
| <i>tl-hem 150</i> | Non-Preferred | |
| TRICARE | Non-Preferred | QL 30 / 30 days |
| <i>tricon</i> | Non-Preferred | |
| <i>trigels-f forte</i> | Preferred | |
| TRINATAL RX 1 | Preferred | QL 30 / 30 days |
| TRISTART DHA | Non-Preferred | |
| TRIVEEN-DUO DHA | Preferred | |
| TULIVITE | Non-Preferred | |
| ULTRA PRENATAL + DHA | Non-Preferred | |
| VENOFER | Preferred | |
| VINATE DHA RF | Non-Preferred | |
| VIRT-C DHA | Preferred | |
| VIRT-FEFA PLUS | Non-Preferred | |
| VIRT-NATE DHA | Non-Preferred | |
| VIRT-PN DHA | Non-Preferred | |
| VIRT-PN PLUS | Non-Preferred | |
| VITABEX IRON | Non-Preferred | |
| <i>vitafol</i> | Non-Preferred | |
| VITAFOL FE+ | Non-Preferred | |
| VITAFOL ULTRA | Non-Preferred | |
| VITAFOL-NANO | Non-Preferred | |
| VITAFOL-OB | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| VITAFOL-OB+DHA | Non-Preferred | |
| VITAFOL-ONE | Non-Preferred | |
| VITAMEDMD ONE RX/QUATREFOLIC | Non-Preferred | |
| VITAPEARL | Non-Preferred | |
| VOL-PLUS | Preferred | QL 30 / 30 days |
| VP-PNV-DHA | Preferred | |
| WESCAP-C DHA | Non-Preferred | |
| WESCAP-PN DHA | Non-Preferred | |
| WESNATAL DHA COMPLETE | Preferred | |
| WESNATE DHA | Non-Preferred | |
| WESTAB PLUS | Preferred | QL 30 / 30 days |
| WESTGEL DHA | Non-Preferred | |
| ZATEAN-PN DHA | Non-Preferred | |
| ZATEAN-PN PLUS | Non-Preferred | |
| ZIPHEX | Non-Preferred | |
| ELECTROLYTE/MINERAL/METAL MODIFIERS | | |
| CHEMET | Preferred | |
| <i>deferasirox</i> | Preferred | PA |
| <i>deferasirox granules</i> | Preferred | PA |
| <i>deferiprone</i> | Non-Preferred | |
| EXJADE | Non-Preferred | |
| FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 500 MG TAB, FERRIPROX 1000 MG TAB) | Non-Preferred | |
| FERRIPROX TWICE-A-DAY | Non-Preferred | |
| JADENU | Non-Preferred | |
| JADENU SPRINKLE | Non-Preferred | |
| PHOSPHATE BINDERS | | |
| AURYXIA | Non-Preferred | |
| <i>calcium acetate (phos binder)</i> | Preferred | QL 360 / 30 days |
| <i>calcium acetate 667 mg tab</i> | Preferred | QL 360 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>calphron</i> | Preferred | QL 360 / 30 days |
| FOSRENOL | Non-Preferred | |
| <i>lanthanum carbonate</i> | Non-Preferred | |
| PHOSLYRA | Preferred | |
| RENAGEL | Non-Preferred | QL 480 / 30 days |
| REVELA (REVELA 0.8 GM PACKET, REVELA 2.4 GM PACKET) | Non-Preferred | |
| REVELA 800 MG TAB | Non-Preferred | QL 510 / 30 days |
| <i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i> | Non-Preferred | |
| <i>sevelamer carbonate 800 mg tab</i> | Preferred | QL 510 / 30 days |
| <i>sevelamer hcl</i> | Non-Preferred | |
| VELPHORO | Non-Preferred | |
| POTASSIUM BINDERS | | |
| <i>kionex</i> | Preferred | QL 240 / 1 days |
| LOKELMA | Preferred | PA |
| <i>sodium polystyrene sulfonate powder</i> | Preferred | QL 1800 / 30 day(s) |
| <i>sodium polystyrene sulfonate 15 gm/60ml suspension</i> | Preferred | QL 240 / 1 days |
| <i>sps</i> | Preferred | QL 240 / 1 days |
| VELTASSA | Preferred | PA |
| VITAMINS | | |
| a thru z advanced | Preferred | QL 30 / 30 days |
| a thru z advanced adult | Preferred | QL 30 / 30 days |
| a thru z high potency | Preferred | QL 30 / 30 days |
| a thru z select chew tab | Preferred | QL 60 / 30 days |
| a thru z select tab | Preferred | QL 30 / 30 days |
| a thru z select 50+ advanced | Preferred | QL 30 / 30 days |
| a thru z select 50+ mens | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|---------------|-----------------------|
| a thru z select advanced | Preferred | QL 30 / 30 days |
| a thru z select ultimate women | Preferred | QL 30 / 30 days |
| a thru z ultimate mens | Preferred | QL 30 / 30 days |
| <i>abc plus</i> | Preferred | QL 30 / 30 days |
| <i>abc plus senior</i> | Preferred | QL 30 / 30 days |
| <i>abc plus senior adults 50+</i> | Preferred | QL 30 / 30 days |
| <i>activite</i> | Preferred | |
| ADEK GUMMIES PLUS ZN | Preferred | QL 60 / 30 days |
| <i>adult gummy</i> | Preferred | QL 60 / 30 days |
| ADULT ONE DAILY GUMMIES | Preferred | QL 60 / 30 days |
| <i>advanced multi ea</i> | Preferred | QL 60 / 30 days |
| AIRBORNE CHEW TAB | Preferred | QL 60 / 30 days |
| <i>airborne gummies</i> | Preferred | QL 60 / 30 days |
| <i>airborne kids</i> | Preferred | QL 60 / 30 days |
| AIRBORNE+GOOD REST CHEW TAB | Preferred | QL 60 / 30 days |
| AIRBORNE+PROBIOTIC | Preferred | QL 60 / 30 days |
| ALIVE GUMMIES FOR CHILDREN | Preferred | |
| ALIVE HAIR, SKIN & NAILS | Preferred | QL 60 / 30 days |
| ALIVE MULTI-VITAMIN CHEW TAB | Preferred | QL 60 / 30 days |
| ALIVE MULTI-VITAMIN CHILDRENS | Preferred | |
| ALIVE PRENATAL | Non-Preferred | |
| ALIVE WOMENS 50+ CHEW TAB | Preferred | QL 60 / 30 days |
| ALIVE WOMENS 50+ GUMMY | Preferred | QL 60 / 30 days |
| ALIVE WOMENS GUMMY | Preferred | QL 60 / 30 days |
| <i>anti-oxidant</i> | Preferred | QL 30 / 30 days |
| <i>antioxidant a/c/e/selenium</i> | Preferred | QL 30 / 30 days |
| <i>antioxidant protection formula</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| <i>antioxidant vitamins</i> | Preferred | QL 30 / 30 days |
| AQUADEKS (AQUADEKS CHEW TAB, AQUADEKS SOLUTION) | Preferred | QL 60 / 30 days |
| b complex | Preferred | |
| b complex (folic acid) | Preferred | |
| b complex (lipotropics) | Preferred | |
| b complex formula 1 (lipotrop) | Preferred | |
| b complex formula 1 (w/ fa) | Preferred | |
| b complex plus | Preferred | |
| b complex vitamins | Preferred | |
| b complex-b12 | Preferred | |
| b-100 | Preferred | |
| b-100 complex | Preferred | |
| b-12 1000 mcg tab er | Preferred | |
| b-12 tr 1000 mcg tab er | Preferred | |
| b-50 | Preferred | |
| b-complex (folic acid) | Preferred | |
| b-complex plus b-12 | Preferred | |
| b-complex/b-12 tab | Preferred | |
| b-complex/electrolytes | Preferred | |
| b-plex plus | Preferred | QL 30 / 30 days |
| <i>balance b-100</i> | Preferred | |
| <i>balanced b-50 complex tab</i> | Preferred | |
| BARIATRIC FUSION | Preferred | QL 60 / 30 days |
| <i>big 100</i> | Preferred | |
| <i>bioce/</i> | Preferred | QL 30 / 30 days |
| <i>caffeine citrate 60 mg/3ml solution</i> | Preferred | |
| <i>carravite</i> | Preferred | QL 30 / 30 days |
| CELEBRATE MULTI-COMPLETE 18 CHEW TAB | Preferred | QL 60 / 30 days |
| CELEBRATE MULTI-COMPLETE 36 CHEW TAB | Preferred | QL 60 / 30 days |
| CELEBRATE MULTI-COMPLETE 45 CHEW TAB | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|-----------|-----------------------|
| CELEBRATE MULTI-COMPLETE 60 CHEW TAB | Preferred | QL 60 / 30 days |
| <i>centavite a-z complete-mineral</i> | Preferred | QL 30 / 30 days |
| <i>centravites</i> | Preferred | QL 30 / 30 days |
| <i>centravites 50 plus</i> | Preferred | QL 30 / 30 days |
| CENTRUM ADULTS MULTIGUMMIES | Preferred | QL 60 / 30 days |
| CENTRUM FLAVOR BURST | Preferred | QL 60 / 30 days |
| CENTRUM FLAVOR BURST ADULT | Preferred | QL 60 / 30 days |
| CENTRUM FRESH/FRUITY 50+ | Preferred | QL 60 / 30 days |
| CENTRUM FRESH/FRUITY ADULT | Preferred | QL 60 / 30 days |
| CENTRUM MULTI + OMEGA 3 | Preferred | QL 60 / 30 days |
| CENTRUM SILVER CHEW TAB | Preferred | QL 60 / 30 days |
| CENTRUM VITAMINTS | Preferred | QL 60 / 30 days |
| <i>century</i> | Preferred | QL 30 / 30 days |
| <i>century mature</i> | Preferred | QL 30 / 30 days |
| <i>cerovite advanced formula</i> | Preferred | QL 30 / 30 days |
| <i>cerovite jr</i> | Preferred | |
| <i>cerovite senior</i> | Preferred | QL 30 / 30 days |
| <i>certa plus</i> | Preferred | QL 30 / 30 days |
| <i>childrens animal shapes</i> | Preferred | |
| CHILDRENS GUMMIES | Preferred | |
| CHOICEFUL MULTIVITAMIN CHEW TAB | Preferred | QL 60 / 30 days |
| <i>companion</i> | Preferred | QL 30 / 30 days |
| <i>compete</i> | Preferred | QL 30 / 30 days |
| <i>complete</i> | Preferred | QL 30 / 30 days |
| <i>complete daily/lutein</i> | Preferred | QL 30 / 30 days |
| <i>complete energy</i> | Preferred | QL 30 / 30 days |
| <i>complete multi-vitamin</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>complete senior</i> | Preferred | QL 30 / 30 days |
| <i>complete womens</i> | Preferred | QL 30 / 30 days |
| CULTURELLE PROBIOTICS + MULTIV | Preferred | QL 60 / 30 days |
| <i>cv's airshield</i> | Preferred | QL 60 / 30 days |
| CVS AIRSHIELD IMMUNITY SUPPORT | Preferred | QL 60 / 30 days |
| <i>cv's balanced b50</i> | Preferred | |
| <i>cv's chewable childrens vitamin</i> | Preferred | |
| <i>cv's childrens complete</i> | Preferred | |
| <i>cv's daily gummies</i> | Preferred | QL 60 / 30 days |
| <i>cv's daily gummies adult</i> | Preferred | QL 60 / 30 days |
| <i>cv's daily multiple for men</i> | Preferred | QL 30 / 30 days |
| <i>cv's daily multiple women 50+</i> | Preferred | QL 30 / 30 days |
| <i>cv's eye health & lutein</i> | Preferred | QL 30 / 30 days |
| CVS GUMMY DINOS | Preferred | |
| CVS GUMMY MULTIVITAMIN KIDS | Preferred | |
| <i>cv's inner ear plus</i> | Preferred | |
| <i>cv's mens daily gummies</i> | Preferred | QL 60 / 30 days |
| <i>cv's one daily essential</i> | Preferred | QL 30 / 30 days |
| <i>cv's one daily mens formula</i> | Preferred | QL 30 / 30 days |
| <i>cv's one daily womens formula</i> | Preferred | QL 30 / 30 days |
| CVS PRENATAL GUMMY 0.18-25 MG CHEW TAB | Non-Preferred | |
| CVS SPECTRAVITE ADULT 50+ CHEW TAB | Preferred | QL 60 / 30 days |
| <i>cv's spectravite advanced</i> | Preferred | QL 30 / 30 days |
| <i>cv's spectravite men</i> | Preferred | QL 30 / 30 days |
| <i>cv's spectravite men 50+</i> | Preferred | QL 30 / 30 days |
| <i>cv's spectravite senior</i> | Preferred | QL 30 / 30 days |
| <i>cv's spectravite ultra mens</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| CVS SPECTRAVITE WOMEN CHEW TAB | Preferred | QL 60 / 30 days |
| <i>cvs spectravite women tab</i> | Preferred | QL 30 / 30 days |
| <i>cvs spectravite women 50+</i> | Preferred | QL 30 / 30 days |
| <i>cvs spectravite womens senior</i> | Preferred | QL 30 / 30 days |
| <i>cvs vitamin b12 1000 mcg tab er</i> | Preferred | |
| <i>cvs womens active daily</i> | Preferred | QL 30 / 30 days |
| <i>cvs womens daily gummies</i> | Preferred | QL 60 / 30 days |
| <i>cyanocobalamin 1000 mcg/ml solution</i> | Preferred | |
| <i>daily betic</i> | Preferred | QL 30 / 30 days |
| <i>daily combo multi vitamins</i> | Preferred | QL 30 / 30 days |
| <i>daily mens health formula</i> | Preferred | QL 30 / 30 days |
| <i>daily multi</i> | Preferred | QL 30 / 30 days |
| <i>daily multi 50+</i> | Preferred | QL 30 / 30 days |
| <i>daily multiple vitamins</i> | Preferred | QL 30 / 30 days |
| <i>daily multiple vitamins/min</i> | Preferred | QL 30 / 30 days |
| <i>daily value multivitamin</i> | Preferred | QL 30 / 30 days |
| <i>daily vitamin</i> | Preferred | QL 30 / 30 days |
| <i>daily vitamin formula+minerals</i> | Preferred | QL 30 / 30 days |
| <i>daily vitamins</i> | Preferred | QL 30 / 30 days |
| <i>daily vite</i> | Preferred | QL 30 / 30 days |
| <i>daily vites</i> | Preferred | QL 30 / 30 days |
| <i>daily womens health formula</i> | Preferred | QL 30 / 30 days |
| <i>daily-vitamin</i> | Preferred | QL 30 / 30 days |
| <i>daily-vitamin maximum formula</i> | Preferred | QL 30 / 30 days |
| <i>daily-vite</i> | Preferred | QL 30 / 30 days |
| <i>daily-vite multivitamin</i> | Preferred | QL 30 / 30 days |
| <i>davite</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|---------------|-----------------------|
| DEKAS BARIATRIC | Preferred | QL 60 / 30 days |
| DEKAS PLUS CHEW TAB | Preferred | QL 60 / 30 days |
| DERMACINRX RIBOTIN-E | Non-Preferred | |
| DERMACINRX ZINTREXYL-C | Non-Preferred | |
| <i>diabetes health formula</i> | Preferred | QL 30 / 30 days |
| <i>dialyvite</i> | Preferred | |
| <i>dialyvite 800/ultra d</i> | Preferred | QL 30 / 30 days |
| <i>disney cars gummies</i> | Preferred | |
| <i>disney princess gummies</i> | Preferred | |
| <i>doctors choice men</i> | Preferred | QL 30 / 30 days |
| <i>dodex</i> | Preferred | |
| <i>ear health formula</i> | Preferred | |
| <i>ear health plus</i> | Preferred | |
| EMERGEN-C IMMUNE PLUS/VIT D | Preferred | QL 60 / 30 days |
| EMERGEN-C VITAMIN C CHEW TAB | Preferred | QL 60 / 30 days |
| ENBRACE HR | Non-Preferred | |
| <i>eq complete multivit adult 50+</i> | Preferred | QL 30 / 30 days |
| <i>eq complete multivitamin child</i> | Preferred | |
| EQ MULTIVITAMIN GUMMIES | Preferred | |
| EQ MULTIVITAMINS ADULT GUMMY | Preferred | QL 60 / 30 days |
| EQ MULTIVITAMINS GUMMY CHILD | Preferred | |
| <i>eq one daily womens health</i> | Preferred | QL 30 / 30 days |
| <i>eql century</i> | Preferred | QL 30 / 30 days |
| <i>eql century mature</i> | Preferred | QL 30 / 30 days |
| <i>eql century mature men 50+</i> | Preferred | QL 30 / 30 days |
| <i>eql century mature women 50+</i> | Preferred | QL 30 / 30 days |
| <i>eql child multivit/minerals</i> | Preferred | |
| EQL GUMMIES CHILDRENS | Preferred | |
| EQL ONE DAILY ADULT GUMMIES | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>eql one daily mens 50+ advance</i> | Preferred | QL 30 / 30 days |
| <i>eql one daily mens health</i> | Preferred | QL 30 / 30 days |
| <i>eql one daily womens 50+ adv</i> | Preferred | QL 30 / 30 days |
| <i>eql vision formula</i> | Preferred | QL 30 / 30 days |
| <i>eql vitamin b-12 tr</i> | Preferred | |
| <i>essentia</i> | Preferred | QL 30 / 30 days |
| <i>essential balance</i> | Preferred | QL 30 / 30 days |
| <i>eye-vites</i> | Preferred | QL 30 / 30 days |
| <i>eyeprotect</i> | Preferred | QL 30 / 30 days |
| <i>fa-vitamin b-6-vitamin b-12</i> | Preferred | |
| <i>fabb</i> | Non-Preferred | |
| <i>flintstones complete (flintstones complete chew tab, flintstones complete 18 mg chew tab)</i> | Preferred | |
| <i>flintstones gummies bone build</i> | Preferred | |
| <i>flintstones plus extra iron</i> | Preferred | |
| <i>flintstones w/iron</i> | Preferred | |
| FOLBIC | Preferred | |
| <i>folic acid 1 mg tab</i> | Preferred | QL 4 / 1 days |
| FOLIFLEX | Non-Preferred | |
| <i>folika-bc</i> | Preferred | |
| <i>folika-nc</i> | Preferred | |
| FOLITIN-Z | Non-Preferred | |
| <i>folplex 2.2</i> | Preferred | |
| <i>genicin vita-s</i> | Preferred | |
| <i>gerivite complete</i> | Preferred | QL 30 / 30 days |
| <i>gnp century adult formula</i> | Preferred | QL 30 / 30 days |
| <i>gnp century adults 50+ senior</i> | Preferred | QL 30 / 30 days |
| <i>gnp century cardio health</i> | Preferred | QL 30 / 30 days |
| <i>gnp century mature women's 50+</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>gnp century ultimate mens</i> | Preferred | QL 30 / 30 days |
| <i>gnp essential one daily</i> | Preferred | QL 30 / 30 days |
| <i>gnp hair/skin/nails</i> | Preferred | QL 30 / 30 days |
| <i>gnp mega multi for women</i> | Preferred | QL 30 / 30 days |
| <i>gnp one daily maximum</i> | Preferred | QL 30 / 30 days |
| <i>gnp one daily mens health 50+</i> | Preferred | QL 30 / 30 days |
| <i>gnp one daily womens</i> | Preferred | QL 30 / 30 days |
| <i>gnp one daily womens 50+</i> | Preferred | QL 30 / 30 days |
| <i>gnp therapeutic-m</i> | Preferred | QL 30 / 30 days |
| <i>gnp vitamin b-12 1000 mcg tab er</i> | Preferred | |
| GOOD START PRENATAL NOURISH | Non-Preferred | |
| GUMMI BEAR MULTIVITAMIN/MIN | Preferred | |
| <i>hair formula extra strength</i> | Preferred | QL 30 / 30 days |
| <i>hair skin and nails formula</i> | Preferred | QL 30 / 30 days |
| <i>hair vitamins</i> | Preferred | QL 30 / 30 days |
| <i>hair/skin/nails tab</i> | Preferred | QL 30 / 30 days |
| <i>healthy eyes</i> | Preferred | QL 30 / 30 days |
| <i>healthy hair/skin/nails</i> | Preferred | QL 30 / 30 days |
| <i>healthy kids overall health</i> | Preferred | |
| <i>hi-kovite 2-part formula</i> | Preferred | QL 30 / 30 days |
| <i>hi-potency multi-vitamin</i> | Preferred | QL 30 / 30 days |
| <i>hm animal shapes</i> | Preferred | |
| <i>hm antioxidant vitamins</i> | Preferred | QL 30 / 30 days |
| <i>hm complete women</i> | Preferred | QL 30 / 30 days |
| <i>hm mens 50+ advanced one daily</i> | Preferred | QL 30 / 30 days |
| <i>hm womens 50+ advanced daily</i> | Preferred | QL 30 / 30 days |
| i-vite | Preferred | QL 30 / 30 days |
| <i>icaps mv</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| IMMUNE SUPPORT | Preferred | QL 60 / 30 days |
| <i>inner ear plus</i> | Preferred | |
| <i>kobee</i> | Preferred | |
| <i>kp adults 50+ daily formula</i> | Preferred | QL 30 / 30 days |
| <i>kp adults daily formula</i> | Preferred | QL 30 / 30 days |
| <i>kp folic acid 1 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>kp mens 50+ daily formula</i> | Preferred | QL 30 / 30 days |
| <i>kp mens daily formula</i> | Preferred | QL 30 / 30 days |
| <i>kp vision formula</i> | Preferred | QL 30 / 30 days |
| <i>kp vision formula/lutein</i> | Preferred | QL 30 / 30 days |
| <i>kp womens 50+ daily formula</i> | Preferred | QL 30 / 30 days |
| <i>kp womens daily formula</i> | Preferred | QL 30 / 30 days |
| <i>levocarnitine 1 gm/10ml solution</i> | Preferred | |
| <i>levocarnitine sf</i> | Preferred | |
| <i>lipo flavonoid plus</i> | Preferred | |
| <i>lipo-key</i> | Preferred | |
| <i>lipoflavonoid</i> | Preferred | |
| <i>lipoflavovit</i> | Preferred | |
| <i>lorid</i> | Preferred | |
| <i>lysiplex plus tab</i> | Preferred | QL 30 / 30 days |
| <i>macuvite</i> | Preferred | QL 30 / 30 days |
| <i>macuvite eye care</i> | Preferred | QL 30 / 30 days |
| <i>macuvite/lutein</i> | Preferred | QL 30 / 30 days |
| <i>maximum daily green</i> | Preferred | QL 30 / 30 days |
| <i>mega multiple/chelated mineral</i> | Preferred | |
| <i>mega vm-80</i> | Preferred | QL 30 / 30 days |
| <i>meijer advanced formula</i> | Preferred | QL 30 / 30 days |
| <i>mens hair formula ultra man</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|-----------|-----------------------|
| <i>mens life pack</i> | Preferred | QL 30 / 30 days |
| MENS MULTIVITAMIN CHEW TAB | Preferred | QL 60 / 30 days |
| <i>miltrium advanced formula</i> | Preferred | QL 30 / 30 days |
| <i>miltrium cardio</i> | Preferred | QL 30 / 30 days |
| <i>miltrium senior</i> | Preferred | QL 30 / 30 days |
| <i>multi + omega-3 adult gummies</i> | Preferred | QL 60 / 30 days |
| <i>multi adult gummies</i> | Preferred | QL 60 / 30 days |
| <i>multi complete/iron</i> | Preferred | QL 30 / 30 days |
| <i>multi for her tab</i> | Preferred | QL 30 / 30 days |
| <i>multi for her 50+ tab</i> | Preferred | QL 30 / 30 days |
| <i>multi for him tab</i> | Preferred | QL 30 / 30 days |
| <i>multi for him 50+</i> | Preferred | QL 30 / 30 days |
| <i>multi vitamin</i> | Preferred | QL 30 / 30 days |
| <i>multi vitamin daily</i> | Preferred | QL 30 / 30 days |
| <i>multi vitamin/minerals</i> | Preferred | QL 30 / 30 days |
| <i>multi-day</i> | Preferred | QL 30 / 30 days |
| <i>multi-day plus minerals</i> | Preferred | QL 30 / 30 days |
| <i>multi-day weight trim</i> | Preferred | QL 30 / 30 days |
| <i>multi-lean</i> | Preferred | QL 30 / 30 days |
| <i>multi-vitamin</i> | Preferred | QL 30 / 30 days |
| <i>multi-vitamin daily</i> | Preferred | QL 30 / 30 days |
| <i>multi-vitamin gummies</i> | Preferred | QL 60 / 30 days |
| <i>multi-vitamin menopausal</i> | Preferred | QL 30 / 30 days |
| <i>multi-vitamin/minerals</i> | Preferred | QL 30 / 30 days |
| <i>multiple vit/minerals/no iron</i> | Preferred | QL 30 / 30 days |
| <i>multiple vitamin-folic acid</i> | Preferred | QL 30 / 30 days |
| <i>multiple vitamins</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| <i>multiple vitamins essential</i> | Preferred | QL 30 / 30 days |
| <i>multiple vitamins/womens</i> | Preferred | QL 30 / 30 days |
| MULTIVIT-MIN GUMMIES CHILDRENS | Preferred | |
| <i>multivitamin adult tab</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin adults</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin gummies adult</i> | Preferred | QL 60 / 30 days |
| <i>multivitamin gummies mens</i> | Preferred | QL 60 / 30 days |
| <i>multivitamin gummies womens</i> | Preferred | QL 60 / 30 days |
| <i>multivitamin iron-free</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin men 50+</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin women</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin women 50+</i> | Preferred | QL 30 / 30 days |
| <i>multivitamin womens 50+ adv</i> | Preferred | QL 30 / 30 days |
| MVW COMPLETE FORMULATION CHEW TAB | Preferred | |
| MVW COMPLETE FORMULATION SOLUTION | Preferred | QL 60 / 30 days |
| MVW COMPLETE FORMULATION D3000 CHEW TAB | Preferred | |
| MVW COMPLETE FORMULATION D5000 CHEW TAB | Preferred | |
| <i>myamulti</i> | Preferred | QL 30 / 30 days |
| <i>mynephron</i> | Preferred | QL 30 / 30 days |
| <i>nat-rul b-50</i> | Preferred | |
| <i>nephronex tab</i> | Preferred | |
| NIVA-FOL | Preferred | |
| <i>nutrifac zx</i> | Preferred | QL 30 / 30 days |
| <i>ocutabs</i> | Preferred | QL 30 / 30 days |
| <i>ocutabs-lutein</i> | Preferred | QL 30 / 30 days |
| <i>ocuvite extra</i> | Preferred | QL 30 / 30 days |
| <i>ocuvite eye + multi</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|-----------|-----------------------|
| <i>ocuvite eye health gummies</i> | Preferred | QL 60 / 30 days |
| <i>ocuvite-lutein tab</i> | Preferred | QL 30 / 30 days |
| <i>once daily</i> | Preferred | QL 30 / 30 days |
| ONE A DAY IMMUNITY DEFENSE | Preferred | QL 60 / 30 days |
| ONE A DAY MENS VITACRAVES | Preferred | QL 60 / 30 days |
| ONE A DAY WOMEN 50 PLUS | Preferred | QL 60 / 30 days |
| <i>one daily</i> | Preferred | QL 30 / 30 days |
| <i>one daily 50 plus</i> | Preferred | QL 30 / 30 days |
| <i>one daily adults 50+</i> | Preferred | QL 30 / 30 days |
| <i>one daily calcium/iron</i> | Preferred | QL 30 / 30 days |
| <i>one daily complete</i> | Preferred | QL 30 / 30 days |
| <i>one daily complete for men</i> | Preferred | QL 30 / 30 days |
| <i>one daily essential</i> | Preferred | QL 30 / 30 days |
| <i>one daily for men 50+ advanced</i> | Preferred | QL 30 / 30 days |
| <i>one daily for men/lycopene</i> | Preferred | QL 30 / 30 days |
| <i>one daily for women</i> | Preferred | QL 30 / 30 days |
| <i>one daily for women 50+ adv</i> | Preferred | QL 30 / 30 days |
| <i>one daily healthy weight</i> | Preferred | QL 30 / 30 days |
| <i>one daily healthy weight adv</i> | Preferred | QL 30 / 30 days |
| <i>one daily maximum</i> | Preferred | QL 30 / 30 days |
| <i>one daily mens</i> | Preferred | QL 30 / 30 days |
| <i>one daily mens 50+ multivit</i> | Preferred | QL 30 / 30 days |
| <i>one daily mens 50+/lycopene</i> | Preferred | QL 30 / 30 days |
| <i>one daily mens health</i> | Preferred | QL 30 / 30 days |
| <i>one daily multivit/iron-free</i> | Preferred | QL 30 / 30 days |
| <i>one daily multivitamin adult</i> | Preferred | QL 30 / 30 days |
| <i>one daily multivitamin men</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>one daily multivitamin women</i> | Preferred | QL 30 / 30 days |
| <i>one daily womens</i> | Preferred | QL 30 / 30 days |
| <i>one daily womens 50 plus</i> | Preferred | QL 30 / 30 days |
| <i>one daily womens 50+</i> | Preferred | QL 30 / 30 days |
| <i>one daily/minerals</i> | Preferred | QL 30 / 30 days |
| ONE-A-DAY FOR HER VITACRAVES | Preferred | QL 60 / 30 days |
| ONE-A-DAY FOR HIM VITACRAVES | Preferred | QL 60 / 30 days |
| ONE-A-DAY MENS VITACRAVES | Preferred | QL 60 / 30 days |
| <i>one-a-day teen advantage/her</i> | Preferred | QL 30 / 30 days |
| ONE-A-DAY VITACRAVES | Preferred | QL 60 / 30 days |
| ONE-A-DAY VITACRAVES ADULT | Preferred | QL 60 / 30 days |
| ONE-A-DAY VITACRAVES IMMUNITY | Preferred | QL 60 / 30 days |
| ONE-A-DAY VITACRAVES SOUR | Preferred | QL 60 / 30 days |
| <i>one-daily multi vitamins</i> | Preferred | QL 30 / 30 days |
| <i>one-daily multi-vit/mineral tab</i> | Preferred | QL 30 / 30 days |
| <i>one-daily multi-vitamin</i> | Preferred | QL 30 / 30 days |
| <i>optic-vites</i> | Preferred | QL 30 / 30 days |
| <i>optic-vites with lutein</i> | Preferred | QL 30 / 30 days |
| OPTIFAST POST BARIATRIC | Preferred | QL 60 / 30 days |
| OPTIMUM AIRVITES | Preferred | QL 60 / 30 days |
| <i>optimum pms</i> | Preferred | QL 30 / 30 days |
| OPTISOURCE POST BARIATRIC SURG | Preferred | QL 60 / 30 days |
| OPURITY BYPASS OPTIMIZED | Preferred | QL 60 / 30 days |
| <i>osteoprime ultra</i> | Preferred | QL 30 / 30 days |
| POLY-VI-SOL | Preferred | |
| PRENATE | Non-Preferred | |
| PRENATE AM | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|-----------|-----------------------|
| PRESERVISION AREDS 2 CHEW TAB | Preferred | QL 60 / 30 days |
| <i>prosight</i> | Preferred | QL 30 / 30 days |
| <i>px advanced formula multivits</i> | Preferred | QL 30 / 30 days |
| <i>px b-50</i> | Preferred | |
| <i>px childrens vitamin</i> | Preferred | |
| <i>px complete senior multivits</i> | Preferred | QL 30 / 30 days |
| <i>px mens multivitamins</i> | Preferred | QL 30 / 30 days |
| <i>qc childrens complete</i> | Preferred | |
| <i>qc daily multivit/multimineral</i> | Preferred | QL 30 / 30 days |
| <i>qc essentials</i> | Preferred | QL 30 / 30 days |
| <i>qc hair skin & nails</i> | Preferred | QL 30 / 30 days |
| <i>qc mens daily multivitamin</i> | Preferred | QL 30 / 30 days |
| <i>qc multi-vite</i> | Preferred | QL 30 / 30 days |
| <i>qc multi-vite 50 & over</i> | Preferred | QL 30 / 30 days |
| <i>qc therin-m</i> | Preferred | QL 30 / 30 days |
| <i>qc vitamin b12 1000 mcg tab er</i> | Preferred | |
| <i>qc womens daily multivitamin</i> | Preferred | QL 30 / 30 days |
| <i>quintabs-m</i> | Preferred | QL 30 / 30 days |
| <i>ra b-complex</i> | Preferred | |
| <i>ra b-complex with b-12</i> | Preferred | |
| <i>ra central-vite mens mature</i> | Preferred | QL 30 / 30 days |
| <i>ra central-vite womens mature</i> | Preferred | QL 30 / 30 days |
| <i>ra one daily energy formula</i> | Preferred | QL 30 / 30 days |
| <i>ra one daily maximum</i> | Preferred | QL 30 / 30 days |
| <i>ra one daily mens 50+ w/vit d3</i> | Preferred | QL 30 / 30 days |
| <i>ra one daily mens multi</i> | Preferred | QL 30 / 30 days |
| <i>ra one daily mens/vit d-3</i> | Preferred | QL 30 / 30 days |
| <i>ra one daily womens</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| <i>ra vitamin b-12 tr</i> | Preferred | |
| <i>ra vitamins complete childrens</i> | Preferred | |
| <i>rena-vite rx</i> | Preferred | |
| <i>renal</i> | Preferred | QL 30 / 30 days |
| <i>renaplex</i> | Preferred | QL 30 / 30 days |
| <i>reno caps</i> | Preferred | QL 30 / 30 days |
| <i>risanoid plus</i> | Preferred | |
| <i>savision</i> | Preferred | QL 30 / 30 days |
| <i>sea buddies daily multiple</i> | Preferred | |
| <i>senior tabs</i> | Preferred | QL 30 / 30 days |
| <i>sentry</i> | Preferred | QL 30 / 30 days |
| <i>sentry senior</i> | Preferred | QL 30 / 30 days |
| <i>sigtab</i> | Preferred | QL 30 / 30 days |
| <i>sm animal shapes complete</i> | Preferred | |
| <i>sm antioxidant vitamins</i> | Preferred | QL 30 / 30 days |
| <i>sm balanced b-100</i> | Preferred | |
| <i>sm balanced b-50</i> | Preferred | |
| <i>sm complete</i> | Preferred | QL 30 / 30 days |
| <i>sm complete 50+</i> | Preferred | QL 30 / 30 days |
| <i>sm complete 50+ ultimate mens</i> | Preferred | QL 30 / 30 days |
| <i>sm complete 50+ ultimate women</i> | Preferred | QL 30 / 30 days |
| <i>sm complete advanced formula</i> | Preferred | QL 30 / 30 days |
| <i>sm complete senior formula</i> | Preferred | QL 30 / 30 days |
| <i>sm daily diet support</i> | Preferred | QL 30 / 30 days |
| <i>sm hair/skin/nails</i> | Preferred | QL 30 / 30 days |
| <i>sm multiple vitamins essential</i> | Preferred | QL 30 / 30 days |
| <i>sm opti-vitamins</i> | Preferred | QL 30 / 30 days |
| <i>sm vitamin b12 tr 1000 mcg tab er</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|-----------|-----------------------|
| SMARTY PANTS KIDS COMPLETE | Preferred | |
| <i>spider-man complete multi-vit</i> | Preferred | |
| SPONGEBOB SQUAREPANTS GUMMIES | Preferred | |
| <i>stress b complex/antioxid/zinc</i> | Preferred | QL 30 / 30 days |
| <i>stress b-complex/c/zinc</i> | Preferred | QL 30 / 30 days |
| <i>stress formula</i> | Preferred | QL 30 / 30 days |
| <i>stress formula/zinc</i> | Preferred | QL 30 / 30 days |
| <i>stresstabs advanced</i> | Preferred | QL 30 / 30 days |
| <i>stresstabs energy</i> | Preferred | QL 30 / 30 days |
| <i>sunvite active adult 50+</i> | Preferred | QL 30 / 30 days |
| <i>sunvite advanced</i> | Preferred | QL 30 / 30 days |
| <i>super aytinal</i> | Preferred | QL 30 / 30 days |
| <i>super aytinal 50 plus</i> | Preferred | QL 30 / 30 days |
| <i>super b complex maxi</i> | Preferred | |
| <i>super multiple tab</i> | Preferred | QL 30 / 30 days |
| <i>super nu-thera tab</i> | Preferred | QL 30 / 30 days |
| <i>super thera vite m</i> | Preferred | QL 30 / 30 days |
| <i>super vita-mins</i> | Preferred | QL 30 / 30 days |
| <i>sv vitamin b-12 er</i> | Preferred | |
| SYSTANE ICAPS AREDS2 CHEW TAB | Preferred | QL 60 / 30 days |
| <i>tab-a-vite</i> | Preferred | QL 30 / 30 days |
| <i>tab-a-vite/beta carotene</i> | Preferred | QL 30 / 30 days |
| <i>thera</i> | Preferred | QL 30 / 30 days |
| <i>thera vital m</i> | Preferred | QL 30 / 30 days |
| <i>thera vital-m</i> | Preferred | QL 30 / 30 days |
| <i>thera-m</i> | Preferred | QL 30 / 30 days |
| <i>thera-mill</i> | Preferred | QL 30 / 30 days |
| <i>thera-mill m</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------------------|---------------|-----------------------|
| <i>thera-tabs</i> | Preferred | QL 30 / 30 days |
| <i>therabasic-m</i> | Preferred | QL 30 / 30 days |
| <i>theradex m</i> | Preferred | QL 30 / 30 days |
| <i>theradex m/beta carotene</i> | Preferred | QL 30 / 30 days |
| <i>therapeutic formula/hematinics</i> | Preferred | QL 30 / 30 days |
| <i>therapeutic-m</i> | Preferred | QL 30 / 30 days |
| <i>theratrum complete</i> | Preferred | QL 30 / 30 days |
| <i>theratrum complete 50 plus</i> | Preferred | QL 30 / 30 days |
| <i>theravim-m</i> | Preferred | QL 30 / 30 days |
| <i>therems</i> | Preferred | QL 30 / 30 days |
| <i>thrive for life womens</i> | Preferred | QL 30 / 30 days |
| THRIVITE 19 | Non-Preferred | |
| <i>tm-vite rx</i> | Preferred | |
| TRI-VI-SOL A/C/D | Preferred | |
| <i>triphrocaps</i> | Preferred | QL 30 / 30 days |
| <i>tronvite</i> | Preferred | |
| <i>true folic acid 1 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>ultra antioxidant formula</i> | Preferred | QL 30 / 30 days |
| <i>ultra b-100 complex</i> | Preferred | |
| <i>ultra choice multivitamin kids</i> | Preferred | |
| <i>ultra freeda</i> | Preferred | QL 30 / 30 days |
| <i>ultra freeda/iron</i> | Preferred | QL 30 / 30 days |
| <i>ultra vita-time</i> | Preferred | QL 30 / 30 days |
| <i>ultrachoice adv formula mature</i> | Preferred | QL 30 / 30 days |
| <i>ultrachoice advanced formula</i> | Preferred | QL 30 / 30 days |
| VENEXA FE | Non-Preferred | |
| VENTRIXYL FE | Non-Preferred | |
| <i>virt-caps</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>virt-gard</i> | Preferred | |
| <i>vision formula/lutein</i> | Preferred | QL 30 / 30 days |
| <i>vision vitamins</i> | Preferred | QL 30 / 30 days |
| <i>visivites</i> | Preferred | QL 30 / 30 days |
| <i>visivites/lutein</i> | Preferred | QL 30 / 30 days |
| <i>vit e-vit c-beta carotene</i> | Preferred | QL 30 / 30 days |
| <i>vita hair</i> | Preferred | QL 30 / 30 days |
| <i>vita s forte</i> | Preferred | QL 30 / 30 days |
| <i>vitabasic complete</i> | Preferred | QL 30 / 30 days |
| <i>vitabasic senior</i> | Preferred | QL 30 / 30 days |
| <i>vitacel</i> | Preferred | QL 30 / 30 days |
| VITACHEW ADULT MULTI VITAMIN | Preferred | QL 60 / 30 days |
| VITACHEW MULTIPLE VITAMIN | Preferred | |
| VITAFOL GUMMIES | Non-Preferred | |
| <i>vitalee</i> | Preferred | QL 30 / 30 days |
| VITAMIN A-C-D INFANT | Preferred | |
| VITAMIN A/C/D/ INFANT/TODDLER | Preferred | |
| <i>vitamin b complex</i> | Preferred | |
| <i>vitamin b complex w/b-12</i> | Preferred | |
| <i>vitamin b-12 er 1000 mcg tab er</i> | Preferred | |
| <i>vitamin b-complex</i> | Preferred | |
| <i>vitamin b12 1000 mcg tab er</i> | Preferred | |
| <i>vitamin-b complex</i> | Preferred | |
| <i>vitamins a-d-e/selenium</i> | Preferred | QL 30 / 30 days |
| <i>vitamins/minerals</i> | Preferred | QL 30 / 30 days |
| <i>vitasure</i> | Preferred | |
| <i>vitatum chew tab</i> | Preferred | QL 60 / 30 days |
| <i>vitatum complete</i> | Preferred | QL 30 / 30 days |
| VITRANOL FE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-----------------------------------|---------------|-----------------------|
| VITREXATE FE | Non-Preferred | |
| VITREXYL + IRON | Non-Preferred | |
| <i>vitrum senior</i> | Preferred | QL 30 / 30 days |
| <i>vp-vite rx</i> | Preferred | |
| WAL-BORN VITAMIN C | Preferred | QL 60 / 30 days |
| <i>wescaps</i> | Preferred | QL 30 / 30 days |
| <i>westab mini</i> | Non-Preferred | |
| <i>womens daily form/fa/ca/fe</i> | Preferred | QL 30 / 30 days |
| <i>womens daily formula</i> | Preferred | QL 30 / 30 days |
| <i>womens life pack</i> | Preferred | QL 30 / 30 days |
| WOMENS MULTI GUMMIES | Preferred | QL 60 / 30 days |
| <i>womens multivitamin</i> | Preferred | QL 30 / 30 days |
| WOMENS MULTIVITAMIN + COLLAGEN | Preferred | QL 60 / 30 days |
| <i>xvite</i> | Preferred | |
| YOUR LIFE MULTI ADULT GUMMIES | Preferred | QL 60 / 30 days |
| <i>your life multi mens 50+</i> | Preferred | QL 30 / 30 days |
| <i>your life multi womens 50+</i> | Preferred | QL 30 / 30 days |
| YOUR LIFE TEEN MULTI GUMMIES | Preferred | QL 60 / 30 days |
| YUMVS MULTI ZERO | Preferred | QL 60 / 30 days |
| YUMVS ZERO DIABETIC MULTIVITAM | Preferred | QL 60 / 30 days |
| ZOO FRIENDS MULTI GUMMIES | Preferred | |
| GASTROINTESTINAL AGENTS | | |
| ANTI-CONSTIPATION AGENTS | | |
| AMITIZA | Preferred | QL 60 / 30 days PA |
| <i>avedana glycerin (adult)</i> | Preferred | QL 12 / 22 days |
| <i>clearlax</i> | Preferred | |
| <i>colace 2-in-1</i> | Preferred | QL 4 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| <i>constulose</i> | Preferred | QL 120 / 1 days |
| <i>correctol extra gentle</i> | Preferred | QL 4 / 1 days |
| <i>cvs glycerin adult 2 gm suppos</i> | Preferred | QL 12 / 22 days |
| <i>cvs mineral oil</i> | Preferred | QL 45 / 1 days |
| <i>cvs natural daily fiber 58.6 % powder</i> | Preferred | |
| <i>cvs purelax 17 gm packet</i> | Preferred | QL 60 / 30 days |
| <i>cvs senna plus</i> | Preferred | QL 4 / 1 days |
| <i>cvs stool softener 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>cvs stool softener/laxative</i> | Preferred | QL 4 / 1 days |
| <i>docu soft</i> | Preferred | QL 4 / 1 days |
| <i>docusate sodium 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>docusil</i> | Preferred | QL 4 / 1 days |
| <i>docuzen</i> | Preferred | QL 4 / 1 days |
| <i>dok 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>dss 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>dulcolax pink stool softener</i> | Preferred | QL 4 / 1 days |
| <i>dulcolax stool softener</i> | Preferred | QL 4 / 1 days |
| <i>easy-lax</i> | Preferred | QL 4 / 1 days |
| <i>easy-lax plus</i> | Preferred | QL 4 / 1 days |
| <i>enulose</i> | Preferred | QL 120 / 1 days |
| <i>eq laxative</i> | Preferred | QL 60 / 30 days |
| <i>eq mineral oil</i> | Preferred | QL 45 / 1 days |
| <i>eq senna-s</i> | Preferred | QL 4 / 1 days |
| <i>eq stool softener 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>eq stool softener/laxative</i> | Preferred | QL 4 / 1 days |
| <i>eq fiber therapy 28.3 % powder</i> | Preferred | |
| <i>eq natural fiber</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| <i>eql senna-s</i> | Preferred | QL 4 / 1 days |
| <i>eql stool softener</i> | Preferred | QL 4 / 1 days |
| <i>eql stool softener/stimulant</i> | Preferred | QL 4 / 1 days |
| <i>fiber 28.3 % powder</i> | Preferred | |
| <i>ft mineral oil</i> | Preferred | QL 45 / 1 days |
| <i>ft senna-s</i> | Preferred | QL 4 / 1 days |
| <i>ft stool softener (ft stool softener 50-8.6 mg tab, ft stool softener 100 mg cap)</i> | Preferred | QL 4 / 1 days |
| <i>gavilax</i> | Preferred | |
| <i>gavilyte-n with flavor pack</i> | Preferred | QL 4000 / 30 days |
| <i>generlac</i> | Preferred | QL 120 / 1 days |
| <i>glycerin (adult) 2 gm suppos</i> | Preferred | QL 12 / 22 days |
| <i>glycerin adult</i> | Preferred | QL 12 / 22 days |
| <i>glycolax</i> | Preferred | |
| <i>gnp clearlax 17 gm packet</i> | Preferred | QL 60 / 30 days |
| <i>gnp clearlax 17 gm/scoop powder</i> | Preferred | |
| <i>gnp mineral oil oil</i> | Preferred | QL 45 / 1 days |
| <i>gnp natural fiber 28.3 % powder</i> | Preferred | |
| <i>gnp senna plus</i> | Preferred | QL 4 / 1 days |
| <i>gnp stool softener 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>gnp stool softener/laxative</i> | Preferred | QL 4 / 1 days |
| <i>goodsense clearlax</i> | Preferred | |
| <i>goodsense mineral oil</i> | Preferred | QL 45 / 1 days |
| <i>goodsense natural fiber</i> | Preferred | |
| <i>goodsense stimulant lax plus</i> | Preferred | QL 4 / 1 days |
| <i>goodsense stimulant laxative</i> | Preferred | QL 4 / 1 days |
| <i>goodsense stool softener</i> | Preferred | QL 4 / 1 days |
| <i>healthylax</i> | Preferred | QL 60 / 30 days |
| <i>hm clearlax 17 gm packet</i> | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>hm clearlax 17 gm/scoop powder</i> | Preferred | |
| <i>hm mineral oil</i> | Preferred | QL 45 / 1 days |
| <i>hm senna-s</i> | Preferred | QL 4 / 1 days |
| <i>hm stool softener 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>hm stool softener/laxative</i> | Preferred | QL 4 / 1 days |
| IBSRELA | Non-Preferred | |
| <i>kls natural psyllium fiber</i> | Preferred | |
| <i>kls stool softener</i> | Preferred | QL 4 / 1 days |
| <i>konsyl daily fiber (konsyl daily fiber 28.3 % powder, konsyl daily fiber 60.3 % packet)</i> | Preferred | |
| <i>ks stool softener</i> | Preferred | QL 4 / 1 days |
| <i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i> | Preferred | QL 120 / 1 days |
| <i>lactulose encephalopathy</i> | Preferred | QL 120 / 1 days |
| <i>laxa basic</i> | Preferred | QL 4 / 1 days |
| <i>laxacin</i> | Preferred | QL 4 / 1 days |
| LINZESS | Preferred | QL 30 / 30 days PA |
| <i>lubiprostone</i> | Non-Preferred | QL 60 / 30 days |
| <i>medi-natural plus</i> | Preferred | QL 4 / 1 days |
| <i>metamucil 28.3 % powder</i> | Preferred | |
| <i>metamucil smooth texture</i> | Preferred | |
| <i>mineral oil oil</i> | Preferred | QL 45 / 1 days |
| <i>mineral oil heavy</i> | Preferred | QL 45 / 1 days |
| <i>mm stool softener laxative</i> | Preferred | QL 4 / 1 days |
| MOTTEGRITY | Non-Preferred | QL 30 / 30 days |
| MOVANTIK | Preferred | QL 30 / 30 days PA |
| <i>natural fiber</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| <i>natural fiber laxative (natural fiber laxative 28.3 % powder, natural fiber laxative 48.57 % powder, natural fiber laxative 58.6 % powder)</i> | Preferred | |
| <i>natural fiber therapy</i> | Preferred | |
| <i>natural vegetable fiber</i> | Preferred | |
| <i>peg 3350 17 gm packet</i> | Preferred | QL 60 / 30 days |
| <i>peg 3350 17 gm/scoop powder</i> | Preferred | |
| <i>peg 3350-kcl-na bicarb-nacl</i> | Preferred | QL 4000 / 30 days |
| <i>peg-3350/electrolytes/ascorbat</i> | Preferred | |
| <i>peg-kcl-nacl-nasulf-na asc-c</i> | Preferred | |
| <i>phillips stool softener</i> | Preferred | QL 4 / 1 days |
| <i>polyethylene glycol 3350 17 gm packet</i> | Preferred | QL 60 / 30 days |
| <i>polyethylene glycol 3350 17 gm/scoop powder</i> | Preferred | |
| <i>px docusate sodium</i> | Preferred | QL 4 / 1 days |
| <i>qc mineral oil heavy</i> | Preferred | QL 45 / 1 days |
| <i>qc natura-lax</i> | Preferred | |
| <i>qc natural vegetable</i> | Preferred | |
| <i>qc senna-s</i> | Preferred | QL 4 / 1 days |
| <i>qc stool softener 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>qc stool softener pls laxative</i> | Preferred | QL 4 / 1 days |
| <i>ra 2-in-1 lax/stool softener</i> | Preferred | QL 4 / 1 days |
| <i>ra col-rite 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>ra laxative & stool softener</i> | Preferred | QL 4 / 1 days |
| <i>ra mineral oil</i> | Preferred | QL 45 / 1 days |
| <i>ra multihealth fiber 58.6 % powder</i> | Preferred | |
| <i>ra p col-rite</i> | Preferred | QL 4 / 1 days |
| <i>ra senna plus</i> | Preferred | QL 4 / 1 days |
| <i>ra stool softener</i> | Preferred | QL 4 / 1 days |
| <i>reguloid (reguloid 28.3 % powder, reguloid 48.57 % powder, reguloid 58.6 % powder)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| RELISTOR (RELISTOR 8 MG/0.4ML SOLUTION, RELISTOR 12 MG/0.6ML SOLUTION) | Non-Preferred | |
| RELISTOR 150 MG TAB | Non-Preferred | QL 90 / 30 days |
| <i>sb docusate sodium</i> | Preferred | QL 4 / 1 days |
| <i>sb docusate sodium/senna</i> | Preferred | QL 4 / 1 days |
| <i>sb fiber laxative 48.57 % powder</i> | Preferred | |
| <i>sb polyethylene glycol 3350</i> | Preferred | |
| <i>senexon-s</i> | Preferred | QL 4 / 1 days |
| <i>senna plus 8.6-50 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>senna s</i> | Preferred | QL 4 / 1 days |
| <i>senna-docusate sodium</i> | Preferred | QL 4 / 1 days |
| <i>senna-plus</i> | Preferred | QL 4 / 1 days |
| <i>senna-s</i> | Preferred | QL 4 / 1 days |
| <i>senna-time s</i> | Preferred | QL 4 / 1 days |
| <i>sennosides-docusate sodium</i> | Preferred | QL 4 / 1 days |
| <i>sm clearlax</i> | Preferred | |
| <i>sm fiber (sm fiber 28.3 % powder, sm fiber 58.6 % powder)</i> | Preferred | |
| <i>sm mineral oil oil</i> | Preferred | QL 45 / 1 days |
| <i>sm natural laxative/stool soft</i> | Preferred | QL 4 / 1 days |
| <i>sm senna-s</i> | Preferred | QL 4 / 1 days |
| <i>sm stool softener (sm stool softener 8.6-50 mg tab, sm stool softener 100 mg cap)</i> | Preferred | QL 4 / 1 days |
| <i>sm stool softener/laxative</i> | Preferred | QL 4 / 1 days |
| <i>smooth lax 17 gm packet</i> | Preferred | QL 60 / 30 days |
| <i>stimulant laxative</i> | Preferred | QL 4 / 1 days |
| <i>stool softener 100 mg cap</i> | Preferred | QL 4 / 1 days |
| <i>stool softener laxative (stool softener laxative 8.6-50 mg tab, stool softener laxative 100 mg cap)</i> | Preferred | QL 4 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>stool softener plus laxative</i> | Preferred | QL 4 / 1 days |
| <i>stool softener/laxative 50-8.6 mg tab</i> | Preferred | QL 4 / 1 days |
| SYMPROIC | Non-Preferred | QL 30 / 30 days |
| <i>tgt fiber therapy</i> | Preferred | |
| <i>tgt powderlax 17 gm packet</i> | Preferred | QL 60 / 30 days |
| <i>tgt senna laxative 8.6-50 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>tgt stool softener & stimulant</i> | Preferred | QL 4 / 1 days |
| <i>trilyte</i> | Preferred | QL 4000 / 30 days |
| TRULANCE | Non-Preferred | QL 30 / 30 days |
| <i>vegetable lax+stool softener</i> | Preferred | QL 4 / 1 days |
| <i>wal-mucil (wal-mucil 28.3 % powder, wal-mucil 58.6 % powder)</i> | Preferred | |
| ZELNORM | Non-Preferred | |
| ANTI-DIARRHEAL AGENTS | | |
| AEMCOLO | Non-Preferred | |
| <i>alosetron hcl</i> | Non-Preferred | |
| <i>diphenoxylate-atropine 2.5-0.025 mg tab</i> | Preferred | QL 8 / 1 days |
| <i>diphenoxylate-atropine 2.5-0.025 mg/5ml liquid</i> | Preferred | QL 40 / 1 days |
| LOTRONEX | Non-Preferred | |
| VIBERZI | Non-Preferred | QL 60 / 30 days |
| ANTISPASMODICS, GASTROINTESTINAL | | |
| <i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i> | Preferred | QL 240 / 30 days |
| <i>glycopyrrolate 1 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>glycopyrrolate 2 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>propantheline bromide 15 mg tab</i> | Preferred | QL 150 / 30 days |
| GASTROINTESTINAL AGENTS, OTHER | | |
| ACTIGALL | Non-Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>amoxicill-clarithro-lansopraz</i> | Non-Preferred | |
| <i>bis subcit-metronid-tetracyc</i> | Non-Preferred | |
| <i>bismuth/metronidaz/tetracyclin</i> | Non-Preferred | |
| CHENODAL | Non-Preferred | |
| <i>gavilyte-c</i> | Preferred | QL 4000 / 30 days |
| <i>gavilyte-g</i> | Preferred | QL 4000 / 30 days |
| HELIDAC THERAPY | Non-Preferred | |
| HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE) | Non-Preferred | |
| <i>mintox plus</i> | Preferred | |
| OCALIVA | Non-Preferred | |
| OMECLAMOX-PAK | Non-Preferred | |
| OMNITROPE 10 MG/1.5ML SOLN CART | Non-Preferred | PA |
| OMVOH 100 MG/ML SOLN A-INJ | Non-Preferred | |
| <i>peg-3350/electrolytes</i> | Preferred | QL 4000 / 30 days |
| PYLERA | Non-Preferred | |
| RELTONE | Non-Preferred | |
| <i>sodium bicarbonate (sodium bicarbonate 325 mg tab, sodium bicarbonate 650 mg tab)</i> | Preferred | |
| TALICIA | Non-Preferred | |
| URSO 250 | Non-Preferred | |
| URSO FORTE | Non-Preferred | |
| <i>ursodiol (ursodiol 200 mg cap, ursodiol 250 mg tab, ursodiol 400 mg cap, ursodiol 500 mg tab)</i> | Preferred | |
| <i>ursodiol 300 mg cap</i> | Preferred | QL 90 / 30 days |
| VOQUEZNA | Non-Preferred | |
| VOQUEZNA DUAL PAK | Non-Preferred | |
| VOQUEZNA TRIPLE PAK | Non-Preferred | |
| ZINPLAVA | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| HISTAMINE2 (H2) RECEPTOR ANTAGONISTS | | |
| <i>acid controller complete</i> | Preferred | |
| <i>acid reducer 10 mg tab</i> | Preferred | |
| <i>acid reducer complete</i> | Preferred | |
| <i>acid reducer maximum strength</i> | Preferred | QL 120 / 30 days |
| <i>cimetidine 200 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>cimetidine 300 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>cimetidine 400 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>cimetidine 800 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>cimetidine hcl</i> | Preferred | QL 40 / 1 days |
| <i>cvs acid controller</i> | Preferred | |
| <i>cvs dual action complete</i> | Preferred | |
| <i>cvs heartburn relief 200 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>eq acid reducer complete</i> | Preferred | |
| <i>eq famotidine max st</i> | Preferred | QL 120 / 30 days |
| <i>eq dual action complete</i> | Preferred | |
| <i>famotidine (famotidine 10 mg tab, famotidine 40 mg/4ml solution, famotidine 40 mg/5ml recon susp, famotidine 200 mg/20ml solution)</i> | Preferred | |
| <i>famotidine (pf)</i> | Preferred | |
| <i>famotidine 20 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>famotidine 40 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>famotidine maximum strength</i> | Preferred | QL 120 / 30 days |
| <i>famotidine orig st</i> | Preferred | |
| <i>famotidine premixed</i> | Preferred | |
| <i>ft acid reducer + antacid</i> | Preferred | |
| <i>ft acid reducer 10 mg tab</i> | Preferred | |
| <i>ft acid reducer max strength</i> | Preferred | QL 120 / 30 days |
| <i>gnp acid reducer</i> | Preferred | |
| <i>gnp acid reducer max st</i> | Preferred | QL 120 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>gnp heartburn relief</i> | Preferred | QL 120 / 30 days |
| <i>heartburn relief 10 mg tab</i> | Preferred | |
| <i>heartburn relief 200 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>heartburn relief max st</i> | Preferred | QL 120 / 30 days |
| <i>hm dual action complete</i> | Preferred | |
| <i>hm famotidine 10 mg tab</i> | Preferred | |
| <i>hm famotidine 20 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>mm acid-pep maximum strength</i> | Preferred | QL 120 / 30 days |
| NIZATIDINE (NIZATIDINE 15 MG/ML SOLUTION, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP) | Preferred | |
| PEPCID 20 MG TAB | Non-Preferred | |
| PEPCID 40 MG TAB | Non-Preferred | QL 60 / 30 days |
| PEPCID AC | Non-Preferred | |
| <i>px dual action</i> | Preferred | |
| <i>qc acid controller</i> | Preferred | |
| <i>qc acid controller max st</i> | Preferred | QL 120 / 30 days |
| <i>ra dual action complete</i> | Preferred | |
| <i>sm acid reducer 10 mg tab</i> | Preferred | |
| <i>sm acid reducer 200 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>sm acid reducer max st</i> | Preferred | QL 120 / 30 days |
| TAGAMET HB | Non-Preferred | |
| <i>zantac 360 10 mg tab</i> | Non-Preferred | |
| <i>zantac 360 20 mg tab</i> | Non-Preferred | QL 120 / 30 days |
| PROTECTANTS | | |
| <i>sucrafate 1 gm tab</i> | Preferred | QL 4 / 1 days |
| <i>sucrafate 1 gm/10ml suspension</i> | Preferred | QL 40 / 1 days |
| PROTON PUMP INHIBITORS | | |
| <i>acid reducer 20.6 (20 base) mg cap dr</i> | Non-Preferred | QL 60 / 30 days |
| ACIPHEX | Non-Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| ACIPHEX SPRINKLE | Non-Preferred | |
| <i>cvs esomeprazole magnesium</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>cvs lansoprazole 15 mg tab dr disp</i> | Non-Preferred | QL 30 / 30 days |
| <i>cvs omeprazole 20 mg tab dr disp</i> | Non-Preferred | |
| <i>cvs omeprazole magnesium</i> | Non-Preferred | QL 60 / 30 days |
| DEXILANT | Non-Preferred | |
| <i>dexlansoprazole</i> | Non-Preferred | |
| <i>eq omeprazole 20 mg tab dr</i> | Non-Preferred | QL 60 / 30 days |
| <i>eq omeprazole 20 mg tab dr disp</i> | Non-Preferred | |
| <i>eq lansoprazole</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 20 mg tab dr, esomeprazole magnesium 40 mg packet)</i> | Non-Preferred | |
| <i>esomeprazole magnesium 20 mg cap dr</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>esomeprazole magnesium 40 mg cap dr</i> | Preferred | AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| ESOMEPRAZOLE STRONTIUM | Non-Preferred | |
| <i>ft acid reducer 15 mg cap dr</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>ft omeprazole</i> | Non-Preferred | QL 60 / 30 days |
| <i>gnp esomeprazole magnesium</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>gnp lansoprazole</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>gnp omeprazole (gnp omeprazole 20 mg tab dr, gnp omeprazole 20.6 (20 base) mg cap dr)</i> | Non-Preferred | QL 60 / 30 days |
| <i>gnp omeprazole 20 mg tab dr disp</i> | Non-Preferred | |
| <i>goodsense esomeprazole</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>goodsense lansoprazole 15 mg cap dr</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>goodsense lansoprazole 15 mg tab dr disp</i> | Non-Preferred | QL 30 / 30 days |
| <i>goodsense omep/sod bicarb</i> | Non-Preferred | |
| <i>hm esomeprazole magnesium dr</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>hm lansoprazole</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>hm omeprazole</i> | Non-Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| KONVOMEPE | Non-Preferred | |
| <i>lansoprazole (lansoprazole 15 mg tab dr disp, lansoprazole 30 mg tab dr disp)</i> | Non-Preferred | QL 30 / 30 days |
| <i>lansoprazole 15 mg cap dr</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>lansoprazole 30 mg cap dr</i> | Preferred | QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 20 MG PACKET, NEXIUM 40 MG PACKET) | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| NEXIUM (NEXIUM 20 MG CAP DR, NEXIUM 40 MG CAP DR) | Non-Preferred | |
| <i>omeprazole 10 mg cap dr</i> | Preferred | QL 60 / 30 day(s) C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>omeprazole 20 mg cap dr</i> | Preferred | QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>omeprazole 20 mg tab dr</i> | Non-Preferred | QL 60 / 30 days |
| <i>omeprazole 20 mg tab dr disp</i> | Non-Preferred | |
| <i>omeprazole 40 mg cap dr</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>omeprazole magnesium 20 mg tab dr</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>omeprazole magnesium 20.6 (20 base) mg cap dr</i> | Non-Preferred | QL 60 / 30 days |
| <i>omeprazole-sodium bicarbonate</i> | Non-Preferred | QL 60 / 30 days |
| <i>pantoprazole sodium 20 mg tab dr</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>pantoprazole sodium 40 mg packet</i> | Non-Preferred | QL 60 / 30 days |
| <i>pantoprazole sodium 40 mg tab dr</i> | Preferred | AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| PREVACID | Non-Preferred | QL 60 / 30 days |
| PREVACID 24HR | Non-Preferred | QL 60 / 30 days |
| PREVACID SOLUTAB | Non-Preferred | QL 30 / 30 days |
| PRILOSEC | Non-Preferred | QL 60 / 30 days |
| PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG TAB DR) | Non-Preferred | QL 60 / 30 days |
| PROTONIX 40 MG PACKET | Non-Preferred | QL 60 / 30 days |
| <i>qc esomeprazole magnesium</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>qc lansoprazole</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>qc omeprazole magnesium</i> | Non-Preferred | QL 60 / 30 days |
| <i>rabeprazole sodium 20 mg tab dr</i> | Preferred | QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| <i>sm esomeprazole magnesium</i> | Preferred | C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>sm lansoprazole</i> | Preferred | QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days |
| <i>sm omeprazole</i> | Non-Preferred | QL 60 / 30 days |
| ZEGERID | Non-Preferred | |
| GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT | | |
| ADAKVEO | Non-Preferred | |
| AGAMREE | Non-Preferred | |
| BUPHENYL (BUPHENYL 3 GM/TSP POWDER, BUPHENYL 500 MG TAB) | Preferred | |
| CERDELGA | Preferred | PA |
| CEREZYME | Preferred | PA |
| CHOLBAM | Preferred | PA |
| CREON | Preferred | |
| DROXIA | Preferred | |
| ELELYSO | Preferred | PA |
| ENDARI | Non-Preferred | QL 180 / 30 days |
| <i>miglustat</i> | Preferred | PA |
| OLPRUVA (2 GM DOSE) | Non-Preferred | |
| OLPRUVA (3 GM DOSE) | Non-Preferred | |
| OLPRUVA (4 GM DOSE) | Non-Preferred | |
| OLPRUVA (5 GM DOSE) | Non-Preferred | |
| OLPRUVA (6 GM DOSE) | Non-Preferred | |
| OLPRUVA (6.67 GM DOSE) | Non-Preferred | |
| OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB) | Non-Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| OXBRYTA 300 MG TAB SOL | Non-Preferred | QL 150 / 30 days |
| PANCREAZE | Non-Preferred | |
| PERTZYE (PERTZYE 4000 UNIT CP DR PART, PERTZYE 8000 UNIT CP DR PART, PERTZYE 16000 UNIT CP DR PART, PERTZYE 24000-86250 UNIT CP DR PART) | Non-Preferred | |
| PHEBURANE | Non-Preferred | |
| RAVICTI | Non-Preferred | |
| SIKLOS | Non-Preferred | |
| <i>sodium phenylbutyrate (sodium phenylbutyrate 3 gm/tsp powder, sodium phenylbutyrate 500 mg tab)</i> | Preferred | |
| VIOKACE | Non-Preferred | |
| VPRIV | Preferred | PA |
| <i>yargesa</i> | Non-Preferred | PA |
| ZAVESCA | Preferred | PA |
| ZENPEP | Preferred | |
| GENITOURINARY AGENTS | | |
| ANTISPASMODICS, URINARY | | |
| <i>darifenacin hydrobromide er</i> | Non-Preferred | |
| DETROL | Non-Preferred | QL 60 / 30 days |
| DETROL LA | Non-Preferred | QL 30 / 30 days |
| DITROPAN XL | Non-Preferred | QL 30 / 30 days |
| ENABLEX | Non-Preferred | |
| <i>fesoterodine fumarate er</i> | Non-Preferred | |
| <i>flavoxate hcl</i> | Non-Preferred | |
| GELNIQUE | Non-Preferred | |
| GEMTESA | Non-Preferred | QL 30 / 30 days |
| MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H) | Preferred | |
| MYRBETRIQ 8 MG/ML SRER | Non-Preferred | |
| OXYBUTYNIN CHLORIDE 2.5 MG TAB | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>oxybutynin chloride 5 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>oxybutynin chloride 5 mg/5ml solution</i> | Preferred | QL 600 / 30 days |
| <i>oxybutynin chloride er</i> | Preferred | QL 30 / 30 days |
| OXYTROL | Non-Preferred | |
| OXYTROL FOR WOMEN | Preferred | |
| <i>solifenacin succinate</i> | Preferred | |
| <i>tolterodine tartrate</i> | Preferred | QL 60 / 30 days |
| <i>tolterodine tartrate er</i> | Preferred | QL 30 / 30 days |
| TOVIAZ | Non-Preferred | |
| <i>trospium chloride</i> | Preferred | QL 60 / 30 days |
| <i>trospium chloride er</i> | Non-Preferred | QL 30 / 30 days |
| VESICARE | Non-Preferred | |
| VESICARE LS | Non-Preferred | |

BENIGN PROSTATIC HYPERTROPHY AGENTS

| | | |
|---|---------------|-----------------|
| <i>alfuzosin hcl er</i> | Preferred | QL 30 / 30 days |
| AVODART | Non-Preferred | QL 30 / 30 days |
| CARDURA XL | Non-Preferred | |
| CIALIS (CIALIS 10 MG TAB, CIALIS 20 MG TAB) | Non-Preferred | |
| CIALIS (CIALIS 2.5 MG TAB, CIALIS 5 MG TAB) | Non-Preferred | QL 30 / 30 days |
| <i>dutasteride 0.5 mg cap</i> | Preferred | QL 30 / 30 days |
| <i>dutasteride-tamsulosin hcl</i> | Non-Preferred | |
| ENTADFI | Non-Preferred | |
| <i>finasteride 5 mg tab</i> | Preferred | QL 30 / 30 days |
| FLOMAX | Non-Preferred | QL 60 / 30 days |
| JALYN | Non-Preferred | |
| PROSCAR | Non-Preferred | |
| RAPAFLO | Non-Preferred | |
| <i>silodosin</i> | Non-Preferred | |
| <i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>tadalafil (tadalafil 2.5 mg tab, tadalafil 5 mg tab)</i> | Non-Preferred | QL 30 / 30 days |
| <i>tamsulosin hcl</i> | Preferred | QL 60 / 30 days |
| GENITOURINARY AGENTS, OTHER | | |
| <i>argyle sterile saline</i> | Preferred | |
| <i>bethanechol chloride (bethanechol chloride 5 mg tab, bethanechol chloride 10 mg tab, bethanechol chloride 25 mg tab, bethanechol chloride 50 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>curity sterile saline</i> | Preferred | |
| <i>cytra-2</i> | Preferred | QL 120 / 1 days |
| ELMIRON | Preferred | QL 90 / 30 days |
| ORACIT | Preferred | QL 120 / 1 days |
| ORAL CITRATE | Preferred | QL 120 / 1 days |
| <i>phospha 250 neutral</i> | Preferred | |
| <i>phospho-trin 250 neutral</i> | Preferred | |
| <i>phosphorous</i> | Preferred | |
| <i>sod citrate-citric acid</i> | Preferred | QL 120 / 1 days |
| <i>sodium chloride 0.9 % solution</i> | Preferred | |
| <i>virt-phos 250 neutral</i> | Preferred | |
| <i>wes-phos 250 neutral</i> | Preferred | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) | | |
| <i>cortisone acetate 25 mg tab</i> | Non-Preferred | QL 12 / 1 days |
| CORTISONE ACETATE 25 MG TAB | Non-Preferred | |
| <i>decadron</i> | Non-Preferred | |
| <i>deflazacort</i> | Non-Preferred | |
| DEPO-MEDROL 20 MG/ML SUSPENSION | Preferred | QL 8 / 1 days |
| DEXABLISS | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.5 mg/5ml solution, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i> | Preferred | |
| <i>dexamethasone (dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg (35) tab thpk, dexamethasone 1.5 mg (51) tab thpk)</i> | Non-Preferred | |
| DEXAMETHASONE INTENSOL | Preferred | |
| <i>dexpak 10 day</i> | Non-Preferred | |
| <i>dexpak 13 day</i> | Non-Preferred | |
| <i>dexpak 6 day</i> | Non-Preferred | |
| DXEVO 11-DAY | Non-Preferred | |
| EMFLAZA (EMFLAZA 6 MG TAB, EMFLAZA 18 MG TAB, EMFLAZA 22.75 MG/ML SUSPENSION, EMFLAZA 30 MG TAB, EMFLAZA 36 MG TAB) | Non-Preferred | |
| <i>fludrocortisone acetate 0.1 mg tab</i> | Preferred | QL 2 / 1 days |
| KENALOG (KENALOG 10 MG/ML SUSPENSION, KENALOG 40 MG/ML SUSPENSION) | Preferred | |
| MEDROL (MEDROL 4 MG TAB, MEDROL 4 MG TAB THPK, MEDROL 8 MG TAB, MEDROL 16 MG TAB) | Non-Preferred | |
| MEDROL 2 MG TAB | Non-Preferred | QL 4 / 1 days |
| MEDROL 32 MG TAB | Non-Preferred | QL 2 / 1 days |
| <i>methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab)</i> | Preferred | QL 4 / 1 days |
| <i>methylprednisolone 32 mg tab</i> | Preferred | QL 2 / 1 days |
| <i>methylprednisolone 4 mg tab thpk</i> | Preferred | |
| <i>methylprednisolone acetate 40 mg/ml suspension</i> | Preferred | QL 4 / 1 days |
| <i>methylprednisolone acetate 80 mg/ml suspension</i> | Preferred | QL 2 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)</i> | Preferred | |
| MILLIPRED | Non-Preferred | QL 12 / 1 days |
| <i>millipred</i> | Non-Preferred | |
| MILLIPRED DP | Non-Preferred | |
| ORAPRED ODT | Non-Preferred | |
| PEDIAPRED | Non-Preferred | |
| <i>prednisolone 15 mg/5ml solution</i> | Preferred | QL 20 / 1 days |
| <i>prednisolone 5 mg tab</i> | Non-Preferred | |
| <i>prednisolone sodium phosphate (prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 30 mg tab disp)</i> | Non-Preferred | |
| <i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i> | Preferred | |
| <i>prednisolone sodium phosphate 15 mg/5ml solution</i> | Preferred | QL 20 / 1 days |
| <i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab)</i> | Preferred | QL 8 / 1 days |
| <i>prednisone (prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i> | Preferred | |
| <i>prednisone 10 mg tab</i> | Preferred | QL 6 / 1 days |
| <i>prednisone 20 mg tab</i> | Preferred | QL 3 / 1 days |
| <i>prednisone 5 mg/5ml solution</i> | Preferred | QL 60 / 1 day(s) |
| <i>prednisone 50 mg tab</i> | Preferred | QL 1 / 1 days |
| PREDNISONE INTENSOL | Preferred | QL 12 / 1 days |
| RAYOS | Non-Preferred | |
| SOLU-CORTEF 100 MG RECON SOLN | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| TAPERDEX 12-DAY | Non-Preferred | |
| <i>taperdex 6-day</i> | Non-Preferred | |
| TAPERDEX 7-DAY | Non-Preferred | |
| TARPEYO | Non-Preferred | QL 120 / 30 days |
| <i>triamcinolone acetonide 40 mg/ml suspension</i> | Preferred | |
| ZCORT 7-DAY | Non-Preferred | |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) | | |
| <i>desmopressin ace spray refrig</i> | Preferred | QL 15 / 26 days |
| <i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i> | Preferred | QL 180 / 30 days |
| <i>desmopressin acetate spray</i> | Preferred | QL 15 / 26 days |
| GENOTROPIN | Preferred | PA |
| GENOTROPIN MINIQUICK | Preferred | PA |
| MYFEMBREE | Preferred | QL 30 / 30 days PA |
| NGENLA | Non-Preferred | |
| NORDITROPIN FLEXPRO | Preferred | PA |
| NUTROPIN AQ NUSPIN 10 | Non-Preferred | |
| NUTROPIN AQ NUSPIN 20 | Non-Preferred | |
| NUTROPIN AQ NUSPIN 5 | Non-Preferred | |
| OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN) | Non-Preferred | PA |
| SAIZEN | Non-Preferred | |
| SAIZENPREP | Non-Preferred | |
| SEROSTIM | Non-Preferred | |
| SKYTROFA | Non-Preferred | |
| SOGROYA | Non-Preferred | |
| ZOMACTON | Non-Preferred | |
| ZOMACTON (FOR ZOMA-JET 10) | Non-Preferred | |
| ZORBTIVE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-------------------------|
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) | | |
| <i>misoprostol 100 mcg tab</i> | Preferred | QL 240 / 30 days |
| <i>misoprostol 200 mcg tab</i> | Preferred | QL 4 / 1 days |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) | | |
| ANABOLIC STEROIDS | | |
| ANADROL-50 | Non-Preferred | |
| <i>oxandrolone 10 mg tab</i> | Non-Preferred | QL 60 / 30 days |
| <i>oxandrolone 2.5 mg tab</i> | Non-Preferred | QL 240 / 30 days |
| ANDROGENS | | |
| ANDRODERM | Non-Preferred | |
| ANDROGEL (ANDROGEL 20.25 MG/1.25GM (1.62%) GEL, ANDROGEL 40.5 MG/2.5GM (1.62%) GEL) | Non-Preferred | QL 150 / 30 days |
| ANDROGEL (ANDROGEL 25 MG/2.5GM (1%) GEL, ANDROGEL 50 MG/5GM (1%) GEL) | Non-Preferred | QL 300 / 30 days |
| ANDROGEL PUMP | Non-Preferred | QL 150 / 30 days |
| AVEED | Non-Preferred | |
| <i>depo-testosterone</i> | Preferred | QL 10 / 30 days PA |
| FORTESTA | Non-Preferred | QLC 3.51 grams/day |
| JATENZO | Non-Preferred | |
| KYZATREX | Non-Preferred | |
| METHITEST | Non-Preferred | |
| <i>methyltestosterone 10 mg cap</i> | Non-Preferred | QL 150 / 30 days |
| NATESTO | Non-Preferred | |
| STRIANT | Non-Preferred | |
| TESTIM | Non-Preferred | QL 300 / 30 days |
| TESTOPEL | Preferred | QL 6 / 180 day(s) PA |
| <i>testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)</i> | Preferred | QL 150 / 30 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| TESTOSTERONE (TESTOSTERONE 100 MG PELLET, TESTOSTERONE 200 MG PELLET) | Non-Preferred | |
| <i>testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)</i> | Non-Preferred | QL 150 / 30 days |
| <i>testosterone (testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)</i> | Non-Preferred | QL 300 / 30 days |
| <i>testosterone 10 mg/act (2%) gel</i> | Non-Preferred | QLC 3.51 grams/day |
| <i>testosterone 30 mg/act solution</i> | Non-Preferred | QLC 6 mL/day |
| <i>testosterone cypionate (testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)</i> | Preferred | QL 10 / 30 days PA |
| TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION | Preferred | PA |
| <i>testosterone enanthate 200 mg/ml solution</i> | Non-Preferred | QL 5 / 30 days |
| TLANDO | Non-Preferred | |
| VOGELXO | Non-Preferred | QL 300 / 30 days |
| VOGELXO PUMP | Non-Preferred | QL 150 / 30 days |
| XYOSTED | Non-Preferred | |
| ESTROGENS | | |
| <i>afirmelle</i> | Preferred | QL 1 / 1 days |
| ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.05 MG/24HR PATCH TW) | Preferred | |
| <i>altavera</i> | Preferred | QL 1 / 1 days |
| <i>alyacen 1/35</i> | Preferred | QL 1 / 1 days |
| <i>alyacen 7/7/7</i> | Preferred | QL 28 / 28 days |
| <i>amethia</i> | Preferred | |
| <i>amethia lo</i> | Non-Preferred | |
| <i>amethyst</i> | Preferred | QL 1 / 1 days |
| ANGELIQ | Preferred | |
| ANNOVERA | Non-Preferred | |
| <i>apri</i> | Preferred | QL 1 / 1 days |
| <i>aranelle</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---------------------------|---------------|-----------------------|
| <i>ashlyna</i> | Preferred | |
| <i>aubra</i> | Preferred | QL 1 / 1 days |
| <i>aubra eq</i> | Preferred | QL 1 / 1 days |
| <i>aurovela 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>aurovela 1/20</i> | Preferred | QL 1 / 1 days |
| <i>aurovela 24 fe</i> | Preferred | |
| <i>aurovela fe 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>aurovela fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>aviane</i> | Preferred | QL 1 / 1 days |
| <i>ayuna</i> | Preferred | QL 1 / 1 days |
| <i>azurette</i> | Preferred | QL 1 / 1 days |
| BALCOLTRA | Non-Preferred | |
| <i>balziva</i> | Preferred | QL 1 / 1 days |
| <i>bekyree</i> | Preferred | QL 1 / 1 days |
| BEYAZ | Non-Preferred | |
| <i>blisovi 24 fe</i> | Preferred | |
| <i>blisovi fe 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>blisovi fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>briellyn</i> | Preferred | QL 1 / 1 days |
| <i>camrese</i> | Preferred | |
| <i>camrese lo</i> | Preferred | |
| <i>caziant</i> | Preferred | QL 1 / 1 days |
| <i>charlotte 24 fe</i> | Preferred | |
| <i>chateal</i> | Preferred | QL 1 / 1 days |
| <i>chateal eq</i> | Preferred | QL 1 / 1 days |
| CLIMARA | Non-Preferred | |
| CLIMARA PRO | Preferred | |
| <i>covaryx</i> | Non-Preferred | |
| <i>covaryx hs</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>cryselle-28</i> | Preferred | QL 1 / 1 days |
| <i>cyclafem 1/35</i> | Preferred | QL 1 / 1 days |
| <i>cyclafem 7/7/7</i> | Preferred | QL 28 / 28 days |
| <i>cyred</i> | Preferred | QL 1 / 1 days |
| <i>cyred eq</i> | Preferred | QL 1 / 1 days |
| <i>dasetta 1/35</i> | Preferred | QL 1 / 1 days |
| <i>dasetta 7/7/7</i> | Preferred | QL 28 / 28 days |
| <i>daysee</i> | Preferred | |
| DELESTROGEN | Preferred | |
| DEPO-ESTRADIOL | Preferred | |
| <i>desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)</i> | Preferred | QL 1 / 1 days |
| DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL, DIVIGEL 1.25 MG/1.25GM GEL) | Non-Preferred | |
| <i>dolishale</i> | Preferred | QL 1 / 1 days |
| <i>dotti</i> | Non-Preferred | QL 8 / 28 days |
| <i>drospiren-eth estrad-levomefol</i> | Non-Preferred | |
| <i>drospirenone-ethinyl estradiol</i> | Preferred | QL 1 / 1 days |
| <i>eemt</i> | Non-Preferred | |
| <i>eemt hs</i> | Non-Preferred | |
| ELESTRIN | Preferred | |
| <i>elinest</i> | Preferred | QL 1 / 1 days |
| <i>eluryng</i> | Non-Preferred | QL 1 / 28 days |
| <i>emoquette</i> | Preferred | QL 1 / 1 days |
| <i>enilloring</i> | Non-Preferred | QL 1 / 28 days |
| <i>enpresse-28</i> | Preferred | QL 1 / 1 days |
| <i>enskyce</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|------------------------|
| <i>est estrogens-methyltest</i> | Non-Preferred | |
| <i>est estrogens-methyltest ds</i> | Non-Preferred | |
| <i>est estrogens-methyltest hs</i> | Non-Preferred | |
| <i>estarylla</i> | Preferred | QL 1 / 1 days |
| ESTRACE (ESTRACE 1 MG TAB, ESTRACE 2 MG TAB) | Non-Preferred | QL 90 / 30 days |
| ESTRACE 0.1 MG/GM CREAM | Non-Preferred | QLC 42.5 grams/30 days |
| ESTRACE 0.5 MG TAB | Non-Preferred | |
| <i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch tw, estradiol 0.05 mg/24hr patch tw, estradiol 0.075 mg/24hr patch tw, estradiol 0.1 mg/24hr patch tw)</i> | Preferred | QL 8 / 28 days |
| <i>estradiol (estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch wk)</i> | Preferred | QL 4 / 28 days |
| <i>estradiol (estradiol 0.25 mg/0.25gm gel, estradiol 0.5 mg/0.5gm gel, estradiol 0.75 mg/0.75gm gel, estradiol 1 mg/gm gel, estradiol 1.25 mg/1.25gm gel)</i> | Non-Preferred | |
| <i>estradiol (estradiol 0.5 mg tab, estradiol 10 mcg tab)</i> | Preferred | |
| <i>estradiol (estradiol 1 mg tab, estradiol 2 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>estradiol 0.1 mg/gm cream</i> | Preferred | QLC 42.5 grams/30 days |
| <i>estradiol valerate (estradiol valerate 10 mg/ml oil, estradiol valerate 20 mg/ml oil, estradiol valerate 40 mg/ml oil)</i> | Preferred | |
| ESTRING | Preferred | |
| ESTROGEL | Non-Preferred | |
| ESTROSTEP FE | Non-Preferred | QL 1 / 1 days |
| <i>ethynodiol diac-eth estradiol</i> | Preferred | QL 1 / 1 days |
| <i>etonogestrel-ethinyl estradiol</i> | Non-Preferred | QL 1 / 28 days |
| EVAMIST | Non-Preferred | |
| <i>falmina</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------|---------------|-----------------------|
| <i>fayosim</i> | Non-Preferred | |
| FEMHRT | Non-Preferred | |
| FEMRING | Preferred | |
| <i>femynor</i> | Preferred | QL 1 / 1 days |
| <i>finzala</i> | Preferred | |
| <i>fyavolv</i> | Preferred | |
| <i>gemmily</i> | Non-Preferred | |
| GENERESS FE | Non-Preferred | |
| <i>hailey 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>hailey 24 fe</i> | Preferred | |
| <i>hailey fe 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>hailey fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>haloette</i> | Non-Preferred | QL 1 / 28 days |
| <i>iclevia</i> | Preferred | |
| <i>introvale</i> | Preferred | |
| <i>isibloom</i> | Preferred | QL 1 / 1 days |
| <i>jaimiess</i> | Preferred | |
| <i>jasmiel</i> | Preferred | QL 1 / 1 days |
| <i>jinteli</i> | Preferred | |
| <i>jolessa</i> | Preferred | |
| <i>joyeaux</i> | Non-Preferred | |
| <i>juleber</i> | Preferred | QL 1 / 1 days |
| <i>junel 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>junel 1/20</i> | Preferred | QL 1 / 1 days |
| <i>junel fe 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>junel fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>junel fe 24</i> | Preferred | |
| <i>kaitlib fe</i> | Non-Preferred | |
| <i>kalliga</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>kariva</i> | Preferred | QL 1 / 1 days |
| <i>kelnor 1/35</i> | Preferred | QL 1 / 1 days |
| <i>kelnor 1/50</i> | Preferred | QL 1 / 1 days |
| <i>kurvelo</i> | Preferred | QL 1 / 1 days |
| <i>larin 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>larin 1/20</i> | Preferred | QL 1 / 1 days |
| <i>larin 24 fe</i> | Preferred | |
| <i>larin fe 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>larin fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>larissia</i> | Preferred | QL 1 / 1 days |
| <i>layolis fe</i> | Non-Preferred | |
| <i>leena</i> | Preferred | QL 1 / 1 days |
| <i>lessina</i> | Preferred | QL 1 / 1 days |
| <i>levonest</i> | Preferred | QL 1 / 1 days |
| <i>levonorg-eth estrad triphasic</i> | Preferred | QL 1 / 1 days |
| <i>levonorgest-eth est & eth est</i> | Non-Preferred | |
| <i>levonorgest-eth estrad 91-day</i> | Preferred | |
| <i>levonorgest-eth estradiol-iron</i> | Non-Preferred | |
| <i>levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)</i> | Preferred | QL 1 / 1 days |
| <i>levora 0.15/30 (28)</i> | Preferred | QL 1 / 1 days |
| <i>lillow</i> | Preferred | QL 1 / 1 days |
| LO LOESTRIN FE | Preferred | |
| <i>lo-zumandimine</i> | Preferred | QL 1 / 1 days |
| <i>loestrin 1.5/30 (21)</i> | Non-Preferred | QL 1 / 1 days |
| <i>loestrin 1/20 (21)</i> | Non-Preferred | QL 1 / 1 days |
| <i>loestrin fe 1.5/30</i> | Non-Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>loestrin fe 1/20</i> | Non-Preferred | QL 1 / 1 days |
| <i>lojaimiess</i> | Preferred | |
| <i>loryna</i> | Preferred | QL 1 / 1 days |
| LOSEASONIQUE | Non-Preferred | |
| <i>low-ogestrel</i> | Preferred | QL 1 / 1 days |
| <i>lutera</i> | Preferred | QL 1 / 1 days |
| <i>lyllana</i> | Non-Preferred | QL 8 / 28 days |
| <i>marlissa</i> | Preferred | QL 1 / 1 days |
| <i>melodetta 24 fe</i> | Non-Preferred | |
| MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB) | Non-Preferred | QL 30 / 30 days |
| MENEST 2.5 MG TAB | Non-Preferred | |
| MENOSTAR | Non-Preferred | |
| <i>merzee</i> | Non-Preferred | |
| <i>mibelas 24 fe</i> | Non-Preferred | |
| <i>microgestin 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>microgestin 1/20</i> | Preferred | QL 1 / 1 days |
| <i>microgestin 24 fe</i> | Preferred | |
| <i>microgestin fe 1.5/30</i> | Preferred | QL 1 / 1 days |
| <i>microgestin fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>mili</i> | Preferred | QL 1 / 1 days |
| MINASTRIN 24 FE | Non-Preferred | |
| MINIVELLE | Non-Preferred | QL 8 / 28 days |
| MIRCETTE | Non-Preferred | QL 1 / 1 days |
| <i>mono-linyah</i> | Preferred | QL 1 / 1 days |
| NATAZIA | Non-Preferred | |
| <i>necon 0.5/35 (28)</i> | Preferred | QL 1 / 1 days |
| NEXTSTELLIS | Non-Preferred | |
| <i>nikki</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>norelgestromin-eth estradiol</i> | Non-Preferred | QL 3 / 28 days |
| <i>norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg tab, norethin ace-eth estrad-fe 1.5-30 mg-mcg tab)</i> | Preferred | QL 1 / 1 days |
| <i>norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap, norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab)</i> | Non-Preferred | |
| <i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i> | Preferred | |
| <i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i> | Preferred | QL 1 / 1 days |
| <i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i> | Non-Preferred | |
| <i>norethindron-ethinyl estrad-fe</i> | Non-Preferred | QL 1 / 1 days |
| <i>norethindrone acet-ethinyl est</i> | Preferred | QL 1 / 1 days |
| <i>norethindrone-eth estradiol</i> | Preferred | |
| <i>norgestim-eth estrad triphasic</i> | Preferred | QL 1 / 1 days |
| <i>norgestimate-eth estradiol</i> | Preferred | QL 1 / 1 days |
| <i>nortrel 0.5/35 (28)</i> | Preferred | QL 1 / 1 days |
| <i>nortrel 1/35 (21)</i> | Preferred | QL 1 / 1 days |
| <i>nortrel 1/35 (28)</i> | Preferred | QL 1 / 1 days |
| <i>nortrel 7/7/7</i> | Preferred | QL 28 / 28 days |
| NUVARING | Preferred | QL 1 / 28 days |
| <i>nylia 1/35</i> | Preferred | QL 1 / 1 days |
| <i>nylia 7/7/7</i> | Preferred | QL 28 / 28 days |
| <i>nymyo</i> | Preferred | QL 1 / 1 days |
| <i>ocella</i> | Preferred | QL 1 / 1 days |
| <i>orsythia</i> | Preferred | QL 1 / 1 days |
| ORTHO-NOVUM 7/7/7 (28) | Non-Preferred | QL 28 / 28 days |
| <i>philith</i> | Preferred | QL 1 / 1 days |
| <i>pimtrea</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>pirmella 1/35</i> | Preferred | QL 1 / 1 days |
| <i>pirmella 7/7/7</i> | Preferred | QL 28 / 28 days |
| <i>portia-28</i> | Preferred | QL 1 / 1 days |
| PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB) | Preferred | QL 30 / 30 days |
| PREMARIN (PREMARIN 0.625 MG/GM CREAM, PREMARIN 1.25 MG TAB) | Preferred | |
| PREMARIN 25 MG RECON SOLN | Non-Preferred | |
| PREMPHASE | Preferred | QL 1 / 1 days |
| PREMPRO | Preferred | QL 1 / 1 days |
| <i>previfem</i> | Preferred | QL 1 / 1 days |
| QUARTETTE | Non-Preferred | |
| <i>reclipsen</i> | Preferred | QL 1 / 1 days |
| <i>rivelsa</i> | Non-Preferred | |
| SAFYRAL | Non-Preferred | |
| SEASONIQUE | Non-Preferred | |
| <i>setlakin</i> | Preferred | |
| <i>simliya</i> | Preferred | QL 1 / 1 days |
| <i>simpesse</i> | Preferred | |
| <i>sprintec 28</i> | Preferred | QL 1 / 1 days |
| <i>sronyx</i> | Preferred | QL 1 / 1 days |
| <i>syeda</i> | Preferred | QL 1 / 1 days |
| <i>tarina 24 fe</i> | Preferred | |
| <i>tarina fe 1/20</i> | Preferred | QL 1 / 1 days |
| <i>tarina fe 1/20 eq</i> | Preferred | QL 1 / 1 days |
| <i>taysofy</i> | Non-Preferred | |
| TAYTULLA | Non-Preferred | |
| <i>tilia fe</i> | Non-Preferred | QL 1 / 1 days |
| <i>tri femynor</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|-------------------------|---------------|-----------------------|
| <i>tri-estarylla</i> | Preferred | QL 1 / 1 days |
| <i>tri-legest fe</i> | Non-Preferred | QL 1 / 1 days |
| <i>tri-linyah</i> | Preferred | QL 1 / 1 days |
| <i>tri-lo-estarylla</i> | Preferred | QL 1 / 1 days |
| <i>tri-lo-marzia</i> | Preferred | QL 1 / 1 days |
| <i>tri-lo-mili</i> | Preferred | QL 1 / 1 days |
| <i>tri-lo-sprintec</i> | Preferred | QL 1 / 1 days |
| <i>tri-mili</i> | Preferred | QL 1 / 1 days |
| <i>tri-nymyo</i> | Preferred | QL 1 / 1 days |
| <i>tri-previfem</i> | Preferred | QL 1 / 1 days |
| <i>tri-sprintec</i> | Preferred | QL 1 / 1 days |
| <i>tri-vylibra</i> | Preferred | QL 1 / 1 days |
| <i>tri-vylibra lo</i> | Preferred | QL 1 / 1 days |
| <i>trivora (28)</i> | Preferred | QL 1 / 1 days |
| <i>turqoz</i> | Preferred | QL 1 / 1 days |
| TWIRLA | Non-Preferred | |
| TYBLUME | Preferred | |
| <i>tydemy</i> | Non-Preferred | |
| VAGIFEM | Preferred | |
| <i>velivet</i> | Preferred | QL 1 / 1 days |
| <i>vestura</i> | Preferred | QL 1 / 1 days |
| <i>vienva</i> | Preferred | QL 1 / 1 days |
| <i>viorele</i> | Preferred | QL 1 / 1 days |
| VIVELLE-DOT | Non-Preferred | QL 8 / 28 days |
| <i>volnea</i> | Preferred | QL 1 / 1 days |
| <i>vyfemla</i> | Preferred | QL 1 / 1 days |
| <i>vylibra</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>wera</i> | Preferred | QL 1 / 1 days |
| <i>wymzya fe</i> | Preferred | QL 1 / 1 days |
| <i>xulane</i> | Preferred | QL 3 / 28 days |
| YASMIN 28 | Preferred | QL 1 / 1 days |
| YAZ | Non-Preferred | QL 1 / 1 days |
| <i>yuvafem</i> | Preferred | |
| <i>zafemy</i> | Non-Preferred | QL 3 / 28 days |
| <i>zarah</i> | Preferred | QL 1 / 1 days |
| <i>zovia 1/35 (28)</i> | Preferred | QL 1 / 1 days |
| <i>zovia 1/35e (28)</i> | Preferred | QL 1 / 1 days |
| <i>zumandimine</i> | Preferred | QL 1 / 1 days |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER | | |
| ACTIVELLA | Non-Preferred | |
| <i>amabelz</i> | Non-Preferred | |
| BIJUVA 1-100 MG CAP | Non-Preferred | |
| COMBIPATCH | Preferred | |
| <i>estradiol-norethindrone acet</i> | Non-Preferred | |
| <i>lopreeza</i> | Non-Preferred | |
| <i>mimvey</i> | Non-Preferred | |
| PREFEST | Non-Preferred | |
| PROGESTINS | | |
| <i>aftera</i> | Preferred | QL 1 / 1 fill |
| <i>afterpill</i> | Preferred | QL 1 / 1 fill |
| AYGESTIN | Non-Preferred | QL 90 / 30 days |
| <i>camila</i> | Preferred | QL 1 / 1 days |
| CRINONE | Non-Preferred | |
| <i>curae</i> | Preferred | QL 1 / 1 fill |
| <i>deblitane</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| DEPO-PROVERA (DEPO-PROVERA 150 MG/ML SUSPENSION, DEPO-PROVERA 400 MG/ML SUSPENSION) | Preferred | |
| DEPO-PROVERA 150 MG/ML SUSP PRSYR | Non-Preferred | |
| DEPO-SUBQ PROVERA 104 | Preferred | QL 1 / 84 days |
| <i>econtra ez</i> | Preferred | QL 1 / 1 fill |
| <i>econtra one-step</i> | Preferred | QL 1 / 1 fill |
| ELLA | Preferred | QL 1 / 1 fill |
| <i>emzahh</i> | Preferred | QL 1 / 1 days |
| <i>errin</i> | Preferred | QL 1 / 1 days |
| <i>heather</i> | Preferred | QL 1 / 1 days |
| <i>her style</i> | Preferred | QL 1 / 1 fill |
| <i>hydroxyprogesterone caproate 250 mg/ml oil</i> | Preferred | |
| <i>incassia</i> | Preferred | QL 1 / 1 days |
| <i>jencycla</i> | Preferred | QL 1 / 1 days |
| KYLEENA | Preferred | |
| <i>levonorgestrel</i> | Preferred | QL 1 / 1 fill |
| LILETTA (52 MG) | Preferred | |
| <i>lyleq</i> | Preferred | QL 1 / 1 days |
| <i>lyza</i> | Preferred | QL 1 / 1 days |
| MAKENA 250 MG/ML OIL | Non-Preferred | |
| MAKENA 275 MG/1.1ML SOLN A-INJ | Preferred | |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsy, medroxyprogesterone acetate 150 mg/ml suspension)</i> | Preferred | QL 1 / 84 days |
| <i>medroxyprogesterone acetate (medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)</i> | Preferred | QL 90 / 30 days |
| <i>medroxyprogesterone acetate 2.5 mg tab</i> | Preferred | QL 1 / 1 days |
| <i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i> | Preferred | QL 240 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i> | Preferred | |
| MIRENA (52 MG) | Preferred | |
| <i>my choice</i> | Preferred | QL 1 / 1 fill |
| <i>my way</i> | Preferred | QL 1 / 1 fill |
| <i>new day</i> | Preferred | QL 1 / 1 fill |
| NEXPLANON | Preferred | |
| <i>nora-be</i> | Preferred | QL 1 / 1 days |
| <i>norethindrone 0.35 mg tab</i> | Preferred | QL 1 / 1 days |
| <i>norethindrone acetate 5 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>norlyda</i> | Preferred | QL 1 / 1 days |
| <i>ogestrel</i> | Non-Preferred | QL 1 / 1 days |
| <i>opcicon one-step</i> | Preferred | QL 1 / 1 fill |
| OPILL | Preferred | |
| <i>option 2</i> | Preferred | QL 1 / 1 fill |
| ORTHO MICRONOR | Preferred | QL 1 / 1 days |
| <i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i> | Preferred | QL 60 / 30 days |
| <i>progesterone 50 mg/ml oil</i> | Preferred | |
| PROMETRIUM | Non-Preferred | QL 60 / 30 days |
| PROVERA (PROVERA 5 MG TAB, PROVERA 10 MG TAB) | Non-Preferred | QL 90 / 30 days |
| PROVERA 2.5 MG TAB | Non-Preferred | |
| <i>react</i> | Preferred | QL 1 / 1 fill |
| <i>sharobel</i> | Preferred | QL 1 / 1 days |
| SKYLA | Preferred | |
| SLYND | Non-Preferred | |
| <i>take action</i> | Preferred | QL 1 / 1 fill |
| <i>tulana</i> | Preferred | QL 1 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS | | |
| DUAVEE | Non-Preferred | |
| EVISTA | Non-Preferred | |
| <i>raloxifene hcl</i> | Non-Preferred | QL 30 / 30 days |
| HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) | | |
| ADTHYZA | Non-Preferred | |
| ARMOUR THYROID | Preferred | |
| CYTOMEL 25 MCG TAB | Preferred | QL 90 / 30 days |
| CYTOMEL 5 MCG TAB | Preferred | QL 4 / 1 days |
| CYTOMEL 50 MCG TAB | Preferred | QL 60 / 30 days |
| ERMEZA | Preferred | |
| <i>euthyrox</i> | Non-Preferred | |
| <i>levo-t</i> | Preferred | |
| LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG RECON SOLN, LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION, LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG RECON SOLN, LEVOTHYROXINE SODIUM 500 MCG RECON SOLN) | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)</i> | Preferred | |
| <i>levoxyl</i> | Preferred | |
| LIOETHYRONINE SODIUM 10 MCG/ML SOLUTION | Non-Preferred | |
| <i>liothyronine sodium 25 mcg tab</i> | Preferred | QL 90 / 30 days |
| <i>liothyronine sodium 5 mcg tab</i> | Preferred | QL 4 / 1 days |
| <i>liothyronine sodium 50 mcg tab</i> | Preferred | QL 60 / 30 days |
| NIVA THYROID | Preferred | |
| NP THYROID | Preferred | |
| SYNTHROID | Non-Preferred | |
| THYQUIDITY | Non-Preferred | |
| THYROID (THYROID 15 MG TAB, THYROID 30 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB) | Preferred | |
| TIROSINT | Non-Preferred | |
| TIROSINT-SOL | Non-Preferred | |
| TRIOSTAT | Non-Preferred | |
| <i>unithroid</i> | Non-Preferred | |
| HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) | | |
| <i>cabergoline</i> | Preferred | QL 16 / 30 days |
| ELIGARD 22.5 MG KIT | Preferred | QL 1 / 90 days PA |
| ELIGARD 30 MG KIT | Preferred | QL 1 / 120 days PA |
| ELIGARD 45 MG KIT | Preferred | QL 1 / 180 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| ELIGARD 7.5 MG KIT | Preferred | <div data-bbox="1133 117 1192 149">QL</div> <div data-bbox="1198 117 1325 149">1 / 30 days</div> <div data-bbox="1133 163 1192 195">PA</div> |
| FENSOLVI (6 MONTH) | Preferred | <div data-bbox="1133 228 1192 260">QL</div> <div data-bbox="1198 228 1338 260">1 / 180 days</div> <div data-bbox="1133 275 1192 306">PA</div> |
| FIRMAGON | Preferred | <div data-bbox="1133 340 1192 371">PA</div> |
| FIRMAGON (240 MG DOSE) | Preferred | <div data-bbox="1133 401 1192 432">PA</div> |
| LEUPROLIDE ACETATE (3 MONTH) | Preferred | <div data-bbox="1133 462 1192 493">PA</div> |
| <i>leuprolide acetate 1 mg/0.2ml kit</i> | Preferred | <div data-bbox="1133 522 1192 554">QL</div> <div data-bbox="1198 522 1325 554">2 / 28 days</div> <div data-bbox="1133 569 1192 600">PA</div> |
| LUPANETA PACK 11.25 & 5 MG KIT | Preferred | <div data-bbox="1133 634 1192 665">QL</div> <div data-bbox="1198 634 1325 665">1 / 90 days</div> <div data-bbox="1133 680 1192 711">PA</div> |
| LUPANETA PACK 3.75 & 5 MG KIT | Preferred | <div data-bbox="1133 745 1192 777">QL</div> <div data-bbox="1198 745 1325 777">1 / 30 days</div> <div data-bbox="1133 791 1192 823">PA</div> |
| LUPRON DEPOT (1-MONTH) | Preferred | <div data-bbox="1133 856 1192 888">QL</div> <div data-bbox="1198 856 1325 888">1 / 30 days</div> <div data-bbox="1133 903 1192 934">PA</div> |
| LUPRON DEPOT (3-MONTH) | Preferred | <div data-bbox="1133 968 1192 999">QL</div> <div data-bbox="1198 968 1325 999">1 / 90 days</div> <div data-bbox="1133 1014 1192 1045">PA</div> |
| LUPRON DEPOT (4-MONTH) | Preferred | <div data-bbox="1133 1079 1192 1110">QL</div> <div data-bbox="1198 1079 1338 1110">1 / 120 days</div> <div data-bbox="1133 1125 1192 1157">PA</div> |
| LUPRON DEPOT (6-MONTH) | Preferred | <div data-bbox="1133 1190 1192 1222">QL</div> <div data-bbox="1198 1190 1338 1222">1 / 180 days</div> <div data-bbox="1133 1236 1192 1268">PA</div> |
| LUPRON DEPOT-PED (1-MONTH) | Preferred | <div data-bbox="1133 1302 1192 1333">QL</div> <div data-bbox="1198 1302 1325 1333">1 / 30 days</div> <div data-bbox="1133 1348 1192 1379">PA</div> |
| LUPRON DEPOT-PED (3-MONTH) | Preferred | <div data-bbox="1133 1413 1192 1444">QL</div> <div data-bbox="1198 1413 1325 1444">1 / 90 days</div> <div data-bbox="1133 1459 1192 1491">PA</div> |
| LUPRON DEPOT-PED (6-MONTH) | Preferred | <div data-bbox="1133 1524 1192 1556">PA</div> |
| ORGOVYX | Non-Preferred | <div data-bbox="1133 1585 1192 1617">QL</div> <div data-bbox="1198 1585 1338 1617">90 / 30 days</div> |
| ORIAHNN | Non-Preferred | <div data-bbox="1133 1646 1192 1677">QL</div> <div data-bbox="1198 1646 1338 1677">56 / 28 days</div> <div data-bbox="1133 1692 1192 1724">PA</div> |
| ORLISSA 150 MG TAB | Preferred | <div data-bbox="1133 1757 1192 1789">QL</div> <div data-bbox="1198 1757 1338 1789">30 / 30 days</div> <div data-bbox="1133 1803 1192 1835">PA</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------------|---------------|---|
| ORILISSA 200 MG TAB | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| SUPPRELIN LA | Non-Preferred | |
| SYNAREL | Non-Preferred | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| TRELSTAR MIXJECT 11.25 MG RECON SUSP | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 84 days</div> </div> |
| TRELSTAR MIXJECT 22.5 MG RECON SUSP | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 168 days</div> </div> |
| TRELSTAR MIXJECT 3.75 MG RECON SUSP | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 28 days</div> </div> |
| TRIPTODUR | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 168 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| VANTAS | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 365 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| ZOLADEX 10.8 MG IMPLANT | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 84 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| ZOLADEX 3.6 MG IMPLANT | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

| | | |
|-----------------------------------|-----------|--|
| <i>methimazole 10 mg tab</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">180 / 30 days</div> </div> |
| <i>methimazole 5 mg tab</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">270 / 30 days</div> </div> |
| <i>propylthiouracil 50 mg tab</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">270 / 30 days</div> </div> |

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

| | | |
|--------------------------|---------------|--|
| BERINERT | Preferred | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| CINRYZE | Preferred | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| FIRAZYR | Non-Preferred | |
| HAEGARDA | Preferred | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| <i>icatibant acetate</i> | Preferred | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| KALBITOR | Preferred | <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-------------------------|
| ORLADEYO | Preferred | PA |
| RUCONEST | Preferred | PA |
| <i>sajazir</i> | Preferred | PA |
| TAKHZYRO | Preferred | PA |
| IMMUNOGLOBULINS | | |
| HYPERRHO S/D 1500 UNIT SOLN PRSYR | Preferred | |
| RHOGAM ULTRA-FILTERED PLUS | Preferred | |
| IMMUNOLOGICAL AGENTS, OTHER | | |
| ACTEMRA (ACTEMRA 80 MG/4ML SOLUTION, ACTEMRA 200 MG/10ML SOLUTION, ACTEMRA 400 MG/20ML SOLUTION) | Preferred | PA QLC 40 mL/28 days |
| ACTEMRA 162 MG/0.9ML SOLN PRSYR | Preferred | QL 3.6 / 28 days PA |
| ACTEMRA ACTPEN | Non-Preferred | QL 3.6 / 28 days PA |
| ARCALYST | Non-Preferred | QLC 8 vials/28 days |
| BIMZELX | Non-Preferred | |
| COSENTYX (300 MG DOSE) | Non-Preferred | |
| COSENTYX (COSENTYX 125 MG/5ML SOLUTION, COSENTYX 150 MG/ML SOLN PRSYR) | Non-Preferred | |
| COSENTYX 75 MG/0.5ML SOLN PRSYR | Non-Preferred | QLC 2 mL/28 days |
| COSENTYX SENSOREADY (300 MG) | Non-Preferred | |
| COSENTYX SENSOREADY PEN | Non-Preferred | |
| COSENTYX UNOREADY | Non-Preferred | |
| DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR) | Preferred | QL 4.56 / 28 days PA |
| DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR) | Preferred | QL 8 / 28 days PA |
| DUPIXENT 100 MG/0.67ML SOLN PRSYR | Preferred | QL 1.34 / 28 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ENTYVIO (ENTYVIO 108 MG/0.68ML SOLN PEN, ENTYVIO 300 MG RECON SOLN) | Non-Preferred | |
| ILARIS | Non-Preferred | |
| ILUMYA | Non-Preferred | |
| KEVZARA | Non-Preferred | |
| KINERET | Preferred | PA |
| OLUMIANT | Non-Preferred | |
| ORENCIA 125 MG/ML SOLN PRSYR | Non-Preferred | QL 4 / 28 days |
| ORENCIA 50 MG/0.4ML SOLN PRSYR | Non-Preferred | QL 1.6 / 28 days |
| ORENCIA 87.5 MG/0.7ML SOLN PRSYR | Non-Preferred | QL 2.8 / 28 days |
| ORENCIA CLICKJECT | Preferred | QL 4 / 28 days PA |
| REZUROCK | Non-Preferred | QL 30 / 30 days |
| RINVOQ (RINVOQ 30 MG TAB ER 24H, RINVOQ 45 MG TAB ER 24H) | Non-Preferred | |
| RINVOQ 15 MG TAB ER 24H | Non-Preferred | QL 30 / 30 days |
| SILIQ | Non-Preferred | |
| SKYRIZI (150 MG DOSE) | Non-Preferred | |
| SKYRIZI (SKYRIZI 180 MG/1.2ML SOLN CART, SKYRIZI 360 MG/2.4ML SOLN CART, SKYRIZI 600 MG/10ML SOLUTION) | Non-Preferred | |
| SKYRIZI 150 MG/ML SOLN PRSYR | Non-Preferred | QLC 1 mL/28 days |
| SKYRIZI PEN | Non-Preferred | QLC 1 mL/28 days |
| SOTYKTU | Non-Preferred | |
| STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION) | Non-Preferred | QLC 0.5 mL/28 days |
| STELARA 130 MG/26ML SOLUTION | Non-Preferred | QLC 104 mL/56 days |
| STELARA 90 MG/ML SOLN PRSYR | Non-Preferred | QLC 1 mL/28 days |
| TALTZ | Preferred | PA |
| TREMFYA | Non-Preferred | |
| VELSIPITY | Non-Preferred | |
| XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB) | Preferred | QL 60 / 30 days PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| XELJANZ 1 MG/ML SOLUTION | Preferred | PA QLC 10 mL/day |
| XELJANZ XR | Preferred | QL 30 / 30 days PA |
| XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN A-INJ) | Non-Preferred | |
| XOLAIR (XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN PRSYR, XOLAIR 300 MG/2ML SOLN PRSYR) | Preferred | PA |
| IMMUNOSTIMULANTS | | |
| PEGASYS | Non-Preferred | |
| PEGASYS PROCLICK | Non-Preferred | |
| IMMUNOSUPPRESSANTS | | |
| ABRILADA (1 PEN) | Non-Preferred | |
| ABRILADA (2 PEN) | Non-Preferred | |
| ABRILADA (2 SYRINGE) | Non-Preferred | |
| ADALIMUMAB-AACF (2 PEN) | Non-Preferred | |
| ADALIMUMAB-ADAZ | Non-Preferred | |
| ADALIMUMAB-ADBM (2 PEN) | Non-Preferred | |
| ADALIMUMAB-ADBM (2 SYRINGE) | Non-Preferred | |
| ADALIMUMAB-ADBM(CD/UC/HS STRT) | Non-Preferred | |
| ADALIMUMAB-ADBM(PS/UV STARTER) | Non-Preferred | |
| ADALIMUMAB-FKJP (ADALIMUMAB-FKJP 40 MG/0.8ML AUT-IJ KIT, ADALIMUMAB-FKJP 40 MG/0.8ML PREF SY KT) | Preferred | QL 6 / 28 day(s) PA |
| ADALIMUMAB-FKJP 20 MG/0.4ML PREF SY KT | Preferred | QL 2 / 28 day(s) PA |
| AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ) | Preferred | QL 3 / 28 day(s) PA |
| AMJEVITA (AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN A-INJ, AMJEVITA 40 MG/0.8ML SOLN PRSYR) | Preferred | QL 6 / 28 day(s) PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| AMJEVITA 20 MG/0.4ML SOLN PRSYR | Preferred | QL 2 / 28 day(s) PA |
| ASTAGRAF XL | Non-Preferred | |
| AVSOLA | Preferred | PA |
| <i>azasan</i> | Non-Preferred | |
| <i>azathioprine (azathioprine 75 mg tab, azathioprine 100 mg tab)</i> | Non-Preferred | |
| <i>azathioprine 50 mg tab</i> | Preferred | |
| CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB) | Non-Preferred | |
| CELLCEPT 200 MG/ML RECON SUSP | Preferred | |
| CIMZIA | Non-Preferred | |
| CIMZIA (2 SYRINGE) | Non-Preferred | |
| CIMZIA STARTER KIT | Non-Preferred | QLC 1 starter pack/lifetime |
| <i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i> | Preferred | |
| <i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i> | Preferred | |
| CYLTEZO | Non-Preferred | |
| CYLTEZO-CD/UC/HS STARTER | Non-Preferred | |
| CYLTEZO-PSORIASIS STARTER | Non-Preferred | |
| ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR) | Preferred | PA |
| ENBREL 25 MG RECON SOLN | Preferred | QL 8 / 28 days PA |
| ENBREL MINI | Preferred | QL 8 / 28 days PA |
| ENBREL SURECLICK | Preferred | PA |
| ENVARUSUS XR | Non-Preferred | |
| <i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| <i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i> | Non-Preferred | |
| HADLIMA | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 / 28 day(s)</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HADLIMA PUSHTOUCH | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">6 / 28 day(s)</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HULIO | Non-Preferred | <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| HULIO (2 SYRINGE) | Non-Preferred | <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| HUMIRA | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT, HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT) | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA (2 PEN) 80 MG/0.8ML PEN KIT | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA (2 SYRINGE) | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA PEN | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA PEN-CD/UC/HS STARTER | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA PEN-PEDIATRIC UC START | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA PEN-PSOR/UEVIT STARTER | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">3 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA-CD/UC/HS STARTER | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| HUMIRA-PS/UV/ADOL HS STARTER | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">2 / 28 days</div> </div> <div style="background-color: #8b572d; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| HYRIMOZ | Non-Preferred | |
| HYRIMOZ-CROHNS/UC STARTER | Non-Preferred | |
| HYRIMOZ-CROHNS/UC STARTER PACK | Non-Preferred | |
| HYRIMOZ-PED CROHNS STARTER | Non-Preferred | |
| HYRIMOZ-PLAQUE PSORIASIS START | Non-Preferred | |
| IDACIO | Non-Preferred | |
| IDACIO FOR CROHNS DISEASE/UC | Non-Preferred | |
| IDACIO FOR PLAQUE PSORIASIS | Non-Preferred | |
| IMURAN | Non-Preferred | |
| INFLECTRA | Non-Preferred | |
| INFLIXIMAB | Preferred | PA |
| JYLAMVO | Non-Preferred | |
| <i>leflunomide 10 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>leflunomide 20 mg tab</i> | Preferred | QL 150 / 30 days |
| LUPKYNIS | Non-Preferred | QL 180 / 30 days |
| <i>methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 250 mg/10ml solution, methotrexate sodium 1000 mg/40ml solution)</i> | Preferred | |
| <i>methotrexate sodium (pf)</i> | Preferred | |
| <i>mycophenolate mofetil (mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)</i> | Preferred | |
| <i>mycophenolate mofetil 200 mg/ml recon susp</i> | Non-Preferred | |
| <i>mycophenolate sodium 180 mg tab dr</i> | Preferred | QL 240 / 30 days |
| <i>mycophenolate sodium 360 mg tab dr</i> | Preferred | QL 120 / 30 days |
| <i>mycophenolic acid 180 mg tab dr</i> | Preferred | QL 240 / 30 days |
| <i>mycophenolic acid 360 mg tab dr</i> | Preferred | QL 120 / 30 days |
| MYFORTIC 180 MG TAB DR | Non-Preferred | QL 240 / 30 days |
| MYFORTIC 360 MG TAB DR | Non-Preferred | QL 120 / 30 days |
| NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION) | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ORENCIA 250 MG RECON SOLN | Preferred | PA |
| OTREXUP | Non-Preferred | QLC 1.6 mL/28 days |
| PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP) | Non-Preferred | |
| RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB) | Preferred | |
| RASUVO 10 MG/0.2ML SOLN A-INJ | Non-Preferred | QLC 0.8 mL/28 days |
| RASUVO 12.5 MG/0.25ML SOLN A-INJ | Non-Preferred | QLC 1 mL/28 days |
| RASUVO 15 MG/0.3ML SOLN A-INJ | Non-Preferred | QLC 1.2 mL/28 days |
| RASUVO 17.5 MG/0.35ML SOLN A-INJ | Non-Preferred | QLC 1.4 mL/28 days |
| RASUVO 20 MG/0.4ML SOLN A-INJ | Non-Preferred | QLC 1.6 mL/28 days |
| RASUVO 22.5 MG/0.45ML SOLN A-INJ | Non-Preferred | QLC 1.8 mL/28 days |
| RASUVO 25 MG/0.5ML SOLN A-INJ | Non-Preferred | QLC 2 mL/28 days |
| RASUVO 30 MG/0.6ML SOLN A-INJ | Non-Preferred | QLC 2.4 mL/28 days |
| RASUVO 7.5 MG/0.15ML SOLN A-INJ | Non-Preferred | QLC 0.6 mL/28 days |
| REDITREX | Non-Preferred | |
| REMICADE | Non-Preferred | PA |
| RENFLEXIS | Non-Preferred | |
| SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP) | Non-Preferred | |
| SANDIMMUNE 100 MG/ML SOLUTION | Preferred | |
| SIMLANDI (1 PEN) | Non-Preferred | |
| SIMLANDI (2 PEN) | Non-Preferred | |
| SIMPONI | Preferred | PA |
| SIMPONI ARIA | Non-Preferred | |
| <i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)</i> | Preferred | |
| SPEVIGO | Non-Preferred | |
| <i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------|---------------|--|
| TREXALL | Non-Preferred | |
| XATMEP | Non-Preferred | |
| YUFLYMA (1 PEN) | Non-Preferred | |
| YUFLYMA (2 PEN) | Non-Preferred | |
| YUFLYMA (2 SYRINGE) | Non-Preferred | |
| YUFLYMA 2-SYRINGE KIT | Non-Preferred | |
| YUFLYMA-CD/UC/HS STARTER | Non-Preferred | |
| YUSIMRY | Preferred | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 6 / 28 day(s) </div> <div style="background-color: #8b572e; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| ZORTRESS | Non-Preferred | |
| VACCINES | | |
| ADACEL | Preferred | |
| AFLURIA QUADRIVALENT | Preferred | |
| BOOSTRIX | Preferred | |
| ENGERIX-B | Preferred | |
| FLUAD | Preferred | |
| FLUARIX QUADRIVALENT | Preferred | |
| FLUBLOK QUADRIVALENT | Preferred | |
| FLUCELVAX QUADRIVALENT | Preferred | |
| FLULAVAL QUADRIVALENT | Preferred | |
| FLUZONE HIGH-DOSE | Preferred | |
| FLUZONE QUADRIVALENT | Preferred | |
| HAVRIX | Preferred | |
| PNEUMOVAX 23 | Preferred | |
| PREVNAR 13 | Preferred | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 1 / lifetime </div> |
| RECOMBIVAX HB | Preferred | |
| SHINGRIX | Preferred | <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 2 / lifetime </div> |
| TWINRIX | Preferred | |
| VAQTA | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| INFLAMMATORY BOWEL DISEASE AGENTS | | |
| AMINOSALICYLATES | | |
| APRISO | Preferred | QL 120 / 30 days |
| ASACOL HD | Non-Preferred | QL 180 / 30 days |
| AZULFIDINE | Non-Preferred | |
| AZULFIDINE EN-TABS | Non-Preferred | |
| <i>balsalazide disodium</i> | Preferred | QL 270 / 30 days |
| CANASA | Non-Preferred | QL 30 / 30 days |
| COLAZAL | Non-Preferred | |
| DELZICOL | Preferred | QL 180 / 30 days |
| DIPENTUM | Non-Preferred | |
| LIALDA | Non-Preferred | QL 4 / 1 days |
| <i>mesalamine 1.2 gm tab dr</i> | Preferred | QL 4 / 1 days |
| <i>mesalamine 1000 mg suppos</i> | Preferred | QL 30 / 30 days |
| <i>mesalamine 4 gm enema</i> | Preferred | QL 1800 / 30 day(s) |
| <i>mesalamine 400 mg cap dr</i> | Preferred | QL 180 / 30 days |
| <i>mesalamine 800 mg tab dr</i> | Non-Preferred | QL 180 / 30 days |
| <i>mesalamine er 0.375 gm cap er 24h</i> | Preferred | QL 120 / 30 days |
| <i>mesalamine er 500 mg cap er</i> | Non-Preferred | |
| <i>mesalamine-cleanser</i> | Non-Preferred | |
| OMVOH 300 MG/15ML SOLUTION | Non-Preferred | |
| PENTASA | Preferred | QL 240 / 30 days |
| ROWASA | Non-Preferred | |
| SFROWASA | Non-Preferred | |
| <i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i> | Preferred | QL 360 / 30 days |
| GLUCOCORTICOIDS | | |
| ALKINDI SPRINKLE | Non-Preferred | |
| <i>budesonide 2 mg foam</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>budesonide 3 mg cp dr part</i> | Preferred | |
| <i>budesonide er</i> | Preferred | |
| <i>colocort</i> | Preferred | QL 240 / 1 days |
| CORTEF | Non-Preferred | |
| ENTOCORT EC | Non-Preferred | |
| EOHILIA | Non-Preferred | |
| <i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i> | Preferred | QL 12 / 1 days |
| <i>hydrocortisone 100 mg/60ml enema</i> | Preferred | QL 240 / 1 days |
| ORTIKOS | Non-Preferred | |
| UCERIS (UCERIS 2 MG/ACT FOAM, UCERIS 9 MG TAB ER 24H) | Non-Preferred | |
| METABOLIC BONE DISEASE AGENTS | | |
| ACTONEL 150 MG TAB | Non-Preferred | QL 1 / 28 days |
| ACTONEL 35 MG TAB | Non-Preferred | QL 4 / 28 days |
| <i>alendronate sodium (alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i> | Preferred | QL 4 / 28 days |
| <i>alendronate sodium 10 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>alendronate sodium 70 mg/75ml solution</i> | Non-Preferred | QL 10.7 / 1 days |
| <i>aqueous vitamin d</i> | Preferred | QL 150 / 30 days |
| AELVIA | Non-Preferred | |
| BINOSTO | Non-Preferred | |
| BONIVA (BONIVA 3 MG/3ML SOLUTION, BONIVA 150 MG TAB) | Non-Preferred | |
| <i>bprotected pedia d-vite</i> | Preferred | QL 150 / 30 days |
| <i>calcitonin (salmon)</i> | Non-Preferred | |
| <i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i> | Preferred | |
| <i>calcitriol 1 mcg/ml solution</i> | Non-Preferred | QL 60 / 30 days |
| CALCITRIOL INJ 1 MCG/ML | Non-Preferred | |
| <i>calcitriol oral soln 1 mcg/ml</i> | Non-Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>cinacalcet hcl</i> | Preferred | QL 60 / 30 days |
| d-1000 | Preferred | |
| d-1000 extra strength | Preferred | |
| D-VI-SOL | Preferred | QL 150 / 30 days |
| d-vite pediatric | Preferred | QL 150 / 30 days |
| d3-1000 25 mcg (1000 ut) tab | Preferred | |
| <i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i> | Non-Preferred | |
| <i>doxercalciferol 4 mcg/2ml solution</i> | Preferred | |
| <i>ergocalciferol 1.25 mg (50000 ut) cap</i> | Preferred | QL 8 / 30 days |
| EVENITY | Non-Preferred | |
| FORTEO | Non-Preferred | |
| FOSAMAX | Non-Preferred | |
| FOSAMAX PLUS D | Non-Preferred | |
| <i>gnp vitamin d 25 mcg (1000 ut) tab</i> | Preferred | |
| <i>gnp vitamin d3 extra strength</i> | Preferred | |
| HECTOROL | Preferred | |
| <i>hm vitamin d3</i> | Preferred | |
| <i>ibandronate sodium 150 mg tab</i> | Preferred | QL 1 / 30 days |
| <i>ibandronate sodium 3 mg/3ml solution</i> | Non-Preferred | |
| <i>just d</i> | Preferred | QL 150 / 30 days |
| MIACALCIN | Non-Preferred | |
| <i>nat-rul vitamin d 25 mcg (1000 ut) tab</i> | Preferred | |
| PAMIDRONATE DISODIUM (PAMIDRONATE DISODIUM 6 MG/ML SOLUTION, PAMIDRONATE DISODIUM 90 MG/10ML SOLUTION) | Preferred | QLC 10 mL/fill |
| PAMIDRONATE DISODIUM 30 MG RECON SOLN | Preferred | QLC 3 vials/fill |
| <i>pamidronate disodium 30 mg/10ml solution</i> | Preferred | QLC 30 mL/fill |
| PAMIDRONATE DISODIUM 90 MG RECON SOLN | Preferred | QLC 1 vial/fill |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i> | Non-Preferred | |
| <i>paricalcitol (paricalcitol 2 mcg/ml solution, paricalcitol 5 mcg/ml solution)</i> | Preferred | |
| <i>pharmacist choice d-vitamin</i> | Preferred | QL 150 / 30 days |
| PROLIA | Non-Preferred | QL 1 / 180 days |
| <i>qc vitamin d3 25 mcg (1000 ut) tab</i> | Preferred | |
| <i>ra vitamin d-3 25 mcg (1000 ut) tab</i> | Preferred | |
| RAYALDEE | Non-Preferred | |
| RECLAST | Non-Preferred | QLC 100 mL/365 days |
| <i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab)</i> | Non-Preferred | QL 30 / 30 days |
| <i>risedronate sodium 150 mg tab</i> | Non-Preferred | QL 1 / 28 days |
| <i>risedronate sodium 35 mg tab</i> | Non-Preferred | QL 4 / 28 days |
| <i>risedronate sodium 35 mg tab dr</i> | Non-Preferred | |
| ROCALTROL (ROCALTROL 0.25 MCG CAP, ROCALTROL 0.5 MCG CAP) | Non-Preferred | |
| ROCALTROL 1 MCG/ML SOLUTION | Non-Preferred | QL 60 / 30 days |
| <i>sm vitamin d3 25 mcg (1000 ut) tab</i> | Preferred | |
| <i>teriparatide</i> | Non-Preferred | |
| TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN) | Non-Preferred | |
| <i>true vitamin d3 25 mcg (1000 ut) tab</i> | Preferred | |
| TYMLOS | Non-Preferred | |
| <i>vitamin d (cholecalciferol) 25 mcg (1000 ut) tab</i> | Preferred | |
| <i>vitamin d (ergocalciferol) (vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, vitamin d (ergocalciferol) 50000 unit cap)</i> | Preferred | QL 8 / 30 days |
| <i>vitamin d 10 mcg/ml liquid</i> | Preferred | QL 150 / 30 days |
| <i>vitamin d 25 mcg (1000 ut) tab</i> | Preferred | |
| <i>vitamin d infant</i> | Preferred | QL 150 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>vitamin d-1000 max st</i> | Preferred | |
| <i>vitamin d3 (vitamin d3 25 mcg (1000 ut) tab, vitamin d3 25 mcg tab)</i> | Preferred | |
| <i>vitamin d3 10 mcg/ml liquid</i> | Preferred | QL 150 / 30 days |
| ZEMPLAR (ZEMPLAR 1 MCG CAP, ZEMPLAR 2 MCG CAP, ZEMPLAR 2 MCG/ML SOLUTION, ZEMPLAR 5 MCG/ML SOLUTION) | Non-Preferred | |
| ZOLEDRONIC ACID 4 MG/100ML SOLUTION | Preferred | QLC 400 mL/28 days |
| <i>zoledronic acid 4 mg/5ml conc</i> | Preferred | QLC 20 mL/28 days |
| <i>zoledronic acid 5 mg/100ml solution</i> | Preferred | QLC 100 mL/365 days |
| MISCELLANEOUS THERAPEUTIC AGENTS | | |
| 1ST TIER UNILET COMFORTOUCH | Preferred | QL 200 / 30 days |
| ACCU-CHEK AVIVA PLUS STRIP | Non-Preferred | |
| ACCU-CHEK AVIVA PLUS W/DEVICE KIT | Non-Preferred | QL 1 / 365 days |
| ACCU-CHEK COMPACT PLUS | Non-Preferred | |
| ACCU-CHEK FASTCLIX LANCETS | Preferred | QL 200 / 30 days |
| ACCU-CHEK GUIDE STRIP | Non-Preferred | |
| ACCU-CHEK GUIDE ME | Non-Preferred | QL 1 / 365 days |
| ACCU-CHEK GUIDE W/DEVICE KIT | Non-Preferred | QL 1 / 365 days |
| ACCU-CHEK SAFE-T PRO LANCETS | Preferred | QL 200 / 30 days |
| ACCU-CHEK SMARTVIEW | Non-Preferred | |
| ACCU-CHEK SOFTCLIX LANCETS | Preferred | QL 200 / 30 days |
| ACCUTREND GLUCOSE | Non-Preferred | |
| ACTI-LANCE 28G | Preferred | QL 200 / 30 days |
| ACTI-LANCE LITE LANCETS 28G | Preferred | QL 200 / 30 days |
| ACTI-LANCE SPECIAL LANCETS 17G | Preferred | QL 200 / 30 days |
| ACTI-LANCE UNIVERSAL 23G | Preferred | QL 200 / 30 days |
| ADVANCED MOBILE LANCET | Preferred | QL 200 / 30 days |
| ADVOCATE ALCOHOL PREP PADS | Preferred | |
| ADVOCATE BLOOD GLUCOSE MONITOR | Non-Preferred | QL 1 / 365 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ADVOCATE BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| ADVOCATE INSULIN SYRINGE (ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| ADVOCATE LANCETS | Preferred | QL 200 / 30 days |
| ADVOCATE LANCETS 30G | Preferred | QL 200 / 30 days |
| ADVOCATE REDI-CODE STRIP | Non-Preferred | |
| ADVOCATE REDI-CODE (ADVOCATE REDI-CODE DEVICE, ADVOCATE REDI-CODE W/DEVICE KIT) | Non-Preferred | QL 1 / 365 days |
| ADVOCATE REDI-CODE+ | Non-Preferred | QL 1 / 365 days |
| ADVOCATE REDI-CODE+ TEST | Non-Preferred | |
| ADVOCATE SAFETY LANCETS | Preferred | QL 200 / 30 days |
| ADVOCATE SAFETY LANCETS 26G | Preferred | QL 200 / 30 days |
| ADVOCATE TEST | Non-Preferred | |
| AEROCHAMBER MV | Preferred | |
| AEROCHAMBER PLUS FLO-VU | Preferred | |
| AEROCHAMBER PLUS FLO-VU INTERM | Preferred | |
| AEROCHAMBER PLUS FLO-VU LARGE | Preferred | |
| AEROCHAMBER PLUS FLO-VU MEDIUM | Preferred | |
| AEROCHAMBER PLUS FLO-VU SMALL | Preferred | |
| AEROCHAMBER PLUS FLO-VU W/MASK | Preferred | |
| AEROCHAMBER PLUS FLOW VU | Preferred | |
| AEROCHAMBER W/FLOWSIGNAL | Preferred | |
| AEROCHAMBER Z-STAT PLUS CHAMBR | Preferred | |
| AEROCHAMBER Z-STAT PLUS/LARGE | Preferred | |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | Preferred | |
| AEROECLIPSE II NEBULIZER | Preferred | |
| AGAMATRIX AMP | Non-Preferred | QL 1 / 365 days |
| AGAMATRIX AMP TEST | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| AGAMATRIX JAZZ TEST | Non-Preferred | |
| AGAMATRIX JAZZ WIRELESS 2 | Non-Preferred | QL 1 / 365 days |
| AGAMATRIX PRESTO | Non-Preferred | QL 1 / 365 days |
| AGAMATRIX PRESTO PRO METER | Non-Preferred | QL 1 / 365 days |
| AGAMATRIX PRESTO TEST | Non-Preferred | |
| AGAMATRIX ULTRA-THIN LANCETS | Preferred | QL 200 / 30 days |
| AIMSCO TWIST LANCETS 32G | Preferred | QL 200 / 30 days |
| AIMSCO TWIST LANCETS 33G | Preferred | QL 200 / 30 days |
| ALCOH-GLOVE CONTOURED WIPE | Preferred | |
| ALCOHOL PADS | Preferred | |
| ALCOHOL PREP | Preferred | |
| ALCOHOL PREP PADS | Preferred | |
| ALCOHOL SWABS | Preferred | |
| ALCOHOL SWABSTICK | Preferred | |
| APLICARE ALCOHOL SWABSTICK | Preferred | |
| AQ INSULIN SYRINGE | Preferred | |
| AQUALANCE LANCETS 30G | Preferred | QL 200 / 30 days |
| <i>argyle sterile water</i> | Preferred | |
| ASSURE 4 TEST | Non-Preferred | |
| ASSURE COMFORT LANCETS 28G | Preferred | QL 200 / 30 days |
| ASSURE HAEMOLANCE PLUS HIGH | Preferred | QL 200 / 30 days |
| ASSURE HAEMOLANCE PLUS LOW | Preferred | QL 200 / 30 days |
| ASSURE HAEMOLANCE PLUS MICRO | Preferred | QL 200 / 30 days |
| ASSURE HAEMOLANCE PLUS NORMAL | Preferred | QL 200 / 30 days |
| ASSURE HAEMOLANCE PLUS PED | Preferred | QL 200 / 30 days |
| ASSURE ID INSULIN SAFETY SYR (ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC) | Preferred | |
| ASSURE LANCE LANCETS | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ASSURE LANCE LANCETS 21G | Preferred | QL 200 / 30 days |
| ASSURE LANCE PLUS SAFETY 25G | Preferred | QL 200 / 30 days |
| ASSURE LANCE PLUS SAFETY 30G | Preferred | QL 200 / 30 days |
| ASSURE LANCE SAFETY LANCET 28G | Preferred | QL 200 / 30 days |
| ASSURE LANCETS | Preferred | QL 200 / 30 days |
| ASSURE PLATINUM | Non-Preferred | |
| ASSURE PLATINUM METER | Non-Preferred | QL 1 / 365 days |
| ASSURE PRISM MULTI METER | Non-Preferred | QL 1 / 365 days |
| ASSURE PRISM MULTI TEST | Non-Preferred | |
| AURORA LANCET SUPER THIN 30G | Preferred | QL 200 / 30 days |
| AURORA LANCET THIN 23G | Preferred | QL 200 / 30 days |
| BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC | Preferred | |
| BD HYPODERMIC NEEDLE 18G X 1" MISC | Preferred | |
| BD INSULIN SYRINGE (BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC) | Preferred | |
| BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC | Preferred | |
| BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML MISC) | Preferred | |
| BD INTEGRA SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| BD LANCET ULTRAFINE 30G | Preferred | QL 200 / 30 days |
| BD LANCET ULTRAFINE 33G | Preferred | QL 200 / 30 days |
| BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| BD MICROTAINER LANCETS | Preferred | QL 200 / 30 days |
| BD SAFETY-LOK INSULIN SYRINGE | Preferred | |
| BD SAFETYGLIDE INSULIN SYRINGE (BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC) | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| BD SWAB SINGLE USE REGULAR | Preferred | |
| BD SWABS SINGLE USE BUTTERFLY | Preferred | |
| BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC | Preferred | |
| BIOTEL CARE BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| BIOTEL CARE TEST STRIPS | Non-Preferred | |
| BLOOD GLUCOSE MONITOR SYSTEM | Non-Preferred | QL 1 / 365 days |
| BLOOD GLUCOSE MONITORING 333 | Non-Preferred | QL 1 / 365 days |
| BLOOD GLUCOSE TEST | Non-Preferred | |
| BLOOD GLUCOSE TEST STRIPS 333 | Non-Preferred | |
| BLULINK GLUCOSE MONITORING SYS | Non-Preferred | QL 1 / 365 days |
| BLULINK GLUCOSE TEST | Non-Preferred | |
| BREATHERITE | Preferred | |
| BULLSEYE MINI SAFETY LANCETS | Preferred | QL 200 / 30 days |
| BULLSEYE SAFETY LANCETS | Preferred | QL 200 / 30 days |
| CAREONE BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| CAREONE BLOOD GLUCOSE TEST | Non-Preferred | |
| CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC | Preferred | |
| CAREONE LANCET SUPER THIN 30G | Preferred | QL 200 / 30 days |
| CAREONE LANCET THIN 23G | Preferred | QL 200 / 30 days |
| CAREPOINT POLY HUB NEEDLE 18G X 1" MISC | Preferred | |
| CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC | Preferred | |
| CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC | Preferred | |
| CARESENS LANCETS | Preferred | QL 200 / 30 days |
| CARESENS LANCETS 30G | Preferred | QL 200 / 30 days |
| CARESENS N FELIZ | Non-Preferred | QL 1 / 365 days |
| CARESENS N FELIZ BT | Non-Preferred | QL 1 / 365 days |
| CARESENS N GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| CARESENS N GLUCOSE TEST | Non-Preferred | |
| CARETOUCH ALCOHOL PREP | Preferred | |
| CARETOUCH INSULIN SYRINGE (CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| CARETOUCH LUER LOCK 23G X 1" 3 ML MISC | Preferred | |
| CARETOUCH MONITOR SYSTEM | Non-Preferred | QL 1 / 365 days |
| CARETOUCH SAFETY LANCETS | Preferred | QL 200 / 30 days |
| CARETOUCH SAFETY LANCETS 26G | Preferred | QL 200 / 30 days |
| CARETOUCH TEST | Non-Preferred | |
| CARETOUCH TWIST LANCETS 28G | Preferred | QL 200 / 30 days |
| CARETOUCH TWIST LANCETS 30G | Preferred | QL 200 / 30 days |
| CARETOUCH TWIST LANCETS 33G | Preferred | QL 200 / 30 days |
| CARETOUCH TWIST MC LANCETS 30G | Preferred | QL 200 / 30 days |
| CEQR SIMPLICITY 2U | Preferred | |
| CEQR SIMPLICITY INSERTER | Preferred | |
| CHOSEN LANCETS 30G | Preferred | QL 200 / 30 days |
| CHOSEN SAFETY LANCETS 28G | Preferred | QL 200 / 30 days |
| CLEANLET LANCETS 28G | Preferred | QL 200 / 30 days |
| CLEVER CHEK AUTO-CODE | Non-Preferred | |
| CLEVER CHEK AUTO-CODE SYSTEM | Non-Preferred | QL 1 / 365 days |
| CLEVER CHEK AUTO-CODE TEST | Non-Preferred | |
| CLEVER CHEK AUTO-CODE VOICE DEVICE | Non-Preferred | QL 1 / 365 days |
| CLEVER CHEK AUTO-CODE VOICE STRIP | Non-Preferred | |
| CLEVER CHEK LANCETS | Preferred | QL 200 / 30 days |
| CLEVER CHEK SYSTEM | Non-Preferred | QL 1 / 365 days |
| CLEVER CHEK TEST | Non-Preferred | |
| CLEVER CHOICE AUTO-CODE SYSTEM | Non-Preferred | QL 1 / 365 days |
| CLEVER CHOICE AUTO-CODE TEST | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| CLEVER CHOICE COMFORT EZ MISC | Preferred | QL 200 / 30 days |
| CLEVER CHOICE LANCETS 21G | Preferred | QL 200 / 30 days |
| CLEVER CHOICE LANCETS 23G | Preferred | QL 200 / 30 days |
| CLEVER CHOICE LANCETS 28G | Preferred | QL 200 / 30 days |
| CLEVER CHOICE MICRO SYSTEM | Non-Preferred | QL 1 / 365 days |
| CLEVER CHOICE MICRO TEST | Non-Preferred | |
| CLEVER CHOICE MINI SYSTEM | Non-Preferred | QL 1 / 365 days |
| CLEVER CHOICE NO CODING | Non-Preferred | |
| CLEVER CHOICE TALK SYSTEM DEVICE | Non-Preferred | QL 1 / 365 days |
| CLEVER CHOICE TALK SYSTEM STRIP | Non-Preferred | |
| COAGUCHEK LANCETS | Preferred | QL 200 / 30 days |
| COMFORT ASSURED LANCETS 28G | Preferred | QL 200 / 30 days |
| COMFORT ASSURED LANCETS 33G | Preferred | QL 200 / 30 days |
| COMFORT EZ INSULIN SYRINGE (COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| COMFORT LANCETS | Preferred | QL 200 / 30 days |
| COMFORT TOUCH ALCOHOL PREP | Preferred | |
| COMFORT TOUCH LANCETS 31G | Preferred | QL 200 / 30 days |
| COMFORT TOUCH PLUS LANCETS 28G | Preferred | QL 200 / 30 days |
| COMFORT TOUCH PLUS LANCETS 30G | Preferred | QL 200 / 30 days |
| COMP AIR COMPRESSOR NEBULIZER | Preferred | |
| COMPACT SPACE CHAMBER | Preferred | |
| COMPACT SPACE CHAMBER/LG MASK | Preferred | |
| COMPACT SPACE CHAMBER/MED MASK | Preferred | |
| COMPACT SPACE CHAMBER/SM MASK | Preferred | |
| CONTOUR BLOOD GLUCOSE SYSTEM | Preferred | QL 1 / 365 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|---------------|-----------------------|
| CONTOUR MONITOR | Preferred | QL 1 / 365 days |
| CONTOUR NEXT EZ | Preferred | QL 1 / 365 days |
| CONTOUR NEXT GEN MONITOR | Preferred | QL 1 / 365 days |
| CONTOUR NEXT LINK | Non-Preferred | QL 1 / 365 days |
| CONTOUR NEXT MONITOR | Preferred | QL 1 / 365 days |
| CONTOUR NEXT ONE | Preferred | QL 1 / 365 days |
| CONTOUR NEXT TEST | Preferred | |
| CONTOUR TEST | Preferred | |
| COOL BLOOD GLUCOSE TEST STRIPS | Non-Preferred | |
| COOL MIST HUMIDIFIER 1 GALLON | Preferred | |
| COOL MIST HUMIDIFIER 1.2 GAL | Preferred | |
| COOL MONITOR | Non-Preferred | QL 1 / 365 days |
| COOL MONITOR KIT | Non-Preferred | QL 1 / 365 days |
| CURITY ALCOHOL PREPS | Preferred | |
| CURITY ALCOHOL SWABS | Preferred | |
| CVS ADVANCED GLUCOSE TEST | Non-Preferred | |
| CVS ALCOHOL PREP PADS | Preferred | |
| CVS BLOOD GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| CVS GLUCOSE METER TEST STRIPS | Non-Preferred | |
| CVS LANCETS 21G | Preferred | QL 200 / 30 days |
| CVS LANCETS MICRO THIN 33G | Preferred | QL 200 / 30 days |
| CVS LANCETS ORIGINAL | Preferred | QL 200 / 30 days |
| CVS LANCETS THIN 26G | Preferred | QL 200 / 30 days |
| CVS LANCETS ULTRA THIN 30G | Preferred | QL 200 / 30 days |
| CVS LANCETS ULTRA-THIN 30G | Preferred | QL 200 / 30 days |
| CVS PREP | Preferred | |
| CVS ULTRA THIN LANCETS | Preferred | QL 200 / 30 days |
| DEXCOM G4 PLAT PED RCV/SHARE | Preferred | PA |
| DEXCOM G4 PLAT PED RECEIVER | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-------------------------|
| DEXCOM G4 PLATINUM RCV/SHARE | Preferred | PA |
| DEXCOM G4 PLATINUM RECEIVER | Preferred | PA |
| DEXCOM G5 MOBILE RECEIVER | Preferred | PA |
| DEXCOM G5 RECEIVER KIT | Preferred | PA |
| DEXCOM G6 RECEIVER | Preferred | QL 1 / 365 day(s) PA |
| DEXCOM G6 SENSOR | Preferred | QL 3 / 30 day(s) PA |
| DEXCOM G6 TRANSMITTER | Preferred | QL 1 / 90 day(s) PA |
| DEXCOM G7 RECEIVER | Preferred | QL 1 / 365 day(s) PA |
| DEXCOM G7 SENSOR | Preferred | QL 3 / 30 day(s) PA |
| DIATHRIVE LANCET ULTRA THIN 30 | Preferred | QL 200 / 30 days |
| DIATHRIVE LANCETS | Preferred | QL 200 / 30 days |
| DIATRUE PLUS BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| DIATRUE PLUS TEST | Non-Preferred | |
| DROPLET INSULIN SYRINGE (DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| DROPLET LANCETS ULTRA THIN 30G | Preferred | QL 200 / 30 days |
| DROPLET PERSONAL LANCETS 30G | Preferred | QL 200 / 30 days |
| DROPSAFE ALCOHOL PREP | Preferred | |
| DROPSAFE SAFETY SYRINGE/NEEDLE (DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC) | Preferred | |
| DRUG MART LANCETS THIN 26G | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| DRUG MART ON-THE-GO LANCET 30G | Preferred | QL 200 / 30 days |
| DRUG MART UNILET LANCETS 28G | Preferred | QL 200 / 30 days |
| DRUG MART UNILET LANCETS 30G | Preferred | QL 200 / 30 days |
| DRUG MART UNILET LANCETS 33G | Preferred | QL 200 / 30 days |
| DUROLANE | Preferred | QL 6 / 180 days PA |
| E-Z JECT LANCET MICRO-THIN 33G | Preferred | QL 200 / 30 days |
| E-Z JECT LANCET SUPER THIN 30G | Preferred | QL 200 / 30 days |
| E-Z JECT LANCETS | Preferred | QL 200 / 30 days |
| E-Z JECT LANCETS 21G | Preferred | QL 200 / 30 days |
| E-Z JECT LANCETS THIN 26G | Preferred | QL 200 / 30 days |
| EASIVENT | Preferred | |
| EASIVENT MASK LARGE | Preferred | |
| EASIVENT MASK MEDIUM | Preferred | |
| EASIVENT MASK SMALL | Preferred | |
| EASY COMFORT ALCOHOL PADS | Preferred | |
| EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| EASY COMFORT LANCETS | Preferred | QL 200 / 30 days |
| EASY COMFORT LANCETS TWIST TOP | Preferred | QL 200 / 30 days |
| EASY PLUS II GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| EASY PLUS II GLUCOSE TEST | Non-Preferred | |
| EASY STEP GLUCOSE MONITOR | Non-Preferred | QL 1 / 365 days |
| EASY STEP TEST | Non-Preferred | |
| EASY TALK BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| EASY TALK BLOOD GLUCOSE TEST | Non-Preferred | |
| EASY TALK PLUS II TEST STRIPS | Non-Preferred | |
| EASY TOUCH ALCOHOL PREP MEDIUM | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| EASY TOUCH FLIPLOCK INSULIN SY (EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC) | Preferred | |
| EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC | Preferred | |
| EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC | Preferred | |
| EASY TOUCH GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC | Preferred | |
| EASY TOUCH INSULIN SAFETY SYR (EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC) | Preferred | |
| EASY TOUCH INSULIN SYRINGE (EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| EASY TOUCH LANCETS 21G | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 23G | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 26G | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 28G | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 28G/TWIST | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 30G | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 30G/TWIST | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 32G | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 32G/TWIST | Preferred | QL 200 / 30 days |
| EASY TOUCH LANCETS 33G/TWIST | Preferred | QL 200 / 30 days |
| EASY TOUCH SAFETY LANCETS 21G | Preferred | QL 200 / 30 days |
| EASY TOUCH SAFETY LANCETS 23G | Preferred | QL 200 / 30 days |

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

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| EVENCARE G2 MONITOR | Non-Preferred | QL 1 / 365 days |
| EVENCARE G2 TEST | Non-Preferred | |
| EVENCARE G3 MONITOR | Non-Preferred | QL 1 / 365 days |
| EVENCARE G3 TEST | Non-Preferred | |
| EVENCARE MINI GLUCOSE TEST | Non-Preferred | |
| EVENCARE MINI MONITOR | Non-Preferred | QL 1 / 365 days |
| EVENCARE PROVIEW GLUCOSE TEST | Non-Preferred | |
| EVERSENSE E3 SMART TRANSMITTER | Non-Preferred | |
| EVERSENSE SMART TRANSMITTER | Non-Preferred | |
| EVOLUTION AUTOCODE DEVICE | Non-Preferred | QL 1 / 365 days |
| EVOLUTION AUTOCODE STRIP | Non-Preferred | |
| EXEL COMFORT POINT INSULIN SYR (EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC) | Preferred | |
| EZ-LETS LANCETS 21G | Preferred | QL 200 / 30 days |
| EZ-LETS LANCETS 26G | Preferred | QL 200 / 30 days |
| EZ-LETS LANCETS 28G | Preferred | QL 200 / 30 days |
| EZ-LETS LANCETS 30G | Preferred | QL 200 / 30 days |
| FIFTY50 ALCOHOL PREP | Preferred | |
| FIFTY50 GLUCOSE METER 2.0 | Non-Preferred | QL 1 / 365 days |
| FIFTY50 GLUCOSE TEST 2.0 | Non-Preferred | |
| FIFTY50 SAFETY SEAL LANCETS | Preferred | QL 200 / 30 days |
| FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC | Preferred | |
| FIFTY50 UNILET LANCETS 33G | Preferred | QL 200 / 30 days |
| FINE 30 | Preferred | QL 200 / 30 days |
| FINGERSTIX LANCETS | Preferred | QL 200 / 30 days |
| FLAVOR PLUS | Preferred | |

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

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| FREESTYLE LITE TEST | Non-Preferred | |
| FREESTYLE PRECISION INS SYR (FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML MISC, FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML MISC, FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML MISC) | Preferred | |
| FREESTYLE PRECISION NEO SYSTEM | Non-Preferred | QL 1 / 365 days |
| FREESTYLE PRECISION NEO TEST | Non-Preferred | |
| FREESTYLE SIDEKICK II | Non-Preferred | QL 1 / 365 days |
| FREESTYLE TEST | Non-Preferred | |
| FREESTYLE UNISTICK II LANCETS | Preferred | QL 200 / 30 days |
| GABAPAL | Non-Preferred | |
| GE100 BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| GE100 BLOOD GLUCOSE TEST | Non-Preferred | |
| GEL-ONE | Non-Preferred | |
| GELSYN-3 | Preferred | QL 12 / 180 days PA |
| GENTEEL BUTTERFLY TOUCH LANCET | Preferred | QL 200 / 30 days |
| GENTLE-LET GP LANCETS | Preferred | QL 200 / 30 days |
| GENTLE-LET LANCETS | Preferred | QL 200 / 30 days |
| GENVISC 850 | Non-Preferred | QL 15 / 180 days PA |
| GHT BLOOD GLUCOSE MONITOR | Non-Preferred | QL 1 / 365 days |
| GHT TEST | Non-Preferred | |
| GLOBAL ALCOHOL PREP EASE | Preferred | |
| GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC) | Preferred | |
| GLOBAL INJECT EASE LANCETS 28G | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| GLOBAL INJECT EASE LANCETS 30G | Preferred | QL 200 / 30 days |
| GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD 01 SENSOR PLUS | Non-Preferred | |
| GLUCOCARD EXPRESSION MONITOR | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD EXPRESSION TEST | Non-Preferred | |
| GLUCOCARD SHINE | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD SHINE CONNEX | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD SHINE EXPRESS | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD SHINE TEST | Non-Preferred | |
| GLUCOCARD SHINE XL | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD VITAL MONITOR | Non-Preferred | QL 1 / 365 days |
| GLUCOCARD VITAL TEST | Non-Preferred | |
| GLUCOCOM BLOOD GLUCOSE MONITOR | Non-Preferred | QL 1 / 365 days |
| GLUCOCOM LANCETS 28G | Preferred | QL 200 / 30 days |
| GLUCOCOM LANCETS 30G | Preferred | QL 200 / 30 days |
| GLUCOCOM LANCETS 33G | Preferred | QL 200 / 30 days |
| GLUCOCOM MONITOR | Non-Preferred | QL 1 / 365 days |
| GLUCOCOM TEST | Non-Preferred | |
| GLUCONAVII BLOOD GLUCOSE TEST | Non-Preferred | |
| GLUCOPRO INSULIN SYRINGE (GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| GLUCOSE METER TEST | Non-Preferred | |
| GNP ALCOHOL SWABS | Preferred | |
| GNP EASY TOUCH GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| GNP EASY TOUCH GLUCOSE TEST | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| GNP INSULIN SYRINGE (GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| GNP INSULIN SYRINGES | Preferred | |
| GNP INSULIN SYRINGES 29GX1/2" | Preferred | |
| GNP LANCETS 21G | Preferred | QL 200 / 30 days |
| GNP LANCETS THIN | Preferred | QL 200 / 30 days |
| GNP LANCETS THIN 26G | Preferred | QL 200 / 30 days |
| GNP STERILE LANCETS 28G | Preferred | QL 200 / 30 days |
| GNP STERILE LANCETS 30G | Preferred | QL 200 / 30 days |
| GNP STERILE LANCETS 33G | Preferred | QL 200 / 30 days |
| GNP TRUETRACK TEST STRIPS | Non-Preferred | |
| GNP ULTRA COM INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 1 ML MISC) | Preferred | |
| GOJJI BLOOD GLUCOSE TEST | Non-Preferred | |
| GOJJI BLOOD TEST STRIP/LANCETS | Non-Preferred | |
| GOJJI STERILE LANCETS | Preferred | QL 200 / 30 days |
| GOODSENSE BLOOD GLUCOSE STRIP | Non-Preferred | |
| GOODSENSE BLOOD GLUCOSE W/DEVICE KIT | Non-Preferred | QL 1 / 365 days |
| GOODSENSE COLOR LANCETS 33G | Preferred | QL 200 / 30 days |
| GOODSENSE LANCETS 26G UNIV | Preferred | QL 200 / 30 days |
| GOODSENSE LANCETS 30G | Preferred | QL 200 / 30 days |
| GOODSENSE LANCETS 30G UNIV | Preferred | QL 200 / 30 days |
| GOODSENSE LANCETS 33G | Preferred | QL 200 / 30 days |
| GOODSENSE LANCETS 33G UNIV | Preferred | QL 200 / 30 days |
| GRAPE SYRUP | Preferred | |
| GUARDIAN 4 GLUCOSE SENSOR | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| GUARDIAN 4 TRANSMITTER | Non-Preferred | |
| GUARDIAN CONNECT TRANSMITTER | Non-Preferred | |
| GUARDIAN LINK 3 TRANSMITTER | Non-Preferred | |
| GUARDIAN REAL-TIME REPLACE PED | Preferred | PA |
| GUARDIAN REAL-TIME REPLACEMENT | Preferred | PA |
| GUARDIAN SENSOR (3) | Non-Preferred | |
| GUARDIAN SENSOR 3 | Non-Preferred | |
| H-E-B INCONTROL ALCOHOL | Preferred | |
| H-E-B INCONTROL LANCETS 28G | Preferred | QL 200 / 30 days |
| H-E-B INCONTROL LANCETS 30G | Preferred | QL 200 / 30 days |
| H-E-B INCONTROL LANCETS 33G | Preferred | QL 200 / 30 days |
| HAEMOLANCE | Preferred | QL 200 / 30 days |
| HAEMOLANCE LOW FLOW LANCETS | Preferred | QL 200 / 30 days |
| HAEMOLANCE PLUS | Preferred | QL 200 / 30 days |
| HAEMOLANCE PLUS HIGH FLOW | Preferred | QL 200 / 30 days |
| HAEMOLANCE PLUS LOW FLOW | Preferred | QL 200 / 30 days |
| HAEMOLANCE PLUS MAX FLOW | Preferred | QL 200 / 30 days |
| HAEMOLANCE PLUS PEDIATRIC FLOW | Preferred | QL 200 / 30 days |
| HARMONY BLOOD GLUCOSE TEST | Non-Preferred | |
| HEALTHPRO BLOOD GLUCOSE MONITO | Non-Preferred | QL 1 / 365 days |
| HEALTHWISE INSULIN SYR/NEEDLE (HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC) | Preferred | |
| HEALTHY ACCENTS UNILET LANCETS | Preferred | QL 200 / 30 days |
| HM EMBRACE TALK SYSTEM | Non-Preferred | QL 1 / 365 days |
| HM STERILE ALCOHOL PREP | Preferred | |
| HOMENEB WITH SIDESTREAM | Preferred | |
| HUMIDIFIER | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| HW EMBRACE PRO GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| HW EMBRACE PRO GLUCOSE TEST | Non-Preferred | |
| HW EMBRACE TALK BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| HW EMBRACE TALK GLUCOSE TEST | Non-Preferred | |
| HY-VEE LANCETS | Preferred | QL 200 / 30 days |
| HY-VEE THIN LANCETS | Preferred | QL 200 / 30 days |
| HYALGAN 20 MG/2ML SOLN PRSYR | Preferred | QL 12 / 180 days PA |
| HYDROCORTISONE COMPLETE KIT | Non-Preferred | |
| HYMOVIS | Non-Preferred | |
| HYPODERMIC NEEDLE 18G X 1" MISC | Preferred | |
| IGLUCOSE MONITORING SYSTEM | Non-Preferred | QL 1 / 365 days |
| IGLUCOSE TEST STRIPS | Non-Preferred | |
| IN TOUCH STERILE LANCETS 30G | Preferred | QL 200 / 30 days |
| INFINITY BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| INFINITY BLOOD GLUCOSE TEST | Non-Preferred | |
| INFINITY VOICE STRIP | Non-Preferred | |
| INFINITY VOICE W/DEVICE KIT | Non-Preferred | QL 1 / 365 days |
| INNOSPIRE ESSENCE NEBULIZER | Preferred | |
| INSULIN SYRINGE (INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE 29G X 1/2" 1 ML MISC, INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE 30G X 5/16" 1 ML MISC, INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| INSULIN SYRINGE-NEEDLE U-100 (INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC) | Preferred | |
| KAZ HEALTHMIST HUMIDIFIER | Preferred | |
| KETO-DIASTIX | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| KINNEY LANCETS | Preferred | QL 200 / 30 days |
| KINNEY THIN LANCETS | Preferred | QL 200 / 30 days |
| KINRAY INSULIN SYRINGE (KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| KROGER BLOOD GLUCOSE TEST | Non-Preferred | |
| KROGER HEALTHPRO GLUCOSE TEST | Non-Preferred | |
| KROGER HEALTHPRO LANCET 26G | Preferred | QL 200 / 30 days |
| KROGER INSULIN SYRINGE (KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| KROGER LANCETS | Preferred | QL 200 / 30 days |
| KROGER LANCETS 21G | Preferred | QL 200 / 30 days |
| KROGER LANCETS MICRO THIN 33G | Preferred | QL 200 / 30 days |
| KROGER LANCETS SUPER THIN | Preferred | QL 200 / 30 days |
| KROGER LANCETS THIN | Preferred | QL 200 / 30 days |
| KROGER LANCETS THIN 26G | Preferred | QL 200 / 30 days |
| KROGER LANCETS ULTRATHIN 30G | Preferred | QL 200 / 30 days |
| KROGER PREMIUM BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| KROGER PREMIUM GLUCOSE TEST | Non-Preferred | |
| KROGER TEST | Non-Preferred | |
| LANCETS | Preferred | QL 200 / 30 days |
| LANCETS 28G | Preferred | QL 200 / 30 days |
| LANCETS 30G | Preferred | QL 200 / 30 days |
| LANCETS 33G | Preferred | QL 200 / 30 days |
| LANCETS MICRO THIN 33G | Preferred | QL 200 / 30 days |
| LANCETS SUPER THIN 28G | Preferred | QL 200 / 30 days |
| LANCETS THIN | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| LANCETS ULTRA FINE | Preferred | QL 200 / 30 days |
| LANCETS ULTRA THIN | Preferred | QL 200 / 30 days |
| LANCETS ULTRA THIN 30G | Preferred | QL 200 / 30 days |
| LEADER INSULIN SYRINGE (LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| LIBERTY MEDICAL LANCETS | Preferred | QL 200 / 30 days |
| LIDOTIN | Non-Preferred | |
| LIFESCAN UNISTIK 2 | Preferred | QL 200 / 30 days |
| LIFESCAN UNISTIK II LANCETS | Preferred | QL 200 / 30 days |
| LIPRITIN | Non-Preferred | |
| LIPRITIN II | Non-Preferred | |
| LITE TOUCH LANCETS | Preferred | QL 200 / 30 days |
| LITETOUCH INSULIN SYRINGE (LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| LITETOUCH LANCETS | Preferred | QL 200 / 30 days |
| LIVE BETTER LANCET SUPER THIN | Preferred | QL 200 / 30 days |
| LIVE BETTER LANCET ULTRA THIN | Preferred | QL 200 / 30 days |
| LONGS LANCETS STANDARD | Preferred | QL 200 / 30 days |
| LONGS LANCETS THIN | Preferred | QL 200 / 30 days |
| LONGS LANCETS ULTRA THIN | Preferred | QL 200 / 30 days |
| LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| MAGELLAN INSULIN SAFETY SYR (MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC) | Preferred | |
| MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC | Preferred | |
| MEDICHOICE SAFETY LANCET | Preferred | QL 200 / 30 days |
| MEDICHOICE SAFETY LANCET EXTRA | Preferred | QL 200 / 30 days |
| MEDICHOICE SAFETY LANCET NORM | Preferred | QL 200 / 30 days |
| MEDISENSE THIN LANCETS | Preferred | QL 200 / 30 days |
| MEDLANCE EXTRA 21G | Preferred | QL 200 / 30 days |
| MEDLANCE LITE 25G | Preferred | QL 200 / 30 days |
| MEDLANCE PLUS EXTRA 21G | Preferred | QL 200 / 30 days |
| MEDLANCE PLUS LANCETS | Preferred | QL 200 / 30 days |
| MEDLANCE PLUS LITE 25G | Preferred | QL 200 / 30 days |
| MEDLANCE PLUS SPECIAL 0.8MM | Preferred | QL 200 / 30 days |
| MEDLANCE PLUS SUPERLITE 30G | Preferred | QL 200 / 30 days |
| MEDLANCE PLUS UNIVERSAL 21G | Preferred | QL 200 / 30 days |
| MEDLANCE UNIVERSAL 21G | Preferred | QL 200 / 30 days |
| MEIJER ALCOHOL SWABS | Preferred | |
| MEIJER BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| MEIJER BLOOD GLUCOSE TEST | Non-Preferred | |
| MEIJER LANCETS | Preferred | QL 200 / 30 days |
| MEIJER LANCETS THIN | Preferred | QL 200 / 30 days |
| MEIJER LANCETS UNIVERSAL 21G | Preferred | QL 200 / 30 days |
| MEIJER LANCETS UNIVERSAL 30G | Preferred | QL 200 / 30 days |
| MEIJER LANCETS UNIVERSAL 33G | Preferred | QL 200 / 30 days |
| MEIJER PREMIUM BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| MEIJER PREMIUM GLUCOSE TEST | Non-Preferred | |
| MEIJER SUPER THIN LANCETS | Preferred | QL 200 / 30 days |
| MICRODOT BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| MICRODOT TEST | Non-Preferred | |
| MICROLET LANCETS | Preferred | QL 200 / 30 days |
| MM BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| MM BLULINK GLUCOSE MONIT SYS | Non-Preferred | QL 1 / 365 days |
| MM BLULINK GLUCOSE TEST | Non-Preferred | |
| MM EASY TOUCH GLUCOSE | Non-Preferred | |
| MM EASY TOUCH GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| MM INSULIN SYRINGE/NEEDLE (MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC, MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC, MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC) | Preferred | |
| MM TWIST LANCETS | Preferred | QL 200 / 30 days |
| MOMETACURE | Non-Preferred | |
| MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC | Preferred | |
| MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC | Preferred | |
| MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| MONOJECT SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| MONOJECT ULTRA COMFORT SYRINGE (MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC) | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| MONOLET LANCETS | Preferred | QL 200 / 30 days |
| MONOLET OPD LANCETS | Preferred | QL 200 / 30 days |
| MONOLETTOR SAFETY LANCETS | Preferred | QL 200 / 30 days |
| MONOVISC | Non-Preferred | |
| MPD SAFETY LANCET 21G | Preferred | QL 200 / 30 days |
| MPD SAFETY LANCET 23G | Preferred | QL 200 / 30 days |
| MPD SAFETY LANCET 28G | Preferred | QL 200 / 30 days |
| MPD SAFETY LANCET 30G | Preferred | QL 200 / 30 days |
| MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC | Preferred | |
| MX-SOL | Preferred | |
| MX-SOL SF | Preferred | |
| MYGLUCOHEALTH BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| MYGLUCOHEALTH LANCETS 30G | Preferred | QL 200 / 30 days |
| MYGLUCOHEALTH TEST | Non-Preferred | |
| NEUTEK 2TEK TEST | Non-Preferred | |
| NOKOR VENTED NEEDLE | Preferred | |
| NOVA MAX BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| NOVA MAX GLUCOSE TEST | Non-Preferred | |
| NOVA SAFETY LANCETS 23G | Preferred | QL 200 / 30 days |
| NOVA SAFETY LANCETS 28G | Preferred | QL 200 / 30 days |
| NOVA SUREFLEX LANCETS | Preferred | QL 200 / 30 days |
| OMNIPOD 5 G6 INTRO (GEN 5) | Preferred | |
| OMNIPOD 5 G6 PODS (GEN 5) | Preferred | |
| OMNIPOD 5 PACK | Preferred | |
| OMNIPOD DASH INTRO (GEN 4) | Preferred | |
| OMNIPOD DASH PDM (GEN 4) | Preferred | |
| OMNIPOD DASH PODS (GEN 4) | Preferred | |
| OMNIPOD GO | Preferred | |
| ON CALL EXPRESS BLOOD GLUCOSE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ON CALL EXPRESS GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| ON CALL EXPRESS MONITORING SYS | Non-Preferred | QL 1 / 365 days |
| ON CALL LANCETS | Preferred | QL 200 / 30 days |
| ON CALL PLUS BLOOD GLUCOSE | Non-Preferred | |
| ON CALL PLUS LANCETS | Preferred | QL 200 / 30 days |
| ON CALL PLUS METER | Non-Preferred | QL 1 / 365 days |
| ON CALL PLUS MONITORING SYSTEM | Non-Preferred | QL 1 / 365 days |
| ON CALL VIVID BLOOD GLUCOSE | Non-Preferred | |
| ON CALL VIVID GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| ON CALL VIVID METER | Non-Preferred | QL 1 / 365 days |
| ON CALL VIVID MONITORING | Non-Preferred | QL 1 / 365 days |
| ON CALL VIVID PAL METER | Non-Preferred | QL 1 / 365 days |
| ONETOUCH CLUB LANCETS FINE PT | Preferred | QL 200 / 30 days |
| ONETOUCH DELICA LANCETS 30G | Preferred | QL 200 / 30 days |
| ONETOUCH DELICA LANCETS 33G | Preferred | QL 200 / 30 days |
| ONETOUCH DELICA PLUS LANCET30G | Preferred | QL 200 / 30 days |
| ONETOUCH DELICA PLUS LANCET33G | Preferred | QL 200 / 30 days |
| ONETOUCH DELICA SAFETY LANCING | Preferred | QL 200 / 30 days |
| ONETOUCH FINEPOINT LANCETS | Preferred | QL 200 / 30 days |
| ONETOUCH SOLUTIONS STARTER KIT | Non-Preferred | |
| ONETOUCH ULTRA | Preferred | |
| ONETOUCH ULTRA 2 | Preferred | QL 1 / 365 days |
| ONETOUCH ULTRA MINI | Non-Preferred | QL 1 / 365 days |
| ONETOUCH ULTRA TEST | Preferred | |
| ONETOUCH ULTRAMINI METER (NDC 53885-0208-01) | Preferred | QL 1 / 365 days |
| ONETOUCH ULTRASOFT 2 LANCETS | Preferred | QL 200 / 30 days |
| ONETOUCH ULTRASOFT LANCETS | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| ONETOUCH VERIO STRIP | Preferred | |
| ONETOUCH VERIO FLEX METER | Preferred | QL 1 / 365 days |
| ONETOUCH VERIO FLEX STARTR KIT | Non-Preferred | QL 1 / 365 days |
| ONETOUCH VERIO REFLECT METER | Preferred | QL 1 / 365 days |
| ONETOUCH VERIO REFLECT STR KIT | Non-Preferred | QL 1 / 365 days |
| ONETOUCH VERIO STRIP (NDC 53885-0061-50) | Non-Preferred | |
| ONETOUCH VERIO W/DEVICE KIT | Preferred | QL 1 / 365 days |
| OPTICHAMBER DIAMOND MISC | Preferred | |
| OPTICHAMBER DIAMOND-LG MASK | Preferred | |
| OPTICHAMBER DIAMOND-MD MASK | Preferred | |
| OPTICHAMBER DIAMOND-SM MASK | Preferred | |
| OPTIUM TEST | Non-Preferred | |
| OPTIUMEZ TEST | Non-Preferred | |
| OPTUMRX BLOOD GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| OPTUMRX BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| OPTUMRX BLOOD GLUCOSE TEST | Non-Preferred | |
| OPVEE | Preferred | |
| ORA-PLUS | Preferred | |
| ORA-SWEET | Preferred | |
| ORA-SWEET SF | Preferred | |
| ORAL SUSPEND | Preferred | |
| ORAL SYRUP | Preferred | |
| ORAL SYRUP SF | Preferred | |
| ORAPENN SD ANHYD SWEETENED | Preferred | |
| ORAPENN SD ANYHYD UNSWEETEN | Preferred | |
| ORTHOVISC | Non-Preferred | |
| PARAGARD INTRAUTERINE COPPER | Preferred | |
| PARI LC PLUS NEBULIZER | Preferred | |
| PC LANCETS SUPER THIN 30G | Preferred | QL 200 / 30 days |
| PCCA SWEET-SF | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| PCCA SYRUP VEHICLE | Preferred | |
| PENTICAN | Non-Preferred | |
| PERFECT LANCETS 28G | Preferred | QL 200 / 30 days |
| PERFECT LANCETS 30G | Preferred | QL 200 / 30 days |
| PHARMACIST CHOICE ALCOHOL | Preferred | |
| PHARMACIST CHOICE AUTOCODE | Non-Preferred | |
| PHARMACIST CHOICE AUTOCODE SYS | Non-Preferred | QL 1 / 365 days |
| PHARMACIST CHOICE LANCETS | Preferred | QL 200 / 30 days |
| PHARMACIST CHOICE MINI SYSTEM | Non-Preferred | QL 1 / 365 days |
| PHARMACIST CHOICE NO CODING | Non-Preferred | |
| PHARMACY COUNTER LANCETS | Preferred | QL 200 / 30 days |
| PIP BLOOD GLUCOSE MONITORING | Non-Preferred | QL 1 / 365 days |
| PIP BLOOD GLUCOSE TEST STRIP | Non-Preferred | |
| PIP LANCETS 28G | Preferred | QL 200 / 30 days |
| PIP LANCETS 30G | Preferred | QL 200 / 30 days |
| POGO AUTOMATIC BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| POGO AUTOMATIC TEST CARTRIDGES | Non-Preferred | |
| POLY HUB NEEDLE 18G X 1" MISC | Preferred | |
| PRECISION PCX | Non-Preferred | |
| PRECISION PCX PLUS TEST | Non-Preferred | |
| PRECISION POINT OF CARE TEST | Non-Preferred | |
| PRECISION QID TEST | Non-Preferred | |
| PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC | Preferred | |
| PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML MISC | Preferred | |
| PRECISION THINS GP LANCETS | Preferred | QL 200 / 30 days |
| PRECISION XTRA DEVICE | Non-Preferred | QL 1 / 365 days |
| PRECISION XTRA BLOOD GLUCOSE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| PREFERRED PLUS INSULIN SYRINGE (PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC) | Preferred | |
| PREFERRED PLUS LANCETS COLORED | Preferred | QL 200 / 30 days |
| PREFERRED PLUS LANCETS THIN | Preferred | QL 200 / 30 days |
| PREMIUM BLOOD GLUCOSE TEST | Non-Preferred | |
| PRESSURE ACTIVAT SAFETY LANCET | Preferred | QL 200 / 30 days |
| PRO COMFORT ALCOHOL | Preferred | |
| PRO COMFORT INSULIN SYRINGE (PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| PRO COMFORT LANCETS 30G | Preferred | QL 200 / 30 days |
| PRO COMFORT LANCETS 31G | Preferred | QL 200 / 30 days |
| PRO COMFORT SAFETY LANCETS 30G | Preferred | QL 200 / 30 days |
| PRO VOICE V8 GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| PRO VOICE V8/V9 GLUCOSE | Non-Preferred | |
| PRO VOICE V9 GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| PROCHAMBER VHC | Preferred | |
| PRODIGY AUTOCODE BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| PRODIGY LANCETS 28G | Preferred | QL 200 / 30 days |
| PRODIGY NO CODING BLOOD GLUC STRIP | Non-Preferred | |
| PRODIGY POCKET BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| PRODIGY SAFETY LANCETS 26G | Preferred | QL 200 / 30 days |
| PRODIGY TWIST TOP LANCETS 28G | Preferred | QL 200 / 30 days |
| PRODIGY VOICE BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| PSS SELECT GP LANCETS | Preferred | QL 200 / 30 days |
| PSS SELECT SAFETY LANCETS | Preferred | QL 200 / 30 days |

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

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

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| SAFETY LANCETS | Preferred | QL 200 / 30 days |
| SAFETY LANCETS 21G | Preferred | QL 200 / 30 days |
| SAFETY LANCETS 23G | Preferred | QL 200 / 30 days |
| SAFETY LANCETS 28G | Preferred | QL 200 / 30 days |
| SAFETY LET LANCETS | Preferred | QL 200 / 30 days |
| SAFETY SEAL LANCETS | Preferred | QL 200 / 30 days |
| SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC | Preferred | |
| SAPS CARE ALCOHOL PREP | Preferred | |
| SAPS HEALTH ALCOHOL PREP (SAPS HEALTH ALCOHOL PREP PAD, SAPS HEALTH ALCOHOL PREP 70 % PAD) | Preferred | |
| SAPS HEALTH CARE ALCOHOL PREP | Preferred | |
| SAPS HEALTH PLUS LANCETS | Preferred | QL 200 / 30 days |
| SAPS HEALTH TWIST TOP LANCETS | Preferred | QL 200 / 30 days |
| SAPS TWIST TOP LANCETS | Preferred | QL 200 / 30 days |
| SAPSCARE TWIST TOP LANCETS | Preferred | QL 200 / 30 days |
| SB ALCOHOL PREP | Preferred | |
| SB INSULIN SYRINGE | Preferred | |
| SB LANCETS THIN | Preferred | QL 200 / 30 days |
| SB LANCETS ULTRA THIN | Preferred | QL 200 / 30 days |
| SECURESAFE HYPODERMIC NEEDLE 18G X 1" MISC | Preferred | |
| SECURESAFE INSULIN SYRINGE | Preferred | |
| SECURESAFE SYRINGE/NEEDLE 23G X 1" 3 ML MISC | Preferred | |
| SHOPKO ALCOHOL SWABS | Preferred | |
| SHOPKO ON-THE-GO LANCETS 30G | Preferred | QL 200 / 30 days |
| SHOPKO UNILET LANCETS 28G | Preferred | QL 200 / 30 days |
| SHOPKO UNILET LANCETS 30G | Preferred | QL 200 / 30 days |
| SIDE BUTTON SAFETY LANCET | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| SILA III | Non-Preferred | |
| SINGLE-LET | Preferred | QL 200 / 30 days |
| SM ALCOHOL PREP (SM ALCOHOL PREP PAD, SM ALCOHOL PREP 70 % PAD) | Preferred | |
| SM LANCETS 33G | Preferred | QL 200 / 30 days |
| SMART SENSE COLOR LANCETS 33G | Preferred | QL 200 / 30 days |
| SMART SENSE PREMIUM SYSTEM | Non-Preferred | QL 1 / 365 days |
| SMART SENSE PREMIUM TEST | Non-Preferred | |
| SMART SENSE STANDARD LANCETS | Preferred | QL 200 / 30 days |
| SMART SENSE SUPER THIN LANCETS | Preferred | QL 200 / 30 days |
| SMART SENSE THIN LANCETS 26G | Preferred | QL 200 / 30 days |
| SMART SENSE VALUE GLUCOSE SYS | Non-Preferred | QL 1 / 365 days |
| SMART SENSE VALUE TEST | Non-Preferred | |
| SMARTEST BLOOD GLUCOSE TEST | Non-Preferred | |
| SMARTEST EJECT | Non-Preferred | QL 1 / 365 days |
| SMARTEST EJECT STARTER | Non-Preferred | QL 1 / 365 days |
| SMARTEST LANCETS 28G | Preferred | QL 200 / 30 days |
| SMARTEST PERSONA STARTER | Non-Preferred | QL 1 / 365 days |
| SMARTEST PRONTO STARTER | Non-Preferred | QL 1 / 365 days |
| SMARTEST PROTEGE | Non-Preferred | QL 1 / 365 days |
| SMARTEST PROTEGE STARTER | Non-Preferred | QL 1 / 365 days |
| <i>sodium bicarbonate 8.4 % solution</i> | Preferred | |
| SODIUM HYALURONATE 20 MG/2ML SOLN PRSYR | Preferred | QL 12 / 180 days PA |
| SOLUS V2 BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| SOLUS V2 LANCETS 28G | Preferred | QL 200 / 30 days |
| SOLUS V2 TEST | Non-Preferred | |
| SOLUS V2 TWIST LANCETS 30G | Preferred | QL 200 / 30 days |
| SORBITOL (SORBITOL SOLUTION, SORBITOL 70 % SOLUTION) | Preferred | QL 480 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| SOSWEET | Preferred | |
| STERILANCE TL | Preferred | QL 200 / 30 days |
| <i>sterile water for irrigation</i> | Preferred | |
| SUPARTZ FX | Non-Preferred | QL 15 / 180 days PA |
| SUPER THIN LANCETS | Preferred | QL 200 / 30 days |
| SURE COMFORT ALCOHOL PREP | Preferred | |
| SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| SURE COMFORT LANCETS 18G | Preferred | QL 200 / 30 days |
| SURE COMFORT LANCETS 21G | Preferred | QL 200 / 30 days |
| SURE COMFORT LANCETS 23G | Preferred | QL 200 / 30 days |
| SURE COMFORT LANCETS 28G | Preferred | QL 200 / 30 days |
| SURE COMFORT LANCETS 30G | Preferred | QL 200 / 30 days |
| SURE-JECT INSULIN SYRINGE (SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| SURE-LANCE FLAT LANCETS | Preferred | QL 200 / 30 days |
| SURE-LANCE LANCETS 26G | Preferred | QL 200 / 30 days |
| SURE-LANCE THIN LANCETS 28G | Preferred | QL 200 / 30 days |
| SURE-LANCE ULTRA THIN LANCETS | Preferred | QL 200 / 30 days |
| SURE-PREP ALCOHOL PREP | Preferred | |
| SURE-TEST EASYPLUS MINI METER | Non-Preferred | QL 1 / 365 days |
| SURE-TEST EASYPLUS MINI TEST | Non-Preferred | |
| SURE-TOUCH LANCETS UNIVERSAL | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| SURELITE LANCETS | Preferred | QL 200 / 30 days |
| SYNOJOYNT | Non-Preferred | QL 12 / 180 days PA |
| SYNVISC | Non-Preferred | |
| SYNVISC ONE | Non-Preferred | |
| SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| SYRINGE LUER LOCK 23G X 1" 3 ML MISC | Preferred | |
| SYRPALTA SYRUP | Preferred | |
| SYRPALTA (RED) | Preferred | |
| SYRSPEND SF LIQUID | Preferred | |
| SYRUP VEHICLE | Preferred | |
| SYRUP VEHICLE SF | Preferred | |
| TECHLITE AST LANCETS | Preferred | QL 200 / 30 days |
| TECHLITE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| TECHLITE LANCETS | Preferred | QL 200 / 30 days |
| TECHLITE LANCETS 26G | Preferred | QL 200 / 30 days |
| TECHLITE LANCETS 30G | Preferred | QL 200 / 30 days |
| TELCARE BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| TGT ALCOHOL SWABS | Preferred | |
| TGT BLOOD GLUCOSE MONITORING | Non-Preferred | QL 1 / 365 days |
| TGT BLOOD GLUCOSE TEST | Non-Preferred | |
| TGT LANCET MICRO THIN 33G | Preferred | QL 200 / 30 days |
| TGT LANCET THIN 26G | Preferred | QL 200 / 30 days |
| TGT LANCET ULTRA THIN 30G | Preferred | QL 200 / 30 days |
| THINLETS GP LANCETS | Preferred | QL 200 / 30 days |
| TODAYS HEALTH THIN LANCETS 28G | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|------------------------|
| TODAYS HEALTH THIN LANCETS 30G | Preferred | QL 200 / 30 days |
| TOPCARE LANCETS MICRO-THIN 33G | Preferred | QL 200 / 30 days |
| TOPCARE ULTRA COMFORT INS SYR (TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC) | Preferred | |
| TRAVEL LANCETS | Preferred | QL 200 / 30 days |
| TRAVEL LANCETS ADVANCED 28G | Preferred | QL 200 / 30 days |
| TRIASIL | Non-Preferred | |
| TRILURON | Non-Preferred | QL 12 / 180 days PA |
| TRIVISC | Non-Preferred | QL 15 / 180 days PA |
| TRUE COMFORT ALCOHOL PREP PADS | Preferred | |
| TRUE COMFORT INSULIN SYRINGE (TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| TRUE COMFORT PRO ALCOHOL PREP | Preferred | |
| TRUE COMFORT PRO INSULIN SYR (TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC, TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC, TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC) | Preferred | |
| TRUE COMFORT SAFETY LANCETS | Preferred | QL 200 / 30 days |
| TRUE COMFORT TWIST TOP LANCETS | Preferred | QL 200 / 30 days |
| TRUE METRIX AIR GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| TRUE METRIX BLOOD GLUCOSE TEST | Non-Preferred | |
| TRUE METRIX GO GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| TRUE METRIX METER | Non-Preferred | QL 1 / 365 days |
| TRUE METRIX PRO BLOOD GLUCOSE | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| TRUEPLUS INSULIN SYRINGE (TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| TRUEPLUS LANCETS 26G | Preferred | QL 200 / 30 days |
| TRUEPLUS LANCETS 28G | Preferred | QL 200 / 30 days |
| TRUEPLUS LANCETS 30G | Preferred | QL 200 / 30 days |
| TRUEPLUS LANCETS 33G | Preferred | QL 200 / 30 days |
| TRUEPLUS SAFETY LANCETS 28G | Preferred | QL 200 / 30 days |
| TRUERESULT BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| TRUETEST TEST | Non-Preferred | |
| TRUETRACK BLOOD GLUCOSE W/DEVICE KIT | Non-Preferred | QL 1 / 365 days |
| TRUETRACK SMART SYSTEM | Non-Preferred | QL 1 / 365 days |
| TRUETRACK TEST | Non-Preferred | |
| TWIST TOP LANCETS 30G | Preferred | QL 200 / 30 days |
| ULTICARE ALCOHOL SWABS | Preferred | |
| ULTICARE INSULIN SAFETY SYR | Preferred | |
| ULTICARE INSULIN SYRINGE (ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC | Preferred | |
| ULTILET ALCOHOL SWABS | Preferred | |
| ULTILET CLASSIC LANCETS | Preferred | QL 200 / 30 days |
| ULTILET INSULIN SYRINGE (ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ULTILET INSULIN SYRINGE SHORT (ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML MISC, ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML MISC, ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML MISC) | Preferred | |
| ULTILET LANCETS | Preferred | QL 200 / 30 days |
| ULTILET SAFETY LANCETS | Preferred | QL 200 / 30 days |
| ULTILET SAFETY LANCETS 23G | Preferred | QL 200 / 30 days |
| ULTRA FLO INSULIN SYRINGE (ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| ULTRA THIN LANCETS 31G | Preferred | QL 200 / 30 days |
| ULTRA TRAK PRO BLOOD GLUCOSE | Non-Preferred | QL 1 / 365 days |
| ULTRA-CARE ALCOHOL PREP PADS | Preferred | |
| ULTRA-CARE LANCETS 30G | Preferred | QL 200 / 30 days |
| ULTRA-THIN II AUTO LANCET | Preferred | QL 200 / 30 days |
| ULTRA-THIN II INS SYR SHORT (ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC, ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC, ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC) | Preferred | |
| ULTRA-THIN II INSULIN SYRINGE | Preferred | |
| ULTRA-THIN II LANCETS | Preferred | QL 200 / 30 days |
| ULTRACARE INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| ULTRATRAK ACTIVE | Non-Preferred | QL 1 / 365 days |
| ULTRATRAK PRO | Non-Preferred | QL 1 / 365 days |
| ULTRATRAK PRO TEST | Non-Preferred | |
| ULTRATRAK ULTIMATE MONITOR | Non-Preferred | QL 1 / 365 days |
| ULTRATRAK ULTIMATE TEST | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--------------------------------|---------------|-----------------------|
| UNILET COMFORTOUCH LANCET | Preferred | QL 200 / 30 days |
| UNILET EXCELITE | Preferred | QL 200 / 30 days |
| UNILET EXCELITE II | Preferred | QL 200 / 30 days |
| UNILET G.P. LANCET | Preferred | QL 200 / 30 days |
| UNILET G.P. SUPERLITE LANCET | Preferred | QL 200 / 30 days |
| UNILET GP 28 ULTRA THIN | Preferred | QL 200 / 30 days |
| UNILET LANCET | Preferred | QL 200 / 30 days |
| UNILET MICRO-THIN 33G | Preferred | QL 200 / 30 days |
| UNILET SUPER-THIN 30G | Preferred | QL 200 / 30 days |
| UNILET SUPERLITE LANCET | Preferred | QL 200 / 30 days |
| UNILET ULTRA-THIN 28G | Preferred | QL 200 / 30 days |
| UNISTIK 3 GENTLE | Preferred | QL 200 / 30 days |
| UNISTIK PRO SAFETY LANCET | Preferred | QL 200 / 30 days |
| UNISTIK SAFETY LANCETS 28G | Preferred | QL 200 / 30 days |
| UNISTIK SAFETY LANCETS 30G | Preferred | QL 200 / 30 days |
| UNISTIK TOUCH SAFETY LANC 21G | Preferred | QL 200 / 30 days |
| UNISTIK TOUCH SAFETY LANC 23G | Preferred | QL 200 / 30 days |
| UNISTIK TOUCH SAFETY LANC 28G | Preferred | QL 200 / 30 days |
| UNISTIK TOUCH SAFETY LANC 30G | Preferred | QL 200 / 30 days |
| UNISTRIP1 GENERIC | Non-Preferred | |
| UNIVERSAL 1 LANCETS THIN 26G | Preferred | QL 200 / 30 days |
| UNIVERSAL 1 LANCETS THIN 33G | Preferred | QL 200 / 30 days |
| UNIVERSAL 1 LANCETS ULTRA THIN | Preferred | QL 200 / 30 days |
| V-GO 20 | Preferred | |
| V-GO 30 | Preferred | |
| V-GO 40 | Preferred | |
| VALUE HEALTH INSULIN SYRINGE | Preferred | |
| VALUE PLUS LANCET STANDARD 21G | Preferred | QL 200 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| VALUE PLUS LANCETS SUPER THIN | Preferred | QL 200 / 30 days |
| VALUE PLUS LANCETS THIN 26G | Preferred | QL 200 / 30 days |
| VALUMARK LANCET SUPER THIN 30G | Preferred | QL 200 / 30 days |
| VALUMARK LANCET ULTRA THIN 28G | Preferred | QL 200 / 30 days |
| VANISHPOINT INSULIN SYRINGE (VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC) | Preferred | |
| VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| VANISHPOINT SYRINGE 23G X 1" 3 ML MISC | Preferred | |
| VERASENS BLOOD GLUCOSE METER | Non-Preferred | QL 1 / 365 days |
| VERASENS BLOOD GLUCOSE SYSTEM | Non-Preferred | QL 1 / 365 days |
| VERASENS BLOOD GLUCOSE TEST | Non-Preferred | |
| VERIFINE INSULIN SYRINGE (VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC) | Preferred | |
| VERIFINE SAFE LANCET MINI 21G | Preferred | QL 200 / 30 days |
| VERIFINE SAFE LANCET MINI 23G | Preferred | QL 200 / 30 days |
| VERIFINE SAFE LANCET MINI 28G | Preferred | QL 200 / 30 days |
| VERIFINE SAFE LANCET MINI 30G | Preferred | QL 200 / 30 days |
| VERIFINE UNIVERSAL LANCETS 28G | Preferred | QL 200 / 30 days |
| VERIFINE UNIVERSAL LANCETS 30G | Preferred | QL 200 / 30 days |
| VERIFINE UNIVERSAL LANCETS 33G | Preferred | QL 200 / 30 days |
| VERSAFREE | Preferred | |
| VERSAPLUS | Preferred | |
| VIDA MIA UNILET LANCETS 28G | Preferred | QL 200 / 30 days |
| VIDA MIA UNILET LANCETS 30G | Preferred | QL 200 / 30 days |
| VIOS AEROSOL DELIVERY SYSTEM | Preferred | |
| VIOS LC PLUS | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| VIOS LC SPRINT | Preferred | |
| VISCO-3 | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">15 / 180 days</div> </div> <div style="background-color: #996633; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| VIVAGUARD INO GLUCOSE METER DEVICE | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 365 days</div> </div> |
| VIVAGUARD INO SMART GLUC METER | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 365 days</div> </div> |
| VIVAGUARD INO TEST STRIPS | Non-Preferred | |
| VIVAGUARD LANCETS | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| VIVAGUARD LANCETS 30G | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| VIVAGUARD SAFETY LANCETS 28G | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| VORTEX VALVED HOLDING CHAMBER | Preferred | |
| WALGREENS ADV TRAVEL LANCETS | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| WALGREENS LANCETS | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| WALGREENS LANCETS MICRO THIN | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| WALGREENS LANCETS SUPER THIN | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| WALGREENS THIN LANCETS | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| WALGREENS ULTRA THIN LANCETS | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| <i>water for irrigation, sterile</i> | Preferred | |
| WAVESENSE AMP | Non-Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">1 / 365 days</div> </div> |
| WEBCOL ALCOHOL PREP LARGE | Preferred | |
| WEBCOL ALCOHOL PREP MEDIUM | Preferred | |
| XPHOZAH | Non-Preferred | |
| ZEVX INSULIN SYRINGE (ZEVX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ZEVX INSULIN SYRINGE 30G X 5/16" 1 ML MISC) | Preferred | |
| ZEVX STERILE ALCOHOL PREP PAD | Preferred | |
| ZEVX TWIST TOP LANCETS 30G | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">200 / 30 days</div> </div> |
| OPHTHALMIC AGENTS | | |
| OPHTHALMIC AGENTS, OTHER | | |
| <i>ak-poly-bac</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #666699; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">7 / 18 days</div> </div> |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>altafrin 2.5 % solution</i> | Preferred | |
| <i>artificial tears 0.1-0.3 % solution</i> | Preferred | QL 15 / 15 days |
| ATROPINE SULFATE 1 % SOLUTION | Preferred | QL 5 / 18 days |
| <i>bacitra-neomycin-polymyxin-hc</i> | Preferred | |
| <i>bacitracin-polymyxin b</i> | Preferred | QL 7 / 18 days |
| BEOVU | Non-Preferred | |
| BLEPHAMIDE | Non-Preferred | QL 30 / 30 days |
| BLEPHAMIDE S.O.P. | Non-Preferred | QL 7 / 18 days |
| <i>brimonidine tartrate-timolol</i> | Non-Preferred | |
| BYOOVIZ | Non-Preferred | PA |
| CEQUA | Non-Preferred | |
| CIMERLI | Preferred | PA |
| COMBIGAN | Preferred | |
| COSOPT | Non-Preferred | |
| COSOPT PF | Non-Preferred | |
| <i>cyclopentolate hcl (cyclopentolate hcl 0.5 % solution, cyclopentolate hcl 2 % solution)</i> | Preferred | QL 15 / 30 days |
| <i>cyclopentolate hcl 1 % solution</i> | Preferred | QL 5 / 25 days |
| <i>cyclosporine 0.05 % emulsion</i> | Non-Preferred | QL 60 / 30 days |
| <i>dorzolamide hcl-timolol mal</i> | Preferred | QL 10 / 18 days |
| <i>dorzolamide hcl-timolol mal pf</i> | Non-Preferred | |
| EYLEA | Preferred | PA |
| EYLEA HD | Non-Preferred | |
| <i>genteal tears 0.1-0.3 % solution</i> | Preferred | QL 15 / 15 days |
| ISOPTO ATROPINE | Preferred | QL 5 / 18 days |
| IZERVAY | Non-Preferred | |
| LACRISERT | Non-Preferred | |
| <i>lubricating tears eye drops</i> | Preferred | QL 15 / 15 days |
| LUCENTIS | Preferred | PA |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| MACUGEN | Preferred | PA |
| MAXITROL (MAXITROL 0.1 % SUSPENSION, MAXITROL 3.5-10000-0.1 OINTMENT, MAXITROL 3.5-10000-0.1 SUSPENSION) | Non-Preferred | |
| MIEBO | Non-Preferred | |
| NAPHCN-A | Preferred | QL 15 / 18 days |
| <i>neo-polycin</i> | Non-Preferred | |
| <i>neo-polycin hc</i> | Preferred | |
| <i>neomycin-bacitracin zn-polymyx</i> | Non-Preferred | |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment</i> | Preferred | |
| <i>neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension</i> | Preferred | QL 5 / 18 days |
| <i>neomycin-polymyxin-gramicidin</i> | Non-Preferred | QL 10 / 15 days |
| <i>neomycin-polymyxin-hc 3.5-10000-1 ophth suspension</i> | Non-Preferred | QL 10 / 15 days |
| <i>phenylephrine hcl 2.5 % solution</i> | Preferred | |
| <i>polycin</i> | Preferred | QL 7 / 18 days |
| <i>polyvinyl alcohol 1.4 % solution</i> | Preferred | |
| PRED-G | Preferred | |
| PRED-G S.O.P. | Preferred | |
| RESTASIS | Preferred | QL 60 / 30 days |
| RESTASIS MULTIDOSE | Non-Preferred | QL 5.5 / 28 days |
| ROCKLATAN | Non-Preferred | |
| <i>sulfacetamide-prednisolone</i> | Preferred | QL 30 / 30 days |
| SUSVIMO (IMPLANT 1ST FILL) | Non-Preferred | |
| SUSVIMO (IMPLANT REFILL) | Non-Preferred | |
| SYFOVRE | Preferred | PA |
| TOBRADEX 0.3-0.1 % OINTMENT | Preferred | QL 3.5 / 18 days |
| TOBRADEX 0.3-0.1 % SUSPENSION | Preferred | QL 5 / 18 days |
| TOBRADEX ST | Non-Preferred | |
| <i>tobramycin-dexamethasone</i> | Non-Preferred | QL 5 / 18 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>tropicamide (tropicamide 0.5 % solution, tropicamide 1 % solution)</i> | Preferred | QL 15 / 18 days |
| TYRVAYA | Non-Preferred | |
| VABYSMO | Preferred | PA |
| VISUDYNE | Preferred | PA |
| XIIDRA | Non-Preferred | |
| ZYLET | Non-Preferred | |
| OPHTHALMIC ANTI-ALLERGY AGENTS | | |
| <i>alaway</i> | Preferred | QL 10 / 18 days |
| <i>alaway childrens allergy</i> | Preferred | QL 10 / 18 days |
| ALOCRIL | Non-Preferred | QL 5 / 18 days |
| ALOMIDE | Non-Preferred | QL 10 / 18 days |
| <i>azelastine hcl 0.05 % solution</i> | Preferred | |
| <i>bepotastine besilate</i> | Non-Preferred | |
| BEPREVE | Non-Preferred | |
| <i>cromolyn sodium 4 % solution</i> | Preferred | QL 10 / 18 days |
| <i>cvs eye itch relief</i> | Preferred | QL 10 / 18 days |
| <i>cvs olopatadine hcl</i> | Preferred | |
| <i>epinastine hcl</i> | Non-Preferred | |
| <i>eye allergy itch relief</i> | Preferred | |
| <i>eye allergy itch/redness rel</i> | Preferred | |
| <i>eye itch relief</i> | Preferred | QL 10 / 18 days |
| <i>ft eye allergy itch & redness</i> | Preferred | |
| <i>ft eye allergy itch relief</i> | Preferred | |
| <i>gnp olopatadine hcl</i> | Preferred | |
| <i>hm eye allergy itch relief</i> | Preferred | |
| <i>hm eye allergy itch/red relief</i> | Preferred | |
| <i>ketotifen fumarate 0.035 % solution</i> | Preferred | QL 10 / 18 days |
| LASTACRAFT | Non-Preferred | |
| <i>olopatadine hcl 0.1 % solution</i> | Preferred | QL 5 / 25 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>olopatadine hcl 0.2 % solution</i> | Preferred | QL 2.5 / 30 days |
| PATADAY | Non-Preferred | |
| PAZEO | Non-Preferred | |
| <i>qc olopatadine hcl</i> | Preferred | |
| <i>sm eye itch relief</i> | Preferred | QL 10 / 18 days |
| <i>sm olopatadine hcl</i> | Preferred | |
| ZADITOR | Preferred | |
| ZERVIATE | Non-Preferred | |
| OPHTHALMIC ANTI-INFECTIVES | | |
| AZASITE | Non-Preferred | |
| BLEPH-10 | Non-Preferred | QL 15 / 18 days |
| <i>erythromycin 5 mg/gm ointment</i> | Preferred | QL 7 / 18 days |
| ERYTHROMYCIN 5 MG/GM OINTMENT | Preferred | |
| <i>gatifloxacin 0.5 % solution</i> | Preferred | |
| <i>gentak</i> | Preferred | QL 7 / 18 days |
| <i>gentamicin sulfate 0.3 % solution</i> | Preferred | QL 15 / 18 days |
| <i>levofloxacin (levofloxacin 0.5 % solution, levofloxacin 1.5 % solution)</i> | Non-Preferred | |
| MOXEZA | Non-Preferred | |
| <i>moxifloxacin hcl (2x day)</i> | Non-Preferred | |
| <i>moxifloxacin hcl 0.5 % solution</i> | Preferred | |
| OCUFLOX | Non-Preferred | |
| <i>ofloxacin 0.3 % solution</i> | Preferred | QL 10 / 7 days |
| <i>polymyxin b-trimethoprim</i> | Preferred | QL 10 / 15 days |
| POLYTRIM | Non-Preferred | |
| <i>sulfacetamide sodium 10 % ointment</i> | Non-Preferred | |
| <i>sulfacetamide sodium 10 % solution</i> | Non-Preferred | QL 15 / 18 days |
| <i>tobramycin 0.3 % solution</i> | Preferred | QL 5 / 18 days |
| TOBREX 0.3 % OINTMENT | Non-Preferred | QL 3.5 / 18 days |
| TOBREX 0.3 % SOLUTION | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>trifluridine</i> | Preferred | QL 7.5 / 18 days |
| VIGAMOX | Non-Preferred | |
| ZYMAXID | Non-Preferred | |
| OPHTHALMIC ANTI-INFLAMMATORIES | | |
| ACULAR | Non-Preferred | |
| ACULAR LS | Non-Preferred | |
| ACUVAIL | Non-Preferred | |
| ALREX | Non-Preferred | QL 5 / 18 days |
| <i>bromfenac sodium (bromfenac sodium 0.07 % solution, bromfenac sodium 0.075 % solution)</i> | Non-Preferred | |
| <i>bromfenac sodium (once-daily)</i> | Non-Preferred | |
| BROMSITE | Non-Preferred | |
| <i>dexamethasone sodium phosphate 0.1 % solution</i> | Preferred | QL 5 / 10 days |
| DEXTENZA | Non-Preferred | |
| DEXYCU | Non-Preferred | |
| <i>diclofenac sodium 0.1 % solution</i> | Non-Preferred | |
| <i>difluprednate</i> | Preferred | |
| DUREZOL | Preferred | |
| EYSUVIS | Non-Preferred | |
| FLAREX | Preferred | QL 5 / 18 days |
| <i>fluorometholone</i> | Preferred | QL 5 / 18 days |
| <i>flurbiprofen sodium</i> | Preferred | QL 5 / 10 days |
| FML | Preferred | QL 3.5 / 18 days |
| FML FORTE | Preferred | QL 10 / 30 days |
| FML LIQUIFILM | Non-Preferred | |
| ILEVRO | Preferred | |
| ILUVIEN | Non-Preferred | |
| INVELTYS | Non-Preferred | |
| <i>ketorolac tromethamine 0.4 % solution</i> | Preferred | |
| <i>ketorolac tromethamine 0.5 % solution</i> | Preferred | QL 5 / 18 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| LOTEMAX (LOTEMAX 0.5 % GEL, LOTE MAX 0.5 % SUSPENSION) | Non-Preferred | |
| LOTEMAX 0.5 % OINTMENT | Preferred | |
| LOTEMAX SM | Non-Preferred | |
| <i>loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i> | Non-Preferred | |
| MAXIDEX | Preferred | |
| NEVANAC | Preferred | |
| OZURDEX | Non-Preferred | |
| PRED FORTE | Non-Preferred | |
| PRED MILD | Preferred | QL 5 / 18 days |
| <i>prednisolone acetate 1 % suspension</i> | Preferred | QL 10 / 18 days |
| PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION | Preferred | QL 10 / 18 days |
| PROLENSA | Non-Preferred | |
| RETISERT | Non-Preferred | |
| TRIESENCE | Non-Preferred | |
| XIPERE | Non-Preferred | |
| YUTIQ | Non-Preferred | |
| OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS | | |
| <i>betaxolol hcl 0.5 % solution</i> | Non-Preferred | |
| BETIMOL | Non-Preferred | |
| BETOPTIC-S | Non-Preferred | |
| <i>carteolol hcl</i> | Preferred | |
| ISTALOL | Non-Preferred | |
| <i>levobunolol hcl</i> | Preferred | QL 5 / 18 days |
| <i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.5 % (daily) solution, timolol maleate 0.5 % gel f soln)</i> | Non-Preferred | QL 5 / 18 days |
| <i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i> | Preferred | QL 5 / 18 days |
| <i>timolol maleate ocudose</i> | Non-Preferred | |
| <i>timolol maleate pf</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| TIMOPTIC | Non-Preferred | |
| TIMOPTIC OCUDOSE | Non-Preferred | |
| TIMOPTIC-XE | Non-Preferred | |
| OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER | | |
| <i>acetazolamide er</i> | Preferred | QL 60 / 30 days |
| ALPHAGAN P 0.1 % SOLUTION | Preferred | QL 15 / 26 days |
| ALPHAGAN P 0.15 % SOLUTION | Preferred | |
| <i>apraclonidine hcl</i> | Non-Preferred | |
| AZOPT | Non-Preferred | QL 10 / 24 days |
| <i>brimonidine tartrate 0.1 % solution</i> | Non-Preferred | |
| <i>brimonidine tartrate 0.15 % solution</i> | Non-Preferred | QL 15 / 26 days |
| <i>brimonidine tartrate 0.2 % solution</i> | Preferred | QL 5 / 18 days |
| <i>brinzolamide</i> | Non-Preferred | |
| <i>dorzolamide hcl 2 % solution</i> | Preferred | QL 10 / 18 days |
| IDOSE TR | Non-Preferred | |
| IOPIDINE | Non-Preferred | |
| ISOPTO CARPINE | Non-Preferred | |
| <i>methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)</i> | Preferred | QL 4 / 1 days |
| PHOSPHOLINE IODIDE | Non-Preferred | |
| <i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i> | Non-Preferred | QL 15 / 18 days |
| RHOPRESSA | Non-Preferred | |
| SIMBRINZA | Preferred | QL 8 / 25 days |
| TRUSOPT | Non-Preferred | |
| OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS | | |
| <i>bimatoprost 0.03 % solution</i> | Non-Preferred | |
| DURYSTA | Non-Preferred | |
| IYUZEH | Non-Preferred | |
| <i>latanoprost 0.005 % solution</i> | Preferred | QL 2.5 / 18 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| LUMIGAN | Non-Preferred | |
| <i>tafluprost (pf)</i> | Non-Preferred | |
| TRAVATAN Z | Non-Preferred | QL 5 / 18 days |
| <i>travoprost (bak free)</i> | Non-Preferred | |
| VYZULTA | Non-Preferred | |
| XALATAN | Non-Preferred | |
| XELPROS | Non-Preferred | |
| ZIOPTAN | Non-Preferred | |
| OTIC AGENTS | | |
| <i>acetic acid 2 % solution</i> | Preferred | |
| CIPRO HC | Preferred | |
| CIPRODEX | Preferred | |
| <i>ciprofloxacin hcl 0.2 % solution</i> | Non-Preferred | |
| <i>ciprofloxacin-dexamethasone</i> | Non-Preferred | |
| <i>ciprofloxacin-fluocinolone pf</i> | Non-Preferred | |
| CORTISPORIN-TC | Non-Preferred | |
| <i>hydrocortisone-acetic acid</i> | Preferred | |
| <i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i> | Preferred | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | Preferred | |
| OTIPRIO | Non-Preferred | |
| OTOVEL | Non-Preferred | |
| RESPIRATORY TRACT/PULMONARY AGENTS | | |
| ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS | | |
| ALVESCO | Non-Preferred | |
| ARMONAIR DIGIHALER | Non-Preferred | |
| ARNUITY ELLIPTA | Preferred | QL 30 / 30 days |
| ASMANEX (120 METERED DOSES) | Preferred | |
| ASMANEX (14 METERED DOSES) | Preferred | |
| ASMANEX (30 METERED DOSES) | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---------------------------|
| ASMANEX (60 METERED DOSES) | Preferred | |
| ASMANEX HFA | Preferred | |
| BECONASE AQ | Non-Preferred | |
| <i>budesonide 0.25 mg/2ml suspension</i> | Preferred | QL 240 / 30 days |
| <i>budesonide 0.5 mg/2ml suspension</i> | Preferred | QL 4 / 1 days |
| <i>budesonide 1 mg/2ml suspension</i> | Non-Preferred | QL 60 / 30 days |
| <i>budesonide 32 mcg/act suspension</i> | Non-Preferred | QL 8.43 / 30 days |
| FLONASE SENSIMIST | Non-Preferred | |
| FLOVENT DISKUS | Non-Preferred | QL 60 / 30 days |
| FLOVENT HFA (FLOVENT HFA 110 MCG/ACT AEROSOL, FLOVENT HFA 220 MCG/ACT AEROSOL) | Non-Preferred | QL 12 / 30 days |
| FLOVENT HFA 44 MCG/ACT AEROSOL | Non-Preferred | QL 10.6 / 30 days |
| <i>fluticasone propionate diskus</i> | Preferred | QL 60 / 30 day(s) |
| <i>fluticasone propionate hfa (fluticasone propionate hfa 110 mcg/act aerosol, fluticasone propionate hfa 220 mcg/act aerosol)</i> | Preferred | QL 12 / 30 day(s) |
| <i>fluticasone propionate hfa 44 mcg/act aerosol</i> | Preferred | QL 10.6 / 30 day(s) |
| <i>gnp budesonide nasal spray</i> | Non-Preferred | QL 8.43 / 30 days |
| PULMICORT (PULMICORT 0.25 MG/2ML SUSPENSION, PULMICORT 0.5 MG/2ML SUSPENSION) | Non-Preferred | |
| PULMICORT 1 MG/2ML SUSPENSION | Non-Preferred | QL 60 / 30 days |
| PULMICORT FLEXHALER | Preferred | QL 1 / 30 days |
| QNASL | Non-Preferred | |
| QNASL CHILDRENS | Non-Preferred | |
| QVAR REDHALER 40 MCG/ACT AERO BA | Preferred | QL 10.6 / 30 days |
| QVAR REDHALER 80 MCG/ACT AERO BA | Preferred | QL 2 inhalers / 30 day(s) |
| XHANCE | Non-Preferred | |
| ANTIHISTAMINES | | |
| 12hr allergy relief | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| 24hr allergy relief | Preferred | QL 30 / 30 days |
| <i>alavert</i> | Non-Preferred | |
| <i>aler-cap</i> | Preferred | QL 6 / 1 days |
| <i>alertab</i> | Preferred | QL 6 / 1 days |
| <i>alka-seltzer plus allergy</i> | Preferred | QL 6 / 1 days |
| <i>all day allergy</i> | Preferred | QL 120 / 30 days |
| <i>all day allergy childrens</i> | Preferred | QL 300 / 30 days |
| <i>all-day allergy childrens</i> | Preferred | QL 300 / 30 days |
| ALLEGRA ALLERGY 180 MG TAB | Non-Preferred | |
| ALLEGRA ALLERGY CHILDRENS 30 MG/5ML SUSPENSION | Non-Preferred | |
| <i>allegra hives 24hr</i> | Non-Preferred | QL 30 / 30 days |
| <i>aller-ease</i> | Preferred | QL 60 / 30 days |
| <i>allergy (allergy 25 mg cap, allergy 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>allergy (cetirizine)</i> | Preferred | QL 120 / 30 days |
| <i>allergy 24-hr</i> | Preferred | QL 30 / 30 days |
| <i>allergy childrens 12.5 mg/5ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>allergy childrens 30 mg/5ml suspension</i> | Preferred | |
| <i>allergy childrens 5 mg/5ml solution</i> | Preferred | QL 300 / 30 days |
| <i>allergy rel child (loratadine)</i> | Preferred | QL 300 / 30 days |
| <i>allergy relief (allergy relief 25 mg cap, allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>allergy relief (allergy relief 5 mg tab, allergy relief 10 mg tab, allergy relief 180 mg tab)</i> | Preferred | QL 30 / 30 days |
| <i>allergy relief (cetirizine) 10 mg cap</i> | Preferred | |
| <i>allergy relief (cetirizine) 10 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>allergy relief (loratadine) 10 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>allergy relief 25 mg/10ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>allergy relief 60 mg tab</i> | Preferred | QL 60 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>allergy relief ceterizine</i> | Preferred | QL 30 / 30 days |
| <i>allergy relief cetirizine</i> | Preferred | QL 120 / 30 days |
| <i>allergy relief childrens 1 mg/ml solution</i> | Preferred | QL 300 / 30 days |
| <i>allergy relief childrens 12.5 mg/5ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>allergy relief/indoor/outdoor 10 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>anti-hist allergy</i> | Preferred | QL 6 / 1 days |
| <i>aurodryl allergy childrens</i> | Preferred | QL 30 / 1 days |
| <i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i> | Preferred | QL 30 / 24 days |
| <i>azelastine hcl 0.15 % solution</i> | Non-Preferred | |
| <i>banophen (banophen 25 mg cap, banophen 25 mg tab, banophen 50 mg cap)</i> | Preferred | QL 6 / 1 days |
| <i>cetirizine hcl (cetirizine hcl 1 mg/ml solution, cetirizine hcl 5 mg/5ml solution)</i> | Preferred | QL 300 / 30 days |
| <i>cetirizine hcl (cetirizine hcl 5 mg chew tab, cetirizine hcl 10 mg chew tab)</i> | Non-Preferred | QL 30 / 30 days |
| <i>cetirizine hcl 10 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>cetirizine hcl 5 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>cetirizine hcl allergy child</i> | Preferred | QL 300 / 30 days |
| <i>cetirizine hcl childrens</i> | Non-Preferred | QL 30 / 30 days |
| <i>cetirizine hcl childrens alrgy</i> | Preferred | QL 300 / 30 days |
| <i>childrens 24 hour allergy</i> | Preferred | QL 300 / 30 days |
| <i>childrens loratadine</i> | Preferred | QL 300 / 30 days |
| CLARINEX | Non-Preferred | |
| CLARITIN (CLARITIN 10 MG CHEW TAB, CLARITIN 10 MG TAB) | Non-Preferred | |
| CLARITIN ALLERGY CHILDRENS | Non-Preferred | |
| CLARITIN CHILDRENS | Non-Preferred | |
| CLARITIN REDITABS 10 MG TAB DISP | Non-Preferred | |
| <i>complete allergy medicine</i> | Preferred | QL 6 / 1 days |
| <i>complete allergy relief</i> | Preferred | QL 6 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>curelief</i> | Preferred | QL 30 / 1 days |
| <i>cvs allergy</i> | Preferred | QL 6 / 1 days |
| <i>cvs allergy childrens</i> | Preferred | QL 300 / 30 days |
| <i>cvs allergy relief (cvs allergy relief 10 mg cap, cvs allergy relief 10 mg tab disp)</i> | Preferred | |
| <i>cvs allergy relief (cvs allergy relief 25 mg cap, cvs allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>cvs allergy relief 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>cvs allergy relief 25 mg/10ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>cvs allergy relief 60 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>cvs allergy relief adult</i> | Preferred | QL 30 / 1 days |
| <i>cvs allergy relief childrens (cvs allergy relief childrens 5 mg chew tab, cvs allergy relief childrens 30 mg/5ml suspension)</i> | Preferred | |
| <i>cvs allergy relief childrens 12.5 mg/5ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>cvs allergy relief childrens 5 mg/5ml solution</i> | Preferred | QL 300 / 30 days |
| <i>cvs allergy relief(cetirizine)</i> | Preferred | QL 120 / 30 days |
| <i>cvs childrens allergy</i> | Preferred | QL 30 / 1 days |
| <i>cyproheptadine hcl 2 mg/5ml syrup</i> | Preferred | QL 30 / 1 days |
| <i>cyproheptadine hcl 4 mg tab</i> | Preferred | QL 240 / 30 days |
| <i>desloratadine (desloratadine 2.5 mg tab disp, desloratadine 5 mg tab disp)</i> | Non-Preferred | |
| <i>desloratadine 5 mg tab</i> | Preferred | |
| <i>di-phen</i> | Preferred | QL 30 / 1 days |
| <i>diphen 12.5 mg/5ml elixir</i> | Preferred | QL 30 / 1 days |
| <i>diphen 25 mg tab</i> | Preferred | QL 6 / 1 days |
| <i>diphenhist</i> | Preferred | QL 6 / 1 days |
| <i>diphenhydramine hcl (diphenhydramine hcl 12.5 mg/5ml elixir, diphenhydramine hcl 12.5 mg/5ml liquid, diphenhydramine hcl 25 mg/10ml liquid)</i> | Preferred | QL 30 / 1 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| <i>diphenhydramine hcl (diphenhydramine hcl 25 mg cap, diphenhydramine hcl 25 mg tab, diphenhydramine hcl 50 mg cap)</i> | Preferred | QL 6 / 1 days |
| <i>diphenhydramine hcl 50 mg/ml solution</i> | Preferred | |
| <i>diphenhydramine hcl childrens</i> | Preferred | QL 30 / 1 days |
| <i>eq allergy relief (cetirizine) 10 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>eq allergy relief childrens 12.5 mg/5ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>eq loratadine 10 mg tab disp</i> | Preferred | |
| <i>eq allergy 25 mg tab</i> | Preferred | QL 6 / 1 days |
| <i>eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>eq allergy relief 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>eq childrens allergy</i> | Preferred | QL 30 / 1 days |
| <i>fexofenadine hcl 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>fexofenadine hcl 60 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>ft all day allergy</i> | Preferred | QL 120 / 30 days |
| <i>ft all day allergy 24 hour</i> | Preferred | QL 120 / 30 days |
| <i>ft all day allergy relief</i> | Preferred | QL 30 / 30 days |
| <i>ft allergy childrens</i> | Preferred | QL 300 / 30 days |
| <i>ft allergy relief (ft allergy relief 25 mg cap, ft allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>ft allergy relief 12 hour</i> | Preferred | QL 60 / 30 days |
| <i>ft allergy relief 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>ft allergy relief 24 hour</i> | Preferred | QL 30 / 30 days |
| <i>ft allergy relief cetirizine</i> | Preferred | QL 120 / 30 days |
| <i>ft allergy relief childrens 12.5 mg/5ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>ft allergy relief childrens 5 mg chew tab</i> | Preferred | |
| <i>ft allergy relief childrens 5 mg/5ml solution</i> | Preferred | QL 300 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|-----------|-----------------------|
| <i>ft allergy relief loratadine</i> | Preferred | QL 30 / 30 days |
| <i>geri-dryl 12.5 mg/5ml liquid</i> | Preferred | QL 30 / 1 days |
| <i>geri-dryl 25 mg tab</i> | Preferred | QL 6 / 1 days |
| <i>gnp all day allergy</i> | Preferred | QL 120 / 30 days |
| <i>gnp all day allergy childrens</i> | Preferred | QL 300 / 30 days |
| <i>gnp all day allergy relief</i> | Preferred | |
| <i>gnp allergy (gnp allergy 25 mg cap, gnp allergy 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>gnp allergy antihistamine</i> | Preferred | QL 30 / 1 days |
| <i>gnp allergy childrens</i> | Preferred | QL 30 / 1 days |
| <i>gnp allergy relief (gnp allergy relief 25 mg cap, gnp allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>gnp allergy relief 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>gnp allergy relief 24 hr</i> | Preferred | QL 30 / 30 days |
| <i>gnp allergy relief max st</i> | Preferred | QL 30 / 1 days |
| <i>gnp childrens allergy</i> | Preferred | QL 30 / 1 days |
| <i>gnp loratadine 10 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>gnp loratadine 10 mg tab disp</i> | Preferred | |
| <i>gnp loratadine 5 mg/5ml solution</i> | Preferred | QL 300 / 30 days |
| <i>gnp loratadine childrens</i> | Preferred | QL 300 / 30 days |
| <i>goodsense all day allergy 10 mg tab</i> | Preferred | QL 120 / 30 days |
| <i>goodsense all day allergy 5 mg/5ml solution</i> | Preferred | QL 300 / 30 days |
| <i>goodsense aller-ease</i> | Preferred | QL 30 / 30 days |
| <i>goodsense allergy relief (goodsense allergy relief 25 mg cap, goodsense allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>goodsense allergy relief 10 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>goodsense allergy relief child</i> | Preferred | QL 300 / 30 days |
| <i>h-e-b childrens allergy</i> | Preferred | QL 30 / 1 days |
| <i>hm all day allergy 10 mg tab</i> | Preferred | QL 120 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|-----------|-----------------------|
| <i>hm all day allergy 5 mg/5ml solution</i> | Preferred | QL 300 / 30 days |
| <i>hm all day allergy childrens</i> | Preferred | QL 300 / 30 days |
| <i>hm allergy relief (cetirizine)</i> | Preferred | QL 120 / 30 days |
| <i>hm allergy relief (hm allergy relief 25 mg cap, hm allergy relief 25 mg tab)</i> | Preferred | QL 6 / 1 days |
| <i>hm allergy relief 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>hm allergy relief 60 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>hm allergy relief childrens</i> | Preferred | QL 30 / 1 days |
| <i>hm cetirizine hcl</i> | Preferred | QL 120 / 30 days |
| <i>hm cetirizine hcl childrens</i> | Preferred | QL 300 / 30 days |
| <i>hm fexofenadine hcl 180 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>hm fexofenadine hcl 60 mg tab</i> | Preferred | QL 60 / 30 days |
| <i>hm loratadine</i> | Preferred | QL 30 / 30 days |
| <i>hm loratadine childrens</i> | Preferred | QL 300 / 30 days |
| <i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i> | Preferred | QL 180 / 30 days |
| <i>hydroxyzine hcl 10 mg/5ml syrup</i> | Preferred | QL 30 / 1 days |
| <i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap)</i> | Preferred | QL 180 / 30 days |
| <i>kindarmed kids allergy</i> | Preferred | QL 30 / 1 days |
| <i>kls aller-fex</i> | Preferred | QL 30 / 30 days |
| <i>kls aller-tec childrens</i> | Preferred | QL 300 / 30 days |
| <i>kls allergy medicine</i> | Preferred | QL 6 / 1 days |
| <i>kp diphenhydramine hcl</i> | Preferred | QL 6 / 1 days |
| <i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i> | Preferred | |
| <i>levocetirizine dihydrochloride 5 mg tab</i> | Preferred | QL 30 / 30 days |
| <i>liquid allergy relief</i> | Preferred | QL 30 / 1 days |

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

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

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>ipratropium bromide (ipratropium bromide 0.02 % solution, ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)</i> | Preferred | |
| LONHALA MAGNAIR REFILL KIT | Non-Preferred | QL 60 / 30 days |
| LONHALA MAGNAIR STARTER KIT | Non-Preferred | QL 60 / 30 days |
| SPIRIVA HANDIHALER | Preferred | QL 30 / 30 days |
| SPIRIVA RESPIMAT | Preferred | QL 4 / 30 days |
| <i>tiotropium bromide monohydrate</i> | Non-Preferred | |
| TUDORZA PRESSAIR | Non-Preferred | |
| YUPELRI | Non-Preferred | |
| BRONCHODILATORS, SYMPATHOMIMETIC | | |
| <i>albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)</i> | Preferred | |
| <i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i> | Non-Preferred | QL 4 / 1 days |
| <i>albuterol sulfate 2 mg/5ml syrup</i> | Preferred | QL 40 / 1 days |
| <i>albuterol sulfate er</i> | Non-Preferred | QL 4 / 1 days |
| <i>albuterol sulfate hfa</i> | Preferred | QLC 2 inhalers/month |
| ARCAPTA NEOHALER | Non-Preferred | |
| <i>arformoterol tartrate</i> | Non-Preferred | QL 120 / 30 days |
| AUVI-Q | Non-Preferred | |
| BROVANA | Non-Preferred | QL 120 / 30 days |
| <i>epinephrine (epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i> | Non-Preferred | |
| <i>epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)</i> | Preferred | |
| <i>epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)</i> | Preferred | |
| EIPEN 2-PAK | Non-Preferred | |
| EIPEN JR 2-PAK | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>formoterol fumarate 20 mcg/2ml nebu soln</i> | Non-Preferred | QL 120 / 30 days |
| <i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i> | Preferred | |
| <i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i> | Non-Preferred | |
| <i>levalbuterol tartrate</i> | Preferred | QL 30 / 30 days |
| PERFOROMIST | Non-Preferred | QL 120 / 30 days |
| PROAIR DIGIHALER | Non-Preferred | |
| PROAIR HFA | Preferred | QLC 2 inhalers/month |
| PROAIR RESPICLICK | Preferred | |
| PROVENTIL HFA | Preferred | QLC 2 inhalers/month |
| SEREVENT DISKUS | Preferred | QL 60 / 30 days |
| STRIVERDI RESPIMAT | Preferred | QL 4 / 30 days |
| SYMJEPI | Non-Preferred | |
| <i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i> | Non-Preferred | QL 90 / 30 days |
| VENTOLIN HFA | Preferred | QLC 2 inhalers/month |
| XOPENEX | Non-Preferred | |
| XOPENEX CONCENTRATE | Non-Preferred | |
| XOPENEX HFA | Preferred | QL 30 / 30 days |
| CYSTIC FIBROSIS AGENTS | | |
| BETHKIS | Non-Preferred | |
| KITABIS PAK | Non-Preferred | |
| TOBI | Non-Preferred | |
| TOBI PODHALER | Non-Preferred | |
| <i>tobramycin 300 mg/4ml nebu soln</i> | Non-Preferred | |
| <i>tobramycin 300 mg/5ml nebu soln</i> | Preferred | |
| MAST CELL STABILIZERS | | |
| <i>cromolyn sodium 20 mg/2ml nebu soln</i> | Preferred | QL 240 / 30 days |
| <i>cromolyn sodium 5.2 mg/act aero soln</i> | Preferred | QL 30 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE | | |
| <i>caffeine citrate 20 mg/ml solution</i> | Preferred | |
| DALIRESP | Non-Preferred | |
| <i>elixophyllin</i> | Preferred | QL 2250 / 30 days |
| <i>roflumilast</i> | Non-Preferred | |
| THEO-24 (THEO-24 200 MG CAP ER 24H, THEO-24 300 MG CAP ER 24H, THEO-24 400 MG CAP ER 24H) | Preferred | |
| <i>theophylline (theophylline 80 mg/15ml elixir, theophylline 80 mg/15ml solution)</i> | Preferred | QL 2250 / 30 days |
| <i>theophylline er (theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i> | Preferred | QL 30 / 30 days |
| <i>theophylline er 300 mg tab er 12h</i> | Preferred | QL 60 / 30 days |
| PULMONARY ANTIHYPERTENSIVES | | |
| ADCIRCA | Non-Preferred | QL 60 / 30 days PA |
| ADEMPAS | Non-Preferred | |
| <i>alyq</i> | Non-Preferred | QL 60 / 30 days PA |
| <i>ambrisentan</i> | Preferred | PA |
| <i>bosentan</i> | Non-Preferred | |
| LETAIRIS | Non-Preferred | |
| LIQREV | Non-Preferred | |
| OPSUMIT | Non-Preferred | |
| OPSYNVI | Non-Preferred | |
| ORENITRAM | Non-Preferred | |
| ORENITRAM MONTH 1 | Non-Preferred | |
| ORENITRAM MONTH 2 | Non-Preferred | |
| ORENITRAM MONTH 3 | Non-Preferred | |
| REVATIO 10 MG/ML RECON SUSP | Preferred | PA |
| REVATIO 20 MG TAB | Non-Preferred | QL 90 / 30 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|---|
| <i>sildenafil citrate 10 mg/ml recon susp</i> | Preferred | |
| <i>sildenafil citrate 20 mg tab</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">90 / 30 days</div> </div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| <i>tadalafil (pah)</i> | Preferred | <div style="display: flex; align-items: center;"> <div style="background-color: #4a4a8a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="margin-left: 5px;">60 / 30 days</div> </div> <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> |
| TADLIQ | Non-Preferred | |
| TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB) | Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| TRACLEER 32 MG TAB SOL | Non-Preferred | |
| TYVASO | Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| TYVASO DPI MAINTENANCE KIT | Non-Preferred | |
| TYVASO DPI TITRATION KIT | Non-Preferred | |
| TYVASO REFILL | Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| TYVASO STARTER | Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB) | Non-Preferred | |
| VENTAVIS | Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| PULMONARY FIBROSIS AGENTS | | |
| ESBRIET | Non-Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| OFEV | Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| <i>pirfenidone (pirfenidone 267 mg tab, pirfenidone 534 mg tab, pirfenidone 801 mg tab)</i> | Non-Preferred | <div style="background-color: #8b4513; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> |
| <i>pirfenidone 267 mg cap</i> | Non-Preferred | |
| RESPIRATORY TRACT AGENTS, OTHER | | |
| 12 hour allergy-d | Preferred | |
| 12hr allergy & congestion | Preferred | |
| 24hr allergy & congestion reli | Preferred | |
| <i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i> | Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| ADVAIR DISKUS | Preferred | QL 60 / 30 days |
| ADVAIR HFA | Preferred | QL 12 / 30 days |
| AIRDUO DIGIHALER | Non-Preferred | |
| AIRDUO RESPICLICK 113/14 | Non-Preferred | |
| AIRDUO RESPICLICK 232/14 | Non-Preferred | |
| AIRDUO RESPICLICK 55/14 | Non-Preferred | |
| AIRSUPRA | Non-Preferred | |
| <i>alavert d-12 hour allergy/cong</i> | Non-Preferred | |
| <i>all day allergy d</i> | Preferred | |
| <i>all day allergy-d</i> | Preferred | |
| <i>allergy relief 50 mcg/act suspension</i> | Non-Preferred | QL 16 / 20 days |
| <i>allergy relief d 5-120 mg tab er 12h</i> | Preferred | |
| <i>allergy relief d-12</i> | Preferred | |
| <i>allergy relief d-24</i> | Preferred | |
| <i>allergy relief d12 5-120 mg tab er 12h</i> | Preferred | |
| <i>allergy relief-d 10-240 mg tab er 24h</i> | Preferred | |
| <i>allergy relief/nasal decongest (allergy relief/nasal decongest 5-120 mg tab er 12h, allergy relief/nasal decongest 10-240 mg tab er 24h)</i> | Preferred | |
| <i>allergy/congestion relief</i> | Preferred | |
| <i>altarussin dm</i> | Preferred | QL 240 / 14 days |
| ANORO ELLIPTA | Preferred | QL 60 / 30 days |
| <i>antihistamine & nasal deconges</i> | Preferred | |
| <i>azelastine-fluticasone</i> | Non-Preferred | |
| <i>benzonatate 100 mg cap</i> | Preferred | |
| <i>benzonatate 200 mg cap</i> | Preferred | QL 90 / 30 days |
| BEVESPI AEROSPHERE | Preferred | |
| <i>biocotron</i> | Preferred | QL 240 / 14 days |
| BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA) | Non-Preferred | QL 60 / 30 days |
| BREO ELLIPTA 50-25 MCG/INH AER POW BA | Non-Preferred | |

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

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| <i>eq mucus er 600 mg tab er 12h</i> | Preferred | QL 120 / 30 day(s) |
| <i>eq mucus relief</i> | Preferred | QL 120 / 30 day(s) |
| <i>eq tussin dm cough/chest</i> | Preferred | QL 240 / 14 days |
| <i>eq tussin dm cough/chest cong</i> | Preferred | QL 240 / 14 days |
| <i>extra action cough</i> | Preferred | QL 240 / 14 days |
| FASENRA | Preferred | PA |
| FASENRA PEN | Preferred | PA |
| <i>fexofenadine-pseudoephed er</i> | Preferred | |
| FLONASE ALLERGY RELIEF | Non-Preferred | |
| <i>flunisolide 25 mcg/act (0.025%) solution</i> | Non-Preferred | QL 0.84 / 1 days |
| <i>fluticasone furoate-vilanterol</i> | Non-Preferred | |
| <i>fluticasone propionate 50 mcg/act suspension</i> | Preferred | QL 16 / 20 days |
| <i>fluticasone propionate 50 mcg/act suspension (rx)</i> | Preferred | QL 16 / 20 days |
| <i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i> | Preferred | QL 60 / 30 days |
| <i>fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)</i> | Non-Preferred | |
| <i>fluticasone-salmeterol (fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 232-14 mcg/act aer pow ba)</i> | Preferred | QL 1 / 30 days |
| <i>ft all day allergy-d</i> | Preferred | |
| <i>ft allergy & congestion-d 12hr</i> | Preferred | |
| <i>ft allergy relief 24 hr</i> | Non-Preferred | QL 16 / 20 days |
| <i>ft allergy relief-d</i> | Preferred | |
| <i>ft mucus relief 12hr 600 mg tab er 12h</i> | Preferred | QL 120 / 30 day(s) |
| <i>ft nasal spray</i> | Preferred | |
| <i>geri-tussin dm</i> | Preferred | QL 240 / 14 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|--|
| <i>giltuss cough & chest</i> | Preferred | QL 240 / 14 days |
| <i>giltuss cough & chest children</i> | Preferred | QL 240 / 14 days |
| <i>giltuss diabetic cough & cold</i> | Preferred | QL 240 / 14 days |
| <i>giltuss honey cgh/chest conges</i> | Preferred | QL 240 / 14 days |
| <i>giltuss honey cgh/chst child</i> | Preferred | QL 240 / 14 days |
| <i>gnp 24 hour nasal allergy</i> | Non-Preferred | QL 16.9 / 16 days C No PA required for children under 4 years old |
| <i>gnp all day allergy-d</i> | Preferred | |
| <i>gnp allergy & congestion</i> | Preferred | |
| <i>gnp allergy/congestion relief</i> | Preferred | |
| <i>gnp fexofenadine/pse er</i> | Preferred | |
| <i>gnp fluticasone propionate</i> | Non-Preferred | QL 16 / 20 days |
| <i>gnp fluticasone propionate chl</i> | Non-Preferred | QL 16 / 20 days |
| <i>gnp mucus er 600 mg tab er 12h</i> | Preferred | QL 120 / 30 day(s) |
| <i>gnp tussin dm 20-200 mg/10ml liquid</i> | Preferred | QL 240 / 14 days |
| <i>gnp tussin dm cough</i> | Preferred | QL 240 / 14 days |
| <i>goodsense 24-hr allergy nasal</i> | Non-Preferred | QL 16 / 20 days |
| <i>goodsense all day allergy-d</i> | Preferred | |
| <i>goodsense mucus er</i> | Preferred | QL 120 / 30 day(s) |
| <i>goodsense nasal allergy spray</i> | Non-Preferred | QL 16.9 / 16 days C No PA required for children under 4 years old |
| <i>guaiasorb dm</i> | Preferred | QL 240 / 14 days |
| <i>guaicon dms</i> | Preferred | QL 240 / 14 days |
| <i>guaifenesin 100 mg/5ml liquid</i> | Preferred | |
| <i>guaifenesin er 600 mg tab er 12h</i> | Preferred | QL 120 / 30 day(s) |
| <i>guaifenesin-dm</i> | Preferred | QL 240 / 14 days |
| <i>hm 24 hour nasal allergy</i> | Non-Preferred | QL 16.9 / 16 days C No PA required for children under 4 years old |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|---|
| <i>hm allergy & congestion</i> | Preferred | |
| <i>hm allergy complete-d</i> | Preferred | |
| <i>hm allergy relief 50 mcg/act suspension</i> | Non-Preferred | QL 16 / 20 days |
| <i>hm allergy relief/nasal decong</i> | Preferred | |
| <i>hm mucus relief</i> | Preferred | QL 120 / 30 day(s) |
| <i>hm tussin adult dm 100-10 mg/5ml liquid</i> | Preferred | QL 240 / 14 days |
| <i>ipratropium-albuterol</i> | Preferred | |
| | | QL 16.9 / 16 days |
| <i>kls aller-cort</i> | Non-Preferred | C No PA required for children under 4 years old |
| <i>kls aller-flo</i> | Non-Preferred | QL 16 / 20 days |
| <i>kls aller-tec d</i> | Preferred | |
| <i>kls allerclear d-12hr</i> | Preferred | |
| <i>loratadine-d 12hr</i> | Preferred | |
| <i>loratadine-d 24hr</i> | Preferred | |
| <i>max tussin dm cough&chest cong</i> | Preferred | QL 240 / 14 days |
| <i>maxi-tuss g</i> | Preferred | QL 240 / 14 days |
| <i>medi-tussin dm</i> | Preferred | QL 240 / 14 days |
| <i>meijer allergy relief-d</i> | Preferred | |
| <i>mometasone furoate 50 mcg/act suspension</i> | Non-Preferred | |
| MUCINEX DM | Preferred | QL 120 / 30 days |
| <i>mucus dm</i> | Preferred | QL 120 / 30 days |
| <i>mucus relief 600 mg tab er 12h</i> | Preferred | QL 120 / 30 day(s) |
| <i>mucus relief dm 30-600 mg tab er 12h</i> | Preferred | QL 120 / 30 days |
| <i>mucus relief er 600 mg tab er 12h</i> | Preferred | QL 120 / 30 day(s) |
| <i>mucus-dm</i> | Preferred | QL 120 / 30 days |
| | | QL 16.9 / 16 days |
| <i>nasal allergy 24 hour</i> | Non-Preferred | C No PA required for children under 4 years old |
| NASONEX | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| NASONEX 24HR | Non-Preferred | |
| <i>nebusal 3 % nebu soln</i> | Preferred | |
| NUCALA (NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN PRSYR) | Non-Preferred | |
| NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG/ML SOLN A-INJ) | Preferred | PA |
| OMNARIS | Non-Preferred | |
| <i>promethazine-dm</i> | Preferred | |
| <i>promethazine-phenylephrine</i> | Preferred | QL 6 / 1 days |
| <i>pseudoeph-bromphen-dm</i> | Preferred | |
| <i>pulmosal</i> | Preferred | QL 480 / 30 days |
| <i>px allergy relief d (loratid)</i> | Preferred | |
| <i>px tussin dm</i> | Preferred | QL 240 / 14 days |
| <i>qc allergy relief 50 mcg/act suspension</i> | Non-Preferred | QL 16 / 20 days |
| <i>qc loratadine-d</i> | Preferred | |
| <i>qc mucus relief</i> | Preferred | QL 120 / 30 day(s) |
| <i>qc tussin dm cough/congestion</i> | Preferred | QL 240 / 14 days |
| <i>ra allergy/congestion</i> | Preferred | |
| <i>ra allergy/congestion relief</i> | Preferred | |
| <i>ra mucus relief</i> | Preferred | QL 120 / 30 day(s) |
| <i>ra tussin cgh/chest congest dm</i> | Preferred | QL 240 / 14 days |
| <i>ra tussin cough</i> | Preferred | QL 240 / 14 days |
| <i>ra tussin cough dm sugar free</i> | Preferred | QL 240 / 14 days |
| <i>ra tussin dm</i> | Preferred | QL 240 / 14 days |
| <i>robafen dm cgh/chest congest</i> | Preferred | QL 240 / 14 days |
| <i>robafen dm cough</i> | Preferred | QL 240 / 14 days |
| <i>robafen dm peak cold cgh/cong</i> | Preferred | QL 240 / 14 days |
| RYALTRIS | Non-Preferred | |
| <i>safe tussin dm</i> | Preferred | QL 240 / 14 days |
| <i>safetussin dm cough/chest cong</i> | Preferred | QL 240 / 14 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|--|
| SEMPREX-D | Non-Preferred | |
| <i>siltussin dm das</i> | Preferred | QL 240 / 14 days |
| <i>siltussin-dm alcohol free</i> | Preferred | QL 240 / 14 days |
| SINUVA | Non-Preferred | |
| <i>sm all day allergy-d</i> | Preferred | |
| <i>sm allergy relief 50 mcg/act suspension</i> | Non-Preferred | QL 16 / 20 days |
| <i>sm lorata-dine d</i> | Preferred | |
| <i>sm loratadine d 12hr</i> | Preferred | |
| <i>sm mucus relief</i> | Preferred | QL 120 / 30 day(s) |
| <i>sm tussin cough/chest congest (sm tussin cough/chest congest 20-200 mg/10ml liquid, sm tussin cough/chest congest 100-10 mg/5ml syrup)</i> | Preferred | QL 240 / 14 days |
| <i>sm tussin dm</i> | Preferred | QL 240 / 14 days |
| <i>sodium chloride 3 % nebu soln</i> | Preferred | |
| <i>sodium chloride 7 % nebu soln</i> | Preferred | QL 480 / 30 days |
| <i>sorbugen nr</i> | Preferred | QL 240 / 14 days |
| <i>sorbutuss nr</i> | Preferred | QL 240 / 14 days |
| STIOLTO RESPIMAT | Preferred | QL 4 / 30 days |
| SYMBICORT | Preferred | QLC 4 inhalers/90 days |
| TEZSPIRE 210 MG/1.91ML SOLN A-INJ | Preferred | PA |
| TEZSPIRE 210 MG/1.91ML SOLN PRSYR | Non-Preferred | |
| <i>tgt cough formula dm</i> | Preferred | QL 240 / 14 days |
| TRELEGY ELLIPTA | Preferred | QL 60 / 30 days |
| <i>triamcinolone acetonide 55 mcg/act aerosol</i> | Non-Preferred | QL 16.9 / 16 days C No PA required for children under 4 years old |
| <i>true nasal moisturizing</i> | Preferred | |
| <i>tusnel diabetic</i> | Preferred | QL 240 / 14 days |
| <i>tussin cough+chest cong dm sf</i> | Preferred | QL 240 / 14 days |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| <i>tussin cough+chest congest dm</i> | Preferred | QL 240 / 14 days |
| <i>tussin dm</i> | Preferred | QL 240 / 14 days |
| <i>tussin dm cough + chest 10-100 mg/5ml liquid</i> | Preferred | QL 240 / 14 days |
| UTIBRON NEOHALER | Non-Preferred | |
| <i>wal-fex d allergy & congestion 180-240 mg tab er 24h</i> | Preferred | |
| <i>wal-itin d</i> | Preferred | |
| <i>wal-tussin cough/chest dm</i> | Preferred | QL 240 / 14 days |
| <i>wal-tussin dm cgh/chest cong</i> | Preferred | QL 240 / 14 days |
| <i>wixela inhub</i> | Non-Preferred | QL 60 / 30 days |
| ZETONNA | Non-Preferred | |
| ZYRTEC-D ALLERGY & SINUS | Non-Preferred | |
| SKELETAL MUSCLE RELAXANTS | | |
| AMRIX | Non-Preferred | |
| BOTOX | Preferred | PA |
| <i>carisoprodol 250 mg tab</i> | Non-Preferred | |
| <i>carisoprodol 350 mg tab</i> | Non-Preferred | QL 4 / 1 days |
| CARISOPRODOL-ASPIRIN | Non-Preferred | QL 90 / 30 days |
| <i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 375 mg tab, chlorzoxazone 750 mg tab)</i> | Non-Preferred | |
| <i>chlorzoxazone 500 mg tab</i> | Non-Preferred | QL 180 / 30 days |
| <i>cyclobenzaprine hcl 10 mg tab</i> | Preferred | QL 90 / 30 days |
| <i>cyclobenzaprine hcl 5 mg tab</i> | Preferred | QL 180 / 30 days |
| <i>cyclobenzaprine hcl 7.5 mg tab</i> | Preferred | |
| <i>cyclobenzaprine hcl er</i> | Non-Preferred | |
| DYSPORT | Preferred | PA |
| <i>fexmid</i> | Non-Preferred | |
| <i>lorzone</i> | Non-Preferred | |
| <i>metaxalone</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|---|---------------|-----------------------|
| METHOCARBAMOL 1000 MG TAB | Preferred | |
| <i>methocarbamol 500 mg tab</i> | Preferred | QL 480 / 30 day(s) |
| <i>methocarbamol 750 mg tab</i> | Preferred | QL 300 / 30 days |
| MYOBLOC | Non-Preferred | |
| <i>norgesic</i> | Non-Preferred | |
| NORGESIC FORTE | Non-Preferred | |
| <i>orphenadrine citrate er</i> | Non-Preferred | QL 60 / 30 days |
| <i>orphenadrine-asa-caffeine</i> | Non-Preferred | |
| <i>orphenadrine-aspirin-caffeine 25-385-30 mg tab</i> | Non-Preferred | |
| <i>orphengesic forte 50-770-60 mg tab</i> | Non-Preferred | |
| ROBAXIN-750 | Non-Preferred | |
| SKELAXIN | Non-Preferred | |
| SOMA | Non-Preferred | |
| <i>vanadom</i> | Non-Preferred | QL 4 / 1 days |
| XEOMIN | Non-Preferred | |
| SLEEP DISORDER AGENTS | | |
| SLEEP PROMOTING AGENTS | | |
| AMBIEN | Non-Preferred | QL 30 / 30 days |
| AMBIEN CR | Non-Preferred | QL 30 / 30 days |
| BELSOMRA | Non-Preferred | QL 30 / 30 days |
| <i>cvs sleep aid</i> | Preferred | QL 4 / 1 days |
| <i>cvs sleep aid nighttime 25 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>cvs sleep-aid (doxylamine)</i> | Preferred | QL 4 / 1 days |
| <i>cvs sleepaid (diphenhydramine)</i> | Preferred | QL 4 / 1 days |
| <i>cvs ultra sleep</i> | Preferred | QL 4 / 1 days |
| DAYVIGO | Non-Preferred | |
| DORAL | Non-Preferred | |
| <i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i> | Non-Preferred | |

| DRUG DESCRIPTION (RX) | TIER | LIMITS & RESTRICTIONS |
|--|---------------|-----------------------|
| EDLUAR | Non-Preferred | QL 30 / 30 days |
| <i>eql nighttime sleep aid 25 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>eql sleep aid 25 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>estazolam</i> | Non-Preferred | QL 30 / 30 days |
| <i>eszopiclone</i> | Preferred | QL 30 / 30 days |
| FLURAZEPAM HCL | Non-Preferred | QL 30 / 30 days |
| <i>ft nighttime sleep aid</i> | Preferred | QL 4 / 1 days |
| <i>ft sleep aid (doxylamine)</i> | Preferred | QL 4 / 1 days |
| <i>gnp nighttime sleep aid</i> | Preferred | QL 4 / 1 days |
| <i>gnp sleep aid 25 mg tab</i> | Preferred | QL 4 / 1 days |
| <i>gnp sleep aid nighttime</i> | Preferred | QL 4 / 1 days |
| HALCION | Non-Preferred | |
| HETLIOZ | Non-Preferred | QL 30 / 30 days |
| HETLIOZ LQ | Non-Preferred | |
| <i>hm nighttime sleep aid</i> | Preferred | QL 4 / 1 days |
| <i>hm sleep aid</i> | Preferred | QL 4 / 1 days |
| INTERMEZZO | Non-Preferred | QL 30 / 30 days |
| <i>kls sleep aid</i> | Preferred | QL 4 / 1 days |
| LUNESTA | Non-Preferred | QL 30 / 30 days |
| <i>night time sleep aid</i> | Preferred | QL 4 / 1 days |
| <i>nighttime sleep aid</i> | Preferred | QL 4 / 1 days |
| <i>nytol</i> | Preferred | QL 4 / 1 days |
| <i>nytol quickcaps</i> | Preferred | QL 4 / 1 days |
| <i>qc rest simply</i> | Preferred | QL 4 / 1 days |
| QUAZEPAM | Non-Preferred | |
| QUVIVIQ | Non-Preferred | |
| <i>ra night sleep aid</i> | Preferred | QL 4 / 1 days |

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

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

Appendix

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