



Pennsylvania's Children's Health Insurance Program  
We Cover All Kids.



Health Partners Plans

## 2022 Formulary

### Introduction

Health Partners Plans, Inc. is pleased to provide the 2022 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  
Naldeen

## **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 2022 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Attn: Pharmacy Director  
 Health Partners Plans  
 901 Market Street, Suite 500  
 Philadelphia, PA 19107  
 Phone: 215-991-4300  
 Internet: [www.healthpartnersplans.com](http://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

TIER	DESCRIPTION
1	Preferred
2	Non-Preferred

  

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

# LIST OF COVERED PRESCRIPTION MEDICATIONS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
ARTHROTEC <i>diclofenac w/ misoprostol</i>	Non-Preferred	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	Preferred	PA QLC Max 18 tabs/caps per month
BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB <i>butalbital-aspirin-caffeine</i>	Preferred	PA QLC Max 18 tabs/caps per month
CAMBIA <i>diclofenac potassium (migraine)</i>	Non-Preferred	
<i>cataflam</i>	Non-Preferred	
CELEBREX 200 MG CAP <i>celecoxib</i>	Non-Preferred	QL 2 / 1 days
CELEBREX 100 MG CAP <i>celecoxib</i>	Non-Preferred	QL 2 / 1 days
CELEBREX 50 MG CAP <i>celecoxib</i>	Non-Preferred	QL 2 / 1 days
CELEBREX 400 MG CAP <i>celecoxib</i>	Non-Preferred	QL 1 / 1 days
<i>celecoxib 200 mg cap</i>	Preferred	QL 2 / 1 days
<i>celecoxib 400 mg cap</i>	Preferred	QL 1 / 1 days
<i>celecoxib 50 mg cap</i>	Preferred	QL 2 / 1 days
<i>celecoxib 100 mg cap</i>	Preferred	QL 2 / 1 days
DAYPRO <i>oxaprozin</i>	Non-Preferred	QL 3 / 1 days
DICLOFENAC <i>diclofenac</i>	Non-Preferred	
DICLOFENAC EPOLAMINE <i>diclofenac epolamine</i>	Non-Preferred	
<i>diclofenac potassium 50 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>diclofenac sodium 1.5 % solution</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diclofenac sodium 75 mg tab dr</i>	Preferred	QL 2 / 1 days
<i>diclofenac sodium 50 mg tab dr</i>	Preferred	QL 4 / 1 days
<i>diclofenac sodium 25 mg tab dr</i>	Preferred	QL 4 / 1 days
<i>diclofenac sodium 1 % gel</i>	Preferred	QL 500 / 30 days
<i>diclofenac sodium er</i>	Non-Preferred	QL 2 / 1 days
<i>diclofenac-misoprostol</i>	Non-Preferred	
<i>diflunisal 500 mg tab</i>	Non-Preferred	QL 3 / 1 days
<b>DUEXIS</b> <i>ibuprofen-famotidine</i>	Non-Preferred	
<i>ec-naproxen</i>	Non-Preferred	QL 2 / 1 days
<b>ELYXYB</b> <i>celecoxib (migraine)</i>	Non-Preferred	
<i>etodolac 400 mg tab</i>	Preferred	QL 60 / 30 days
<i>etodolac 300 mg cap</i>	Non-Preferred	QL 3 / 1 days
<i>etodolac 500 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>etodolac 200 mg cap</i>	Non-Preferred	QL 5 / 1 days
<i>etodolac er</i>	Non-Preferred	
<b>FELDENE</b> <i>piroxicam</i>	Non-Preferred	QL 1 / 1 days
<i>fenoprofen calcium 600 mg tab</i>	Non-Preferred	QL 5 / 1 days
<i>fenoprofen calcium 400 mg cap</i>	Non-Preferred	
<b>FENOPROFEN CALCIUM 200 MG CAP</b> <i>fenoprofen calcium</i>	Non-Preferred	
<b>FIORINAL</b> <i>butalbital-aspirin-caffeine</i>	Non-Preferred	<b>C</b> Opioid safety limits apply QLC Max 18 tabs/caps per month
<b>FLECTOR</b> <i>diclofenac epolamine</i>	Non-Preferred	
<i>flurbiprofen 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>flurbiprofen 50 mg tab</i>	Preferred	QL 3 / 1 days
<i>ibu 600 mg tab</i>	Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ibu 800 mg tab</i>	Preferred	QL 4 / 1 days
<i>ibu 400 mg tab</i>	Preferred	QL 6 / 1 days
<i>ibuprofen 800 mg tab</i>	Preferred	QL 4 / 1 days
<i>ibuprofen 400 mg tab</i>	Preferred	QL 6 / 1 days
<i>ibuprofen 600 mg tab</i>	Preferred	QL 5 / 1 days
<i>ibuprofen 100 mg/5ml suspension</i>	Preferred	QLC 30 mL/day
<i>ibuprofen-famotidine</i>	Non-Preferred	
<b>INDOCIN</b> <i>indomethacin</i>	Non-Preferred	
<b>INDOMETHACIN 20 MG CAP</b> <i>indomethacin</i>	Non-Preferred	
<i>indomethacin 25 mg cap</i>	Preferred	QL 4 / 1 days
<i>indomethacin 50 mg cap</i>	Preferred	QL 4 / 1 days
<i>indomethacin er</i>	Preferred	QL 3 / 1 days
<b>KETOPROFEN 50 MG CAP</b> <i>ketoprofen</i>	Non-Preferred	
<b>KETOPROFEN 75 MG CAP</b> <i>ketoprofen</i>	Non-Preferred	
<b>KETOPROFEN 25 MG CAP</b> <i>ketoprofen</i>	Non-Preferred	
<i>ketoprofen er</i>	Non-Preferred	QL 1 / 1 days
<b>KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION</b> <i>ketorolac tromethamine</i>	Non-Preferred	
<i>ketorolac tromethamine 10 mg tab</i>	Preferred	QLC 20 tablets per 90 days
<b>LICART</b> <i>diclofenac epolamine</i>	Non-Preferred	
<i>meclofenamate sodium 50 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>meclofenamate sodium 100 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>mefenamic acid 250 mg cap</i>	Non-Preferred	
<i>meloxicam 5 mg cap</i>	Non-Preferred	
<i>meloxicam 15 mg tab</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>meloxicam 7.5 mg tab</i>	Preferred	QL 2 / 1 days
<i>meloxicam 10 mg cap</i>	Non-Preferred	
MOBIC 7.5 MG TAB <i>meloxicam</i>	Non-Preferred	QL 2 / 1 days
MOBIC 15 MG TAB <i>meloxicam</i>	Non-Preferred	QL 1 / 1 days
<i>nabumetone 750 mg tab</i>	Preferred	QL 2 / 1 days
<i>nabumetone 500 mg tab</i>	Preferred	QL 4 / 1 days
NALFON <i>fenoprofen calcium</i>	Non-Preferred	
NAPRELAN <i>naproxen sodium</i>	Non-Preferred	
<i>naproxen 500 mg tab dr</i>	Preferred	QL 2 / 1 days
<i>naproxen 375 mg tab</i>	Preferred	QL 4 / 1 days
<i>naproxen 500 mg tab</i>	Preferred	QL 3 / 1 days
<i>naproxen 125 mg/5ml suspension</i>	Preferred	QL 1800 / 30 days
<i>naproxen 250 mg tab</i>	Preferred	QL 3 / 1 days
<i>naproxen 375 mg tab dr</i>	Preferred	QL 2 / 1 days
<i>naproxen sodium 550 mg tab</i>	Preferred	QL 3 / 1 days
<i>naproxen sodium 275 mg tab</i>	Preferred	QL 3 / 1 days
NAPROXEN SODIUM ER 750 MG TAB ER 24H <i>naproxen sodium</i>	Non-Preferred	
<i>naproxen sodium er 500 mg tab er 24h</i>	Non-Preferred	
<i>naproxen sodium er 375 mg tab er 24h</i>	Non-Preferred	
<i>naproxen-esomeprazole</i>	Non-Preferred	
<i>oxaprozin</i>	Non-Preferred	QL 3 / 1 days
PENNSAID <i>diclofenac sodium (topical)</i>	Non-Preferred	
<i>piroxicam 20 mg cap</i>	Preferred	QL 1 / 1 days
<i>piroxicam 10 mg cap</i>	Preferred	QL 1 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QMIIZ ODT <i>meloxicam</i>	Non-Preferred	
<i>relafen</i>	Non-Preferred	
RELAFEN DS <i>nabumetone</i>	Non-Preferred	
<i>salsalate 500 mg tab</i>	Preferred	QL 6 / 1 days
<i>salsalate 750 mg tab</i>	Preferred	QL 4 / 1 days
SPRIX <i>ketorolac tromethamine</i>	Non-Preferred	
<i>sulindac 150 mg tab</i>	Preferred	QL 2 / 1 days
<i>sulindac 200 mg tab</i>	Preferred	QL 2 / 1 days
TIVORBEX <i>indomethacin</i>	Non-Preferred	
<i>tolmetin sodium 600 mg tab</i>	Non-Preferred	QL 3 / 1 days
TOLMETIN SODIUM 200 MG TAB <i>tolmetin sodium</i>	Non-Preferred	QL 4 / 1 days
<i>tolmetin sodium 400 mg cap</i>	Non-Preferred	QL 4 / 1 days
VIMOVO <i>naproxen-esomeprazole magnesium</i>	Non-Preferred	
VIVLODEX <i>meloxicam</i>	Non-Preferred	
VOLTAREN <i>diclofenac sodium (topical)</i>	Non-Preferred	QL 500 / 30 days
ZIPSOR <i>diclofenac potassium</i>	Non-Preferred	
ZORVOLEX <i>diclofenac</i>	Non-Preferred	
OPIOID ANALGESICS, LONG-ACTING		
ARYMO ER 60 MG TBER DETER <i>morphine sulfate</i>	Non-Preferred	QL 60 / 30 days PA
ARYMO ER 15 MG TBER DETER <i>morphine sulfate</i>	Non-Preferred	QL 90 / 30 days PA
ARYMO ER 30 MG TBER DETER <i>morphine sulfate</i>	Non-Preferred	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BELBUCA <i>buprenorphine hcl</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;">60 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>buprenorphine 10 mcg/hr patch wk</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;">4 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>buprenorphine 7.5 mcg/hr patch wk</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;">4 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>buprenorphine 5 mcg/hr patch wk</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;">4 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>buprenorphine 15 mcg/hr patch wk</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;">4 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
<i>buprenorphine 20 mcg/hr patch wk</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;">4 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
BUTRANS <i>buprenorphine</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;">4 / 28 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
CONZIP <i>tramadol hcl</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="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">AL1</div> <div style="margin-left: 5px;">At least 18 yrs old</div>
DOLOPHINE <i>methadone hcl</i>	Non-Preferred	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
DSUVIA <i>sufentanil citrate</i>	Non-Preferred	<div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">C</div> <div style="margin-left: 5px;">Opioid safety limits apply</div>
DURAGESIC-100 <i>fentanyl</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;">10 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
DURAGESIC-12 <i>fentanyl</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;">10 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
DURAGESIC-25 <i>fentanyl</i>	Non-Preferred	<div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
DURAGESIC-50 <i>fentanyl</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;">10 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>
DURAGESIC-75 <i>fentanyl</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;">10 / 30 days</div> </div> <div style="background-color: #8b5722; color: white; padding: 2px 5px; border-radius: 3px; margin-top: 2px;">PA</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXALGO <i>hydromorphone hcl</i>	Non-Preferred	QL 30 / 30 days PA
<i>fentanyl 12 mcg/hr patch 72hr</i>	Preferred	QL 10 / 30 days PA
<i>fentanyl 100 mcg/hr patch 72hr</i>	Preferred	QL 10 / 30 days PA
<i>fentanyl 75 mcg/hr patch 72hr</i>	Preferred	QL 10 / 30 days PA
<i>fentanyl 50 mcg/hr patch 72hr</i>	Preferred	QL 10 / 30 days PA
<i>fentanyl 37.5 mcg/hr patch 72hr</i>	Non-Preferred	QL 10 / 30 days PA
<i>fentanyl 62.5 mcg/hr patch 72hr</i>	Non-Preferred	QL 10 / 30 days PA
<i>fentanyl 25 mcg/hr patch 72hr</i>	Preferred	QL 10 / 30 days PA
<i>fentanyl 87.5 mcg/hr patch 72hr</i>	Non-Preferred	QL 10 / 30 days PA
<i>hydrocodone bitartrate er 30 mg tb24 deter</i>	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H <i>hydrocodone bitartrate</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 40 mg cap er 12h</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 120 mg tb24 deter</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 40 mg tb24 deter</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 30 mg cap er 12h</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 100 mg tb24 deter</i>	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H <i>hydrocodone bitartrate</i>	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H <i>hydrocodone bitartrate</i>	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H <i>hydrocodone bitartrate</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 50 mg cap er 12h</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 20 mg tb24 deter</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 10 mg cap er 12h</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 80 mg tb24 deter</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 60 mg tb24 deter</i>	Non-Preferred	PA
<i>hydrocodone bitartrate er 15 mg cap er 12h</i>	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H <i>hydrocodone bitartrate</i>	Non-Preferred	PA
HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H <i>hydrocodone bitartrate</i>	Non-Preferred	PA
<i>hydromorphone hcl er</i>	Non-Preferred	QL 30 / 30 days PA
HYSINGLA ER <i>hydrocodone bitartrate</i>	Non-Preferred	PA
KADIAN 50 MG CAP ER 24H <i>morphine sulfate</i>	Non-Preferred	QL 30 / 30 days PA
KADIAN 80 MG CAP ER 24H <i>morphine sulfate</i>	Non-Preferred	QL 30 / 30 days PA
KADIAN 10 MG CAP ER 24H <i>morphine sulfate</i>	Non-Preferred	QL 60 / 30 days PA

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er 100 mg cap er 24h</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er 40 mg cap er 24h</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er 30 mg cap er 24h</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er 80 mg cap er 24h</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er 200 mg tab er</i>	Preferred	QL 3 / 1 days PA
<i>morphine sulfate er 15 mg tab er</i>	Preferred	QL 3 / 1 days PA
<i>morphine sulfate er 60 mg cap er 24h</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er 50 mg cap er 24h</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er 20 mg cap er 24h</i>	Preferred	QL 60 / 30 days PA
<i>morphine sulfate er 100 mg tab er</i>	Preferred	QL 3 / 1 days PA
<i>morphine sulfate er 30 mg tab er</i>	Preferred	QL 3 / 1 days PA
MORPHINE SULFATE ER BEADS <i>morphine sulfate beads</i>	Non-Preferred	QL 30 / 30 days PA
MS CONTIN <i>morphine sulfate</i>	Non-Preferred	QL 3 / 1 days PA
NUCYNTA ER <i>tapentadol hcl</i>	Non-Preferred	QL 60 / 30 days PA
OPANA ER <i>oxymorphone hcl</i>	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oxycodone hcl er</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OXYCODONE HCL ER 20 MG TB12 DETER <i>oxycodone hcl</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OXYCODONE HCL ER 40 MG TB12 DETER <i>oxycodone hcl</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OXYCODONE HCL ER 10 MG TB12 DETER <i>oxycodone hcl</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
OXYCONTIN <i>oxycodone hcl</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>2 / 1 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>oxymorphone hcl er</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> </div>
<i>tramadol hcl er 200 mg tab er 24h</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>At least 18 yrs old</div> </div>
<i>tramadol hcl er 300 mg tab er 24h</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>At least 18 yrs old</div> </div>
<i>tramadol hcl er 200 mg cap er 24h</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>At least 18 yrs old</div> </div>
<i>tramadol hcl er 100 mg cap er 24h</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>At least 18 yrs old</div> </div>
<i>tramadol hcl er 300 mg cap er 24h</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>At least 18 yrs old</div> </div>
<i>tramadol hcl er 100 mg tab er 24h</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #8e44ad; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #f39c12; color: white; padding: 2px 5px; border-radius: 3px;">PA</div> <div style="background-color: #27ae60; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>At least 18 yrs old</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl er (biphasic)</i>	Non-Preferred	<p>QL 30 / 30 days</p> <p>PA</p> <p>AL1 At least 18 yrs old</p>
XTAMPZA ER <i>oxycodone</i>	Preferred	<p>QL 60 / 30 days</p> <p>PA</p>
ZOHYDRO ER <i>hydrocodone bitartrate</i>	Non-Preferred	<p>PA</p>
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL <i>fentanyl citrate</i>	Non-Preferred	<p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	Preferred	<p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine 300-60 mg tab</i>	Preferred	<p>QL 6 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine 300-30 mg tab</i>	Preferred	<p>QL 12 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine 300-15 mg tab</i>	Preferred	<p>QL 13 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine #2</i>	Preferred	<p>QL 13 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine #3</i>	Preferred	<p>QL 12 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>acetaminophen-codeine #4</i>	Preferred	<p>QL 6 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTIQ 400 MCG LOZ HANDLE <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
ACTIQ 800 MCG LOZ HANDLE <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
ACTIQ 200 MCG LOZ HANDLE <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
ACTIQ 1600 MCG LOZ HANDLE <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
ACTIQ 600 MCG LOZ HANDLE <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
ACTIQ 1200 MCG LOZ HANDLE <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
APADAZ <i>benzhydrocodone hcl-acetaminophen</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
APAP-CAFF-DIHYDROCODEINE <i>acetaminophen-caff-dihydrocod</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>ascomp-codeine</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old
		<b>C</b> Opioid safety limits apply
		<b>QLC</b> Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN <i>benzhydrocodone hcl-acetaminophen</i>	Preferred	<b>C</b> Opioid safety limits apply
<i>butalbital-apap-caff-cod</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old
		<b>C</b> Opioid safety limits apply
		<b>QLC</b> Max 18 tabs/caps per month
<i>butalbital-asa-caff-codeine</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old
		<b>C</b> Opioid safety limits apply
		<b>QLC</b> Max 18 tabs/caps per month
<i>butorphanol tartrate 10 mg/ml solution</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
CARISOPRODOL-ASPIRIN-CODEINE <i>carisoprodol w/ aspirin &amp; codeine</i>	Non-Preferred	<b>QL</b> 3 / 1 days
		<b>AL1</b> At least 18 yrs old
		<b>C</b> Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carisoprodol-aspirin-codeine</i>	Non-Preferred	<p>QL 3 / 1 days</p> <p>AL1 At least 18 yrs old</p> <p>C Opioid safety limits apply</p>
<i>codeine sulfate 30 mg tab</i>	Non-Preferred	C Opioid safety limits apply
<i>codeine sulfate 60 mg tab</i>	Non-Preferred	C Opioid safety limits apply
CODEINE SULFATE <i>codeine sulfate</i>	Non-Preferred	C Opioid safety limits apply
DEMEROL 100 MG TAB <i>meperidine hcl</i>	Non-Preferred	C Opioid safety limits apply
DILAUDID 1 MG/ML LIQUID <i>hydromorphone hcl</i>	Non-Preferred	C Opioid safety limits apply
DILAUDID 2 MG TAB <i>hydromorphone hcl</i>	Non-Preferred	C Opioid safety limits apply
DILAUDID 8 MG TAB <i>hydromorphone hcl</i>	Non-Preferred	C Opioid safety limits apply
DILAUDID 4 MG TAB <i>hydromorphone hcl</i>	Non-Preferred	C Opioid safety limits apply
<i>dvorah</i>	Non-Preferred	C Opioid safety limits apply
<i>endocet 7.5-325 mg tab</i>	Preferred	<p>QL 12 / 1 days</p> <p>C Opioid safety limits apply</p>
<i>endocet 5-325 mg tab</i>	Preferred	<p>QL 12 / 1 days</p> <p>C Opioid safety limits apply</p>
<i>endocet 10-325 mg tab</i>	Preferred	C Opioid safety limits apply
FENTANYL CITRATE 600 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	C Opioid safety limits apply
<i>fentanyl citrate 400 mcg loz handle</i>	Non-Preferred	C Opioid safety limits apply
<i>fentanyl citrate 1200 mcg loz handle</i>	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 200 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	C Opioid safety limits apply
FENTANYL CITRATE 400 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FENTANYL CITRATE 800 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FENTANYL CITRATE 100 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>fentanyl citrate 200 mcg loz handle</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>fentanyl citrate 600 mcg loz handle</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>fentanyl citrate 1600 mcg loz handle</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>fentanyl citrate 800 mcg loz handle</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FENTORA 600 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FENTORA 200 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FENTORA 100 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FENTORA 800 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FENTORA 400 MCG TAB <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
FIORINAL/CODEINE #3 <i>butalbital-aspirin-caffeine w/cod</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old
		<b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	Preferred	<b>QLC</b> Max 18 tabs/caps per month
		<b>QL</b> 6 / 1 days
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	Preferred	<b>C</b> Opioid safety limits apply
		<b>QL</b> 8 / 1 days
<i>hydrocodone-acetaminophen 10-300 mg tab</i>	Preferred	<b>C</b> Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 10-325 MG/15ML SOLUTION <i>hydrocodone-acetaminophen</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 7.5-300 mg tab</i>	Preferred	<b>C</b> Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen 5-217 mg/10ml solution</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 2.5-325 mg tab</i>	Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 2.5-108 mg/5ml solution</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	Preferred	<b>QL</b> 12 / 1 days <b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 5-300 mg tab</i>	Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml solution</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-ibuprofen 10-200 mg tab</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	Non-Preferred	<b>QL</b> 5 / 1 days <b>C</b> Opioid safety limits apply
<i>hydrocodone-ibuprofen 5-200 mg tab</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydromorphone hcl 4 mg tab</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
HYDROMORPHONE HCL 3 MG SUPPOS <i>hydromorphone hcl</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydromorphone hcl 8 mg tab</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydromorphone hcl 1 mg/ml liquid</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>hydromorphone hcl 2 mg tab</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
IBUDONE 10-200 MG TAB <i>hydrocodone-ibuprofen</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>ibudone 5-200 mg tab</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
LAZANDA 100 MCG/ACT SOLUTION <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
LAZANDA 400 MCG/ACT SOLUTION <i>fentanyl citrate</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>lorcet</i>	Non-Preferred	<b>C</b> Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lorcet hd</i>	Preferred	<span>QL</span> 6 / 1 days <span>C</span> Opioid safety limits apply
<i>lorcet plus</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
LORTAB <i>hydrocodone-acetaminophen</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
MEPERIDINE HCL 50 MG TAB <i>meperidine hcl</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>meperidine hcl 100 mg tab</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>meperidine hcl 50 mg tab</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
MEPERIDINE HCL 50 MG/5ML SOLUTION <i>meperidine hcl</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
MEPERIDINE HCL 100 MG TAB <i>meperidine hcl</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>morphine sulfate 10 mg/5ml solution</i>	Preferred	<span>C</span> Opioid safety limits apply
MORPHINE SULFATE 5 MG SUPPOS <i>morphine sulfate</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
MORPHINE SULFATE 10 MG SUPPOS <i>morphine sulfate</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>morphine sulfate 15 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
MORPHINE SULFATE 20 MG SUPPOS <i>morphine sulfate</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
MORPHINE SULFATE 30 MG SUPPOS <i>morphine sulfate</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>morphine sulfate 30 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
MORPHINE SULFATE 20 MG/5ML SOLUTION <i>morphine sulfate</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>morphine sulfate 20 mg/5ml solution</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>morphine sulfate (concentrate)</i>	Preferred	<span>C</span> Opioid safety limits apply
NALOCET <i>oxycodone w/ acetaminophen</i>	Non-Preferred	<span>C</span> Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORCO 10-325 MG TAB <i>hydrocodone-acetaminophen</i>	Non-Preferred	<span>QL</span> 6 / 1 days <span>C</span> Opioid safety limits apply
NORCO 5-325 MG TAB <i>hydrocodone-acetaminophen</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
NORCO 7.5-325 MG TAB <i>hydrocodone-acetaminophen</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
NUCYNTA <i>tapentadol hcl</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
OPANA <i>oxymorphone hcl</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
OXAYDO <i>oxycodone hcl</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 5 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 20 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 100 mg/5ml conc</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 5 mg cap</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 10 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 30 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 5 mg/5ml solution</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone hcl 15 mg tab</i>	Preferred	<span>C</span> Opioid safety limits apply
<i>oxycodone-acetaminophen 2.5-325 mg tab</i>	Preferred	<span>QL</span> 12 / 1 days <span>C</span> Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB <i>oxycodone w/ acetaminophen</i>	Non-Preferred	<span>C</span> Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION <i>oxycodone w/ acetaminophen</i>	Non-Preferred	
OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB <i>oxycodone w/ acetaminophen</i>	Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROXICODONE <i>oxycodone hcl</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
SUBSYS <i>fentanyl</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
<i>tramadol hcl 50 mg tab</i>	Preferred	<b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
<i>tramadol hcl 100 mg tab</i>	Preferred	<b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
TRAMADOL HCL 5 MG/ML SOLUTION <i>tramadol hcl</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
<i>tramadol-acetaminophen</i>	Preferred	<b>QL</b> 240 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
TYLENOL WITH CODEINE #3 <i>acetaminophen w/ codeine</i>	Non-Preferred	<b>QL</b> 12 / 1 days <b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
TYLENOL WITH CODEINE #4 <i>acetaminophen w/ codeine</i>	Non-Preferred	<b>QL</b> 6 / 1 days <b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
ULTRACET <i>tramadol-acetaminophen</i>	Non-Preferred	<b>QL</b> 240 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
ULTRAM <i>tramadol hcl</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old <b>C</b> Opioid safety limits apply
<i>vicodin hp</i>	Non-Preferred	<b>C</b> Opioid safety limits apply
ANESTHETICS		
LOCAL ANESTHETICS		
<i>agoneaze</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>anodyne lpt</i>	Non-Preferred	
APRIZIO PAK <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
APRIZIO PAK II <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
<i>dermacinrx empricaine</i>	Non-Preferred	
<i>dermacinrx prizopak</i>	Non-Preferred	
DERMALID <i>lidocaine-latex adhesive wrap</i>	Non-Preferred	
EMPRICAINE-II <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
GEN7T PLUS 3.5-7 % PATCH <i>lidocaine-menthol</i>	Non-Preferred	
<i>glydo</i>	Preferred	AL1 At least 3 yrs old
<i>leva set/occlusive dressing</i>	Non-Preferred	
<i>lido-k</i>	Non-Preferred	
<i>lido-prilo caine pak</i>	Non-Preferred	
<i>lidocaine 5 % ointment</i>	Preferred	QL 35.4 / 30 days
<i>lidocaine 5 % patch</i>	Preferred	QL 30 / 30 days
<i>lidocaine hcl 1 % solution</i>	Preferred	
<i>lidocaine hcl 3 % cream</i>	Preferred	
<i>lidocaine hcl 4 % solution</i>	Preferred	
LIDOCAINE HCL 4 % SOLUTION <i>lidocaine hcl (mouth-throat)</i>	Preferred	
<i>lidocaine hcl 3.88 % cream</i>	Preferred	
<i>lidocaine hcl (pf) 1 % solution</i>	Preferred	
<i>lidocaine hcl urethral/mucosal</i>	Preferred	AL1 At least 3 yrs old
<i>lidocaine pak</i>	Preferred	QL 35.4 / 30 days
<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 <i>lidocaine-tetracaine</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIDODERM <i>lidocaine</i>	Non-Preferred	QL 1 / 1 days
<i>lidopril</i>	Non-Preferred	
<i>lidopril xr</i>	Non-Preferred	
LIDOREX <i>lidocaine hcl</i>	Non-Preferred	
LIDOTOR <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
LIDOTRAL <i>lidocaine hcl</i>	Non-Preferred	
<i>lidozion</i>	Non-Preferred	
<i>liprozonepak</i>	Non-Preferred	
<i>livixil pak</i>	Non-Preferred	
<i>medolor pak</i>	Non-Preferred	
PLIAGLIS 7-7 % CREAM <i>lidocaine-tetracaine</i>	Non-Preferred	
<i>prikaan</i>	Non-Preferred	
<i>prikaan lite</i>	Non-Preferred	
PRILO PATCH II <i>lidocaine-prilocaine</i>	Non-Preferred	
<i>prilolid</i>	Non-Preferred	
<i>prilovix</i>	Non-Preferred	
<i>prilovix lite</i>	Non-Preferred	
<i>prilovix lite plus</i>	Non-Preferred	
<i>prilovix plus</i>	Non-Preferred	
PRILOVIXIL <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
PRIZOPAK II <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
REAL HEAL-I <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
<i>relador pak</i>	Non-Preferred	
<i>relador pak plus</i>	Non-Preferred	
SKYADERM-LP <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNERA <i>lidocaine-tetracaine</i>	Non-Preferred	
VALLADERM-90 <i>lidocaine-prilocaine-transparent dressing</i>	Non-Preferred	
<i>ziloval</i>	Non-Preferred	
<i>zionodil</i>	Non-Preferred	
<i>zionodil 100</i>	Non-Preferred	
ZTLIDO <i>lidocaine</i>	Non-Preferred	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	Preferred	QL 6 / 1 days
<i>disulfiram 250 mg tab</i>	Preferred	QL 1 / 1 days
<i>disulfiram 500 mg tab</i>	Preferred	QL 1 / 1 days
<i>naltrexone hcl 50 mg tab</i>	Preferred	
VIVITROL <i>naltrexone</i>	Preferred	QL 1 / 28 days
OPIOID DEPENDENCE		
BUNAVAIL <i>buprenorphine hcl-naloxone hcl dihydrate</i>	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
<i>buprenorphine hcl 8 mg sl tab</i>	Preferred	PA C Maximum 24 mg/day (total buprenorphine equivalents)
<i>buprenorphine hcl 2 mg sl tab</i>	Preferred	PA C Maximum 24 mg/day (total buprenorphine equivalents)
<i>buprenorphine hcl-naloxone hcl</i>	Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
LUCEMYRA <i>lofexidine hcl</i>	Non-Preferred	QL 16 / 1 days
PROBUPHINE IMPLANT KIT <i>buprenorphine hcl</i>	Non-Preferred	
SUBLOCADE 100 MG/0.5ML SOLN PRSYR <i>buprenorphine</i>	Preferred	QLC 0.02 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUBLOCADE 300 MG/1.5ML SOLN PRSYR <i>buprenorphine</i>	Preferred	QLC 0.06 mL/day
SUBOXONE <i>buprenorphine hcl-naloxone hcl dihydrate</i>	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
ZUBSOLV <i>buprenorphine hcl-naloxone hcl dihydrate</i>	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
OPIOID REVERSAL AGENTS		
KLOXXADO <i>naloxone hcl</i>	Preferred	
LIFEMS NALOXONE <i>naloxone hcl</i>	Preferred	
<i>naloxone hcl 2 mg/2ml soln prsyr</i>	Preferred	
<i>naloxone hcl 0.4 mg/ml soln cart</i>	Preferred	
<i>naloxone hcl 4 mg/10ml solution</i>	Preferred	
<i>naloxone hcl 0.4 mg/ml solution</i>	Preferred	
<i>naloxone hcl 4 mg/0.1ml liquid</i>	Non-Preferred	
NALOXONE HCL 2 MG/0.4ML SOLN A-INJ <i>naloxone hcl</i>	Preferred	
NARCAN <i>naloxone hcl</i>	Preferred	
ZIMHI <i>naloxone hcl</i>	Non-Preferred	
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det)</i>	Preferred	QL 60 / 30 days
CHANTIX <i>varenicline tartrate</i>	Preferred	QL 2 / 1 days C Max of 180 days per 365 days
CHANTIX CONTINUING MONTH PAK <i>varenicline tartrate</i>	Preferred	QL 2 / 1 days C Max of 180 days per 365 days
CHANTIX STARTING MONTH PAK <i>varenicline tartrate</i>	Preferred	QL 2 / 1 days C Max 1 fill every 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NICOTROL <i>nicotine</i>	Non-Preferred	QL 168 / 30 days
NICOTROL NS <i>nicotine</i>	Non-Preferred	QL 60 / 30 days
ZYBAN <i>bupropion hcl (smoking deterrent)</i>	Non-Preferred	QL 60 / 30 days
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE <i>amikacin sulfate liposome</i>	Non-Preferred	QLC 8.4 mL/day
<i>gentamicin sulfate 0.1 % cream</i>	Preferred	
<i>gentamicin sulfate 0.1 % ointment</i>	Preferred	
HUMATIN <i>paromomycin sulfate</i>	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>acetic acid 2 % solution</i>	Preferred	
CENTANY AT <i>mupirocin</i>	Non-Preferred	
CLEOCIN 100 MG SUPPOS <i>clindamycin phosphate vaginal</i>	Preferred	
CLEOCIN 2 % CREAM <i>clindamycin phosphate vaginal</i>	Non-Preferred	
CLEOCIN-T 1 % SWAB <i>clindamycin phosphate (topical)</i>	Non-Preferred	
CLINDACIN ETZ 1 % KIT <i>clindamycin phosphate &amp; cleanser</i>	Non-Preferred	
<i>clindacin etz 1 % swab</i>	Non-Preferred	
CLINDACIN PAC <i>clindamycin phosphate &amp; cleanser</i>	Non-Preferred	
<i>clindacin-p</i>	Non-Preferred	
<i>clindamycin hcl 75 mg cap</i>	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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clindamycin palmitate hcl</i>	Preferred	QL 120 / 1 days
<i>clindamycin phosphate 2 % cream</i>	Preferred	
<i>clindamycin phosphate 1 % swab</i>	Preferred	
<b>CLINDESSE</b> <i>clindamycin phosphate (one dose)</i>	Preferred	
<b>FIRVANQ</b> <i>vancomycin hcl</i>	Preferred	
<b>FLAGYL</b> <i>metronidazole</i>	Non-Preferred	
<i>fosfomycin tromethamine</i>	Non-Preferred	
<b>FURADANTIN</b> <i>nitrofurantoin</i>	Non-Preferred	QL 90 / 1 days
<b>HIPREX</b> <i>methenamine hippurate</i>	Non-Preferred	
<b>HYOPHEN</b> <i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	Non-Preferred	
<b>MACROBID</b> <i>nitrofurantoin monohyd macro</i>	Non-Preferred	QL 2 / 1 days
<b>MACRODANTIN 50 MG CAP</b> <i>nitrofurantoin macrocrystal</i>	Non-Preferred	
<b>MACRODANTIN 100 MG CAP</b> <i>nitrofurantoin macrocrystal</i>	Non-Preferred	
<b>MACRODANTIN 25 MG CAP</b> <i>nitrofurantoin macrocrystal</i>	Non-Preferred	QL 2 / 1 days
<i>me/naphos/mb/hyo1</i>	Non-Preferred	
<i>methenamine hippurate</i>	Preferred	
<i>methenamine mandelate 0.5 gm tab</i>	Non-Preferred	
<i>methenamine mandelate 1 gm tab</i>	Non-Preferred	
<b>METROGEL-VAGINAL</b> <i>metronidazole vaginal</i>	Non-Preferred	
<i>metronidazole 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>metronidazole 0.75 % cream</i>	Preferred	QL 45 / 26 days
<i>metronidazole 250 mg tab</i>	Preferred	QL 120 / 30 days
<i>metronidazole 0.75 % gel</i>	Preferred	QL 70 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metronidazole 375 mg cap</i>	Non-Preferred	
<b>MONUROL</b> <i>fosfomicin tromethamine</i>	Non-Preferred	
<i>nitrofurantoin</i>	Preferred	QL 90 / 1 days
<i>nitrofurantoin macrocrystal 25 mg cap</i>	Preferred	QL 2 / 1 days
<i>nitrofurantoin macrocrystal 100 mg cap</i>	Preferred	QL 4 / 1 days
<i>nitrofurantoin macrocrystal 50 mg cap</i>	Preferred	QL 4 / 1 days
<i>nitrofurantoin monohyd macro</i>	Preferred	QL 2 / 1 days
<b>NUVESSA</b> <i>metronidazole vaginal</i>	Non-Preferred	
<i>phoshasal</i>	Non-Preferred	
<i>rosadan 0.75 % gel</i>	Preferred	QL 45 / 26 days
<i>rosadan 0.75 % cream</i>	Preferred	QL 45 / 26 days
<b>SOLOSEC</b> <i>secnidazole</i>	Non-Preferred	
<b>TINDAMAX</b> <i>tinidazole</i>	Non-Preferred	
<i>tinidazole 250 mg tab</i>	Preferred	QL 4 / 1 days
<i>tinidazole 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>urelle</i>	Non-Preferred	
<i>uretron d/s</i>	Non-Preferred	
<b>URIMAR-T</b> <i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	Non-Preferred	
<i>urin ds</i>	Non-Preferred	
<i>uro-458</i>	Non-Preferred	
<b>UROGESIC-BLUE</b> <i>methenamine-hyoscamine-methylene blue-sodium phosphate</i>	Non-Preferred	
<i>uryl</i>	Non-Preferred	
<b>USTELL</b> <i>methenamine-hyosc-methylene blue-sod phos-phenyl sal</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>utira-c</i>	Non-Preferred	
VANCOGIN <i>vancomycin hcl</i>	Non-Preferred	
VANCOMYCIN HCL 250 MG/5ML RECON SOLN <i>vancomycin hcl</i>	Non-Preferred	
<i>vancomycin hcl 125 mg cap</i>	Preferred	QL 4 / 1 days
<i>vancomycin hcl 250 mg cap</i>	Preferred	QL 8 / 1 days
VANDAZOLE <i>metronidazole vaginal</i>	Non-Preferred	QL 70 / days
<i>vilevev mb</i>	Non-Preferred	
XIFAXAN <i>rifaximin</i>	Non-Preferred	
ZINPLAVA <i>bezlotoxumab</i>	Non-Preferred	
BETA-LACTAM, CEPHALOSPORINS		
<i>cefaclor 500 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>cefaclor 250 mg cap</i>	Non-Preferred	QL 4 / 1 days
CEFACLOR 250 MG/5ML RECON SUSP <i>cefaclor</i>	Non-Preferred	
CEFACLOR 375 MG/5ML RECON SUSP <i>cefaclor</i>	Non-Preferred	
CEFACLOR 125 MG/5ML RECON SUSP <i>cefaclor</i>	Non-Preferred	
CEFACLOR ER <i>cefaclor monohydrate</i>	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>	Preferred	QLC 10 mL/day
<i>cefadroxil 500 mg cap</i>	Preferred	QL 8 / 1 days
<i>cefadroxil 500 mg/5ml recon susp</i>	Preferred	QLC 20 mL/day
<i>cefdinir 250 mg/5ml recon susp</i>	Preferred	QL 12 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cefdinir 300 mg cap</i>	Preferred	QL 2 / 1 days
<i>cefdinir 125 mg/5ml recon susp</i>	Preferred	QL 12 / 1 days
<i>cefixime 100 mg/5ml recon susp</i>	Non-Preferred	
<i>cefixime 400 mg cap</i>	Preferred	
<i>cefixime 200 mg/5ml recon susp</i>	Non-Preferred	
<i>cefepodoxime proxetil 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>cefepodoxime proxetil 50 mg/5ml recon susp</i>	Non-Preferred	QL 40 / 1 days
<i>cefepodoxime proxetil 200 mg tab</i>	Preferred	QL 4 / 1 days
<i>cefepodoxime proxetil 100 mg/5ml recon susp</i>	Non-Preferred	QL 40 / 1 days
<i>cefprozil 500 mg tab</i>	Preferred	QL 1 / 1 days
<i>cefprozil 250 mg tab</i>	Preferred	QL 1 / 1 days
<i>cefprozil 250 mg/5ml recon susp</i>	Preferred	QL 10 / 1 days
<i>cefprozil 125 mg/5ml recon susp</i>	Preferred	QL 10 / 1 days
<b>CEFTIN</b> <i>cefuroxime axetil</i>	Preferred	
<i>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>ceftriaxone sodium 1 gm recon soln</i>	Preferred	QL 2 / 1 days
<i>ceftriaxone sodium 2 gm recon soln</i>	Preferred	QL 2 / 1 days
<i>ceftriaxone sodium 250 mg recon soln</i>	Preferred	QL 2 / 1 days
<i>cefuroxime axetil</i>	Preferred	QL 2 / 1 days
<b>CEPHALEXIN 250 MG TAB</b> <i>cephalexin</i>	Non-Preferred	
<i>cephalexin 125 mg/5ml recon susp</i>	Preferred	QL 80 / 1 days
<i>cephalexin 750 mg cap</i>	Non-Preferred	
<i>cephalexin 250 mg cap</i>	Preferred	QL 8 / 1 days
<i>cephalexin 500 mg cap</i>	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEPHALEXIN 500 MG TAB <i>cephalexin</i>	Non-Preferred	
CEPHALEXIN 750 MG CAP <i>cephalexin</i>	Non-Preferred	
<i>cephalexin 250 mg/5ml recon susp</i>	Preferred	QL 80 / 1 days
KEFLEX <i>cephalexin</i>	Non-Preferred	
SUPRAX <i>cefixime</i>	Non-Preferred	
<b>BETA-LACTAM, PENICILLINS</b>		
<i>amoxicillin 200 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>amoxicillin 500 mg cap</i>	Preferred	QL 4 / 1 days
<i>amoxicillin 250 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>amoxicillin 500 mg tab</i>	Preferred	QL 8 / 1 days
<i>amoxicillin 400 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>amoxicillin 875 mg tab</i>	Preferred	QL 4 / 1 days
<i>amoxicillin 125 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>amoxicillin 125 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>amoxicillin 250 mg cap</i>	Preferred	QL 4 / 1 days
<i>amoxicillin 250 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>amoxicillin-pot clavulanate 200-28.5 mg chew tab</i>	Non-Preferred	QL 2 / 1 days
<i>amoxicillin-pot clavulanate 875-125 mg tab</i>	Preferred	QL 2 / 1 days
<i>amoxicillin-pot clavulanate 250-125 mg tab</i>	Preferred	QL 3 / 1 days
<i>amoxicillin-pot clavulanate 500-125 mg tab</i>	Preferred	QL 3 / 1 days
<i>amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>amoxicillin-pot clavulanate 400-57 mg chew tab</i>	Non-Preferred	QL 2 / 1 days
<i>amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amoxicillin-pot clavulanate 400-57 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp</i>	Preferred	QL 750 / 30 days
<i>amoxicillin-pot clavulanate er</i>	Non-Preferred	
<i>ampicillin</i>	Preferred	
AUGMENTIN 250-62.5 MG/5ML RECON SUSP <i>amoxicillin &amp; pot clavulanate</i>	Non-Preferred	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP <i>amoxicillin &amp; pot clavulanate</i>	Non-Preferred	
AUGMENTIN XR <i>amoxicillin &amp; pot clavulanate</i>	Non-Preferred	
BICILLIN L-A 1200000 UNIT/2ML SUSPENSION <i>penicillin g benzathine</i>	Preferred	QL 4 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSPENSION <i>penicillin g benzathine</i>	Preferred	
BICILLIN L-A 2400000 UNIT/4ML SUSPENSION <i>penicillin g benzathine</i>	Preferred	QL 12 / 365 days
<i>dicloxacillin sodium</i>	Preferred	QL 8 / 1 days
MOXATAG <i>amoxicillin</i>	Non-Preferred	
<i>penicillin g potassium</i>	Preferred	
<i>penicillin g sodium</i>	Preferred	
<i>penicillin v potassium 125 mg/5ml recon soln</i>	Preferred	QL 40 / 1 days
<i>penicillin v potassium 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>penicillin v potassium 250 mg/5ml recon soln</i>	Preferred	QL 40 / 1 days
<i>penicillin v potassium 250 mg tab</i>	Preferred	QL 4 / 1 days
<i>pfizerpen</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>MACROLIDES</b>		
<i>azithromycin 100 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>azithromycin 600 mg tab</i>	Preferred	QL 2 / 1 days
<i>azithromycin 500 mg tab</i>	Preferred	QL 10 / 23 days
<i>azithromycin 200 mg/5ml recon susp</i>	Preferred	QL 25 / 1 days
<i>azithromycin 1 gm packet</i>	Preferred	QL 3 / 1 days
<i>azithromycin 250 mg tab</i>	Preferred	QL 4 / 1 days C Max 5 day supply per fill
<i>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 125 mg/5ml recon susp</i>	Preferred	QL 20 / 1 days
<i>clarithromycin 500 mg tab</i>	Preferred	QL 3 / 1 days
<i>clarithromycin er</i>	Non-Preferred	QL 2 / 1 days
<b>DIFICID</b> <i>fidaxomicin</i>	Non-Preferred	
e.e.s. 400	Non-Preferred	
<b>E.E.S. GRANULES</b> <i>erythromycin ethylsuccinate</i>	Non-Preferred	
<i>ery-tab</i>	Non-Preferred	
<b>ERYPED 200</b> <i>erythromycin ethylsuccinate</i>	Non-Preferred	
<b>ERYPED 400</b> <i>erythromycin ethylsuccinate</i>	Non-Preferred	
<b>ERYTHROCIN STEARATE</b> <i>erythromycin stearate</i>	Non-Preferred	
<i>erythromycin 500 mg tab dr</i>	Non-Preferred	
<i>erythromycin 250 mg tab dr</i>	Non-Preferred	
<i>erythromycin 333 mg tab dr</i>	Non-Preferred	
<i>erythromycin base 500 mg tab dr</i>	Non-Preferred	
<i>erythromycin base 250 mg tab dr</i>	Non-Preferred	
<i>erythromycin base 250 mg cp dr part</i>	Non-Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>erythromycin base 333 mg tab dr</i>	Non-Preferred	
<i>erythromycin base 500 mg tab</i>	Non-Preferred	QL 8 / 1 days
<i>erythromycin base 250 mg tab</i>	Non-Preferred	QL 8 / 1 days
<i>erythromycin ethylsuccinate 400 mg/5ml recon susp</i>	Non-Preferred	
<i>erythromycin ethylsuccinate 400 mg tab</i>	Non-Preferred	QL 10 / 1 days
<i>erythromycin ethylsuccinate 200 mg/5ml recon susp</i>	Non-Preferred	
ZITHROMAX 200 MG/5ML RECON SUSP <i>azithromycin</i>	Non-Preferred	
ZITHROMAX 250 MG TAB <i>azithromycin</i>	Non-Preferred	C Max 5 day supply per fill
ZITHROMAX 500 MG TAB <i>azithromycin</i>	Non-Preferred	
ZITHROMAX 100 MG/5ML RECON SUSP <i>azithromycin</i>	Non-Preferred	
ZITHROMAX 1 GM PACKET <i>azithromycin</i>	Non-Preferred	
ZITHROMAX TRI-PAK <i>azithromycin</i>	Non-Preferred	
ZITHROMAX Z-PAK <i>azithromycin</i>	Non-Preferred	C Max 5 day supply per fill
QUINOLONES		
AVELOX 400 MG TAB <i>moxifloxacin hcl</i>	Non-Preferred	QL 14 / 30 days
BAXDELA 450 MG TAB <i>delafloxacin meglumine</i>	Non-Preferred	
BESIVANCE <i>besifloxacin hcl</i>	Non-Preferred	
CILOXAN <i>ciprofloxacin hcl (ophth)</i>	Non-Preferred	
CIPRO 250 MG TAB <i>ciprofloxacin hcl</i>	Non-Preferred	QL 2 / 1 days
CIPRO 250 MG/5ML (5%) RECON SUSP <i>ciprofloxacin</i>	Preferred	QL 15 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CIPRO 500 MG/5ML (10%) RECON SUSP <i>ciprofloxacin</i>	Preferred	QL 15 / 1 days
CIPRO 500 MG TAB <i>ciprofloxacin hcl</i>	Non-Preferred	QL 2 / 1 days
<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	Non-Preferred	QL 15 / 1 days
<i>ciprofloxacin hcl 100 mg tab</i>	Preferred	QL 2 / 1 days
<i>ciprofloxacin hcl 500 mg tab</i>	Preferred	QL 2 / 1 days
<i>ciprofloxacin hcl 0.3 % solution</i>	Preferred	QL 5 / 18 days
<i>ciprofloxacin hcl 750 mg tab</i>	Preferred	QL 2 / 1 days
<i>ciprofloxacin hcl 250 mg tab</i>	Preferred	QL 2 / 1 days
CIPROFLOXACIN-CIPROFLOX HCL ER 500 MG TAB ER 24H <i>ciprofloxacin-ciprofloxacin hcl</i>	Non-Preferred	
LEVAQUIN 500 MG TAB <i>levofloxacin</i>	Non-Preferred	QL 1 / 1 days
LEVAQUIN 750 MG TAB <i>levofloxacin</i>	Non-Preferred	QL 1 / 1 days
<i>levofloxacin 25 mg/ml solution</i>	Non-Preferred	QL 30 / 1 days
<i>levofloxacin 500 mg tab</i>	Preferred	QL 1 / 1 days
<i>levofloxacin 750 mg tab</i>	Preferred	QL 1 / 1 days
<i>levofloxacin 250 mg tab</i>	Preferred	QL 1 / 1 days
<i>moxifloxacin hcl 400 mg tab</i>	Preferred	QL 14 / 30 days
<i>ofloxacin 300 mg tab</i>	Non-Preferred	QL 28 / 26 days
<i>ofloxacin 400 mg tab</i>	Non-Preferred	QL 28 / 26 days
OTIPRIO <i>ciprofloxacin (otic)</i>	Non-Preferred	
<b>SULFONAMIDES</b>		
AVC VAGINAL <i>sulfanilamide vaginal</i>	Non-Preferred	
KLARON <i>sulfacetamide sodium (acne)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium (acne)</i>	Preferred	
<i>sulfadiazine 500 mg tab</i>	Preferred	QL 8 / 1 days
<i>sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension</i>	Preferred	
<i>sulfamethoxazole-trimethoprim 400-80 mg tab</i>	Preferred	
<i>sulfamethoxazole-trimethoprim 800-160 mg tab</i>	Preferred	
<i>sulfatrim pediatric</i>	Preferred	
<b>TETRACYCLINES</b>		
AMZEEQ <i>minocycline hcl micronized (acne)</i>	Non-Preferred	
<i>demeclocycline hcl</i>	Non-Preferred	
DORYX <i>doxycycline hyclate</i>	Non-Preferred	
DORYX MPC <i>doxycycline hyclate</i>	Non-Preferred	
DOXYCYCLINE <i>doxycycline (rosacea)</i>	Non-Preferred	
<i>doxycycline hyclate 200 mg tab dr</i>	Non-Preferred	
<i>doxycycline hyclate 75 mg tab dr</i>	Non-Preferred	
<i>doxycycline hyclate 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>doxycycline hyclate 150 mg tab</i>	Non-Preferred	
<i>doxycycline hyclate 75 mg tab</i>	Non-Preferred	
<i>doxycycline hyclate 50 mg tab dr</i>	Non-Preferred	
<i>doxycycline hyclate 100 mg cap</i>	Preferred	QL 60 / 30 days
<i>doxycycline hyclate 150 mg tab dr</i>	Non-Preferred	
<i>doxycycline hyclate 50 mg tab</i>	Preferred	
<i>doxycycline hyclate 20 mg tab</i>	Preferred	
DOXYCYCLINE HYCLATE 80 MG TAB DR <i>doxycycline hyclate</i>	Non-Preferred	
<i>doxycycline hyclate 100 mg tab dr</i>	Non-Preferred	
<i>doxycycline hyclate 50 mg cap</i>	Preferred	QL 60 / 30 days

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



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>minocycline hcl er 65 mg tab er 24h</i>	Non-Preferred	
MINOCYCLINE HCL ER 135 MG CAP ER 24H <i>minocycline hcl</i>	Non-Preferred	
MINOLIRA <i>minocycline hcl</i>	Non-Preferred	
<i>morgidox 100 mg cap</i>	Non-Preferred	QL 60 / 30 days
<i>morgidox 50 mg cap</i>	Non-Preferred	QL 60 / 30 days
MORGIDOX 2 X 100 MG KIT <i>doxycycline hyclate w/ cleanser</i>	Non-Preferred	
MORGIDOX 1 X 50 MG KIT <i>doxycycline hyclate w/ cleanser</i>	Non-Preferred	
MORGIDOX 1 X 100 MG KIT <i>doxycycline hyclate w/ cleanser</i>	Non-Preferred	
NUZYRA 150 MG TAB <i>omadacycline tosylate</i>	Non-Preferred	
ORACEA <i>doxycycline (rosacea)</i>	Non-Preferred	
SOLODYN <i>minocycline hcl</i>	Non-Preferred	
<i>tetracycline hcl 250 mg cap</i>	Preferred	QL 120 / 30 days
<i>tetracycline hcl 500 mg cap</i>	Preferred	QL 120 / 30 days
VIBRAMYCIN 25 MG/5ML RECON SUSP <i>doxycycline (monohydrate)</i>	Non-Preferred	
VIBRAMYCIN 100 MG CAP <i>doxycycline hyclate</i>	Non-Preferred	QL 60 / 30 days
VIBRAMYCIN 50 MG/5ML SYRUP <i>doxycycline calcium</i>	Non-Preferred	
XIMINO <i>minocycline hcl</i>	Non-Preferred	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT 100 MG TAB <i>brivaracetam</i>	Non-Preferred	QL 2 / 1 days
BRIVIACT 25 MG TAB <i>brivaracetam</i>	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRIVIACT 50 MG TAB <i>brivaracetam</i>	Non-Preferred	QL 2 / 1 days
BRIVIACT 75 MG TAB <i>brivaracetam</i>	Non-Preferred	QL 2 / 1 days
BRIVIACT 10 MG/ML SOLUTION <i>brivaracetam</i>	Non-Preferred	
BRIVIACT 10 MG TAB <i>brivaracetam</i>	Non-Preferred	QL 2 / 1 days
DEPAKENE 250 MG CAP <i>valproic acid</i>	Non-Preferred	
DEPAKENE 250 MG/5ML SOLUTION <i>valproate sodium</i>	Non-Preferred	
DEPAKOTE <i>divalproex sodium</i>	Non-Preferred	
DEPAKOTE ER <i>divalproex sodium</i>	Non-Preferred	
DEPAKOTE SPRINKLES <i>divalproex sodium</i>	Non-Preferred	
DIACOMIT <i>stiripentol</i>	Non-Preferred	
<i>divalproex sodium 125 mg tab dr</i>	Preferred	
<i>divalproex sodium 500 mg tab dr</i>	Preferred	
<i>divalproex sodium 250 mg tab dr</i>	Preferred	
<i>divalproex sodium 125 mg cap dr</i>	Preferred	
<i>divalproex sodium er</i>	Preferred	
ELEPSIA XR <i>levetiracetam</i>	Non-Preferred	
EPIDIOLEX <i>cannabidiol</i>	Non-Preferred	
<i>felbamate 600 mg/5ml suspension</i>	Non-Preferred	QL 30 / 1 days
<i>felbamate 400 mg tab</i>	Non-Preferred	QL 9 / 1 days
<i>felbamate 600 mg tab</i>	Non-Preferred	QL 6 / 1 days
FELBATOL <i>felbamate</i>	Non-Preferred	
FINTEPLA <i>fenfluramine hcl (anticonvulsant)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FYCOMPA <i>perampanel</i>	Non-Preferred	
KEPPRA 500 MG TAB <i>levetiracetam</i>	Non-Preferred	
KEPPRA 1000 MG TAB <i>levetiracetam</i>	Non-Preferred	
KEPPRA 250 MG TAB <i>levetiracetam</i>	Non-Preferred	
KEPPRA 750 MG TAB <i>levetiracetam</i>	Non-Preferred	
KEPPRA 100 MG/ML SOLUTION <i>levetiracetam</i>	Non-Preferred	
KEPPRA XR <i>levetiracetam</i>	Non-Preferred	
<i>levetiracetam 250 mg tab</i>	Preferred	QL 4 / 1 days
<i>levetiracetam 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>levetiracetam 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>levetiracetam 750 mg tab</i>	Preferred	QL 4 / 1 days
<i>levetiracetam 100 mg/ml solution</i>	Preferred	QL 30 / 1 days
<i>levetiracetam er 750 mg tab er 24h</i>	Preferred	QL 4 / 1 days
<i>levetiracetam er 500 mg tab er 24h</i>	Preferred	QL 6 / 1 days
QUDEXY XR <i>topiramate</i>	Non-Preferred	
<i>roweepra</i>	Preferred	
<i>roweepra xr</i>	Preferred	
SPRITAM <i>levetiracetam</i>	Non-Preferred	
TOPAMAX <i>topiramate</i>	Non-Preferred	
TOPAMAX SPRINKLE <i>topiramate</i>	Non-Preferred	
<i>topiramate 15 mg cap sprink</i>	Preferred	QL 4 / 1 days
<i>topiramate 25 mg cap sprink</i>	Preferred	QL 4 / 1 days
<i>topiramate 100 mg tab</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>topiramate 50 mg tab</i>	Preferred	QL 4 / 1 days
<i>topiramate 200 mg tab</i>	Preferred	QL 4 / 1 days
<i>topiramate 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>topiramate er</i>	Preferred	
TROKENDI XR 100 MG CAP ER 24H <i>topiramate</i>	Non-Preferred	QL 90 / 30 days
TROKENDI XR 50 MG CAP ER 24H <i>topiramate</i>	Non-Preferred	QL 60 / 30 days
TROKENDI XR 200 MG CAP ER 24H <i>topiramate</i>	Non-Preferred	QL 60 / 30 days
TROKENDI XR 25 MG CAP ER 24H <i>topiramate</i>	Non-Preferred	QL 120 / 30 days
<i>valproate sodium 250 mg/5ml solution</i>	Preferred	
<i>valproic acid 250 mg/5ml solution</i>	Preferred	
<i>valproic acid 250 mg cap</i>	Preferred	
XCOPRI <i>cenobamate</i>	Non-Preferred	
XCOPRI (250 MG DAILY DOSE) <i>cenobamate</i>	Non-Preferred	
XCOPRI (350 MG DAILY DOSE) <i>cenobamate</i>	Non-Preferred	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN <i>methsuximide</i>	Non-Preferred	
<i>ethosuximide 250 mg cap</i>	Preferred	QL 6 / 1 days
<i>ethosuximide 250 mg/5ml solution</i>	Preferred	QL 30 / 1 days
ZARONTIN <i>ethosuximide</i>	Non-Preferred	
GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam</i>	Preferred	
DIASTAT ACUDIAL <i>diazepam (anticonvulsant)</i>	Non-Preferred	
DIASTAT PEDIATRIC <i>diazepam (anticonvulsant)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diazepam 10 mg gel</i>	Preferred	QL 2 / 30 days
<i>diazepam 20 mg gel</i>	Preferred	QL 2 / 30 days
<i>diazepam 2.5 mg gel</i>	Preferred	QL 2 / 30 days
<i>gabapentin 300 mg cap</i>	Preferred	QL 6 / 1 days
<i>gabapentin 400 mg cap</i>	Preferred	QL 6 / 1 days
<i>gabapentin 100 mg cap</i>	Preferred	QL 6 / 1 days
<i>gabapentin 300 mg/6ml solution</i>	Preferred	
<i>gabapentin 800 mg tab</i>	Preferred	QL 120 / 30 days
<i>gabapentin 250 mg/5ml solution</i>	Preferred	
<i>gabapentin 600 mg tab</i>	Preferred	QL 180 / 30 days
GABITRIL 2 MG TAB <i>tiagabine hcl</i>	Non-Preferred	QL 14 / 1 days
GABITRIL 4 MG TAB <i>tiagabine hcl</i>	Non-Preferred	QL 14 / 1 days
GABITRIL 16 MG TAB <i>tiagabine hcl</i>	Non-Preferred	QL 3 / 1 days
GABITRIL 12 MG TAB <i>tiagabine hcl</i>	Non-Preferred	QL 4 / 1 days
MYSOLINE <i>primidone</i>	Non-Preferred	
NAYZILAM <i>midazolam (anticonvulsant)</i>	Preferred	QL 10 / 30 days
NEURONTIN 600 MG TAB <i>gabapentin</i>	Non-Preferred	QL 180 / 30 days
NEURONTIN 800 MG TAB <i>gabapentin</i>	Non-Preferred	
NEURONTIN 100 MG CAP <i>gabapentin</i>	Non-Preferred	
NEURONTIN 300 MG CAP <i>gabapentin</i>	Non-Preferred	
NEURONTIN 400 MG CAP <i>gabapentin</i>	Non-Preferred	
NEURONTIN 250 MG/5ML SOLUTION <i>gabapentin</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONFI <i>clobazam</i>	Non-Preferred	
<i>phenobarbital 20 mg/5ml solution</i>	Preferred	
<i>phenobarbital 15 mg tab</i>	Preferred	
<i>phenobarbital 100 mg tab</i>	Preferred	
<i>phenobarbital 20 mg/5ml elixir</i>	Preferred	
<i>phenobarbital 32.4 mg tab</i>	Preferred	
<i>phenobarbital 97.2 mg tab</i>	Preferred	
<i>phenobarbital 30 mg tab</i>	Preferred	
<i>phenobarbital 64.8 mg tab</i>	Preferred	
<i>phenobarbital 60 mg tab</i>	Preferred	
<i>phenobarbital 16.2 mg tab</i>	Preferred	
<i>primidone 50 mg tab</i>	Preferred	QL 8 / 1 days
<i>primidone 250 mg tab</i>	Preferred	QL 8 / 1 days
SABRIL 500 MG TAB <i>vigabatrin</i>	Non-Preferred	
SABRIL 500 MG PACKET <i>vigabatrin</i>	Non-Preferred	QL 120 / 30 days
SYMPAZAN <i>clobazam</i>	Non-Preferred	
<i>tiagabine hcl 16 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>tiagabine hcl 12 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>tiagabine hcl 2 mg tab</i>	Non-Preferred	QL 14 / 1 days
<i>tiagabine hcl 4 mg tab</i>	Non-Preferred	QL 14 / 1 days
VALTOCO 10 MG DOSE <i>diazepam (anticonvulsant)</i>	Preferred	QL 10 / 30 days
VALTOCO 15 MG DOSE <i>diazepam (anticonvulsant)</i>	Preferred	QL 10 / 30 days
VALTOCO 20 MG DOSE <i>diazepam (anticonvulsant)</i>	Preferred	QL 10 / 30 days
VALTOCO 5 MG DOSE <i>diazepam (anticonvulsant)</i>	Preferred	QL 10 / 30 days
<i>vigabatrin 500 mg packet</i>	Non-Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vigabatrin 500 mg tab</i>	Non-Preferred	
<i>vigadrone</i>	Non-Preferred	QL 120 / 30 days
<b>SODIUM CHANNEL AGENTS</b>		
APTIOM <i>eslicarbazepine acetate</i>	Non-Preferred	
BANZEL <i>rufinamide</i>	Non-Preferred	
<i>carbamazepine 100 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>carbamazepine 100 mg/5ml suspension</i>	Preferred	QL 80 / 1 days
<i>carbamazepine 200 mg tab</i>	Preferred	QL 8 / 1 days
<i>carbamazepine er</i>	Preferred	QL 4 / 1 days
CARBATROL <i>carbamazepine</i>	Non-Preferred	
DILANTIN 30 MG CAP <i>phenytoin sodium extended</i>	Preferred	QL 9 / 1 days
DILANTIN 125 MG/5ML SUSPENSION <i>phenytoin</i>	Non-Preferred	
DILANTIN 100 MG CAP <i>phenytoin sodium extended</i>	Preferred	QL 12 / 1 days
DILANTIN INFATABS <i>phenytoin</i>	Non-Preferred	QL 8 / 1 days
<i>epitol</i>	Preferred	
<i>oxcarbazepine 600 mg tab</i>	Preferred	QL 4 / 1 days
<i>oxcarbazepine 300 mg/5ml suspension</i>	Preferred	QL 40 / 1 days
<i>oxcarbazepine 150 mg tab</i>	Preferred	QL 4 / 1 days
<i>oxcarbazepine 300 mg tab</i>	Preferred	QL 4 / 1 days
OXTELLAR XR <i>oxcarbazepine</i>	Non-Preferred	
PEGANONE <i>ethotoin</i>	Non-Preferred	
PHENYTEK 300 MG CAP <i>phenytoin sodium extended</i>	Non-Preferred	QL 1 / 1 days
PHENYTEK 200 MG CAP <i>phenytoin sodium extended</i>	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenytoin 125 mg/5ml suspension</i>	Preferred	QL 15 / 1 days
<i>phenytoin 50 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>phenytoin 100 mg/4ml suspension</i>	Preferred	
<i>phenytoin infatabs</i>	Preferred	
<i>phenytoin sodium extended 100 mg cap</i>	Preferred	QL 12 / 1 days
<i>phenytoin sodium extended 300 mg cap</i>	Preferred	QL 1 / 1 days
<i>phenytoin sodium extended 200 mg cap</i>	Preferred	QL 2 / 1 days
<i>rufinamide</i>	Non-Preferred	
TEGRETOL <i>carbamazepine</i>	Non-Preferred	
TEGRETOL-XR <i>carbamazepine</i>	Non-Preferred	
TRILEPTAL <i>oxcarbazepine</i>	Non-Preferred	
VIMPAT 100 MG TAB <i>lacosamide</i>	Preferred	QL 2 / 1 days
VIMPAT 150 MG TAB <i>lacosamide</i>	Preferred	QL 2 / 1 days
VIMPAT 50 MG TAB <i>lacosamide</i>	Preferred	QL 2 / 1 days
VIMPAT 200 MG TAB <i>lacosamide</i>	Preferred	QL 2 / 1 days
VIMPAT 10 MG/ML SOLUTION <i>lacosamide</i>	Preferred	
<i>zonisamide 100 mg cap</i>	Preferred	QL 6 / 1 days
<i>zonisamide 25 mg cap</i>	Preferred	QL 4 / 1 days
<i>zonisamide 50 mg cap</i>	Preferred	QL 4 / 1 days
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
NAMZARIC <i>memantine hcl-donepezil hcl</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CHOLINESTERASE INHIBITORS</b>		
ARICEPT <i>donepezil hydrochloride</i>	Non-Preferred	QL 1 / 1 days
<i>donepezil hcl 10 mg tab disp</i>	Preferred	QL 1 / 1 days
<i>donepezil hcl 10 mg tab</i>	Preferred	QL 1 / 1 days
<i>donepezil hcl 5 mg tab</i>	Preferred	QL 1 / 1 days
<i>donepezil hcl 5 mg tab disp</i>	Preferred	QL 2 / 1 days
<i>donepezil hcl 23 mg tab</i>	Non-Preferred	QL 1 / 1 days
EXELON <i>rivastigmine</i>	Non-Preferred	QL 1 / 1 days
<i>galantamine hydrobromide 12 mg tab</i>	Preferred	
<i>galantamine hydrobromide 8 mg tab</i>	Preferred	
<i>galantamine hydrobromide 4 mg/ml solution</i>	Non-Preferred	
<i>galantamine hydrobromide 4 mg tab</i>	Preferred	
<i>galantamine hydrobromide er</i>	Preferred	
RAZADYNE <i>galantamine hydrobromide</i>	Non-Preferred	
RAZADYNE ER <i>galantamine hydrobromide</i>	Non-Preferred	
<i>rivastigmine</i>	Non-Preferred	QL 1 / 1 days
<i>rivastigmine tartrate</i>	Preferred	QL 60 / 30 days
<b>N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST</b>		
<i>memantine hcl 5 mg tab</i>	Preferred	QL 2 / 1 days
<i>memantine hcl 10 mg tab</i>	Preferred	QL 60 / 30 days
<i>memantine hcl 28 x 5 mg &amp; 21 x 10 mg tab</i>	Preferred	QL 2 / 1 days
<i>memantine hcl 10 mg/5ml solution</i>	Non-Preferred	
<i>memantine hcl 2 mg/ml solution</i>	Non-Preferred	QL 10 / 1 days
<i>memantine hcl er</i>	Non-Preferred	
NAMENDA 5 MG TAB <i>memantine hcl</i>	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NAMENDA 10 MG TAB <i>memantine hcl</i>	Non-Preferred	QL 60 / 30 days
NAMENDA TITRATION PAK <i>memantine hcl</i>	Non-Preferred	QL 2 / 1 days
NAMENDA XR <i>memantine hcl</i>	Non-Preferred	
NAMENDA XR TITRATION PACK <i>memantine hcl</i>	Non-Preferred	
<b>ANTIDEPRESSANTS</b>		
<b>ANTIDEPRESSANTS, OTHER</b>		
APLENZIN <i>bupropion hydrobromide</i>	Non-Preferred	
<i>bupropion hcl 100 mg tab</i>	Preferred	QL 120 / 30 days
<i>bupropion hcl 75 mg tab</i>	Preferred	QL 120 / 30 days
<i>bupropion hcl er (sr)</i>	Preferred	QL 60 / 30 days
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	Preferred	QL 30 / 30 days
<i>bupropion hcl er (xl) 450 mg tab er 24h</i>	Preferred	
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	Preferred	QL 60 / 30 days
<i>chlordiazepoxide-amitriptyline</i>	Preferred	QL 6 / 1 days
FORFIVO XL <i>bupropion hcl</i>	Non-Preferred	
<i>maprotiline hcl</i>	Non-Preferred	QL 2 / 1 days
<i>mirtazapine 45 mg tab</i>	Preferred	QL 1 / 1 days
<i>mirtazapine 7.5 mg tab</i>	Preferred	QL 1 / 1 days
<i>mirtazapine 15 mg tab</i>	Preferred	QL 1 / 1 days
<i>mirtazapine 30 mg tab</i>	Preferred	QL 1 / 1 days
<i>mirtazapine 15 mg tab disp</i>	Non-Preferred	QL 1 / 1 days
<i>mirtazapine 45 mg tab disp</i>	Non-Preferred	QL 1 / 1 days
<i>mirtazapine 30 mg tab disp</i>	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>perphenazine-amitriptyline 2-25 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 8 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>perphenazine-amitriptyline 4-50 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>perphenazine-amitriptyline 4-10 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>perphenazine-amitriptyline 2-10 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 8 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>perphenazine-amitriptyline 4-25 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
REMERON <i>mirtazapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> </ul>
REMERON SOLTAB <i>mirtazapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> </ul>
SPRAVATO (56 MG DOSE) <i>esketamine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 8 / 14 days</li> </ul>
SPRAVATO (84 MG DOSE) <i>esketamine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 12 / 14 days</li> </ul>
SYMBYAX 6-25 MG CAP <i>olanzapine-fluoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SYMBYAX 3-25 MG CAP <i>olanzapine-fluoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SYMBYAX 12-50 MG CAP <i>olanzapine-fluoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMBYAX 6-50 MG CAP <i>olanzapine-fluoxetine hcl</i>	Non-Preferred	<p>QL 30 / 30 days</p> <p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p>
WELLBUTRIN SR <i>bupropion hcl</i>	Non-Preferred	QL 60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H <i>bupropion hcl</i>	Non-Preferred	QL 30 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H <i>bupropion hcl</i>	Non-Preferred	QL 60 / 30 days
<b>MONOAMINE OXIDASE INHIBITORS</b>		
EMSAM <i>selegiline</i>	Non-Preferred	
MARPLAN <i>isocarboxazid</i>	Non-Preferred	
NARDIL <i>phenelzine sulfate</i>	Non-Preferred	
<i>phenelzine sulfate 15 mg tab</i>	Preferred	
<i>tranylcypromine sulfate</i>	Non-Preferred	QL 6 / 1 days
<b>SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)</b>		
BRISDELLE <i>paroxetine mesylate (vasomotor)</i>	Non-Preferred	
CELEXA <i>citalopram hydrobromide</i>	Non-Preferred	QL 45 / 30 days
<i>citalopram hydrobromide 10 mg/5ml solution</i>	Preferred	QL 20 / 1 days
<i>citalopram hydrobromide 10 mg tab</i>	Preferred	QL 45 / 30 days
<i>citalopram hydrobromide 20 mg tab</i>	Preferred	QL 45 / 30 days
<i>citalopram hydrobromide 40 mg tab</i>	Preferred	QL 45 / 30 days
CITALOPRAM HYDROBROMIDE 30 MG CAP <i>citalopram hydrobromide</i>	Non-Preferred	
<i>desvenlafaxine er</i>	Non-Preferred	
DESVENLAFAXINE ER <i>desvenlafaxine</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>desvenlafaxine succinate er</i>	Preferred	
EFFEXOR XR 150 MG CAP ER 24H <i>venlafaxine hcl</i>	Non-Preferred	QL 2 / 1 days
EFFEXOR XR 37.5 MG CAP ER 24H <i>venlafaxine hcl</i>	Non-Preferred	QL 1 / 1 days
EFFEXOR XR 75 MG CAP ER 24H <i>venlafaxine hcl</i>	Non-Preferred	QL 3 / 1 days
<i>escitalopram oxalate 5 mg/5ml solution</i>	Non-Preferred	QL 20 / 1 days
<i>escitalopram oxalate 20 mg tab</i>	Preferred	QL 1 / 1 days
<i>escitalopram oxalate 5 mg tab</i>	Preferred	QL 45 / 30 days
<i>escitalopram oxalate 10 mg tab</i>	Preferred	QL 45 / 30 days
FETZIMA <i>levomilnacipran hcl</i>	Non-Preferred	
FETZIMA TITRATION <i>levomilnacipran hcl</i>	Non-Preferred	
FLUOXETINE HCL 60 MG TAB <i>fluoxetine hcl</i>	Non-Preferred	
<i>fluoxetine hcl 90 mg cap dr</i>	Non-Preferred	
<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 10 mg cap</i>	Preferred	QL 3 / 1 days
<i>fluoxetine hcl 60 mg tab</i>	Non-Preferred	
<i>fluoxetine hcl 20 mg/5ml solution</i>	Preferred	QL 10 / 1 days
<i>fluoxetine hcl 40 mg cap</i>	Preferred	QL 2 / 1 days
<i>fluoxetine hcl 10 mg tab</i>	Preferred	QL 90 / 30 days
<i>fluoxetine hcl (pmdd) 20 mg tab</i>	Non-Preferred	QL 4 / 1 days
FLUOXETINE HCL (PMDD) 10 MG CAP <i>fluoxetine hcl (pmdd)</i>	Preferred	QL 3 / 1 days
FLUOXETINE HCL (PMDD) 20 MG CAP <i>fluoxetine hcl (pmdd)</i>	Preferred	QL 4 / 1 days
<i>fluoxetine hcl (pmdd) 10 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>fluvoxamine maleate 25 mg tab</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluvoxamine maleate 50 mg tab</i>	Preferred	QL 45 / 30 days
<i>fluvoxamine maleate 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>fluvoxamine maleate er</i>	Non-Preferred	
<b>KHEDEZLA</b> <i>desvenlafaxine</i>	Non-Preferred	
<b>LEXAPRO 10 MG TAB</b> <i>escitalopram oxalate</i>	Non-Preferred	QL 45 / 30 days
<b>LEXAPRO 5 MG TAB</b> <i>escitalopram oxalate</i>	Non-Preferred	QL 45 / 30 days
<b>LEXAPRO 20 MG TAB</b> <i>escitalopram oxalate</i>	Non-Preferred	QL 1 / 1 days
<i>nefazodone hcl 150 mg tab</i>	Non-Preferred	QL 120 / 30 days
<i>nefazodone hcl 250 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>nefazodone hcl 100 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>nefazodone hcl 200 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>nefazodone hcl 50 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>paroxetine hcl 30 mg tab</i>	Preferred	QL 60 / 30 days
<i>paroxetine hcl 10 mg tab</i>	Preferred	QL 45 / 30 days
<i>paroxetine hcl 40 mg tab</i>	Preferred	QL 45 / 30 days
<i>paroxetine hcl 20 mg tab</i>	Preferred	QL 45 / 30 days
<i>paroxetine hcl er</i>	Non-Preferred	
<i>paroxetine mesylate</i>	Non-Preferred	
<b>PAXIL 30 MG TAB</b> <i>paroxetine hcl</i>	Non-Preferred	QL 60 / 30 days
<b>PAXIL 10 MG TAB</b> <i>paroxetine hcl</i>	Non-Preferred	QL 45 / 30 days
<b>PAXIL 40 MG TAB</b> <i>paroxetine hcl</i>	Non-Preferred	QL 45 / 30 days
<b>PAXIL 20 MG TAB</b> <i>paroxetine hcl</i>	Non-Preferred	QL 45 / 30 days
<b>PAXIL 10 MG/5ML SUSPENSION</b> <i>paroxetine hcl</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PAXIL CR <i>paroxetine hcl</i>	Non-Preferred	
PEXEVA <i>paroxetine mesylate</i>	Non-Preferred	
PRISTIQ <i>desvenlafaxine succinate</i>	Non-Preferred	
PROZAC 40 MG CAP <i>fluoxetine hcl</i>	Non-Preferred	QL 2 / 1 days
PROZAC 10 MG CAP <i>fluoxetine hcl</i>	Non-Preferred	QL 3 / 1 days
PROZAC 20 MG CAP <i>fluoxetine hcl</i>	Non-Preferred	
SARAFEM 10 MG TAB <i>fluoxetine hcl (pmdd)</i>	Non-Preferred	QL 3 / 1 days
SARAFEM 20 MG TAB <i>fluoxetine hcl (pmdd)</i>	Non-Preferred	
<i>sertraline hcl 50 mg tab</i>	Preferred	QL 45 / 30 days
<i>sertraline hcl 25 mg tab</i>	Preferred	QL 45 / 30 days
SERTRALINE HCL 200 MG CAP <i>sertraline hcl</i>	Non-Preferred	
SERTRALINE HCL 150 MG CAP <i>sertraline hcl</i>	Non-Preferred	
<i>sertraline hcl 20 mg/ml conc</i>	Preferred	QL 300 / 30 days
<i>sertraline hcl 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>trazodone hcl 300 mg tab</i>	Preferred	QL 2 / 1 days
<i>trazodone hcl 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>trazodone hcl 50 mg tab</i>	Preferred	QL 3 / 1 days
<i>trazodone hcl 150 mg tab</i>	Preferred	QL 3 / 1 days
TRINTELLIX <i>vortioxetine hbr</i>	Non-Preferred	
<i>venlafaxine hcl</i>	Preferred	QL 3 / 1 days
<i>venlafaxine hcl er 150 mg tab er 24h</i>	Non-Preferred	
<i>venlafaxine hcl er 37.5 mg tab er 24h</i>	Non-Preferred	
<i>venlafaxine hcl er 225 mg tab er 24h</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>venlafaxine hcl er 37.5 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>venlafaxine hcl er 150 mg cap er 24h</i>	Preferred	QL 2 / 1 days
<i>venlafaxine hcl er 75 mg cap er 24h</i>	Preferred	QL 3 / 1 days
<i>venlafaxine hcl er 75 mg tab er 24h</i>	Non-Preferred	QL 90 / 30 days
<b>VIIBRYD</b> <i>vilazodone hcl</i>	Non-Preferred	
<b>VIIBRYD STARTER PACK</b> <i>vilazodone hcl</i>	Non-Preferred	
<b>ZOLOFT 25 MG TAB</b> <i>sertraline hcl</i>	Non-Preferred	QL 45 / 30 days
<b>ZOLOFT 50 MG TAB</b> <i>sertraline hcl</i>	Non-Preferred	QL 45 / 30 days
<b>ZOLOFT 20 MG/ML CONC</b> <i>sertraline hcl</i>	Non-Preferred	QL 10 / 1 days
<b>ZOLOFT 100 MG TAB</b> <i>sertraline hcl</i>	Non-Preferred	QL 60 / 30 days
<b>TRICYCLICS</b>		
<i>amitriptyline hcl 150 mg tab</i>	Preferred	QL 3 / 1 days
<i>amitriptyline hcl 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>amitriptyline hcl 10 mg tab</i>	Preferred	QL 3 / 1 days
<i>amitriptyline hcl 25 mg tab</i>	Preferred	QL 3 / 1 days
<i>amitriptyline hcl 50 mg tab</i>	Preferred	QL 3 / 1 days
<i>amitriptyline hcl 75 mg tab</i>	Preferred	QL 3 / 1 days
<i>amoxapine</i>	Preferred	QL 4 / 1 days
<b>ANAFRANIL 75 MG CAP</b> <i>clomipramine hcl</i>	Non-Preferred	QL 90 / 30 days
<b>ANAFRANIL 25 MG CAP</b> <i>clomipramine hcl</i>	Non-Preferred	QL 150 / 30 days
<b>ANAFRANIL 50 MG CAP</b> <i>clomipramine hcl</i>	Non-Preferred	QL 150 / 30 days
<i>clomipramine hcl 25 mg cap</i>	Non-Preferred	QL 150 / 30 days
<i>clomipramine hcl 75 mg cap</i>	Non-Preferred	QL 90 / 30 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clomipramine hcl 50 mg cap</i>	Non-Preferred	QL 150 / 30 days
<i>desipramine hcl 150 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>desipramine hcl 50 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>desipramine hcl 75 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>desipramine hcl 100 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>desipramine hcl 10 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>desipramine hcl 25 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>doxepin hcl 10 mg/ml conc</i>	Preferred	QL 30 / 1 days
<i>doxepin hcl 75 mg cap</i>	Preferred	QL 2 / 1 days
<i>doxepin hcl 50 mg cap</i>	Preferred	QL 2 / 1 days
<i>doxepin hcl 10 mg cap</i>	Preferred	QL 2 / 1 days
<i>doxepin hcl 100 mg cap</i>	Preferred	QL 3 / 1 days
<i>doxepin hcl 25 mg cap</i>	Preferred	QL 2 / 1 days
<i>doxepin hcl 150 mg cap</i>	Preferred	QL 2 / 1 days
<i>imipramine hcl 25 mg tab</i>	Preferred	QL 6 / 1 days
<i>imipramine hcl 10 mg tab</i>	Preferred	QL 6 / 1 days
<i>imipramine hcl 50 mg tab</i>	Preferred	QL 6 / 1 days
<i>imipramine pamoate</i>	Non-Preferred	
NORPRAMIN <i>desipramine hcl</i>	Non-Preferred	QL 2 / 1 days
<i>nortriptyline hcl 10 mg cap</i>	Preferred	QL 3 / 1 days
<i>nortriptyline hcl 10 mg/5ml solution</i>	Non-Preferred	QL 75 / 1 days
<i>nortriptyline hcl 25 mg cap</i>	Preferred	QL 3 / 1 days
<i>nortriptyline hcl 50 mg cap</i>	Preferred	QL 2 / 1 days
<i>nortriptyline hcl 75 mg cap</i>	Preferred	QL 3 / 1 days
PAMELOR 10 MG CAP <i>nortriptyline hcl</i>	Non-Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PAMELOR 50 MG CAP <i>nortriptyline hcl</i>	Non-Preferred	QL 2 / 1 days
PAMELOR 25 MG CAP <i>nortriptyline hcl</i>	Non-Preferred	QL 3 / 1 days
PAMELOR 75 MG CAP <i>nortriptyline hcl</i>	Non-Preferred	QL 3 / 1 days
<i>protriptyline hcl</i>	Non-Preferred	QL 6 / 1 days
SURMONTIL <i>trimipramine maleate</i>	Non-Preferred	
TOFRANIL <i>imipramine hcl</i>	Non-Preferred	
<i>trimipramine maleate 50 mg cap</i>	Non-Preferred	
<i>trimipramine maleate 100 mg cap</i>	Non-Preferred	
<i>trimipramine maleate 25 mg cap</i>	Non-Preferred	
ANTIEMETICS		
ANTIEMETICS, OTHER		
ANTIVERT 50 MG TAB <i>meclizine hcl</i>	Non-Preferred	
BARHEMSYS <i>amisulpride (antiemetic)</i>	Non-Preferred	
BONJESTA <i>doxylamine-pyridoxine</i>	Non-Preferred	QL 60 / 30 days
<i>compro</i>	Preferred	QL 12 / days
DICLEGIS <i>doxylamine-pyridoxine</i>	Preferred	
DIMENHYDRINATE 50 MG/ML SOLUTION <i>dimenhydrinate</i>	Non-Preferred	
<i>doxylamine-pyridoxine</i>	Non-Preferred	
GIMOTI <i>metoclopramide hcl</i>	Non-Preferred	
<i>meclizine hcl 12.5 mg tab</i>	Preferred	QL 120 / 30 days
<i>meclizine hcl 25 mg tab</i>	Preferred	QL 120 / 30 days
METOCLOPRAMIDE HCL 10 MG TAB DISP <i>metoclopramide hcl</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metoclopramide hcl 5 mg/5ml solution</i>	Preferred	QL 40 / 1 days
<i>metoclopramide hcl 10 mg tab</i>	Preferred	QL 4 / 1 days
<i>metoclopramide hcl 5 mg/ml solution</i>	Preferred	
<i>metoclopramide hcl 10 mg/10ml solution</i>	Preferred	QL 40 / 1 days
<i>metoclopramide hcl 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>metoclopramide hcl 5 mg tab disp</i>	Non-Preferred	
<i>perphenazine 4 mg tab</i>	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine 2 mg tab</i>	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine 16 mg tab</i>	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine 8 mg tab</i>	Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>phenadoz</i>	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 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>prochlorperazine maleate 10 mg tab</i>	Preferred	QL 4 / 1 days
<i>promethazine hcl 50 mg suppos</i>	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl 12.5 mg tab</i>	Preferred	<p>QL 4 / 1 days</p> <p>AL1 At least 6 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>promethazine hcl 25 mg suppos</i>	Preferred	<p>AL1 At least 6 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>promethazine hcl 12.5 mg suppos</i>	Preferred	<p>AL1 At least 6 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>promethazine hcl 25 mg tab</i>	Preferred	<p>QL 4 / 1 days</p> <p>AL1 At least 6 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>promethegan</i>	Preferred	<p>AL1 At least 6 yrs old</p> <p>C Age restriction, clinical PA required</p>
REGLAN <i>metoclopramide hcl</i>	Non-Preferred	
<i>scopolamine</i>	Non-Preferred	
TIGAN 300 MG CAP <i>trimethobenzamide hcl</i>	Non-Preferred	QL 3 / 1 days
TIGAN 100 MG/ML SOLUTION <i>trimethobenzamide hcl</i>	Non-Preferred	
TRANSDERM SCOP (1.5 MG) <i>scopolamine</i>	Preferred	
TRANSDERM-SCOP <i>scopolamine</i>	Preferred	
<i>trimethobenzamide hcl 300 mg cap</i>	Preferred	QL 3 / 1 days
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO 300-0.5 MG CAP <i>netupitant-palonosetron</i>	Non-Preferred	QL 2 / 28 days
AKYNZEO 235-0.25 MG/20ML SOLUTION <i>fosnetupitant choride-palonosetron hcl</i>	Non-Preferred	QLC 2 vials/28 days
AKYNZEO 235-0.25 MG RECON SOLN <i>fosnetupitant choride-palonosetron hcl</i>	Non-Preferred	QLC 2 vials/28 days
ALOXI <i>palonosetron hcl</i>	Preferred	QLC 10 mL/28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANZEMET <i>dolasetron mesylate</i>	Non-Preferred	
<i>aprepitant 80 mg cap</i>	Non-Preferred	QL 4 / 28 days
<i>aprepitant 80 &amp; 125 mg cap</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 &amp; 125 mg misc</i>	Non-Preferred	
CESAMET <i>nabilone</i>	Non-Preferred	
CINVANTI <i>aprepitant</i>	Preferred	QLC 36 mL/28 days
<i>dronabinol 10 mg cap</i>	Non-Preferred	QL 90 / 30 days
<i>dronabinol 5 mg cap</i>	Non-Preferred	QL 180 / 30 days
<i>dronabinol 2.5 mg cap</i>	Non-Preferred	QL 180 / 30 days
EMEND 150 MG RECON SOLN <i>fosaprepitant dimeglumine</i>	Non-Preferred	QLC 2 vials/28 days
EMEND 125 MG CAP <i>aprepitant</i>	Preferred	QL 2 / 28 days
EMEND 125 MG/5ML RECON SUSP <i>aprepitant</i>	Non-Preferred	
EMEND 80 MG CAP <i>aprepitant</i>	Preferred	QL 4 / 28 days
EMEND 40 MG CAP <i>aprepitant</i>	Preferred	QL 1 / 30 days
EMEND TRI-PACK <i>aprepitant</i>	Preferred	QL 6 / 28 days
<i>fosaprepitant dimeglumine</i>	Non-Preferred	
FOSAPREPITANT DIMEGLUMINE <i>fosaprepitant dimeglumine</i>	Non-Preferred	
<i>granisetron hcl 1 mg/ml solution</i>	Preferred	
<i>granisetron hcl 4 mg/4ml solution</i>	Preferred	
<i>granisetron hcl 1 mg tab</i>	Non-Preferred	QLC 2 tablets/day
MARINOL 10 MG CAP <i>dronabinol</i>	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MARINOL 5 MG CAP <i>dronabinol</i>	Non-Preferred	QL 180 / 30 days
MARINOL 2.5 MG CAP <i>dronabinol</i>	Non-Preferred	QL 180 / 30 days
<i>ondansetron</i>	Preferred	QL 3 / 1 days
<i>ondansetron hcl 4 mg/5ml solution</i>	Preferred	QL 50 / 25 days
<i>ondansetron hcl 4 mg tab</i>	Preferred	QL 3 / 1 days
<i>ondansetron hcl 8 mg tab</i>	Preferred	QL 3 / 1 days
<i>ondansetron hcl 4 mg/2ml solution</i>	Preferred	
<i>ondansetron hcl 40 mg/20ml solution</i>	Preferred	
<i>palonosetron hcl 0.25 mg/5ml soln prsyr</i>	Preferred	QLC 10 mL/28 days
<i>palonosetron hcl 0.25 mg/5ml solution</i>	Preferred	QLC 10 mL/28 days
PALONOSETRON HCL 0.25 MG/5ML SOLUTION <i>palonosetron hcl</i>	Preferred	QLC 10 mL/28 days
PALONOSETRON HCL 0.25 MG/2ML SOLUTION <i>palonosetron hcl</i>	Preferred	
SANCUSO <i>granisetron</i>	Non-Preferred	QL 4 / 28 days
SUSTOL <i>granisetron</i>	Non-Preferred	QLC 1.6 mL/28 days
SYNDROS <i>dronabinol</i>	Non-Preferred	
VARUBI (180 MG DOSE) <i>rolapitant hcl</i>	Non-Preferred	
ZOFRAN 8 MG TAB <i>ondansetron hcl</i>	Non-Preferred	QL 3 / 1 days
ZOFRAN 4 MG TAB <i>ondansetron hcl</i>	Non-Preferred	QL 3 / 1 days
ZOFRAN ODT <i>ondansetron</i>	Non-Preferred	QL 3 / 1 days
ZUPLENZ <i>ondansetron</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>ANTIFUNGALS</b>		
ANCOBON <i>flucytosine</i>	Non-Preferred	
BREXAFEMME <i>ibrexafungerp citrate</i>	Non-Preferred	
<i>ciclodan 0.77 % cream</i>	Non-Preferred	
CICLODAN CREAM <i>ciclopirox olamine &amp; cleanser</i>	Non-Preferred	
CICLODAN SOLUTION <i>ciclopirox</i>	Non-Preferred	
<i>ciclopirox olamine 0.77 % cream</i>	Preferred	
<i>ciclopirox olamine 0.77 % suspension</i>	Preferred	
CICLOPIROX TREATMENT <i>ciclopirox</i>	Non-Preferred	
<i>clotrimazole 1 % solution</i>	Non-Preferred	QL 30 / 24 days
<i>clotrimazole 1 % cream</i>	Preferred	QL 30 / 7 days
<i>clotrimazole 10 mg troche</i>	Preferred	QL 5 / 1 days
CLOTRIMAZOLE 1% CREAM (RX)	Preferred	QL 30 / 7 days
CRESEMBA 186 MG CAP <i>isavuconazonium sulfate</i>	Non-Preferred	
DIFLUCAN 40 MG/ML RECON SUSP <i>fluconazole</i>	Non-Preferred	
DIFLUCAN 50 MG TAB <i>fluconazole</i>	Non-Preferred	QL 2 / 1 days
DIFLUCAN 200 MG TAB <i>fluconazole</i>	Non-Preferred	QL 2 / 1 days
DIFLUCAN 100 MG TAB <i>fluconazole</i>	Non-Preferred	QL 2 / 1 days
DIFLUCAN 150 MG TAB <i>fluconazole</i>	Non-Preferred	QL 2 / 1 days
DIFLUCAN 10 MG/ML RECON SUSP <i>fluconazole</i>	Non-Preferred	
<i>econazole nitrate 1 % cream</i>	Preferred	
ERTACZO <i>sertaconazole nitrate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>EXELDERM</b> <i>sulconazole nitrate</i>	Non-Preferred	
<b>EXTINA</b> <i>ketoconazole (topical)</i>	Non-Preferred	
<i>fluconazole 40 mg/ml recon susp</i>	Preferred	QL 10 / 1 days
<i>fluconazole 100 mg tab</i>	Preferred	QL 2 / 1 days
<i>fluconazole 50 mg tab</i>	Preferred	QL 2 / 1 days
<i>fluconazole 200 mg tab</i>	Preferred	QL 2 / 1 days
<i>fluconazole 10 mg/ml recon susp</i>	Preferred	QL 40 / 1 days
<i>fluconazole 150 mg tab</i>	Preferred	QL 2 / 1 days
<i>flucytosine 500 mg cap</i>	Non-Preferred	
<i>flucytosine 250 mg cap</i>	Non-Preferred	
<i>griseofulvin microsize 125 mg/5ml suspension</i>	Preferred	QL 40 / 1 days
<i>griseofulvin microsize 500 mg tab</i>	Preferred	QL 60 / 30 days
<i>griseofulvin ultramicrosize</i>	Non-Preferred	QL 3 / 1 days
<b>GYNAZOLE-1</b> <i>butoconazole nitrate (one dose)</i>	Non-Preferred	
<i>itraconazole 10 mg/ml solution</i>	Non-Preferred	
<i>itraconazole 100 mg cap</i>	Non-Preferred	
<b>JUBLIA</b> <i>efinaconazole</i>	Non-Preferred	
<b>KERYDIN</b> <i>tavaborole</i>	Non-Preferred	
<i>ketoconazole 2 % foam</i>	Non-Preferred	
<i>ketoconazole 2 % shampoo</i>	Preferred	
<i>ketoconazole 2 % cream</i>	Preferred	
<i>ketoconazole 200 mg tab</i>	Non-Preferred	QL 2 / 1 days
<b>LOPROX 0.77 % SUSPENSION</b> <i>ciclopirox olamine</i>	Non-Preferred	
<b>LOPROX 0.77 % KIT</b> <i>ciclopirox olamine &amp; cleanser</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOPROX 0.77 % (SUSP) KIT <i>ciclopirox olamine &amp; cleanser</i>	Non-Preferred	
LOPROX 0.77 % CREAM <i>ciclopirox olamine</i>	Non-Preferred	
LULICONAZOLE <i>luliconazole</i>	Non-Preferred	
LUZU <i>luliconazole</i>	Non-Preferred	
MENTAX <i>butenafine hcl</i>	Non-Preferred	
MICONAZOLE 3 <i>miconazole nitrate vaginal</i>	Non-Preferred	QL 1 / 1 days
MICONAZOLE-ZINC OXIDE- PETROLAT <i>miconazole-zinc oxide-white petrolatum</i>	Non-Preferred	
<i>naftifine hcl</i>	Non-Preferred	
NAFTIN <i>naftifine hcl</i>	Non-Preferred	
NIZORAL <i>ketconazole (topical)</i>	Non-Preferred	
NOXAFIL 40 MG/ML SUSPENSION <i>posaconazole</i>	Non-Preferred	
NOXAFIL 100 MG TAB DR <i>posaconazole</i>	Non-Preferred	
<i>nyamyc</i>	Preferred	
<i>nystatin 100000 unit/gm cream</i>	Preferred	
<i>nystatin 100000 unit/ml suspension</i>	Preferred	
<i>nystatin 100000 unit/gm ointment</i>	Preferred	
<i>nystatin 100000 unit/gm powder</i>	Preferred	
<i>nystatin 500000 unit tab</i>	Preferred	QL 6 / 1 days
<i>nystop</i>	Preferred	
ONMEL <i>itraconazole</i>	Non-Preferred	
ORAVIG <i>miconazole (mouth-throat)</i>	Non-Preferred	
<i>oxiconazole nitrate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>OXISTAT</b> <i>oxiconazole nitrate</i>	Non-Preferred	
<i>posaconazole</i>	Non-Preferred	
<b>SPORANOX</b> <i>itraconazole</i>	Non-Preferred	
<b>SPORANOX PULSEPAK</b> <i>itraconazole</i>	Non-Preferred	
<b>SULCONAZOLE NITRATE</b> <i>sulconazole nitrate</i>	Non-Preferred	
<i>tavaborole</i>	Non-Preferred	
<i>terbinafine hcl 250 mg tab</i>	Preferred	QL 90 / 365 days
<i>terconazole 80 mg suppos</i>	Non-Preferred	QL 3 / 14 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
<b>TOLSURA</b> <i>itraconazole</i>	Non-Preferred	
<b>VFEND</b> <i>voriconazole</i>	Non-Preferred	
<i>voriconazole 200 mg tab</i>	Non-Preferred	
<i>voriconazole 40 mg/ml recon susp</i>	Non-Preferred	
<i>voriconazole 50 mg tab</i>	Preferred	
<b>VUSION</b> <i>miconazole-zinc oxide-white petrolatum</i>	Non-Preferred	
<b>ANTIGOUT AGENTS</b>		
<i>allopurinol 300 mg tab</i>	Preferred	QL 2 / 1 days
<i>allopurinol 100 mg tab</i>	Preferred	QL 8 / 1 days
<i>colchicine 0.6 mg tab</i>	Preferred	QL 90 / 30 days
<i>colchicine 0.6 mg cap</i>	Non-Preferred	QL 90 / 30 days
<i>colchicine-probenecid</i>	Preferred	
<b>COLCRYS</b> <i>colchicine</i>	Non-Preferred	QL 90 / 30 days
<b>DUZALLO</b> <i>lesinurad-allopurinol</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>febuxostat</i>	Non-Preferred	
GLOPERBA <i>colchicine</i>	Non-Preferred	
KRYSTEXXA <i>pegloticase</i>	Non-Preferred	
MITIGARE <i>colchicine</i>	Non-Preferred	QL 90 / 30 days
<i>probenecid</i>	Preferred	QL 4 / 1 days
ULORIC <i>febuxostat</i>	Non-Preferred	
ZURAMPIC <i>lesinurad</i>	Non-Preferred	
ZYLOPRIM 300 MG TAB <i>allopurinol</i>	Non-Preferred	QL 2 / 1 days
ZYLOPRIM 100 MG TAB <i>allopurinol</i>	Non-Preferred	
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AIMOVIG <i>erenumab-aooe</i>	Preferred	QL 1 / 28 days PA
AJOVY <i>fremanezumab-vfrm</i>	Non-Preferred	QLC 0.05 mL/day
EMGALITY <i>galcanezumab-gnlm</i>	Preferred	QL 2 / 28 days PA
EMGALITY (300 MG DOSE) <i>galcanezumab-gnlm</i>	Preferred	QL 3 / 30 days PA
NURTEC <i>rimegepant sulfate</i>	Preferred	QL 8 / 30 days PA
UBRELVY <i>ubrogepant</i>	Non-Preferred	QL 16 / 30 days PA
ERGOT ALKALOIDS		
CAFERGOT <i>ergotamine w/ caffeine</i>	Non-Preferred	
D.H.E. 45 <i>dihydroergotamine mesylate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dihydroergotamine mesylate 4 mg/ml solution</i>	Non-Preferred	
<i>dihydroergotamine mesylate 1 mg/ml solution</i>	Non-Preferred	
<b>ERGOMAR</b> <i>ergotamine tartrate</i>	Non-Preferred	
<i>ergotamine-caffeine</i>	Non-Preferred	
<b>MIGERGOT</b> <i>ergotamine w/ caffeine</i>	Non-Preferred	
<b>MIGRANAL</b> <i>dihydroergotamine mesylate</i>	Non-Preferred	
<b>PROPHYLACTIC</b>		
<b>VYEPTI</b> <i>eptinezumab-jjmr</i>	Non-Preferred	
<b>SEROTONIN (5-HT) RECEPTOR AGONIST</b>		
<i>almotriptan malate</i>	Non-Preferred	
<b>AMERGE</b> <i>naratriptan hcl</i>	Non-Preferred	
<i>eletriptan hydrobromide</i>	Non-Preferred	
<b>FROVA</b> <i>frovatriptan succinate</i>	Non-Preferred	
<i>frovatriptan succinate</i>	Non-Preferred	
<b>IMITREX 5 MG/ACT SOLUTION</b> <i>sumatriptan</i>	Preferred	
<b>IMITREX 20 MG/ACT SOLUTION</b> <i>sumatriptan</i>	Preferred	
<b>IMITREX 50 MG TAB</b> <i>sumatriptan succinate</i>	Non-Preferred	
<b>IMITREX 25 MG TAB</b> <i>sumatriptan succinate</i>	Non-Preferred	
<b>IMITREX 6 MG/0.5ML SOLUTION</b> <i>sumatriptan succinate</i>	Non-Preferred	
<b>IMITREX 100 MG TAB</b> <i>sumatriptan succinate</i>	Non-Preferred	
<b>IMITREX STATDOSE REFILL</b> <i>sumatriptan succinate</i>	Non-Preferred	
<b>IMITREX STATDOSE SYSTEM</b> <i>sumatriptan succinate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAXALT <i>rizatriptan benzoate</i>	Non-Preferred	
MAXALT-MLT <i>rizatriptan benzoate</i>	Non-Preferred	
<i>naratriptan hcl</i>	Preferred	QL 9 / 24 days
ONZETRA XSAIL <i>sumatriptan succinate</i>	Non-Preferred	
RELPAX <i>eletriptan hydrobromide</i>	Non-Preferred	
REYVOW 100 MG TAB <i>lasmiditan succinate</i>	Non-Preferred	QL 8 / 30 days PA
REYVOW 50 MG TAB <i>lasmiditan succinate</i>	Non-Preferred	QL 4 / 30 days PA
<i>rizatriptan benzoate</i>	Preferred	QL 9 / 30 days
<i>sumatriptan 5 mg/act solution</i>	Preferred	QL 6 / 24 days
<i>sumatriptan 20 mg/act solution</i>	Preferred	QL 6 / 24 days
<i>sumatriptan succinate 6 mg/0.5ml soln prsyr</i>	Preferred	
<i>sumatriptan succinate 6 mg/0.5ml soln a-inj</i>	Preferred	QL 2 / 24 days
<i>sumatriptan succinate 4 mg/0.5ml soln a-inj</i>	Preferred	
<i>sumatriptan succinate 6 mg/0.5ml solution</i>	Preferred	QL 2 / 24 days
<i>sumatriptan succinate 50 mg tab</i>	Preferred	QL 9 / 24 days
<i>sumatriptan succinate 25 mg tab</i>	Preferred	QL 9 / 24 days
<i>sumatriptan succinate 100 mg tab</i>	Preferred	QL 9 / 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 <i>sumatriptan</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TREXIMET <i>sumatriptan-naproxen sodium</i>	Non-Preferred	
ZEMBRACE SYMTOUCH <i>sumatriptan succinate</i>	Non-Preferred	
<i>zolmitriptan 5 mg solution</i>	Preferred	
<i>zolmitriptan 2.5 mg tab disp</i>	Preferred	
ZOLMITRIPTAN 2.5 MG SOLUTION <i>zolmitriptan</i>	Preferred	
<i>zolmitriptan 5 mg tab</i>	Preferred	
<i>zolmitriptan 5 mg tab disp</i>	Preferred	
<i>zolmitriptan 2.5 mg tab</i>	Preferred	
ZOMIG <i>zolmitriptan</i>	Non-Preferred	
ZOMIG ZMT <i>zolmitriptan</i>	Non-Preferred	
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	Preferred	QL 8 / 1 days
<i>pyridostigmine bromide 60 mg/5ml solution</i>	Preferred	
<i>pyridostigmine bromide er</i>	Preferred	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 25 mg tab</i>	Preferred	QL 3 / 1 days
<i>dapsone 100 mg tab</i>	Preferred	QL 1 / 1 days
<i>rifabutin</i>	Preferred	QL 2 / 1 days
ANTITUBERCULARS		
<i>ethambutol hcl 400 mg tab</i>	Preferred	QL 10 / 1 days
<i>ethambutol hcl 100 mg tab</i>	Preferred	QL 10 / 1 days
<i>isoniazid 300 mg tab</i>	Preferred	QL 3 / 1 days
<i>isoniazid 50 mg/5ml syrup</i>	Preferred	QL 90 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>isoniazid 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>pyrazinamide 500 mg tab</i>	Preferred	QL 8 / 1 days
<i>rifampin 300 mg cap</i>	Preferred	QL 2 / 1 days
<i>rifampin 150 mg cap</i>	Preferred	QL 2 / 1 days
<b>ANTINEOPLASTICS</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide 25 mg cap</i>	Preferred	
<i>cyclophosphamide 50 mg cap</i>	Preferred	
<b>LEUKERAN</b> <i>chlorambucil</i>	Preferred	
<i>melphalan</i>	Preferred	
<b>MYLERAN</b> <i>busulfan</i>	Preferred	
<b>TEMODAR 5 MG CAP</b> <i>temozolomide</i>	Non-Preferred	
<b>TEMODAR 180 MG CAP</b> <i>temozolomide</i>	Non-Preferred	
<b>TEMODAR 20 MG CAP</b> <i>temozolomide</i>	Non-Preferred	
<b>TEMODAR 250 MG CAP</b> <i>temozolomide</i>	Non-Preferred	
<b>TEMODAR 140 MG CAP</b> <i>temozolomide</i>	Non-Preferred	
<b>TEMODAR 100 MG CAP</b> <i>temozolomide</i>	Non-Preferred	
<i>temozolomide</i>	Preferred	PA
<b>ANTIANDROGENS</b>		
<i>abiraterone acetate</i>	Preferred	PA
<i>bicalutamide</i>	Preferred	QL 1 / 1 days PA
<b>CASODEX</b> <i>bicalutamide</i>	Non-Preferred	QL 1 / 1 days
<b>ERLEADA</b> <i>apalutamide</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>flutamide</i>	Preferred	QL 6 / 1 days
NUBEQA <i>darolutamide</i>	Preferred	PA
XTANDI <i>enzalutamide</i>	Preferred	PA
YONSA <i>abiraterone acetate</i>	Non-Preferred	PA
ZYTIGA <i>abiraterone acetate</i>	Non-Preferred	PA
ANTIANGIOGENIC AGENTS		
<i>lenalidomide 15 mg cap</i>	Non-Preferred	PA
<i>lenalidomide 25 mg cap</i>	Non-Preferred	PA
<i>lenalidomide 5 mg cap</i>	Non-Preferred	
<i>lenalidomide 10 mg cap</i>	Non-Preferred	PA
POMALYST <i>pomalidomide</i>	Non-Preferred	
REVLIMID <i>lenalidomide</i>	Preferred	PA
THALOMID 200 MG CAP <i>thalidomide</i>	Preferred	PA
THALOMID 150 MG CAP <i>thalidomide</i>	Preferred	
THALOMID 50 MG CAP <i>thalidomide</i>	Preferred	PA
THALOMID 100 MG CAP <i>thalidomide</i>	Preferred	PA
ANTIESTROGENS/MODIFIERS		
EMCYT <i>estramustine phosphate sodium</i>	Preferred	
FARESTON <i>toremifene citrate</i>	Non-Preferred	QL 1 / 1 days
SOLTAMOX <i>tamoxifen citrate</i>	Non-Preferred	
<i>tamoxifen citrate 20 mg tab</i>	Preferred	QL 2 / 1 days
<i>tamoxifen citrate 10 mg tab</i>	Preferred	QL 2 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>toremifene citrate</i>	Non-Preferred	QL 1 / 1 days
<b>ANTIMETABOLITES</b>		
<i>capecitabine</i>	Preferred	PA
DROXIA <i>hydroxyurea (sickle cell anemia)</i>	Preferred	
HYDREA <i>hydroxyurea</i>	Non-Preferred	
<i>hydroxyurea 500 mg cap</i>	Preferred	
INQOVI <i>decitabine-cedazuridine</i>	Non-Preferred	QL 5 / 28 days
<i>mercaptopurine 50 mg tab</i>	Preferred	
SIKLOS <i>hydroxyurea (sickle cell anemia)</i>	Non-Preferred	
TABLOID <i>thioguanine</i>	Preferred	
XELODA <i>capecitabine</i>	Non-Preferred	
<b>ANTINEOPLASTICS, OTHER</b>		
AYVAKIT <i>avapritinib</i>	Preferred	QL 30 / 30 days PA
BRUKINSA <i>zanubrutinib</i>	Preferred	QL 120 / 30 days PA
FOTIVDA <i>tivozanib hcl</i>	Preferred	QL 21 / 28 days PA
IDHIFA <i>enasidenib mesylate</i>	Preferred	PA
KISQALI FEMARA (400 MG DOSE) <i>ribociclib succinate-letrozole</i>	Preferred	PA
KISQALI FEMARA (600 MG DOSE) <i>ribociclib succinate-letrozole</i>	Preferred	PA
KISQALI FEMARA(200 MG DOSE) <i>ribociclib succinate-letrozole</i>	Preferred	PA
LONSURF <i>trifluridine-tipiracil</i>	Preferred	PA
LUMAKRAS <i>sotorasib</i>	Preferred	QL 240 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NINLARO <i>ixazomib citrate</i>	Preferred	PA
QINLOCK <i>ripretinib</i>	Non-Preferred	QL 90 / 30 days
RETEVMO 40 MG CAP <i>selpercatinib</i>	Preferred	QL 180 / 30 days PA
RETEVMO 80 MG CAP <i>selpercatinib</i>	Preferred	QL 120 / 30 days PA
TABRECTA <i>capmatinib hcl</i>	Preferred	QL 120 / 30 days PA
TAZVERIK <i>tazemetostat hbr</i>	Preferred	QL 240 / 30 days PA
XPOVIO (100 MG ONCE WEEKLY) <i>selinexor</i>	Preferred	PA
XPOVIO (40 MG ONCE WEEKLY) <i>selinexor</i>	Preferred	PA
XPOVIO (40 MG TWICE WEEKLY) <i>selinexor</i>	Preferred	PA
XPOVIO (60 MG ONCE WEEKLY) <i>selinexor</i>	Preferred	PA
XPOVIO (60 MG TWICE WEEKLY) <i>selinexor</i>	Preferred	PA
XPOVIO (80 MG ONCE WEEKLY) <i>selinexor</i>	Preferred	PA
XPOVIO (80 MG TWICE WEEKLY) <i>selinexor</i>	Preferred	PA
ZOLADEX 3.6 MG IMPLANT <i>goserelin acetate</i>	Preferred	QL 1 / 28 days PA
ZOLADEX 10.8 MG IMPLANT <i>goserelin acetate</i>	Preferred	QL 1 / 84 days PA
ZOLINZA <i>vorinostat</i>	Preferred	PA
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARIMIDEX <i>anastrozole</i>	Non-Preferred	QL 1 / 1 days
AROMASIN <i>exemestane</i>	Non-Preferred	QL 1 / 1 days
<i>exemestane</i>	Preferred	QL 1 / 1 days
FEMARA <i>letrozole</i>	Non-Preferred	
<i>letrozole 2.5 mg tab</i>	Preferred	PA
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP <i>etoposide</i>	Preferred	
MOLECULAR TARGET INHIBITORS		
AFINITOR <i>everolimus</i>	Preferred	PA
AFINITOR DISPERZ <i>everolimus</i>	Preferred	PA
ALECENSA <i>alectinib hcl</i>	Preferred	PA
ALUNBRIG 90 MG TAB <i>brigatinib</i>	Preferred	QL 30 / 30 days PA
ALUNBRIG 90 & 180 MG TAB THPK <i>brigatinib</i>	Preferred	QL 30 / 30 days PA
ALUNBRIG 180 MG TAB <i>brigatinib</i>	Preferred	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB <i>brigatinib</i>	Preferred	QL 60 / 30 days PA
BALVERSA <i>erdafitinib</i>	Preferred	
BOSULIF <i>bosutinib</i>	Preferred	PA
BRAFTOVI <i>encorafenib</i>	Preferred	PA
CABOMETYX <i>cabozantinib s-malate</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CALQUENCE <i>acalabrutinib</i>	Preferred	QL 60 / 30 days PA
CAPRELSA <i>vandetanib</i>	Preferred	PA
COMETRIQ (100 MG DAILY DOSE) <i>cabozantinib s-malate</i>	Preferred	PA
COMETRIQ (140 MG DAILY DOSE) <i>cabozantinib s-malate</i>	Preferred	PA
COMETRIQ (60 MG DAILY DOSE) <i>cabozantinib s-malate</i>	Preferred	PA
COPIKTRA <i>duvelisib</i>	Preferred	PA
COTELLIC <i>cobimetinib fumarate</i>	Preferred	PA
DAURISMO <i>glasdegib maleate</i>	Preferred	PA
ERIVEDGE <i>vismodegib</i>	Preferred	PA
<i>erlotinib hcl</i>	Preferred	PA
<i>everolimus 2.5 mg tab</i>	Non-Preferred	PA
<i>everolimus 7.5 mg tab</i>	Non-Preferred	PA
<i>everolimus 10 mg tab</i>	Non-Preferred	
<i>everolimus 5 mg tab</i>	Non-Preferred	PA
FARYDAK <i>panobinostat lactate</i>	Preferred	PA
GAVRETO <i>pralsetinib</i>	Preferred	QL 120 / 30 days PA
GILOTRIF <i>afatinib dimaleate</i>	Preferred	PA
GLEEVEC <i>imatinib mesylate</i>	Non-Preferred	PA
IBRANCE <i>palbociclib</i>	Preferred	QL 30 / 30 days PA
ICLUSIG <i>ponatinib hcl</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>imatinib mesylate</i>	Preferred	PA
IMBRUVICA <i>ibrutinib</i>	Preferred	PA
INLYTA <i>axitinib</i>	Preferred	PA
INREBIC <i>fedratinib hcl</i>	Preferred	PA
IRESSA <i>gefitinib</i>	Preferred	PA
JAKAFI <i>ruxolitinib phosphate</i>	Preferred	PA
KISQALI (200 MG DOSE) <i>ribociclib succinate</i>	Preferred	PA
KISQALI (400 MG DOSE) <i>ribociclib succinate</i>	Preferred	PA
KISQALI (600 MG DOSE) <i>ribociclib succinate</i>	Preferred	PA
KOSELUGO <i>selumetinib sulfate</i>	Preferred	PA
<i>lapatinib ditosylate</i>	Non-Preferred	
LENVIMA (10 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (12 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (14 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (18 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (20 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (24 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (4 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LENVIMA (8 MG DAILY DOSE) <i>lenvatinib mesylate</i>	Preferred	PA
LORBRENA <i>lorlatinib</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYNPARZA <i>olaparib</i>	Preferred	PA
MEKINIST <i>trametinib dimethyl sulfoxide</i>	Preferred	PA
MEKTOVI <i>binimetinib</i>	Non-Preferred	PA
NERLYNX <i>neratinib maleate</i>	Preferred	PA
NEXAVAR <i>sorafenib tosylate</i>	Preferred	QL 4 / 1 days PA
ODOMZO <i>sonidegib phosphate</i>	Preferred	PA
PEMAZYRE <i>pemigatinib</i>	Preferred	QL 14 / 21 days PA
PIQRAY (200 MG DAILY DOSE) <i>alpelisib</i>	Preferred	PA
PIQRAY (250 MG DAILY DOSE) <i>alpelisib</i>	Preferred	PA
PIQRAY (300 MG DAILY DOSE) <i>alpelisib</i>	Preferred	PA
ROZLYTREK <i>entrectinib</i>	Preferred	PA
RUBRACA <i>rucaparib camsylate</i>	Preferred	PA
RYDAPT <i>midostaurin</i>	Preferred	PA
SCEMBLIX <i>asciminib hcl</i>	Non-Preferred	
SPRYCEL <i>dasatinib</i>	Preferred	PA
STIVARGA <i>regorafenib</i>	Preferred	PA
<i>sunitinib malate</i>	Non-Preferred	
SUTENT 50 MG CAP <i>sunitinib malate</i>	Preferred	QL 1 / 1 days PA
SUTENT 25 MG CAP <i>sunitinib malate</i>	Preferred	QL 1 / 1 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUTENT 12.5 MG CAP <i>sunitinib malate</i>	Preferred	QL 3 / 1 days PA
SUTENT 37.5 MG CAP <i>sunitinib malate</i>	Preferred	PA
TAFINLAR <i>dabrafenib mesylate</i>	Preferred	PA
TAGRISSO <i>osimertinib mesylate</i>	Preferred	PA
TALZENNA 0.75 MG CAP <i>talazoparib tosylate</i>	Preferred	
TALZENNA 0.25 MG CAP <i>talazoparib tosylate</i>	Preferred	PA
TALZENNA 1 MG CAP <i>talazoparib tosylate</i>	Preferred	PA
TALZENNA 0.5 MG CAP <i>talazoparib tosylate</i>	Preferred	PA
TARCEVA <i>erlotinib hcl</i>	Non-Preferred	PA
TASIGNA <i>nilotinib hcl</i>	Preferred	PA
TEPMETKO <i>tepotinib hcl</i>	Preferred	QL 60 / 30 days PA
TIBSOVO <i>ivosidenib</i>	Preferred	PA
TRUSELTIQ (100MG DAILY DOSE) <i>infigratinib phosphate</i>	Preferred	QL 21 / 28 days PA
TRUSELTIQ (125MG DAILY DOSE) <i>infigratinib phosphate</i>	Preferred	QL 42 / 28 days PA
TRUSELTIQ (50MG DAILY DOSE) <i>infigratinib phosphate</i>	Preferred	QL 42 / 28 days PA
TRUSELTIQ (75MG DAILY DOSE) <i>infigratinib phosphate</i>	Preferred	QL 63 / 28 days PA
TUKYSA <i>tucatinib</i>	Preferred	QL 120 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TURALIO <i>pexidartinib hcl</i>	Preferred	PA
TYKERB <i>lapatinib ditosylate</i>	Preferred	PA
UKONIQ <i>umbralisib tosylate</i>	Preferred	PA
VENCLEXTA <i>venetoclax</i>	Preferred	PA
VENCLEXTA STARTING PACK <i>venetoclax</i>	Preferred	PA
VERZENIO <i>abemaciclib</i>	Preferred	PA
VITRAKVI <i>larotrectinib sulfate</i>	Preferred	PA
VIZIMPRO <i>dacomitinib</i>	Preferred	PA
VOTRIENT <i>pazopanib hcl</i>	Preferred	PA
XALKORI <i>crizotinib</i>	Preferred	PA
XOSPATA <i>gilteritinib fumarate</i>	Preferred	PA
ZEJULA <i>niraparib tosylate</i>	Preferred	PA
ZELBORAF <i>vemurafenib</i>	Preferred	PA
ZYDELIG <i>idelalisib</i>	Preferred	PA
ZYKADIA <i>ceritinib</i>	Preferred	PA
<b>RETINOIDS</b>		
<i>tretinoin 10 mg cap</i>	Preferred	
<b>TREATMENT ADJUNCTS</b>		
<i>leucovorin calcium 5 mg tab</i>	Preferred	QL 3 / 1 days
<i>leucovorin calcium 10 mg tab</i>	Preferred	QL 2 / 1 days
<i>leucovorin calcium 15 mg tab</i>	Preferred	QL 1 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>leucovorin calcium 25 mg tab</i>	Preferred	QL 1 / 1 days
ANTIPARASITICS		
ANTHELMINTHICS		
<i>ivermectin 3 mg tab</i>	Preferred	
ANTIPROTOZOALS		
ARAKODA <i>tafenoquine succinate</i>	Non-Preferred	
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	Preferred	QL 3 / 1 days
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	Preferred	QL 1 / 1 days
<i>chloroquine phosphate 250 mg tab</i>	Preferred	QL 2 / 1 days
<i>chloroquine phosphate 500 mg tab</i>	Preferred	QL 1 / 1 days
COARTEM <i>artemether-lumefantrine</i>	Preferred	
<i>hydroxychloroquine sulfate 200 mg tab</i>	Preferred	QL 4 / 1 days
KRINTAFEL <i>tafenoquine succinate</i>	Preferred	
MALARONE 62.5-25 MG TAB <i>atovaquone-proguanil hcl</i>	Non-Preferred	QL 3 / 1 days
MALARONE 250-100 MG TAB <i>atovaquone-proguanil hcl</i>	Non-Preferred	QL 1 / 1 days
<i>mefloquine hcl</i>	Preferred	QL 5 / 26 days
<i>nitazoxanide 500 mg tab</i>	Non-Preferred	
PLAQUENIL <i>hydroxychloroquine sulfate</i>	Non-Preferred	
PRIMAQUINE PHOSPHATE <i>primaquine phosphate</i>	Preferred	QL 2 / 1 days
<i>primaquine phosphate</i>	Preferred	QL 2 / 1 days
QUALAQUIN <i>quinine sulfate</i>	Non-Preferred	
<i>quinine sulfate 324 mg cap</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
<i>benztropine mesylate 0.5 mg tab</i>	Preferred	QL 4 / 1 days
<i>benztropine mesylate 1 mg tab</i>	Preferred	QL 4 / 1 days
<i>benztropine mesylate 2 mg tab</i>	Preferred	QL 4 / 1 days
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION <i>trihexyphenidyl hcl</i>	Preferred	QL 38 / 1 days
<i>trihexyphenidyl hcl 2 mg tab</i>	Preferred	QL 7 / 1 days
<i>trihexyphenidyl hcl 5 mg tab</i>	Preferred	QL 3 / 1 days
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	Preferred	QL 38 / 1 days
ANTIPARKINSON AGENTS, OTHER		
<i>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>amantadine hcl 100 mg cap</i>	Preferred	QL 4 / 1 days
<i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
COMTAN <i>entacapone</i>	Non-Preferred	
<i>entacapone</i>	Preferred	
GOCOVRI <i>amantadine hcl</i>	Non-Preferred	
NOURIANZ <i>istradefylline</i>	Non-Preferred	
ONGENTYS <i>opicapone</i>	Non-Preferred	
OSMOLEX ER 193 MG TAB ER 24H <i>amantadine hcl</i>	Non-Preferred	
OSMOLEX ER 129 MG TAB ER 24H <i>amantadine hcl</i>	Non-Preferred	
OSMOLEX ER 258 MG TAB ER 24H <i>amantadine hcl</i>	Non-Preferred	
STALEVO 100 <i>carbidopa-levodopa-entacapone</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STALEVO 125 <i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
STALEVO 150 <i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
STALEVO 200 <i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
STALEVO 50 <i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
STALEVO 75 <i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
TASMAR <i>tolcapone</i>	Non-Preferred	QL 3 / 1 days
<i>tolcapone</i>	Non-Preferred	QL 3 / 1 days
<b>DOPAMINE AGONISTS</b>		
<i>bromocriptine mesylate 5 mg cap</i>	Preferred	QL 20 / 1 days
<i>bromocriptine mesylate 2.5 mg tab</i>	Preferred	QL 20 / 1 days
KYNMOBI <i>apomorphine hydrochloride</i>	Non-Preferred	
MIRAPEX 1 MG TAB <i>pramipexole dihydrochloride</i>	Non-Preferred	QL 90 / 30 days
MIRAPEX 0.75 MG TAB <i>pramipexole dihydrochloride</i>	Non-Preferred	
MIRAPEX 0.25 MG TAB <i>pramipexole dihydrochloride</i>	Non-Preferred	QL 90 / 30 days
MIRAPEX 0.125 MG TAB <i>pramipexole dihydrochloride</i>	Non-Preferred	QL 90 / 30 days
MIRAPEX 1.5 MG TAB <i>pramipexole dihydrochloride</i>	Non-Preferred	QL 90 / 30 days
MIRAPEX 0.5 MG TAB <i>pramipexole dihydrochloride</i>	Non-Preferred	QL 90 / 30 days
MIRAPEX ER <i>pramipexole dihydrochloride</i>	Non-Preferred	
NEUPRO <i>rotigotine</i>	Non-Preferred	
PARLODEL <i>bromocriptine mesylate</i>	Preferred	
<i>pramipexole dihydrochloride 0.75 mg tab</i>	Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pramipexole dihydrochloride 1 mg tab</i>	Preferred	QL 90 / 30 days
<i>pramipexole dihydrochloride 0.125 mg tab</i>	Preferred	QL 90 / 30 days
<i>pramipexole dihydrochloride 0.25 mg tab</i>	Preferred	QL 90 / 30 days
<i>pramipexole dihydrochloride 1.5 mg tab</i>	Preferred	QL 90 / 30 days
<i>pramipexole dihydrochloride 0.5 mg tab</i>	Preferred	QL 90 / 30 days
<i>pramipexole dihydrochloride er</i>	Non-Preferred	
REQUIP 1 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	
REQUIP 3 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	QL 90 / 30 days
REQUIP 0.25 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	
REQUIP 2 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	
REQUIP 4 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	QL 90 / 30 days
REQUIP 5 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	
REQUIP 0.5 MG TAB <i>ropinirole hydrochloride</i>	Non-Preferred	
REQUIP XL <i>ropinirole hydrochloride</i>	Non-Preferred	
<i>ropinirole hcl 3 mg tab</i>	Preferred	QL 90 / 30 days
<i>ropinirole hcl 1 mg tab</i>	Preferred	QL 3 / 1 days
<i>ropinirole hcl 0.5 mg tab</i>	Preferred	QL 3 / 1 days
<i>ropinirole hcl 4 mg tab</i>	Preferred	QL 90 / 30 days
<i>ropinirole hcl 2 mg tab</i>	Preferred	QL 3 / 1 days
<i>ropinirole hcl 0.25 mg tab</i>	Preferred	QL 3 / 1 days
<i>ropinirole hcl 5 mg tab</i>	Preferred	QL 3 / 1 days
<i>ropinirole hcl er</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS</b>		
<i>carbidopa 25 mg tab</i>	Non-Preferred	
CARBIDOPA-LEVODOPA 25-250 MG TAB DISP <i>carbidopa-levodopa</i>	Non-Preferred	
CARBIDOPA-LEVODOPA 10-100 MG TAB DISP <i>carbidopa-levodopa</i>	Non-Preferred	
<i>carbidopa-levodopa 10-100 mg tab disp</i>	Non-Preferred	
<i>carbidopa-levodopa 25-250 mg tab</i>	Preferred	QL 8 / 1 days
CARBIDOPA-LEVODOPA 25-100 MG TAB DISP <i>carbidopa-levodopa</i>	Non-Preferred	
<i>carbidopa-levodopa 25-250 mg tab disp</i>	Non-Preferred	
<i>carbidopa-levodopa 25-100 mg tab disp</i>	Non-Preferred	
<i>carbidopa-levodopa 10-100 mg tab</i>	Preferred	QL 20 / 1 days
<i>carbidopa-levodopa 25-100 mg tab</i>	Preferred	QL 8 / 1 days
<i>carbidopa-levodopa er</i>	Preferred	QL 12 / 1 days
DHIVY <i>carbidopa-levodopa</i>	Non-Preferred	
DUOPA <i>carbidopa-levodopa</i>	Non-Preferred	
INBRIJA <i>levodopa</i>	Non-Preferred	
LODOSYN <i>carbidopa</i>	Non-Preferred	
RYTARY <i>carbidopa-levodopa</i>	Non-Preferred	
SINEMET <i>carbidopa-levodopa</i>	Non-Preferred	
SINEMET CR <i>carbidopa-levodopa</i>	Non-Preferred	
<b>MONOAMINE OXIDASE B (MAO-B) INHIBITORS</b>		
AZILECT <i>rasagiline mesylate</i>	Non-Preferred	
<i>rasagiline mesylate 0.5 mg tab</i>	Non-Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluphenazine decanoate 25 mg/ml solution</i>	Preferred	<ul style="list-style-type: none"> <li>QL 10 / 26 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 2.5 mg/5ml elixir</i>	Preferred	<ul style="list-style-type: none"> <li>QL 20 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 1 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 10 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 5 mg/ml conc</i>	Preferred	<ul style="list-style-type: none"> <li>QL 8 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 2.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>fluphenazine hcl 2.5 mg/ml solution</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
HALDOL <i>haloperidol lactate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 20 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>haloperidol 5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol 1 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol 20 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol 0.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol 10 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol decanoate 50 mg/ml solution</i>	Preferred	<ul style="list-style-type: none"> <li>QL 9 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol decanoate 100 mg/ml solution</i>	Preferred	<ul style="list-style-type: none"> <li>QL 4 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>haloperidol lactate 5 mg/ml solution</i>	Preferred	<ul style="list-style-type: none"> <li>QL 20 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>



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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>trifluoperazine hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<b>2ND GENERATION/ATYPICAL</b>		
ABILIFY 15 MG TAB <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY 20 MG TAB <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY 30 MG TAB <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY 5 MG TAB <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY 10 MG TAB <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY 2 MG TAB <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY MAINTENA <i>aripiprazole</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY MYCITE <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE MAINTENANCE KIT <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ABILIFY MYCITE STARTER KIT <i>aripiprazole</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 30 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 20 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 15 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 15 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>aripiprazole 1 mg/ml solution</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 25 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aripiprazole 10 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ARISTADA 882 MG/3.2ML PRSYR <i>aripiprazole lauroxil</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 3.2 mL/42 days</li> </ul>
ARISTADA 441 MG/1.6ML PRSYR <i>aripiprazole lauroxil</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 1.6 mL/28 days</li> </ul>
ARISTADA 1064 MG/3.9ML PRSYR <i>aripiprazole lauroxil</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 3.9 mL/56 days</li> </ul>
ARISTADA 662 MG/2.4ML PRSYR <i>aripiprazole lauroxil</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 2.4 mL/28 days</li> </ul>
ARISTADA INITIO <i>aripiprazole lauroxil</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 2.4 mL/42 days</li> </ul>
<i>asenapine maleate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CAPLYTA <i>lumateperone tosylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FANAPT <i>iloperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GEODON 60 MG CAP <i>ziprasidone hcl</i>	Non-Preferred	
GEODON 20 MG RECON SOLN <i>ziprasidone mesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 2 / 1 days</li> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
GEODON 80 MG CAP <i>ziprasidone hcl</i>	Non-Preferred	
GEODON 20 MG CAP <i>ziprasidone hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
GEODON 40 MG CAP <i>ziprasidone hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 3 / 1 days</li> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
INVEGA 9 MG TAB ER 24H <i>paliperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
INVEGA 1.5 MG TAB ER 24H <i>paliperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
INVEGA 6 MG TAB ER 24H <i>paliperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 60 / 30 days</li> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
INVEGA 3 MG TAB ER 24H <i>paliperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QL</span> 30 / 30 days</li> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QLC</span> 1.5 mL/28 days</li> </ul>
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #27ae60; border-radius: 5px; padding: 2px;">AL1</span> At least 18 yrs old</li> <li><span style="background-color: #34495e; border-radius: 5px; padding: 2px;">C</span> Age restriction, clinical PA required</li> <li><span style="background-color: #8e44ad; border-radius: 5px; padding: 2px;">QLC</span> 0.25 mL/28 days</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1 mL/28 days
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.75 mL/28 days
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.5 mL/28 days
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 2.63 mL/84 days
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.875 mL/84 days
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.75 mL/84 days
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR <i>paliperidone palmitate</i>	Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.315 mL/84 days
LATUDA 20 MG TAB <i>lurasidone hcl</i>	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 60 MG TAB <i>lurasidone hcl</i>	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>olanzapine 7.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>olanzapine 2.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>olanzapine 15 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>olanzapine 20 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>paliperidone er 9 mg tab er 24h</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>paliperidone er 1.5 mg tab er 24h</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>paliperidone er 3 mg tab er 24h</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>paliperidone er 6 mg tab er 24h</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
PERSERIS <i>risperidone</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 0.04 mL/day</li> </ul>



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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>REXULTI 3 MG TAB</b> <i>brexipiprazole</i>	Non-Preferred	<b>QL</b> 30 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>REXULTI 4 MG TAB</b> <i>brexipiprazole</i>	Non-Preferred	<b>QL</b> 30 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>REXULTI 0.25 MG TAB</b> <i>brexipiprazole</i>	Non-Preferred	<b>QL</b> 60 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>REXULTI 0.5 MG TAB</b> <i>brexipiprazole</i>	Non-Preferred	<b>QL</b> 60 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>REXULTI 1 MG TAB</b> <i>brexipiprazole</i>	Non-Preferred	<b>QL</b> 60 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>REXULTI 2 MG TAB</b> <i>brexipiprazole</i>	Non-Preferred	<b>QL</b> 30 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>RISPERDAL 2 MG TAB</b> <i>risperidone</i>	Non-Preferred	<b>QL</b> 90 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required
<b>RISPERDAL 1 MG/ML SOLUTION</b> <i>risperidone</i>	Non-Preferred	<b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required <b>QLC</b> 8 mL/day
<b>RISPERDAL 0.5 MG TAB</b> <i>risperidone</i>	Non-Preferred	<b>QL</b> 150 / 30 days <b>AL1</b> At least 18 yrs old <b>C</b> Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL 0.25 MG TAB <i>risperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RISPERDAL 3 MG TAB <i>risperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RISPERDAL 1 MG TAB <i>risperidone</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RISPERDAL CONSTA <i>risperidone microspheres</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 0.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 0.5 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 1 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 4 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 3 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risperidone 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 1 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 3 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 1 mg/ml solution</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> <li>QLC 8 mL/day</li> </ul>
<i>risperidone 0.25 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 2 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>risperidone 0.25 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 150 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SAPHRIS <i>asenapine maleate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SECUADO <i>asenapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL 300 MG TAB <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROQUEL 400 MG TAB <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL 50 MG TAB <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL 200 MG TAB <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL 25 MG TAB <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL 100 MG TAB <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL XR 400 MG TAB ER 24H <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL XR 50 MG TAB ER 24H <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL XR 200 MG TAB ER 24H <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
SEROQUEL XR 150 MG TAB ER 24H <i>quetiapine fumarate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VRAYLAR 1.5 MG CAP <i>cariprazine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VRAYLAR 1.5 & 3 MG CAP THPK <i>cariprazine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VRAYLAR 4.5 MG CAP <i>cariprazine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VRAYLAR 3 MG CAP <i>cariprazine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VRAYLAR 6 MG CAP <i>cariprazine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>ziprasidone hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>ziprasidone mesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA 5 MG TAB <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA 10 MG TAB <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA 7.5 MG TAB <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYPREXA 20 MG TAB <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA 15 MG TAB <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA 10 MG RECON SOLN <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA 2.5 MG TAB <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA RELPREVV <i>olanzapine pamoate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 28 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZYPREXA ZYDIS <i>olanzapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
TREATMENT-RESISTANT		
<i>clozapine 25 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 200 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 100 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 270 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clozapine 100 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 9 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 50 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 12.5 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 200 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 150 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clozapine 25 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CLOZARIL 100 MG TAB <i>clozapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 270 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CLOZARIL 25 MG TAB <i>clozapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CLOZARIL 50 MG TAB <i>clozapine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 18 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>



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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tizanidine hcl 2 mg tab</i>	Preferred	QL 6 / 1 days
<i>tizanidine hcl 4 mg cap</i>	Non-Preferred	
<i>tizanidine hcl 6 mg cap</i>	Non-Preferred	
ZANAFLEX <i>tizanidine hcl</i>	Non-Preferred	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY <i>maribavir</i>	Non-Preferred	
PREVYMIS 240 MG TAB <i>letermovir</i>	Preferred	PA
PREVYMIS 480 MG TAB <i>letermovir</i>	Preferred	PA
VALCYTE 50 MG/ML RECON SOLN <i>valganciclovir hcl</i>	Preferred	
VALCYTE 450 MG TAB <i>valganciclovir hcl</i>	Non-Preferred	
<i>valganciclovir hcl 450 mg tab</i>	Preferred	
<i>valganciclovir hcl 50 mg/ml recon soln</i>	Non-Preferred	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	Preferred	
BARACLUDE 0.05 MG/ML SOLUTION <i>entecavir</i>	Preferred	QL 20 / 1 days
BARACLUDE 1 MG TAB <i>entecavir</i>	Non-Preferred	QL 1 / 1 days
BARACLUDE 0.5 MG TAB <i>entecavir</i>	Non-Preferred	QL 1 / 1 days
<i>entecavir</i>	Preferred	QL 1 / 1 days
EPIVIR HBV 5 MG/ML SOLUTION <i>lamivudine (hbv)</i>	Preferred	
EPIVIR HBV 100 MG TAB <i>lamivudine (hbv)</i>	Non-Preferred	
HEPSERA <i>adefovir dipivoxil</i>	Preferred	
<i>lamivudine 100 mg tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VEMLIDY <i>tenofovir alafenamide fumarate</i>	Non-Preferred	QL 1 / 1 days
ANTI-HEPATITIS C (HCV) AGENTS		
DAKLINZA 30 MG TAB <i>daclatasvir dihydrochloride</i>	Non-Preferred	
DAKLINZA 60 MG TAB <i>daclatasvir dihydrochloride</i>	Non-Preferred	
EPCLUSA 150-37.5 MG PACKET <i>sofosbuvir-velpatasvir</i>	Non-Preferred	QL 28 / 28 days
EPCLUSA 400-100 MG TAB <i>sofosbuvir-velpatasvir</i>	Non-Preferred	QL 28 / 28 days
EPCLUSA 200-50 MG PACKET <i>sofosbuvir-velpatasvir</i>	Non-Preferred	QL 56 / 28 days
EPCLUSA 200-50 MG TAB <i>sofosbuvir-velpatasvir</i>	Non-Preferred	QL 28 / 28 days
HARVONI <i>ledipasvir-sofosbuvir</i>	Non-Preferred	
LEDIPASVIR-SOFOSBUVIR <i>ledipasvir-sofosbuvir</i>	Non-Preferred	
MAVYRET 50-20 MG PACKET <i>glecaprevir-pibrentasvir</i>	Preferred	QL 140 / 28 days PA
MAVYRET 100-40 MG TAB <i>glecaprevir-pibrentasvir</i>	Preferred	QL 84 / 28 days PA
<i>moderiba</i>	Non-Preferred	
MODERIBA (1200 MG PACK) <i>ribavirin (hepatitis c)</i>	Non-Preferred	
PEGINTRON <i>peginterferon alfa-2b</i>	Non-Preferred	QL 4 / 28 days
REBETOL 40 MG/ML SOLUTION <i>ribavirin (hepatitis c)</i>	Non-Preferred	
RIBASPHERE 400 MG TAB <i>ribavirin (hepatitis c)</i>	Non-Preferred	
RIBASPHERE 600 MG TAB <i>ribavirin (hepatitis c)</i>	Non-Preferred	
<i>ribasphere 200 mg tab</i>	Non-Preferred	
<i>ribasphere 200 mg cap</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIBASPHERE RIBAPAK (1000 PACK) <i>ribavirin (hepatitis c)</i>	Non-Preferred	
RIBASPHERE RIBAPAK (1200 PACK) <i>ribavirin (hepatitis c)</i>	Non-Preferred	
<i>ribavirin 200 mg tab</i>	Non-Preferred	QL 7 / 1 days
<i>ribavirin 200 mg cap</i>	Preferred	QL 7 / 1 days
SOFOSBUVIR-VELPATASVIR <i>sofosbuvir-velpatasvir</i>	Preferred	QL 28 / 28 days PA
SOVALDI <i>sofosbuvir</i>	Non-Preferred	
VIEKIRA PAK <i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>	Non-Preferred	
VOSEVI <i>sofosbuvir-velpatasvir-voxilaprevir</i>	Non-Preferred	QL 1 / 1 days
ZEPATIER <i>elbasvir-grazoprevir</i>	Preferred	QL 28 / 28 days PA
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
BIKTARVY <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>	Preferred	QL 30 / 30 days
DOVATO <i>dolutegravir sodium-lamivudine</i>	Preferred	
GENVOYA <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>	Preferred	QL 1 / 1 days
ISENTRESS 25 MG CHEW TAB <i>raltegravir potassium</i>	Preferred	QL 6 / 1 days
ISENTRESS 100 MG PACKET <i>raltegravir potassium</i>	Preferred	
ISENTRESS 400 MG TAB <i>raltegravir potassium</i>	Preferred	QL 2 / 1 days
ISENTRESS 100 MG CHEW TAB <i>raltegravir potassium</i>	Preferred	QL 6 / 1 days
ISENTRESS HD <i>raltegravir potassium</i>	Non-Preferred	QL 2 / 1 days
JULUCA <i>dolutegravir sodium-rilpivirine hcl</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>STRIBILD</b> <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>	Non-Preferred	QL 1 / 1 days
<b>TIVICAY</b> <i>dolutegravir sodium</i>	Preferred	QL 60 / 30 days
<b>TIVICAY PD</b> <i>dolutegravir sodium</i>	Preferred	QL 180 / 30 days
<b>VOCABRIA</b> <i>cabotegravir sodium</i>	Non-Preferred	QL 30 / 30 days
<b>ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)</b>		
<b>ATRIPLA</b> <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	Non-Preferred	QL 30 / 30 days
<b>COMPLERA</b> <i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	Preferred	QL 1 / 1 days
<b>DELSTRIGO</b> <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>	Preferred	QL 30 / 30 days
<b>EDURANT</b> <i>rilpivirine hcl</i>	Preferred	QL 1 / 1 days
<i>efavirenz 200 mg cap</i>	Preferred	QL 90 / 30 days
<i>efavirenz 50 mg cap</i>	Preferred	QL 90 / 30 days
<i>efavirenz 600 mg tab</i>	Preferred	QL 30 / 30 days
<i>efavirenz-emtricitab-tenofovir</i>	Preferred	
<i>efavirenz-lamivudine-tenofovir</i>	Non-Preferred	
<i>etravirine</i>	Non-Preferred	
<b>INTELENCE 25 MG TAB</b> <i>etravirine</i>	Non-Preferred	
<b>INTELENCE 200 MG TAB</b> <i>etravirine</i>	Non-Preferred	QL 2 / 1 days
<b>INTELENCE 100 MG TAB</b> <i>etravirine</i>	Non-Preferred	QL 120 / 30 days
<b>NEVIRAPINE 50 MG/5ML SUSPENSION</b> <i>nevirapine</i>	Non-Preferred	QL 1200 / 30 days
<i>nevirapine 200 mg tab</i>	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nevirapine er 100 mg tab er 24h</i>	Non-Preferred	
<i>nevirapine er 400 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<b>ODEFSEY</b> <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>	Preferred	QL 1 / 1 days
<b>PIFELTRO</b> <i>doravirine</i>	Non-Preferred	QL 60 / 30 days
<b>RESCRIPTOR 200 MG TAB</b> <i>delavirdine mesylate</i>	Non-Preferred	QL 180 / 30 days
<b>SUSTIVA 200 MG CAP</b> <i>efavirenz</i>	Non-Preferred	QL 90 / 30 days
<b>SUSTIVA 50 MG CAP</b> <i>efavirenz</i>	Non-Preferred	QL 90 / 30 days
<b>SUSTIVA 600 MG TAB</b> <i>efavirenz</i>	Non-Preferred	QL 30 / 30 days
<b>SYMFI</b> <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	Preferred	QL 30 / 30 days
<b>SYMFI LO</b> <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	Preferred	QL 30 / 30 days
<b>VIRAMUNE 200 MG TAB</b> <i>nevirapine</i>	Non-Preferred	QL 2 / 1 days
<b>VIRAMUNE 50 MG/5ML SUSPENSION</b> <i>nevirapine</i>	Non-Preferred	QL 1200 / 30 days
<b>VIRAMUNE XR 400 MG TAB ER 24H</b> <i>nevirapine</i>	Non-Preferred	QL 1 / 1 days
<b>ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)</b>		
<i>abacavir sulfate 20 mg/ml solution</i>	Preferred	QL 900 / 30 days
<i>abacavir sulfate 300 mg tab</i>	Preferred	QL 2 / 1 days
<i>abacavir sulfate-lamivudine</i>	Preferred	QL 1 / 1 days
<i>abacavir-lamivudine-zidovudine</i>	Non-Preferred	QL 2 / 1 days
<b>CIMDUO</b> <i>lamivudine-tenofovir disoproxil fumarate</i>	Preferred	QL 1 / 1 days
<b>COMBIVIR</b> <i>lamivudine-zidovudine</i>	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DESCOVY 200-25 MG TAB <i>emtricitabine-tenofovir alafenamide fumarate</i>	Preferred	QL 1 / 1 days
DESCOVY 120-15 MG TAB <i>emtricitabine-tenofovir alafenamide fumarate</i>	Preferred	
<i>didanosine 400 mg cap dr</i>	Non-Preferred	QL 1 / 1 days
<i>didanosine 250 mg cap dr</i>	Non-Preferred	QL 1 / 1 days
<i>emtricitabine</i>	Non-Preferred	
<i>emtricitabine-tenofovir df</i>	Preferred	QL 30 / 30 days
EMTRIVA 200 MG CAP <i>emtricitabine</i>	Preferred	QL 1 / 1 days
EMTRIVA 10 MG/ML SOLUTION <i>emtricitabine</i>	Preferred	QL 720 / 30 days
EPIVIR 10 MG/ML SOLUTION <i>lamivudine</i>	Non-Preferred	
EPIVIR 300 MG TAB <i>lamivudine</i>	Non-Preferred	QL 1 / 1 days
EPIVIR 150 MG TAB <i>lamivudine</i>	Non-Preferred	QL 2 / 1 days
EPZICOM <i>abacavir sulfate-lamivudine</i>	Non-Preferred	QL 1 / 1 days
<i>lamivudine 150 mg tab</i>	Preferred	QL 2 / 1 days
<i>lamivudine 10 mg/ml solution</i>	Preferred	QL 900 / 30 days
<i>lamivudine 300 mg tab</i>	Preferred	QL 1 / 1 days
<i>lamivudine-zidovudine</i>	Preferred	QL 2 / 1 days
RETROVIR 50 MG/5ML SYRUP <i>zidovudine</i>	Non-Preferred	
RETROVIR 100 MG CAP <i>zidovudine</i>	Non-Preferred	
<i>stavudine 40 mg cap</i>	Non-Preferred	QL 2 / 1 days
<i>stavudine 15 mg cap</i>	Non-Preferred	
STAVUDINE 15 MG CAP <i>stavudine</i>	Non-Preferred	QL 120 / 30 days
STAVUDINE 40 MG CAP <i>stavudine</i>	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STAVUDINE 30 MG CAP <i>stavudine</i>	Non-Preferred	QL 2 / 1 days
<i>stavudine 20 mg cap</i>	Non-Preferred	
<i>stavudine 30 mg cap</i>	Non-Preferred	QL 2 / 1 days
STAVUDINE 20 MG CAP <i>stavudine</i>	Non-Preferred	QL 120 / 30 days
TEMIXYS <i>lamivudine-tenofovir disoproxil fumarate</i>	Non-Preferred	
<i>tenofovir disoproxil fumarate</i>	Preferred	QL 30 / 30 days
TRIUMEQ <i>abacavir-dolutegravir-lamivudine</i>	Preferred	QL 1 / 1 days
TRIZIVIR <i>abacavir sulfate-lamivudine-zidovudine</i>	Non-Preferred	QL 2 / 1 days
TRUVADA <i>emtricitabine-tenofovir disoproxil fumarate</i>	Non-Preferred	QL 1 / 1 days
VIDEX 2 GM RECON SOLN <i>didanosine</i>	Preferred	QL 1200 / 30 days
VIDEX 4 GM RECON SOLN <i>didanosine</i>	Preferred	
VIDEX EC 250 MG CAP DR <i>didanosine</i>	Non-Preferred	QL 1 / 1 days
VIDEX EC 400 MG CAP DR <i>didanosine</i>	Non-Preferred	QL 1 / 1 days
VIDEX EC 200 MG CAP DR <i>didanosine</i>	Non-Preferred	QL 2 / 1 days
VIDEX EC 125 MG CAP DR <i>didanosine</i>	Non-Preferred	QL 2 / 1 days
VIREAD 200 MG TAB <i>tenofovir disoproxil fumarate</i>	Preferred	QL 1 / 1 days
VIREAD 40 MG/GM POWDER <i>tenofovir disoproxil fumarate</i>	Preferred	
VIREAD 250 MG TAB <i>tenofovir disoproxil fumarate</i>	Preferred	QL 1 / 1 days
VIREAD 150 MG TAB <i>tenofovir disoproxil fumarate</i>	Preferred	QL 2 / 1 days
VIREAD 300 MG TAB <i>tenofovir disoproxil fumarate</i>	Non-Preferred	QL 30 / 30 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZERIT 30 MG CAP <i>stavudine</i>	Non-Preferred	QL 2 / 1 days
ZERIT 40 MG CAP <i>stavudine</i>	Non-Preferred	QL 2 / 1 days
ZERIT 20 MG CAP <i>stavudine</i>	Non-Preferred	
ZIAGEN 20 MG/ML SOLUTION <i>abacavir sulfate</i>	Non-Preferred	
ZIAGEN 300 MG TAB <i>abacavir sulfate</i>	Non-Preferred	QL 2 / 1 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		
APRETUDE <i>cabotegravir</i>	Preferred	
CABENUVA 600 & 900 MG/3ML SUSP <i>cabotegravir &amp; rilpivirine</i>	Preferred	QLC 6 mL/28 days
CABENUVA 400 & 600 MG/2ML SUSP <i>cabotegravir &amp; rilpivirine</i>	Preferred	QLC 4 mL/28 days
FUZEON <i>enfuvirtide</i>	Non-Preferred	QL 60 / 30 days
<i>maraviroc</i>	Non-Preferred	
RUKOBIA <i>fostemsavir tromethamine</i>	Non-Preferred	QL 60 / 30 days
SELZENTRY 20 MG/ML SOLUTION <i>maraviroc</i>	Non-Preferred	
SELZENTRY 25 MG TAB <i>maraviroc</i>	Non-Preferred	
SELZENTRY 75 MG TAB <i>maraviroc</i>	Non-Preferred	
SELZENTRY 300 MG TAB <i>maraviroc</i>	Non-Preferred	QL 120 / 30 days
SELZENTRY 150 MG TAB <i>maraviroc</i>	Non-Preferred	QL 2 / 1 days
TROGARZO <i>ibalizumab-uiyk</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TYBOST <i>cobicistat</i>	Non-Preferred	QL 1 / 1 days
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 250 MG CAP <i>tipranavir</i>	Non-Preferred	QL 120 / 30 days
APTIVUS 100 MG/ML SOLUTION <i>tipranavir</i>	Non-Preferred	QL 300 / 30 days
<i>atazanavir sulfate 150 mg cap</i>	Preferred	QL 2 / 1 days
<i>atazanavir sulfate 300 mg cap</i>	Preferred	QL 1 / 1 days
<i>atazanavir sulfate 200 mg cap</i>	Preferred	QL 60 / 30 days
CRIXIVAN 200 MG CAP <i>indinavir sulfate</i>	Non-Preferred	QL 360 / 30 days
CRIXIVAN 400 MG CAP <i>indinavir sulfate</i>	Non-Preferred	QL 180 / 30 days
EVOTAZ <i>atazanavir sulfate-cobicistat</i>	Preferred	QL 1 / 1 days
<i>fosamprenavir calcium</i>	Non-Preferred	QL 120 / 30 days
INVIRASE 500 MG TAB <i>saquinavir mesylate</i>	Non-Preferred	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION <i>lopinavir-ritonavir</i>	Preferred	QL 400 / 30 days
KALETRA 100-25 MG TAB <i>lopinavir-ritonavir</i>	Non-Preferred	QL 300 / 30 days
KALETRA 200-50 MG TAB <i>lopinavir-ritonavir</i>	Non-Preferred	QL 120 / 30 days
LEXIVA 700 MG TAB <i>fosamprenavir calcium</i>	Non-Preferred	
LEXIVA 50 MG/ML SUSPENSION <i>fosamprenavir calcium</i>	Non-Preferred	QL 56 / 1 days
<i>lopinavir-ritonavir 100-25 mg tab</i>	Preferred	
<i>lopinavir-ritonavir 200-50 mg tab</i>	Preferred	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	Non-Preferred	QL 400 / 30 days
NORVIR 80 MG/ML SOLUTION <i>ritonavir</i>	Preferred	QL 480 / 30 days
NORVIR 100 MG TAB <i>ritonavir</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORVIR 100 MG PACKET <i>ritonavir</i>	Preferred	QL 360 / 30 days
PREZCOBIX <i>darunavir-cobicistat</i>	Preferred	QL 1 / 1 days
PREZISTA 800 MG TAB <i>darunavir ethanolate</i>	Preferred	QL 1 / 1 days
PREZISTA 100 MG/ML SUSPENSION <i>darunavir ethanolate</i>	Preferred	QL 12 / 1 days
PREZISTA 600 MG TAB <i>darunavir ethanolate</i>	Preferred	QL 2 / 1 days
PREZISTA 75 MG TAB <i>darunavir ethanolate</i>	Preferred	QL 180 / 30 days
PREZISTA 150 MG TAB <i>darunavir ethanolate</i>	Preferred	QL 120 / 30 days
REYATAZ 50 MG PACKET <i>atazanavir sulfat</i>	Preferred	
REYATAZ 200 MG CAP <i>atazanavir sulfat</i>	Non-Preferred	QL 60 / 30 days
REYATAZ 150 MG CAP <i>atazanavir sulfat</i>	Non-Preferred	QL 2 / 1 days
REYATAZ 300 MG CAP <i>atazanavir sulfat</i>	Non-Preferred	QL 1 / 1 days
<i>ritonavir</i>	Preferred	QL 360 / 30 days
SYMTUZA <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>	Non-Preferred	QL 30 / 30 days
VIRACEPT 250 MG TAB <i>nelfinavir mesylate</i>	Non-Preferred	QL 270 / 30 days
VIRACEPT 625 MG TAB <i>nelfinavir mesylate</i>	Non-Preferred	QL 120 / 30 days
ANTI-INFLUENZA AGENTS		
FLUMADINE <i>rimantadine hydrochloride</i>	Non-Preferred	
<i>oseltamivir phosphate 30 mg cap</i>	Preferred	QLC Max 21 day supply every 365 days
<i>oseltamivir phosphate 45 mg cap</i>	Preferred	QLC Max 21 day supply every 365 days
<i>oseltamivir phosphate 75 mg cap</i>	Preferred	QLC Max 21 day supply every 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	Preferred	QLC Max 21 day supply every 365 days
RAPIVAB <i>peramivir</i>	Non-Preferred	
RELENZA DISKHALER <i>zanamivir</i>	Preferred	
<i>rimantadine hcl</i>	Non-Preferred	
TAMIFLU <i>oseltamivir phosphate</i>	Non-Preferred	QLC Max 21 day supply every 365 days
XOFLUZA (40 MG DOSE) <i>baloxavir marboxil</i>	Non-Preferred	
XOFLUZA (80 MG DOSE) <i>baloxavir marboxil</i>	Non-Preferred	
<b>ANTIHERPETIC AGENTS</b>		
<i>acyclovir 200 mg/5ml suspension</i>	Preferred	QL 50 / 1 days
<i>acyclovir 800 mg tab</i>	Preferred	QL 5 / 1 days
<i>acyclovir 400 mg tab</i>	Preferred	QL 5 / 1 days
<i>acyclovir 200 mg cap</i>	Preferred	QL 5 / 1 days
<i>famciclovir 125 mg tab</i>	Preferred	QL 3 / 1 days
<i>famciclovir 500 mg tab</i>	Preferred	QL 90 / 30 days
<i>famciclovir 250 mg tab</i>	Preferred	QL 3 / 1 days
SITAVIG <i>acyclovir</i>	Non-Preferred	
<i>trifluridine 1 % solution</i>	Preferred	QL 7.5 / 18 days
<i>valacyclovir hcl 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>valacyclovir hcl 1 gm tab</i>	Preferred	QL 4 / 1 days
VALTrex <i>valacyclovir hcl</i>	Non-Preferred	
ZOVIRAX 800 MG TAB <i>acyclovir</i>	Non-Preferred	
ZOVIRAX 400 MG TAB <i>acyclovir</i>	Non-Preferred	
ZOVIRAX 200 MG CAP <i>acyclovir</i>	Non-Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOVIRAX 200 MG/5ML SUSPENSION <i>acyclovir</i>	Non-Preferred	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl 5 mg tab</i>	Preferred	QL 6 / 1 days
<i>buspirone hcl 15 mg tab</i>	Preferred	QL 4 / 1 days
<i>buspirone hcl 30 mg tab</i>	Preferred	QL 2 / 1 days
<i>buspirone hcl 10 mg tab</i>	Preferred	QL 6 / 1 days
<i>buspirone hcl 7.5 mg tab</i>	Preferred	QL 4 / 1 days
<i>hydroxyzine pamoate 50 mg cap</i>	Preferred	QL 6 / 1 days
<i>hydroxyzine pamoate 100 mg cap</i>	Preferred	QL 6 / 1 days
<i>hydroxyzine pamoate 25 mg cap</i>	Preferred	QL 6 / 1 days
<i>meprobamate</i>	Non-Preferred	QL 6 / 1 days
<i>midazolam hcl 2 mg/ml syrup</i>	Non-Preferred	
VISTARIL <i>hydroxyzine pamoate</i>	Non-Preferred	
BENZODIAZEPINES		
<i>alprazolam 2 mg tab</i>	Preferred	QL 3 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 0.5 mg tab disp</i>	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 0.25 mg tab disp</i>	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 1 mg tab disp</i>	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 1 mg tab</i>	Preferred	QL 6 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alprazolam 0.25 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 6 / 1 days</li> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>alprazolam 0.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 6 / 1 days</li> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>alprazolam 2 mg tab disp</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>alprazolam er</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
ALPRAZOLAM INTENSOL <i>alprazolam</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>alprazolam xr</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
ATIVAN 2 MG TAB <i>lorazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
ATIVAN 1 MG TAB <i>lorazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
ATIVAN 0.5 MG TAB <i>lorazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
ATIVAN 4 MG/ML SOLUTION <i>lorazepam</i>	Non-Preferred	
ATIVAN 2 MG/ML SOLUTION <i>lorazepam</i>	Non-Preferred	
<i>chlordiazepoxide hcl 10 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #666699; color: white; padding: 2px;">QL</span> 10 / 1 days</li> <li><span style="background-color: #009966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>chlordiazepoxide hcl 5 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 8 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 2 mg tab disp</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 1 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 0.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 0.125 mg tab disp</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 0.25 mg tab disp</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 0.5 mg tab disp</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonazepam 1 mg tab disp</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clorazepate dipotassium 3.75 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 / 1 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>clorazepate dipotassium 15 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 6 / 1 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 5 mg/5ml solution</i>	Preferred	
<i>diazepam 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 / 1 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
DIAZEPAM 10 MG/2ML SOLN A-INJ <i>diazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 5 mg/ml conc</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 8 / 1 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 / 1 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 5 mg/ml solution</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
<i>diazepam 10 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #663399; color: white; padding: 2px;">QL</span> 4 / 1 days</li> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
DIAZEPAM 5 MG/ML SOLUTION <i>diazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>
DIAZEPAM 5 MG/ML inj cartridge	Non-Preferred	
DIAZEPAM INJ 5 MG/ML	Preferred	<ul style="list-style-type: none"> <li><span style="background-color: #339966; color: white; padding: 2px;">AL1</span> At least 21 yrs old</li> <li><span style="background-color: #333333; color: white; padding: 2px;">C</span> Age restriction, clinical PA required</li> </ul>



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diazepam intensol</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 8 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DIAZEPAM ORAL SOLN 1 MG/ML	Preferred	<ul style="list-style-type: none"> <li>QL 40 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
KLONOPIN 0.5 MG TAB <i>clonazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
KLONOPIN 2 MG TAB <i>clonazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
KLONOPIN 1 MG TAB <i>clonazepam</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lorazepam 2 mg/ml conc</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 5 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lorazepam 1 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lorazepam 0.5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>lorazepam 4 mg/ml solution</i>	Preferred	
<i>lorazepam 2 mg/ml solution</i>	Preferred	
<i>lorazepam 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxazepam 15 mg cap	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
oxazepam 10 mg cap	Non-Preferred	<ul style="list-style-type: none"> <li>QL 8 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
oxazepam 30 mg cap	Non-Preferred	<ul style="list-style-type: none"> <li>QL 4 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
TRANXENE-T clorazepate dipotassium	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
XANAX 1 MG TAB alprazolam	Non-Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
XANAX 0.25 MG TAB alprazolam	Non-Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
XANAX 0.5 MG TAB alprazolam	Non-Preferred	<ul style="list-style-type: none"> <li>QL 6 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
XANAX 2 MG TAB alprazolam	Non-Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
XANAX XR alprazolam	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 At least 21 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO <i>carbamazepine (antipsychotic)</i>	Preferred	
LAMICTAL 200 MG TAB <i>lamotrigine</i>	Non-Preferred	QL 3 / 1 days
LAMICTAL 5 MG CHEW TAB <i>lamotrigine</i>	Non-Preferred	
LAMICTAL 25 MG CHEW TAB <i>lamotrigine</i>	Non-Preferred	
LAMICTAL 100 MG TAB <i>lamotrigine</i>	Non-Preferred	
LAMICTAL 25 MG TAB <i>lamotrigine</i>	Non-Preferred	
LAMICTAL 150 MG TAB <i>lamotrigine</i>	Non-Preferred	QL 3 / 1 days
LAMICTAL ODT <i>lamotrigine</i>	Non-Preferred	
LAMICTAL STARTER <i>lamotrigine</i>	Non-Preferred	
LAMICTAL XR <i>lamotrigine</i>	Non-Preferred	
<i>lamotrigine 100 mg tab disp</i>	Non-Preferred	
<i>lamotrigine 21 x 25 mg &amp; 7 x 50 mg kit</i>	Non-Preferred	
<i>lamotrigine 25 mg tab</i>	Preferred	
<i>lamotrigine 200 mg tab disp</i>	Non-Preferred	
<i>lamotrigine 150 mg tab</i>	Preferred	QL 3 / 1 days
<i>lamotrigine 42 x 50 mg &amp; 14x100 mg kit</i>	Non-Preferred	
<i>lamotrigine 25 mg tab disp</i>	Non-Preferred	
<i>lamotrigine 100 mg tab</i>	Preferred	QL 5 / 1 days
<i>lamotrigine 50 mg tab disp</i>	Non-Preferred	
<i>lamotrigine 25 &amp; 50 &amp; 100 mg kit</i>	Non-Preferred	
<i>lamotrigine 25 mg chew tab</i>	Non-Preferred	
<i>lamotrigine 5 mg chew tab</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine 200 mg tab</i>	Preferred	QL 3 / 1 days
<i>lamotrigine er</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>lithium carbonate 150 mg cap</i>	Preferred	QL 4 / 1 days
<i>lithium carbonate 300 mg cap</i>	Preferred	QL 4 / 1 days
<i>lithium carbonate 300 mg tab</i>	Preferred	QL 4 / 1 days
<i>lithium carbonate 600 mg cap</i>	Preferred	QL 4 / 1 days
<i>lithium carbonate er</i>	Preferred	QL 4 / 1 days
<i>subvenite 200 mg tab</i>	Preferred	QL 3 / 1 days
<i>subvenite 100 mg tab</i>	Preferred	
<i>subvenite 25 mg tab</i>	Preferred	
<i>subvenite 150 mg tab</i>	Preferred	QL 3 / 1 days
<i>subvenite starter kit-blue</i>	Non-Preferred	
<i>subvenite starter kit-green</i>	Non-Preferred	
<i>subvenite starter kit-orange</i>	Non-Preferred	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
<i>acarbose 25 mg tab</i>	Preferred	QL 3 / 1 days
<i>acarbose 50 mg tab</i>	Preferred	QL 3 / 1 days
<i>acarbose 100 mg tab</i>	Preferred	QL 3 / 1 days
ACTOPLUS MET <i>pioglitazone hcl-metformin hcl</i>	Non-Preferred	QL 90 / 30 days
ACTOPLUS MET XR <i>pioglitazone hcl-metformin hcl</i>	Non-Preferred	
ACTOS <i>pioglitazone hcl</i>	Non-Preferred	QL 30 / 30 days
ADLYXIN <i>lixisenatide</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADLYXIN STARTER PACK <i>lixisenatide</i>	Non-Preferred	
<i>alogliptin benzoate</i>	Non-Preferred	
<i>alogliptin-metformin hcl</i>	Non-Preferred	
<i>alogliptin-pioglitazone</i>	Non-Preferred	
AMARYL 2 MG TAB <i>glimepiride</i>	Non-Preferred	QL 90 / 30 days
AMARYL 1 MG TAB <i>glimepiride</i>	Non-Preferred	QL 60 / 30 days
AMARYL 4 MG TAB <i>glimepiride</i>	Non-Preferred	QL 60 / 30 days
AVANDIA <i>rosiglitazone maleate</i>	Non-Preferred	
BYDUREON <i>exenatide</i>	Non-Preferred	QL 4 / 28 days
BYDUREON BCISE <i>exenatide</i>	Non-Preferred	QL 3.4 / 28 days
BYETTA 10 MCG PEN <i>exenatide</i>	Non-Preferred	QL 2.4 / 30 days
BYETTA 5 MCG PEN <i>exenatide</i>	Non-Preferred	QL 1.2 / 30 days
CHLORPROPAMIDE 250 MG TAB <i>chlorpropamide</i>	Non-Preferred	QL 3 / 1 days
CHLORPROPAMIDE 100 MG TAB <i>chlorpropamide</i>	Non-Preferred	QL 7 / 1 days
DUETACT <i>pioglitazone hcl-glimepiride</i>	Non-Preferred	QL 30 / 30 days
FARXIGA <i>dapagliflozin propanediol</i>	Preferred	PA
FORTAMET 500 MG TAB ER 24H <i>metformin hcl</i>	Non-Preferred	QL 90 / 30 days
FORTAMET 1000 MG TAB ER 24H <i>metformin hcl</i>	Non-Preferred	QL 60 / 30 days
<i>glimepiride 1 mg tab</i>	Preferred	QL 60 / 30 days
<i>glimepiride 2 mg tab</i>	Preferred	QL 90 / 30 days
<i>glimepiride 4 mg tab</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glipizide 10 mg tab</i>	Preferred	QL 4 / 1 days
<i>glipizide 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>glipizide er 2.5 mg tab er 24h</i>	Preferred	QL 8 / 1 days
<i>glipizide er 10 mg tab er 24h</i>	Preferred	QL 60 / 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 2 / 1 days
<i>glipizide xl 2.5 mg tab er 24h</i>	Preferred	QL 8 / 1 days
<i>glipizide xl 5 mg tab er 24h</i>	Preferred	QL 4 / 1 days
<i>glipizide-metformin hcl 2.5-500 mg tab</i>	Preferred	QL 5 / 1 days
<i>glipizide-metformin hcl 5-500 mg tab</i>	Preferred	QL 4 / 1 days
<i>glipizide-metformin hcl 2.5-250 mg tab</i>	Preferred	QL 7 / 1 days
GLUCOPHAGE 850 MG TAB <i>metformin hcl</i>	Non-Preferred	QL 90 / 30 days
GLUCOPHAGE 500 MG TAB <i>metformin hcl</i>	Non-Preferred	QL 150 / 30 days
GLUCOPHAGE 1000 MG TAB <i>metformin hcl</i>	Non-Preferred	QL 75 / 30 days
GLUCOPHAGE XR 500 MG TAB ER 24H <i>metformin hcl</i>	Non-Preferred	
GLUCOPHAGE XR 750 MG TAB ER 24H <i>metformin hcl</i>	Non-Preferred	QL 3 / 1 days
GLUCOTROL <i>glipizide</i>	Non-Preferred	
GLUCOTROL XL 2.5 MG TAB ER 24H <i>glipizide</i>	Non-Preferred	
GLUCOTROL XL 5 MG TAB ER 24H <i>glipizide</i>	Non-Preferred	
GLUCOTROL XL 10 MG TAB ER 24H <i>glipizide</i>	Non-Preferred	QL 2 / 1 days
GLUMETZA 1000 MG TAB ER 24H <i>metformin hcl</i>	Non-Preferred	QL 60 / 30 days
GLUMETZA 500 MG TAB ER 24H <i>metformin hcl</i>	Non-Preferred	QL 90 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR 2.5-1000 MG TAB ER 24H <i>linagliptin-metformin hcl</i>	Preferred	QL 60 / 30 days PA
KAZANO <i>alogliptin-metformin hcl</i>	Non-Preferred	
KOMBIGLYZE XR <i>saxagliptin-metformin hcl</i>	Non-Preferred	
<i>metformin hcl 500 mg tab</i>	Preferred	QL 150 / 30 days
<i>metformin hcl 500 mg/5ml solution</i>	Non-Preferred	
<i>metformin hcl 1000 mg tab</i>	Preferred	QL 75 / 30 days
<i>metformin hcl 850 mg tab</i>	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>metformin hcl er (mod) 500 mg tab er 24h</i>	Non-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 (osm) 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>miglitol</i>	Non-Preferred	
<i>nateglinide</i>	Preferred	QL 3 / 1 days
NESINA <i>alogliptin benzoate</i>	Non-Preferred	
ONGLYZA <i>saxagliptin hcl</i>	Non-Preferred	
OSENI <i>alogliptin-pioglitazone</i>	Non-Preferred	
OZEMPIC (0.25 OR 0.5 MG/DOSE) <i>semaglutide</i>	Non-Preferred	QL 1.5 / 28 days PA
OZEMPIC (1 MG/DOSE) <i>semaglutide</i>	Non-Preferred	QL 3 / 28 days PA
<i>pioglitazone hcl</i>	Preferred	QL 30 / 30 days PA



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pioglitazone hcl-glimepiride</i>	Non-Preferred	QL 30 / 30 days
<i>pioglitazone hcl-metformin hcl</i>	Non-Preferred	QL 90 / 30 days
PRANDIN 2 MG TAB <i>repaglinide</i>	Non-Preferred	QL 240 / 30 days
PRANDIN 1 MG TAB <i>repaglinide</i>	Non-Preferred	QL 120 / 30 days
PRECOSE <i>acarbose</i>	Non-Preferred	QL 3 / 1 days
QTERN <i>dapagliflozin-saxagliptin</i>	Non-Preferred	
<i>repaglinide 1 mg tab</i>	Preferred	QL 120 / 30 days
<i>repaglinide 2 mg tab</i>	Preferred	QL 240 / 30 days
<i>repaglinide 0.5 mg tab</i>	Preferred	QL 120 / 30 days
<i>repaglinide-metformin hcl</i>	Non-Preferred	
RIOMET <i>metformin hcl</i>	Non-Preferred	
RIOMET ER <i>metformin hcl</i>	Non-Preferred	
RYBELSUS <i>semaglutide</i>	Non-Preferred	QL 30 / 30 days
SEGLUROMET <i>ertugliflozin-metformin hcl</i>	Non-Preferred	QL 60 / 30 days
SOLIQUA <i>insulin glargine-lixisenatide</i>	Non-Preferred	QLC 18 mL/30 days
STARLIX <i>nateglinide</i>	Non-Preferred	QL 3 / 1 days
STEGLATRO <i>ertugliflozin l-pyroglutamic acid</i>	Non-Preferred	QL 1 / 1 days
STEGLUJAN <i>ertugliflozin-sitagliptin</i>	Non-Preferred	
SYMLINPEN 120 <i>pramlintide acetate</i>	Non-Preferred	
SYMLINPEN 60 <i>pramlintide acetate</i>	Non-Preferred	
SYNJARDY <i>empagliflozin-metformin hcl</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNJARDY XR <i>empagliflozin-metformin hcl</i>	Non-Preferred	
TANZEUM <i>albiglutide</i>	Non-Preferred	
TOLAZAMIDE 500 MG TAB <i>tolazamide</i>	Non-Preferred	QL 2 / 1 days
TOLAZAMIDE 250 MG TAB <i>tolazamide</i>	Non-Preferred	QL 4 / 1 days
<i>tolbutamide</i>	Non-Preferred	QL 6 / 1 days
TRADJENTA <i>linagliptin</i>	Preferred	PA
TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H <i>empagliflozin-linagliptin-metformin</i>	Non-Preferred	QL 60 / 30 days
TRIJARDY XR 25-5-1000 MG TAB ER 24H <i>empagliflozin-linagliptin-metformin</i>	Non-Preferred	QL 30 / 30 days
TRIJARDY XR 5-2.5-1000 MG TAB ER 24H <i>empagliflozin-linagliptin-metformin</i>	Non-Preferred	QL 60 / 30 days
TRIJARDY XR 10-5-1000 MG TAB ER 24H <i>empagliflozin-linagliptin-metformin</i>	Non-Preferred	QL 30 / 30 days
TRULICITY <i>dulaglutide</i>	Preferred	QL 2 / 28 days PA
VICTOZA <i>liraglutide</i>	Preferred	QL 9 / 30 days PA
XIGDUO XR <i>dapagliflozin-metformin hcl</i>	Non-Preferred	
XULTOPHY <i>insulin degludec-liraglutide</i>	Non-Preferred	QLC 15 mL/30 days
GLYCEMIC AGENTS		
BAQSIMI ONE PACK <i>glucagon</i>	Preferred	
BAQSIMI TWO PACK <i>glucagon</i>	Preferred	
GLUCAGEN DIAGNOSTIC <i>glucagon hcl rdna (diagnostic)</i>	Preferred	QL 2 / 22 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGEN HYPOKIT <i>glucagon hcl (rdna)</i>	Preferred	QL 1 / 22 days
GLUCAGON EMERGENCY 1 MG KIT <i>glucagon (rdna)</i>	Preferred	QL 1 / 26 days
<i>glucagon emergency 1 mg kit</i>	Preferred	
GVOKE HYPOPEN 1-PACK <i>glucagon</i>	Preferred	QLC 0.4 mL/30 days
GVOKE HYPOPEN 2-PACK <i>glucagon</i>	Preferred	QLC 0.4 mL/30 days
GVOKE PFS <i>glucagon</i>	Preferred	QLC 0.4 mL/30 days
ZEGALOGUE <i>dasiglucagon hcl</i>	Preferred	
<b>INSULINS</b>		
ADMELOG <i>insulin lispro</i>	Preferred	QL 40 / 30 days
ADMELOG SOLOSTAR <i>insulin lispro</i>	Preferred	QL 45 / 30 days
AFREZZA 90 X 8 UNIT & 90X12 UNIT POWDER <i>insulin regular (human)</i>	Non-Preferred	
AFREZZA 4 & 8 & 12 UNIT POWDER <i>insulin regular (human)</i>	Non-Preferred	
AFREZZA 8 UNIT POWDER <i>insulin regular (human)</i>	Non-Preferred	
AFREZZA 12 UNIT POWDER <i>insulin regular (human)</i>	Non-Preferred	
AFREZZA 4 UNIT POWDER <i>insulin regular (human)</i>	Non-Preferred	
AFREZZA 90 X 4 UNIT & 90X8 UNIT POWDER <i>insulin regular (human)</i>	Non-Preferred	
APIDRA <i>insulin glulisine</i>	Preferred	QL 40 / 30 days
APIDRA SOLOSTAR <i>insulin glulisine</i>	Preferred	QL 45 / 30 days
BASAGLAR KWIKPEN <i>insulin glargine</i>	Preferred	QL 45 / 30 days
FIASP <i>insulin aspart (with niacinamide)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIASP FLEXTOUCH <i>insulin aspart (with niacinamide)</i>	Non-Preferred	
FIASP PENFILL <i>insulin aspart (with niacinamide)</i>	Non-Preferred	
HUMALOG <i>insulin lispro</i>	Non-Preferred	QL 40 / 30 days
HUMALOG JUNIOR KWIKPEN <i>insulin lispro</i>	Non-Preferred	QL 45 / 30 days
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN <i>insulin lispro</i>	Non-Preferred	QL 18 / 23 days
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN <i>insulin lispro</i>	Non-Preferred	QL 45 / 30 days
HUMALOG MIX 50/50 <i>insulin lispro protamine &amp; lispro</i>	Preferred	QL 40 / 30 days
HUMALOG MIX 50/50 KWIKPEN <i>insulin lispro protamine &amp; lispro</i>	Preferred	QL 45 / 30 days
HUMALOG MIX 75/25 <i>insulin lispro protamine &amp; lispro</i>	Preferred	QL 40 / 30 days
HUMALOG MIX 75/25 KWIKPEN <i>insulin lispro protamine &amp; lispro</i>	Non-Preferred	QL 45 / 30 days
HUMULIN R U-500 (CONCENTRATED) <i>insulin regular (human)</i>	Preferred	QL 20 / 30 days
HUMULIN R U-500 KWIKPEN <i>insulin regular (human)</i>	Preferred	QL 15 / 30 days
INSULIN ASP PROT & ASP FLEXPEN <i>insulin aspart protamine &amp; aspart (human)</i>	Preferred	QL 45 / 30 days
INSULIN ASPART <i>insulin aspart</i>	Preferred	QL 40 / 30 days
INSULIN ASPART FLEXPEN <i>insulin aspart</i>	Preferred	QL 45 / 30 days
INSULIN ASPART PENFILL <i>insulin aspart</i>	Preferred	QL 45 / 30 days
INSULIN ASPART PROT & ASPART <i>insulin aspart protamine &amp; aspart (human)</i>	Preferred	QL 40 / 30 days
INSULIN LISPRO <i>insulin lispro</i>	Preferred	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN LISPRO (1 UNIT DIAL) <i>insulin lispro</i>	Preferred	QL 45 / 30 days
INSULIN LISPRO JUNIOR KWIKPEN <i>insulin lispro</i>	Preferred	
INSULIN LISPRO PROT & LISPRO <i>insulin lispro protamine &amp; lispro</i>	Preferred	
LANTUS <i>insulin glargine</i>	Preferred	QL 40 / 30 days
LANTUS SOLOSTAR <i>insulin glargine</i>	Preferred	QL 45 / 30 days
LEVEMIR <i>insulin detemir</i>	Preferred	QL 40 / 30 days
LEVEMIR FLEXTOUCH <i>insulin detemir</i>	Preferred	QL 45 / 30 days
LYUMJEV <i>insulin lispro-aabc</i>	Non-Preferred	
LYUMJEV KWIKPEN <i>insulin lispro-aabc</i>	Non-Preferred	
NOVOLOG <i>insulin aspart</i>	Non-Preferred	QL 40 / 30 days
NOVOLOG 70/30 FLEXPEN RELION <i>insulin aspart protamine &amp; aspart (human)</i>	Non-Preferred	
NOVOLOG FLEXPEN <i>insulin aspart</i>	Non-Preferred	QL 45 / 30 days
NOVOLOG FLEXPEN RELION <i>insulin aspart</i>	Non-Preferred	
NOVOLOG MIX 70/30 <i>insulin aspart protamine &amp; aspart (human)</i>	Non-Preferred	QL 40 / 30 days
NOVOLOG MIX 70/30 FLEXPEN <i>insulin aspart protamine &amp; aspart (human)</i>	Non-Preferred	QL 45 / 30 days
NOVOLOG MIX 70/30 RELION <i>insulin aspart protamine &amp; aspart (human)</i>	Non-Preferred	
NOVOLOG PENFILL <i>insulin aspart</i>	Non-Preferred	QL 45 / 30 days
NOVOLOG RELION <i>insulin aspart</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEMGLEE <i>insulin glargine</i>	Non-Preferred	
TOUJEO MAX SOLOSTAR <i>insulin glargine</i>	Non-Preferred	QL 12 / 30 days
TOUJEO SOLOSTAR <i>insulin glargine</i>	Non-Preferred	QL 13.5 / 30 days
TRESIBA <i>insulin degludec</i>	Non-Preferred	
TRESIBA FLEXTOUCH <i>insulin degludec</i>	Non-Preferred	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ARIXTRA <i>fondaparinux sodium</i>	Non-Preferred	C Limited to a 10 day supply
BEVYXXA 40 MG CAP <i>betrixaban maleate</i>	Non-Preferred	
COUMADIN <i>warfarin sodium</i>	Non-Preferred	
ELIQUIS 2.5 MG TAB <i>apixaban</i>	Preferred	QL 2 / 1 days
ELIQUIS 5 MG TAB <i>apixaban</i>	Preferred	QL 4 / 1 days
ELIQUIS DVT/PE STARTER PACK <i>apixaban</i>	Preferred	
<i>enoxaparin sodium 300 mg/3ml solution</i>	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
<i>enoxaparin sodium 100 mg/ml solution</i>	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
<i>enoxaparin sodium 30 mg/0.3ml solution</i>	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
<i>enoxaparin sodium 150 mg/ml solution</i>	Preferred	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium 120 mg/0.8ml solution</i>	Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 1.6 mL/day
<i>enoxaparin sodium 40 mg/0.4ml solution</i>	Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 0.8 mL/day
<i>enoxaparin sodium 60 mg/0.6ml solution</i>	Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 1.2 mL/day
<i>enoxaparin sodium 80 mg/0.8ml solution</i>	Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 1.6 mL/day
<i>fondaparinux sodium</i>	Non-Preferred	<b>C</b> Limited to a 10 day supply
FRAGMIN <i>dalteparin sodium</i>	Non-Preferred	
<i>heparin lock flush 10 unit/ml solution</i>	Preferred	
<i>heparin sodium (porcine) 10000 unit/ml solution</i>	Preferred	
<i>heparin sodium (porcine) 20000 unit/ml solution</i>	Preferred	
<i>heparin sodium (porcine) 1000 unit/ml solution</i>	Preferred	
<i>heparin sodium (porcine) 5000 unit/ml solution</i>	Preferred	
<i>heparin sodium lock flush</i>	Preferred	
<i>jantoven</i>	Preferred	
LOVENOX 300 MG/3ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 2 mL/day
LOVENOX 30 MG/0.3ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 0.6 mL/day
LOVENOX 150 MG/ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 2 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVENOX 40 MG/0.4ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 0.8 mL/day
LOVENOX 60 MG/0.6ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 1.2 mL/day
LOVENOX 100 MG/ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 2 mL/day
LOVENOX 80 MG/0.8ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 1.6 mL/day
LOVENOX 120 MG/0.8ML SOLUTION <i>enoxaparin sodium</i>	Non-Preferred	<b>C</b> Up to a 180 day supply every 365 days will be allowed without PA <b>QLC</b> 1.6 mL/day
PRADAXA <i>dabigatran etexilate mesylate</i>	Preferred	
SAVAYSA <i>edoxaban tosylate</i>	Non-Preferred	
<i>warfarin sodium 7.5 mg tab</i>	Preferred	
<i>warfarin sodium 6 mg tab</i>	Preferred	
<i>warfarin sodium 4 mg tab</i>	Preferred	
<i>warfarin sodium 2 mg tab</i>	Preferred	
<i>warfarin sodium 3 mg tab</i>	Preferred	
<i>warfarin sodium 2.5 mg tab</i>	Preferred	
<i>warfarin sodium 1 mg tab</i>	Preferred	
<i>warfarin sodium 10 mg tab</i>	Preferred	
<i>warfarin sodium 5 mg tab</i>	Preferred	
XARELTO 1 MG/ML RECON SUSP <i>rivaroxaban</i>	Non-Preferred	
XARELTO 15 MG TAB <i>rivaroxaban</i>	Preferred	<b>QL</b> 2 / 1 days
XARELTO 10 MG TAB <i>rivaroxaban</i>	Preferred	<b>QL</b> 1 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XARELTO 20 MG TAB <i>rivaroxaban</i>	Preferred	QL 1 / 1 days
XARELTO 2.5 MG TAB <i>rivaroxaban</i>	Preferred	QL 2 / 1 days
XARELTO STARTER PACK <i>rivaroxaban</i>	Preferred	QL 51 / 1 years
ZONTIVITY <i>vorapaxar sulfate</i>	Non-Preferred	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ARANESP (ALBUMIN FREE) <i>darbepoetin alfa</i>	Non-Preferred	
EPOGEN <i>epoetin alfa</i>	Preferred	PA
FULPHILA <i>pegfilgrastim-jmdb</i>	Non-Preferred	QLC 2.4 mL/28 days
GRANIX <i>tbo-filgrastim</i>	Preferred	PA
LEUKINE <i>sargramostim</i>	Non-Preferred	
MIRCERA <i>methoxy polyethylene glycol-epoetin beta</i>	Non-Preferred	
MULPLETA <i>lusutrombopag</i>	Non-Preferred	
NEULASTA <i>pegfilgrastim</i>	Non-Preferred	QLC 2.4 mL/28 days
NEULASTA ONPRO <i>pegfilgrastim</i>	Non-Preferred	QLC 2.4 mL/28 days
NEUPOGEN <i>filgrastim</i>	Preferred	PA
NIVESTYM <i>filgrastim-aafi</i>	Non-Preferred	
NPLATE <i>romiplostim</i>	Preferred	PA
NYVEPRIA <i>pegfilgrastim-apgf</i>	Non-Preferred	QLC 2.4 mL/28 days
PROCRIT <i>epoetin alfa</i>	Non-Preferred	
PROMACTA <i>eltrombopag olamine</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>RELEUKO</b> <i>filgrastim-ayow</i>	Non-Preferred	
<b>RETACRIT</b> <i>epoetin alfa-epbx</i>	Preferred	PA
<b>UDENYCA</b> <i>pegfilgrastim-cbqv</i>	Non-Preferred	QLC 2.4 mL/28 days
<b>ZARXIO</b> <i>filgrastim-sndz</i>	Non-Preferred	
<b>ZIEXTENZO</b> <i>pegfilgrastim-bmez</i>	Preferred	PA QLC 2.4 mL/28 days
HEMOSTASIS AGENTS		
<b>ADVATE</b> <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>	Preferred	PA
<b>ADYNOVATE</b> <i>antihemophilic factor (recombinant) pegylated</i>	Preferred	PA
<b>AFSTYLA</b> <i>antihemophilic factor (recombinant) single chain</i>	Preferred	PA
<b>ALPHANATE</b> <i>antihemophilic factor/von willebrand factor complex (human)</i>	Preferred	PA
<b>ALPHANATE/VWF COMPLEX/HUMAN</b> <i>antihemophilic factor/von willebrand factor complex (human)</i>	Preferred	PA
<b>ALPHANINE SD</b> <i>coagulation factor ix</i>	Preferred	PA
<b>ALPROLIX</b> <i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>	Preferred	PA
<i>aminocaproic acid 1000 mg tab</i>	Preferred	
<i>aminocaproic acid 0.25 gm/ml solution</i>	Preferred	
<i>aminocaproic acid 500 mg tab</i>	Preferred	
<b>BENEFIX</b> <i>coagulation factor ix (recombinant)</i>	Preferred	PA
<b>ELOCTATE</b> <i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiic)</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESPEROCT 500 UNIT RECON SOLN <i>antihemophilic factor (recombinant) glycopegylated-exei</i>	Preferred	
ESPEROCT 2000 UNIT RECON SOLN <i>antihemophilic factor (recombinant) glycopegylated-exei</i>	Preferred	PA
ESPEROCT 1000 UNIT RECON SOLN <i>antihemophilic factor (recombinant) glycopegylated-exei</i>	Preferred	PA
ESPEROCT 1500 UNIT RECON SOLN <i>antihemophilic factor (recombinant) glycopegylated-exei</i>	Preferred	PA
ESPEROCT 3000 UNIT RECON SOLN <i>antihemophilic factor (recombinant) glycopegylated-exei</i>	Preferred	PA
FEIBA <i>antiinhibitor coagulant complex</i>	Non-Preferred	
HELIXATE FS <i>antihemophilic factor (recombinant)</i>	Preferred	PA
HEMLIBRA <i>emicizumab-kxwh</i>	Preferred	PA
HEMOFIL M <i>antihemophilic factor (human)</i>	Preferred	PA
HUMATE-P <i>antihemophilic factor/von willebrand factor complex (human)</i>	Preferred	PA
IDELVION <i>coagulation factor ix recomb albumin fusion protein (rix-fp)</i>	Preferred	PA
IXINITY <i>coagulation factor ix (recombinant)</i>	Preferred	PA
JIVI <i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>	Non-Preferred	
KOATE <i>antihemophilic factor (human)</i>	Preferred	PA
KOATE-DVI 1000 UNIT RECON SOLN <i>antihemophilic factor (human)</i>	Preferred	PA
KOGENATE FS <i>antihemophilic factor (recombinant)</i>	Preferred	PA
KOGENATE FS BIO-SET <i>antihemophilic factor (recombinant)</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>KOVALTRY</b> <i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>	Non-Preferred	
<b>MONOCLATE-P</b> <i>antihemophilic factor (human)</i>	Preferred	PA
<b>MONONINE</b> <i>coagulation factor ix</i>	Preferred	PA
<b>NOVOEIGHT</b> <i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>	Preferred	PA
<b>NOVOSEVEN RT</b> <i>coagulation factor viia (recombinant)</i>	Non-Preferred	
<b>NUWIQ 4000 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 250 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 1000 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 1000 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 2500 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 3000 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 3000 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 2500 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 4000 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 2000 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>NUWIQ 500 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 250 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 500 UNIT KIT</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>NUWIQ 2000 UNIT RECON SOLN</b> <i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>	Preferred	PA
<b>OBIZUR</b> <i>antihemophilic factor (recombinant porcine) (rpfviii)</i>	Non-Preferred	
<i>phytonadione 5 mg tab</i>	Preferred	QL 5 / 1 days
<b>PROFILNINE</b> <i>factor ix complex</i>	Preferred	PA
<b>REBINYN</b> <i>coagulation factor ix (recombinant) glycopegylated</i>	Non-Preferred	
<b>RECOMBINATE</b> <i>antihemophilic factor (recombinant)</i>	Preferred	PA
<b>RIXUBIS</b> <i>coagulation factor ix (recombinant)</i>	Preferred	PA
<b>SEVENFACT</b> <i>coagulation factor viia (recombinant)-jncw</i>	Non-Preferred	
<i>tranexamic acid 650 mg tab</i>	Preferred	
<b>VONVENDI</b> <i>von willebrand factor (recombinant)</i>	Non-Preferred	
<b>WILATE</b> <i>antihemophilic factor/von willebrand factor complex (human)</i>	Preferred	PA
<b>XYNTHA</b> <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>	Preferred	PA
<b>XYNTHA SOLOFUSE</b> <i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>PLATELET MODIFYING AGENTS</b>		
ADAKVEO <i>crizanlizumab-tmca</i>	Non-Preferred	
AGGRENEX <i>aspirin-dipyridamole</i>	Preferred	QL 60 / 30 days
<i>aspirin-dipyridamole er</i>	Preferred	QL 60 / 30 days
ASPIRIN-OMEPRAZOLE 81-40 MG TAB DR <i>aspirin-omeprazole</i>	Non-Preferred	
BRILINTA <i>ticagrelor</i>	Preferred	QL 60 / 30 days
<i>cilostazol</i>	Preferred	QL 2 / 1 days
<i>clopidogrel bisulfate 75 mg tab</i>	Preferred	QL 4 / 1 days
<i>clopidogrel bisulfate 300 mg tab</i>	Preferred	
<i>dipyridamole 75 mg tab</i>	Preferred	QL 4 / 1 days
<i>dipyridamole 50 mg tab</i>	Preferred	QL 8 / 1 days
<i>dipyridamole 25 mg tab</i>	Preferred	QL 4 / 1 days
DOPTELET <i>avatrombopag maleate</i>	Non-Preferred	
EFFIENT <i>prasugrel hcl</i>	Non-Preferred	QL 30 / 30 days
OXBRYTA 500 MG TAB <i>voxelotor</i>	Non-Preferred	QL 90 / 30 days
OXBRYTA 300 MG TAB SOL <i>voxelotor</i>	Non-Preferred	QL 150 / 30 days
PLAVIX <i>clopidogrel bisulfate</i>	Non-Preferred	
<i>prasugrel hcl</i>	Preferred	QL 30 / 30 days
TAVALISSE <i>fostatinib disodium</i>	Non-Preferred	
YOSPRALA <i>aspirin-omeprazole</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CARDIOVASCULAR AGENTS</b>		
<b>ALPHA-ADRENERGIC AGONISTS</b>		
CATAPRES <i>clonidine hcl</i>	Non-Preferred	
CATAPRES-TTS-1 <i>clonidine</i>	Non-Preferred	
CATAPRES-TTS-2 <i>clonidine</i>	Non-Preferred	
CATAPRES-TTS-3 <i>clonidine</i>	Non-Preferred	
<i>clonidine</i>	Preferred	QL 4 / 22 days
<i>clonidine hcl 0.2 mg tab</i>	Preferred	QL 8 / 1 days
<i>clonidine hcl 0.3 mg tab</i>	Preferred	QL 8 / 1 days
<i>clonidine hcl 0.1 mg tab</i>	Preferred	QL 8 / 1 days
<i>guanfacine hcl 1 mg tab</i>	Preferred	QL 90 / 30 days
<i>guanfacine hcl 2 mg tab</i>	Preferred	QL 60 / 30 days
<i>methyldopa</i>	Preferred	QL 6 / 1 days
METHYLDOPA <i>methyldopa</i>	Preferred	QL 6 / 1 days
<i>midodrine hcl</i>	Preferred	QL 90 / 30 days
<b>ALPHA-ADRENERGIC BLOCKING AGENTS</b>		
CARDURA <i>doxazosin mesylate</i>	Non-Preferred	
<i>doxazosin mesylate 4 mg tab</i>	Preferred	QL 1 / 1 days
<i>doxazosin mesylate 2 mg tab</i>	Preferred	QL 1 / 1 days
<i>doxazosin mesylate 1 mg tab</i>	Preferred	QL 1 / 1 days
<i>doxazosin mesylate 8 mg tab</i>	Preferred	QL 2 / 1 days
MINIPRESS <i>prazosin hcl</i>	Non-Preferred	QL 120 / 30 days
<i>prazosin hcl 1 mg cap</i>	Preferred	QL 120 / 30 days
<i>prazosin hcl 5 mg cap</i>	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prazosin hcl 2 mg cap</i>	Preferred	QL 120 / 30 days
<i>terazosin hcl</i>	Preferred	QL 2 / 1 days
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND <i>candesartan cilexetil</i>	Non-Preferred	
AVAPRO 300 MG TAB <i>irbesartan</i>	Non-Preferred	QL 30 / 30 days
AVAPRO 75 MG TAB <i>irbesartan</i>	Non-Preferred	QL 30 / 30 days
AVAPRO 150 MG TAB <i>irbesartan</i>	Non-Preferred	QL 60 / 30 days
BENICAR <i>olmesartan medoxomil</i>	Non-Preferred	QL 30 / 30 days
<i>candesartan cilexetil</i>	Non-Preferred	
COZAAR 50 MG TAB <i>losartan potassium</i>	Non-Preferred	QL 90 / 30 days
COZAAR 100 MG TAB <i>losartan potassium</i>	Non-Preferred	QL 30 / 30 days
COZAAR 25 MG TAB <i>losartan potassium</i>	Non-Preferred	QL 90 / 30 days
DIOVAN 320 MG TAB <i>valsartan</i>	Non-Preferred	QL 30 / 30 days
DIOVAN 160 MG TAB <i>valsartan</i>	Non-Preferred	QL 60 / 30 days
DIOVAN 80 MG TAB <i>valsartan</i>	Non-Preferred	QL 60 / 30 days
DIOVAN 40 MG TAB <i>valsartan</i>	Non-Preferred	QL 60 / 30 days
EDARBI <i>azilsartan medoxomil</i>	Non-Preferred	
EPROSARTAN MESYLATE <i>eprosartan mesylate</i>	Non-Preferred	
<i>irbesartan 300 mg tab</i>	Preferred	QL 30 / 30 days
<i>irbesartan 75 mg tab</i>	Preferred	QL 30 / 30 days
<i>irbesartan 150 mg tab</i>	Preferred	QL 60 / 30 days
<i>losartan potassium 25 mg tab</i>	Preferred	QL 90 / 30 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>losartan potassium 100 mg tab</i>	Preferred	QL 30 / 30 days
<i>losartan potassium 50 mg tab</i>	Preferred	QL 90 / 30 days
MICARDIS 40 MG TAB <i>telmisartan</i>	Non-Preferred	QL 2 / 1 days
MICARDIS 20 MG TAB <i>telmisartan</i>	Non-Preferred	
MICARDIS 80 MG TAB <i>telmisartan</i>	Non-Preferred	QL 1 / 1 days
<i>olmesartan medoxomil 40 mg tab</i>	Preferred	QL 30 / 30 days
<i>olmesartan medoxomil 20 mg tab</i>	Preferred	QL 30 / 30 days
<i>olmesartan medoxomil 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>telmisartan 40 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>telmisartan 80 mg tab</i>	Non-Preferred	QL 1 / 1 days
<i>telmisartan 20 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>valsartan 80 mg tab</i>	Preferred	QL 60 / 30 days
<i>valsartan 320 mg tab</i>	Preferred	QL 30 / 30 days
<i>valsartan 40 mg tab</i>	Preferred	QL 60 / 30 days
<i>valsartan 160 mg tab</i>	Preferred	QL 60 / 30 days
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL <i>quinapril hcl</i>	Non-Preferred	QL 60 / 30 days
ALTACE <i>ramipril</i>	Non-Preferred	QL 60 / 30 days
<i>benazepril hcl 10 mg tab</i>	Preferred	QL 2 / 1 days
<i>benazepril hcl 40 mg tab</i>	Preferred	QL 2 / 1 days
<i>benazepril hcl 5 mg tab</i>	Preferred	QL 2 / 1 days
<i>benazepril hcl 20 mg tab</i>	Preferred	QL 2 / 1 days
<i>captopril 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>captopril 25 mg tab</i>	Preferred	QL 3 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZESTRIL <i>lisinopril</i>	Non-Preferred	QL 60 / 30 days
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl 400 mg tab</i>	Preferred	QL 4 / 1 days
<i>amiodarone hcl 200 mg tab</i>	Preferred	QL 4 / 1 days
BETAPACE <i>sotalol hcl</i>	Non-Preferred	QL 60 / 30 days
BETAPACE AF <i>sotalol hcl (afib/af)</i>	Non-Preferred	QL 60 / 30 days
<i>disopyramide phosphate 150 mg cap</i>	Preferred	QL 10 / 1 days
<i>disopyramide phosphate 100 mg cap</i>	Preferred	QL 480 / 30 days
<i>flecainide acetate 150 mg tab</i>	Preferred	QL 2 / 1 days
<i>flecainide acetate 50 mg tab</i>	Preferred	QL 3 / 1 days
<i>flecainide acetate 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>mexiletine hcl 200 mg cap</i>	Preferred	QL 6 / 1 days
<i>mexiletine hcl 150 mg cap</i>	Preferred	QL 8 / 1 days
<i>mexiletine hcl 250 mg cap</i>	Preferred	QL 4 / 1 days
<i>pacerone 400 mg tab</i>	Preferred	QL 4 / 1 days
<i>pacerone 200 mg tab</i>	Preferred	QL 4 / 1 days
<i>propafenone hcl</i>	Preferred	QL 3 / 1 days
<i>quinidine sulfate 200 mg tab</i>	Preferred	QL 6 / 1 days
<i>quinidine sulfate 300 mg tab</i>	Preferred	QL 6 / 1 days
<i>sorine</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl 80 mg tab</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl 160 mg tab</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl 240 mg tab</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl 120 mg tab</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl (af)</i>	Preferred	QL 60 / 30 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>propranolol hcl 20 mg/5ml solution</i>	Preferred	QL 80 / 1 days
<i>propranolol hcl er</i>	Preferred	QL 1 / 1 days
TENORMIN <i>atenolol</i>	Non-Preferred	QL 2 / 1 days
<i>timolol maleate 5 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>timolol maleate 20 mg tab</i>	Non-Preferred	
TIMOLOL MALEATE 20 MG TAB <i>timolol maleate</i>	Non-Preferred	QL 3 / 1 days
<i>timolol maleate 10 mg tab</i>	Non-Preferred	QL 3 / 1 days
TOPROL XL <i>metoprolol succinate</i>	Non-Preferred	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
ADALAT CC <i>nifedipine</i>	Non-Preferred	QL 2 / 1 days
<i>amlodipine besylate 2.5 mg tab</i>	Preferred	QL 2 / 1 days
<i>amlodipine besylate 10 mg tab</i>	Preferred	QL 2 / 1 days
<i>amlodipine besylate 5 mg tab</i>	Preferred	QL 2 / 1 days
CONJUPRI <i>levamlodipine maleate</i>	Non-Preferred	
<i>felodipine er</i>	Preferred	QL 1 / 1 days
<i>isradipine</i>	Non-Preferred	
KATERZIA <i>amlodipine benzoate</i>	Non-Preferred	
<i>nicardipine hcl 20 mg cap</i>	Non-Preferred	QL 6 / 1 days
<i>nicardipine hcl 30 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>nifedipine 10 mg cap</i>	Preferred	QL 4 / 1 days
<i>nifedipine 20 mg cap</i>	Preferred	QL 4 / 1 days
<i>nifedipine er</i>	Preferred	QL 2 / 1 days
<i>nifedipine er osmotic release</i>	Preferred	QL 2 / 1 days
<i>nimodipine 30 mg cap</i>	Preferred	
<i>nisoldipine er 25.5 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nisoldipine er 8.5 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>nisoldipine er 30 mg tab er 24h</i>	Non-Preferred	QL 2 / 1 days
<i>nisoldipine er 20 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>nisoldipine er 34 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>nisoldipine er 17 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>nisoldipine er 40 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
NORVASC <i>amlodipine besylate</i>	Non-Preferred	QL 2 / 1 days
NYMALIZE <i>nimodipine</i>	Non-Preferred	
PROCARDIA <i>nifedipine</i>	Non-Preferred	
PROCARDIA XL <i>nifedipine</i>	Non-Preferred	QL 2 / 1 days
SULAR <i>nisoldipine</i>	Non-Preferred	QL 1 / 1 days
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN 120 MG TAB <i>verapamil hcl</i>	Non-Preferred	
CALAN SR 240 MG TAB ER <i>verapamil hcl</i>	Non-Preferred	QL 2 / 1 days
CALAN SR 120 MG TAB ER <i>verapamil hcl</i>	Non-Preferred	QL 1 / 1 days
CALAN SR 180 MG TAB ER <i>verapamil hcl</i>	Non-Preferred	QL 2 / 1 days
CARDIZEM 60 MG TAB <i>diltiazem hcl</i>	Non-Preferred	
CARDIZEM 30 MG TAB <i>diltiazem hcl</i>	Non-Preferred	
CARDIZEM 120 MG TAB <i>diltiazem hcl</i>	Non-Preferred	QL 2 / 1 days
CARDIZEM CD 360 MG CAP ER 24H <i>diltiazem hcl coated beads</i>	Non-Preferred	QL 1 / 1 days
CARDIZEM CD 180 MG CAP ER 24H <i>diltiazem hcl coated beads</i>	Non-Preferred	QL 1 / 1 days

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



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl er beads 300 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>diltiazem hcl er beads 420 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>diltiazem hcl er beads 360 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 420 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 120 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 240 mg cap er 24h</i>	Preferred	QL 60 / 30 days
<i>diltiazem hcl er coated beads 180 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 300 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 360 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 180 mg cap er 24h</i>	Preferred	QL 30 / 30 days
<i>diltiazem hcl er coated beads 300 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 360 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>diltiazem hcl er coated beads 240 mg tab er 24h</i>	Non-Preferred	QL 1 / 1 days
<i>matzim la</i>	Non-Preferred	QL 1 / 1 days
<i>taztia xt 180 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>taztia xt 240 mg cap er 24h</i>	Preferred	QL 2 / 1 days
<i>taztia xt 360 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>taztia xt 300 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>taztia xt 120 mg cap er 24h</i>	Preferred	QL 1 / 1 days
<i>tiadyt er</i>	Preferred	
TIAZAC 360 MG CAP ER 24H <i>diltiazem hcl extended release beads</i>	Non-Preferred	QL 1 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CARDIOVASCULAR AGENTS, OTHER</b>		
<b>ACCURETIC</b> <i>quinapril-hydrochlorothiazide</i>	Non-Preferred	
<i>acetazolamide 125 mg tab</i>	Preferred	QL 4 / 1 days
<i>acetazolamide 250 mg tab</i>	Preferred	QL 4 / 1 days
<b>ALDACTAZIDE 50-50 MG TAB</b> <i>spironolactone &amp; hydrochlorothiazide</i>	Preferred	
<i>aliskiren fumarate</i>	Non-Preferred	
<i>amiloride-hydrochlorothiazide</i>	Preferred	QL 2 / 1 days
<i>amlodipine besy-benazepril hcl</i>	Preferred	QL 1 / 1 days
<i>amlodipine besylate-valsartan</i>	Preferred	
<i>amlodipine-atorvastatin</i>	Non-Preferred	
<b>AMLODIPINE-ATORVASTATIN 2.5-10 MG TAB</b> <i>amlodipine besylate-atorvastatin calcium</i>	Non-Preferred	
<i>amlodipine-olmesartan</i>	Preferred	
<i>amlodipine-valsartan-hctz</i>	Preferred	
<b>ATACAND HCT</b> <i>candesartan cilexetil-hydrochlorothiazide</i>	Non-Preferred	
<i>atenolol-chlorthalidone 100-25 mg tab</i>	Preferred	QL 1 / 1 days
<i>atenolol-chlorthalidone 50-25 mg tab</i>	Preferred	QL 2 / 1 days
<b>AVALIDE</b> <i>irbesartan-hydrochlorothiazide</i>	Non-Preferred	QL 30 / 30 days
<b>AZOR</b> <i>amlodipine besylate-olmesartan medoxomil</i>	Non-Preferred	
<i>benazepril-hydrochlorothiazide</i>	Preferred	
<b>BENAZEPRIL-HYDROCHLOROTHIAZIDE 5-6.25 MG TAB</b> <i>benazepril &amp; hydrochlorothiazide</i>	Preferred	
<b>BENICAR HCT</b> <i>olmesartan medoxomil-hydrochlorothiazide</i>	Non-Preferred	QL 30 / 30 days
<b>BIDIL</b> <i>isosorbide dinitrate-hydralazine hcl</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab</i>	Preferred	QL 1 / 1 days
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab</i>	Preferred	QL 1 / 1 days
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	Preferred	QL 60 / 30 days
<b>CADUET</b> <i>amlodipine besylate-atorvastatin calcium</i>	Non-Preferred	
<i>candesartan cilexetil-hctz</i>	Non-Preferred	
<i>captopril-hydrochlorothiazide 25-15 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>captopril-hydrochlorothiazide 25-25 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>captopril-hydrochlorothiazide 50-15 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>captopril-hydrochlorothiazide 50-25 mg tab</i>	Non-Preferred	QL 2 / 1 days
<b>CORZIDE</b> <i>nadolol &amp; bendroflumethiazide</i>	Non-Preferred	
<i>digitek</i>	Preferred	
<i>digox</i>	Preferred	
<i>digoxin 0.05 mg/ml solution</i>	Preferred	QL 5 / 1 days
<i>digoxin 125 mcg tab</i>	Preferred	
<i>digoxin 250 mcg tab</i>	Preferred	
<b>DIOVAN HCT 320-25 MG TAB</b> <i>valsartan-hydrochlorothiazide</i>	Non-Preferred	QL 30 / 30 days
<b>DIOVAN HCT 160-12.5 MG TAB</b> <i>valsartan-hydrochlorothiazide</i>	Non-Preferred	QL 60 / 30 days
<b>DIOVAN HCT 80-12.5 MG TAB</b> <i>valsartan-hydrochlorothiazide</i>	Non-Preferred	QL 60 / 30 days
<b>DIOVAN HCT 320-12.5 MG TAB</b> <i>valsartan-hydrochlorothiazide</i>	Non-Preferred	QL 30 / 30 days
<b>DIOVAN HCT 160-25 MG TAB</b> <i>valsartan-hydrochlorothiazide</i>	Non-Preferred	QL 60 / 30 days
<b>EDARBYCLOR</b> <i>azilsartan medoxomil-chlorthalidone</i>	Non-Preferred	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	Preferred	QL 1 / 1 days
<b>ENTRESTO</b> <i>sacubitril-valsartan</i>	Preferred	QL 60 / 30 days
<b>EXFORGE</b> <i>amlodipine besylate-valsartan</i>	Non-Preferred	
<b>EXFORGE HCT</b> <i>amlodipine-valsartan-hydrochlorothiazide</i>	Non-Preferred	
<i>fosinopril sodium-hctz</i>	Preferred	
<b>HYZAAR</b> <i>losartan potassium &amp; hydrochlorothiazide</i>	Non-Preferred	QL 30 / 30 days
<i>irbesartan-hydrochlorothiazide</i>	Preferred	QL 30 / 30 days
<i>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
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab</i>	Preferred	QL 60 / 30 days
<i>losartan potassium-hctz</i>	Preferred	QL 30 / 30 days
<b>LOTENSIN HCT</b> <i>benazepril &amp; hydrochlorothiazide</i>	Non-Preferred	
<b>LOTREL</b> <i>amlodipine besylate-benazepril hcl</i>	Non-Preferred	QL 1 / 1 days
<i>methyldopa-hydrochlorothiazide</i>	Non-Preferred	
<i>metoprolol-hydrochlorothiazide 100-25 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>metoprolol-hydrochlorothiazide 50-25 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	Non-Preferred	QL 30 / 30 days
<b>MICARDIS HCT</b> <i>telmisartan-hydrochlorothiazide</i>	Non-Preferred	
<i>moexipril-hydrochlorothiazide 15-25 mg tab</i>	Non-Preferred	
<i>moexipril-hydrochlorothiazide 15-12.5 mg tab</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NADOLOL-BENDROFLUMETHIAZIDE <i>nadolol &amp; bendroflumethiazide</i>	Non-Preferred	
NEXLETOL <i>bempedoic acid</i>	Non-Preferred	
<i>olmesartan medoxomil-hctz</i>	Preferred	QL 30 / 30 days
<i>olmesartan-amlodipine-hctz</i>	Preferred	
<i>pentoxifylline er</i>	Preferred	QL 3 / 1 days
<i>propranolol-hctz</i>	Preferred	QL 2 / 1 days
<i>quinapril-hydrochlorothiazide</i>	Preferred	
RANEXA <i>ranolazine</i>	Non-Preferred	
<i>ranolazine er</i>	Preferred	PA
<i>spironolactone-hctz</i>	Preferred	QL 8 / 1 days
TARKA <i>trandolapril-verapamil hcl</i>	Non-Preferred	
TEKTURNA <i>aliskiren fumarate</i>	Non-Preferred	
TEKTURNA HCT <i>aliskiren-hydrochlorothiazide</i>	Non-Preferred	
<i>telmisartan-amlodipine</i>	Preferred	
<i>telmisartan-hctz</i>	Non-Preferred	
TENORETIC 100 <i>atenolol &amp; chlorthalidone</i>	Non-Preferred	QL 1 / 1 days
TENORETIC 50 <i>atenolol &amp; chlorthalidone</i>	Non-Preferred	QL 2 / 1 days
<i>trandolapril-verapamil hcl er</i>	Preferred	
TRANDOLAPRIL-VERAPAMIL HCL ER 4-240 MG TAB ER <i>trandolapril-verapamil hcl</i>	Preferred	
TRANDOLAPRIL-VERAPAMIL HCL ER 2-240 MG TAB ER <i>trandolapril-verapamil hcl</i>	Preferred	
TRANDOLAPRIL-VERAPAMIL HCL ER 2-180 MG TAB ER <i>trandolapril-verapamil hcl</i>	Preferred	
<i>triamterene-hctz 75-50 mg tab</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamterene-hctz 37.5-25 mg cap</i>	Preferred	QL 2 / 1 days
<i>triamterene-hctz 37.5-25 mg tab</i>	Preferred	QL 1 / 1 days
<b>TRIBENZOR</b> <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	Non-Preferred	
<b>TWYNSTA</b> <i>telmisartan-amlodipine</i>	Non-Preferred	
<i>valsartan-hydrochlorothiazide 320-25 mg tab</i>	Preferred	QL 30 / 30 days
<i>valsartan-hydrochlorothiazide 160-12.5 mg tab</i>	Preferred	QL 60 / 30 days
<i>valsartan-hydrochlorothiazide 80-12.5 mg tab</i>	Preferred	QL 60 / 30 days
<i>valsartan-hydrochlorothiazide 160-25 mg tab</i>	Preferred	QL 60 / 30 days
<i>valsartan-hydrochlorothiazide 320-12.5 mg tab</i>	Preferred	QL 30 / 30 days
<b>VASERETIC</b> <i>enalapril maleate &amp; hydrochlorothiazide</i>	Non-Preferred	QL 2 / 1 days
<b>ZESTORETIC 20-25 MG TAB</b> <i>lisinopril &amp; hydrochlorothiazide</i>	Non-Preferred	QL 60 / 30 days
<b>ZESTORETIC 20-12.5 MG TAB</b> <i>lisinopril &amp; hydrochlorothiazide</i>	Non-Preferred	QL 60 / 30 days
<b>ZESTORETIC 10-12.5 MG TAB</b> <i>lisinopril &amp; hydrochlorothiazide</i>	Non-Preferred	QL 30 / 30 days
<b>ZIAC</b> <i>bisoprolol &amp; hydrochlorothiazide</i>	Non-Preferred	QL 1 / 1 days
<b>DIURETICS, LOOP</b>		
<i>bumetanide 1 mg tab</i>	Preferred	QL 5 / 1 days
<i>bumetanide 0.5 mg tab</i>	Preferred	QL 5 / 1 days
<i>bumetanide 2 mg tab</i>	Preferred	QL 5 / 1 days
<i>furosemide 40 mg tab</i>	Preferred	QL 15 / 1 days
<i>furosemide 10 mg/ml solution</i>	Preferred	QL 60 / 1 days
<i>furosemide 80 mg tab</i>	Preferred	QL 7 / 1 days
<i>furosemide 8 mg/ml solution</i>	Preferred	QL 75 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>furosemide 20 mg tab</i>	Preferred	QL 15 / 1 days
<i>torsemide 10 mg tab</i>	Preferred	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>spironolactone 50 mg tab</i>	Preferred	QL 2 / 1 days
<i>spironolactone 100 mg tab</i>	Preferred	QL 4 / 1 days
<i>spironolactone 25 mg tab</i>	Preferred	QL 2 / 1 days
DIURETICS, THIAZIDE		
<i>chlorothiazide 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>chlorothiazide 250 mg tab</i>	Preferred	QL 4 / 1 days
<i>chlorthalidone</i>	Preferred	QL 4 / 1 days
DIURIL <i>chlorothiazide</i>	Preferred	QL 40 / 1 days
<i>hydrochlorothiazide 50 mg tab</i>	Preferred	QL 120 / 30 days
<i>hydrochlorothiazide 12.5 mg cap</i>	Preferred	QL 120 / 30 days
<i>hydrochlorothiazide 12.5 mg tab</i>	Preferred	QL 4 / 1 days
<i>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 2 / 1 days
<i>methyclothiazide</i>	Preferred	QL 2 / 1 days
<i>metolazone</i>	Preferred	QL 2 / 1 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA <i>fenofibrate micronized</i>	Non-Preferred	
<i>fenofibrate 145 mg tab</i>	Preferred	QL 1 / 1 days
<i>fenofibrate 200 mg cap</i>	Preferred	QL 1 / 1 days
<i>fenofibrate 134 mg cap</i>	Preferred	QL 1 / 1 days
<i>fenofibrate 48 mg tab</i>	Preferred	QL 1 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fenofibrate 50 mg cap</i>	Non-Preferred	
<i>fenofibrate 120 mg tab</i>	Non-Preferred	
<i>fenofibrate 160 mg tab</i>	Preferred	QL 1 / 1 days
<i>fenofibrate 40 mg tab</i>	Non-Preferred	
<i>fenofibrate 54 mg tab</i>	Preferred	QL 1 / 1 days
<i>fenofibrate 67 mg cap</i>	Preferred	QL 1 / 1 days
<i>fenofibrate 150 mg cap</i>	Non-Preferred	
FENOFIBRATE MICRONIZED 90 MG CAP <i>fenofibrate micronized</i>	Non-Preferred	
<i>fenofibrate micronized 67 mg cap</i>	Preferred	QL 1 / 1 days
<i>fenofibrate micronized 43 mg cap</i>	Preferred	
<i>fenofibrate micronized 134 mg cap</i>	Preferred	QL 1 / 1 days
<i>fenofibrate micronized 130 mg cap</i>	Preferred	
<i>fenofibrate micronized 200 mg cap</i>	Preferred	QL 1 / 1 days
FENOFIBRATE MICRONIZED 30 MG CAP <i>fenofibrate micronized</i>	Non-Preferred	
<i>fenofibric acid 135 mg cap dr</i>	Preferred	
<i>fenofibric acid 35 mg tab</i>	Non-Preferred	
<i>fenofibric acid 45 mg cap dr</i>	Preferred	
FENOFIBRIC ACID 35 MG TAB <i>fenofibric acid</i>	Non-Preferred	
FENOFIBRIC ACID 105 MG TAB <i>fenofibric acid</i>	Non-Preferred	
<i>fenofibric acid 105 mg tab</i>	Non-Preferred	
FENOGLIDE <i>fenofibrate</i>	Non-Preferred	
FIBRICOR <i>fenofibric acid</i>	Non-Preferred	
<i>gemfibrozil 600 mg tab</i>	Preferred	QL 2 / 1 days
LIPOFEN <i>fenofibrate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>LOPID</b> <i>gemfibrozil</i>	Non-Preferred	QL 2 / 1 days
<b>TRICOR</b> <i>fenofibrate</i>	Non-Preferred	QL 1 / 1 days
<b>TRIGLIDE</b> <i>fenofibrate</i>	Non-Preferred	QL 1 / 1 days
<b>TRILIPIX</b> <i>choline fenofibrate</i>	Non-Preferred	
<b>DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS</b>		
<b>ALTOPREV</b> <i>lovastatin</i>	Non-Preferred	
<i>atorvastatin calcium 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>atorvastatin calcium 40 mg tab</i>	Preferred	QL 30 / 30 days
<i>atorvastatin calcium 80 mg tab</i>	Preferred	QL 30 / 30 days
<i>atorvastatin calcium 20 mg tab</i>	Preferred	QL 30 / 30 days
<b>CRESTOR</b> <i>rosuvastatin calcium</i>	Non-Preferred	QL 1 / 1 days
<b>EZALLOR SPRINKLE</b> <i>rosuvastatin calcium</i>	Non-Preferred	
<i>fluvastatin sodium</i>	Non-Preferred	QL 30 / 30 days
<i>fluvastatin sodium er</i>	Non-Preferred	
<b>LESCOL XL</b> <i>fluvastatin sodium</i>	Non-Preferred	
<b>LIPITOR</b> <i>atorvastatin calcium</i>	Non-Preferred	QL 30 / 30 days
<b>LIVALO</b> <i>pitavastatin calcium</i>	Non-Preferred	
<i>lovastatin 20 mg tab</i>	Preferred	QL 1 / 1 days
<i>lovastatin 40 mg tab</i>	Preferred	QL 2 / 1 days
<i>lovastatin 10 mg tab</i>	Preferred	QL 1 / 1 days
<b>PRAVACHOL</b> <i>pravastatin sodium</i>	Non-Preferred	QL 1 / 1 days
<i>pravastatin sodium</i>	Preferred	QL 1 / 1 days
<i>rosuvastatin calcium</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>simvastatin 40 mg tab</i>	Preferred	QL 1 / 1 days
SIMVASTATIN 20 MG/5ML SUSPENSION <i>simvastatin</i>	Non-Preferred	
<i>simvastatin 20 mg tab</i>	Preferred	QL 1 / 1 days
<i>simvastatin 5 mg tab</i>	Preferred	QL 1 / 1 days
<i>simvastatin 10 mg tab</i>	Preferred	QL 1 / 1 days
<i>simvastatin 80 mg tab</i>	Preferred	QL 1 / 1 days
ZOCOR 20 MG TAB <i>simvastatin</i>	Non-Preferred	QL 1 / 1 days
ZOCOR 10 MG TAB <i>simvastatin</i>	Non-Preferred	QL 1 / 1 days
ZOCOR 40 MG TAB <i>simvastatin</i>	Non-Preferred	QL 1 / 1 days
ZOCOR 80 MG TAB <i>simvastatin</i>	Non-Preferred	QL 1 / 1 days
ZYPITAMAG <i>pitavastatin magnesium</i>	Non-Preferred	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine 4 gm packet</i>	Preferred	QL 6 / 1 days
<i>cholestyramine 4 gm/dose powder</i>	Preferred	QLC 54 grams/day
<i>cholestyramine light 4 gm/dose powder</i>	Preferred	QLC 54 grams/day
<i>cholestyramine light 4 gm packet</i>	Preferred	QL 6 / 1 days
<i>colesevelam hcl</i>	Non-Preferred	
COLESTID <i>colestipol hcl</i>	Non-Preferred	
COLESTID FLAVORED <i>colestipol hcl</i>	Non-Preferred	
<i>colestipol hcl 5 gm packet</i>	Non-Preferred	
<i>colestipol hcl 1 gm tab</i>	Preferred	
<i>colestipol hcl 5 gm granules</i>	Non-Preferred	
EVKEEZA <i>evinacumab-dgnb</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ezetimibe</i>	Preferred	QL 30 / 30 days
<i>ezetimibe-simvastatin</i>	Non-Preferred	
<i>icosapent ethyl</i>	Non-Preferred	QL 120 / 30 days
JUXTAPID <i>lomitapide mesylate</i>	Non-Preferred	
LOVAZA <i>omega-3-acid ethyl esters</i>	Non-Preferred	
NEXLIZET <i>bempedoic acid-ezetimibe</i>	Non-Preferred	
NIACIN (ANTIHYPERLIPIDEMIC) <i>niacin (antihyperlipidemic)</i>	Non-Preferred	
<i>niacin er (antihyperlipidemic) 1000 mg tab er</i>	Non-Preferred	
<i>niacin er (antihyperlipidemic) 750 mg tab er</i>	Non-Preferred	
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	Non-Preferred	QL 4 / 1 days
NIACOR <i>niacin (antihyperlipidemic)</i>	Non-Preferred	
NIASPAN <i>niacin (antihyperlipidemic)</i>	Non-Preferred	
<i>omega-3-acid ethyl esters</i>	Preferred	QL 4 / 1 days
PRALUENT <i>alirocumab</i>	Non-Preferred	QL 2 / 28 days
<i>prevalite 4 gm packet</i>	Preferred	
<i>prevalite 4 gm/dose powder</i>	Preferred	QLC 54 grams/day
QUESTRAN <i>cholestyramine</i>	Non-Preferred	
QUESTRAN LIGHT <i>cholestyramine light</i>	Non-Preferred	
REPATHA <i>evolocumab</i>	Non-Preferred	QL 3 / 28 days
REPATHA PUSHTRONEX SYSTEM <i>evolocumab</i>	Non-Preferred	
REPATHA SURECLICK <i>evolocumab</i>	Non-Preferred	QL 3 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROSZET <i>ezetimibe-rosuvastatin calcium</i>	Non-Preferred	
VASCEPA 0.5 GM CAP <i>icosapent ethyl</i>	Non-Preferred	QL 240 / 30 days
VASCEPA 1 GM CAP <i>icosapent ethyl</i>	Non-Preferred	QL 120 / 30 days
VYTORIN <i>ezetimibe-simvastatin</i>	Non-Preferred	
WELCHOL <i>colesevelam hcl</i>	Non-Preferred	
ZETIA <i>ezetimibe</i>	Non-Preferred	QL 30 / 30 days
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl 10 mg tab</i>	Preferred	QL 4 / 1 days
<i>hydralazine hcl 50 mg tab</i>	Preferred	QL 4 / 1 days
<i>hydralazine hcl 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>hydralazine hcl 100 mg tab</i>	Preferred	QL 3 / 1 days
<i>minoxidil 2.5 mg tab</i>	Preferred	QL 4 / 1 days
<i>minoxidil 10 mg tab</i>	Preferred	QL 10 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
DILATRATE-SR <i>isosorbide dinitrate</i>	Non-Preferred	
GONITRO <i>nitroglycerin</i>	Non-Preferred	
ISORDIL TITRADOSE <i>isosorbide dinitrate</i>	Non-Preferred	
<i>isosorbide dinitrate 10 mg tab</i>	Non-Preferred	QL 8 / 1 days
<i>isosorbide dinitrate 40 mg tab</i>	Non-Preferred	
<i>isosorbide dinitrate 20 mg tab</i>	Non-Preferred	QL 8 / 1 days
<i>isosorbide dinitrate 30 mg tab</i>	Non-Preferred	QL 8 / 1 days
<i>isosorbide dinitrate 5 mg tab</i>	Non-Preferred	QL 8 / 1 days
<i>isosorbide dinitrate er</i>	Preferred	QL 2 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NITROMIST <i>nitroglycerin</i>	Non-Preferred	
NITROSTAT <i>nitroglycerin</i>	Non-Preferred	
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL 10 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL 12.5 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL 20 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL 30 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL 7.5 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL 15 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 3 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL 5 MG TAB <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ADDERALL XR <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADZENYS ER <i>amphetamine</i>	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADZENYS XR-ODT <i>amphetamine</i>	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
AMPHETAMINE ER <i>amphetamine</i>	Non-Preferred	
<i>amphetamine sulfate</i>	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphet er</i>	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 12.5 mg tab</i>	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 10 mg tab</i>	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 15 mg tab</i>	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 5 mg tab</i>	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 30 mg tab</i>	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 7.5 mg tab</i>	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>amphetamine-dextroamphetamine 20 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
AZSTARYS <i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DESOXYN <i>methamphetamine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DEXEDRINE 5 MG CAP ER 24H <i>dextroamphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DEXEDRINE 15 MG CAP ER 24H <i>dextroamphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DEXEDRINE 10 MG CAP ER 24H <i>dextroamphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate 5 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 180 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate 5 mg/5ml solution</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate 10 mg tab</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate er 10 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dextroamphetamine sulfate er 5 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dextroamphetamine sulfate er 15 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DYANAVEL XR <i>amphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
EVEKEO <i>amphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
EVEKEO ODT <i>amphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methamphetamine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
MYDAYIS <i>amphetamine-dextroamphetamine</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>procentra</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 40 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 10 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 30 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VYVANSE 60 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 20 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 50 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 20 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 60 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 50 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 70 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 40 MG CAP <i>lisdexamfetamine dimesylate</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
VYVANSE 10 MG CHEW TAB <i>lisdexamfetamine dimesylate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zenzedi 10 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>zenzedi 15 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZENZEDI 2.5 MG TAB <i>dextroamphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
ZENZEDI 7.5 MG TAB <i>dextroamphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>zenzedi 20 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>zenzedi 30 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>zenzedi 5 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES</b>		
ADHANSIA XR <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
APTENSIO XR <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>atomoxetine hcl 10 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>atomoxetine hcl 40 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>atomoxetine hcl 100 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>atomoxetine hcl 80 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>atomoxetine hcl 18 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>atomoxetine hcl 25 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>atomoxetine hcl 60 mg cap</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>clonidine hcl er</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CONCERTA 36 MG TAB ER <i>methylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CONCERTA 27 MG TAB ER <i>methylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
CONCERTA 54 MG TAB ER <i>methylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONCERTA 18 MG TAB ER <i>methylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
COTEMPLA XR-ODT <i>methylphenidate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
DAYTRANA <i>methylphenidate</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 10 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 30 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 15 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 25 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 5 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 35 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dexmethylphenidate hcl er 20 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>dexmethylphenidate hcl er 40 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN XR 35 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN XR 10 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN XR 40 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN XR 25 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN XR 30 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 1 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
FOCALIN XR 20 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOCALIN XR 5 MG CAP ER 24H <i>dexmethylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>guanfacine hcl er 2 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>guanfacine hcl er 4 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>guanfacine hcl er 3 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>guanfacine hcl er 1 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
INTUNIV 2 MG TAB ER 24H <i>guanfacine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
INTUNIV 3 MG TAB ER 24H <i>guanfacine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
INTUNIV 1 MG TAB ER 24H <i>guanfacine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
INTUNIV 4 MG TAB ER 24H <i>guanfacine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
JORNAY PM <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KAPVAY <i>clonidine hcl (adhd)</i>	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>metadate er</i>	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLIN <i>methylphenidate hcl</i>	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 5 mg/5ml solution</i>	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 5 mg chew tab</i>	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 10 mg chew tab</i>	Non-Preferred	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 20 mg tab</i>	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 5 mg tab</i>	Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 10 mg/5ml solution</i>	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 2.5 mg chew tab</i>	Non-Preferred	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl 10 mg tab</i>	Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er 36 mg tab er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 10 mg tab er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 27 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 36 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 18 mg tab er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 27 mg tab er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 54 mg tab er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 20 mg tab er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
METHYLPHENIDATE HCL ER 72 MG TAB ER <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er 18 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er 54 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) 30 mg cap er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) 20 mg cap er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) 60 mg cap er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) 40 mg cap er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) 10 mg cap er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (cd) 50 mg cap er</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (la) 20 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (la) 30 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (la) 40 mg cap er 24h</i>	Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
<i>methylphenidate hcl er (xr)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
QELBREE 200 MG CAP ER 24H <i>viloxazine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
QELBREE 100 MG CAP ER 24H <i>viloxazine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
QELBREE 150 MG CAP ER 24H <i>viloxazine hcl (adhd)</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
QUILLICHEW ER <i>methylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
QUILLIVANT XR <i>methylphenidate hcl</i>	Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RELEXXII <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RITALIN 5 MG TAB <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 120 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RITALIN 10 MG TAB <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN 20 MG TAB <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 90 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RITALIN LA 20 MG CAP ER 24H <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RITALIN LA 40 MG CAP ER 24H <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 30 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RITALIN LA 10 MG CAP ER 24H <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
RITALIN LA 30 MG CAP ER 24H <i>methylphenidate hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 60 / 30 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
STRATTERA 25 MG CAP <i>atomoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
STRATTERA 10 MG CAP <i>atomoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
STRATTERA 40 MG CAP <i>atomoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>
STRATTERA 18 MG CAP <i>atomoxetine hcl</i>	Non-Preferred	<ul style="list-style-type: none"> <li>QL 2 / 1 days</li> <li>AL1 4 to 17 yrs old</li> <li>C Age restriction, clinical PA required</li> </ul>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STRATTERA 100 MG CAP <i>atomoxetine hcl</i>	Non-Preferred	<p>QL 1 / 1 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
STRATTERA 60 MG CAP <i>atomoxetine hcl</i>	Non-Preferred	<p>QL 1 / 1 days</p> <p>AL1 4 to 17 yrs old</p> <p>C Age restriction, clinical PA required</p>
CENTRAL NERVOUS SYSTEM, OTHER		
ALLZITAL <i>butalbital-acetaminophen</i>	Non-Preferred	QLC Max 18 tabs/caps per month
AUSTEDO <i>deutetrabenazine</i>	Preferred	PA
<i>bac</i>	Preferred	<p>PA</p> <p>QLC Max 18 tabs/caps per month</p>
<i>bupap</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-acetaminophen 50-300 mg cap</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-acetaminophen 50-300 mg tab</i>	Non-Preferred	QLC Max 18 tabs/caps per month
BUTALBITAL-ACETAMINOPHEN 25-325 MG TAB <i>butalbital-acetaminophen</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-acetaminophen 50-325 mg tab</i>	Non-Preferred	QLC Max 18 tabs/caps per month
BUTALBITAL-ACETAMINOPHEN 50-300 MG CAP <i>butalbital-acetaminophen</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-apap</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	Preferred	<p>PA</p> <p>QLC Max 18 tabs/caps per month</p>
<i>butalbital-apap-caffeine 50-325-40 mg cap</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-apap-caffeine 50-300-40 mg cap</i>	Non-Preferred	QLC Max 18 tabs/caps per month

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESGIC 50-325-40 MG TAB <i>butalbital-acetaminophen-caffeine</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>esgic 50-325-40 mg cap</i>	Non-Preferred	QLC Max 18 tabs/caps per month
FIORICET <i>butalbital-acetaminophen-caffeine</i>	Non-Preferred	QLC Max 18 tabs/caps per month
GRALISE 600 MG TAB <i>gabapentin (once-daily)</i>	Non-Preferred	
GRALISE 300 MG TAB <i>gabapentin (once-daily)</i>	Non-Preferred	
HORIZANT <i>gabapentin enacarbil</i>	Non-Preferred	
INGREZZA 60 MG CAP <i>valbenazine tosylate</i>	Preferred	QL 30 / 30 days PA
INGREZZA 80 MG CAP <i>valbenazine tosylate</i>	Preferred	QL 1 / 1 days PA
INGREZZA 40 & 80 MG CAP THPK <i>valbenazine tosylate</i>	Preferred	PA
INGREZZA 40 MG CAP <i>valbenazine tosylate</i>	Preferred	QL 30 / 30 days PA
<i>tetrabenazine</i>	Preferred	PA
<i>vanatol lq</i>	Non-Preferred	QLC 270 mL/30 days
<i>vanatol s</i>	Non-Preferred	QLC 270 mL/30 days
VTOL LQ <i>butalbital-acetaminophen-caffeine</i>	Non-Preferred	QLC 270 mL/30 days
XENAZINE <i>tetrabenazine</i>	Non-Preferred	
<i>zebutal</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<b>FIBROMYALGIA AGENTS</b>		
CYMBALTA <i>duloxetine hcl</i>	Non-Preferred	QL 2 / 1 days
DRIZALMA SPRINKLE <i>duloxetine hcl</i>	Non-Preferred	
<i>duloxetine hcl 40 mg cp dr part</i>	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>duloxetine hcl 30 mg cp dr part</i>	Preferred	QL 2 / 1 days
<i>duloxetine hcl 20 mg cp dr part</i>	Preferred	QL 2 / 1 days
<i>duloxetine hcl 60 mg cp dr part</i>	Preferred	QL 2 / 1 days
LYRICA 150 MG CAP <i>pregabalin</i>	Non-Preferred	QL 3 / 1 days
LYRICA 20 MG/ML SOLUTION <i>pregabalin</i>	Non-Preferred	QLC 30 mL/day
LYRICA 75 MG CAP <i>pregabalin</i>	Non-Preferred	QL 3 / 1 days
LYRICA 100 MG CAP <i>pregabalin</i>	Non-Preferred	QL 3 / 1 days
LYRICA 25 MG CAP <i>pregabalin</i>	Non-Preferred	QL 3 / 1 days
LYRICA 200 MG CAP <i>pregabalin</i>	Non-Preferred	QL 3 / 1 days
LYRICA 50 MG CAP <i>pregabalin</i>	Non-Preferred	QL 3 / 1 days
LYRICA 300 MG CAP <i>pregabalin</i>	Non-Preferred	QL 2 / 1 days
LYRICA 225 MG CAP <i>pregabalin</i>	Non-Preferred	QL 2 / 1 days
LYRICA CR 330 MG TAB ER 24H <i>pregabalin (once-daily)</i>	Non-Preferred	QL 60 / 30 days
LYRICA CR 165 MG TAB ER 24H <i>pregabalin (once-daily)</i>	Non-Preferred	QL 90 / 30 days
LYRICA CR 82.5 MG TAB ER 24H <i>pregabalin (once-daily)</i>	Non-Preferred	QL 90 / 30 days
<i>pregabalin 20 mg/ml solution</i>	Preferred	QLC 30 mL/day
<i>pregabalin 75 mg cap</i>	Preferred	QL 3 / 1 days
<i>pregabalin 300 mg cap</i>	Preferred	QL 2 / 1 days
<i>pregabalin 150 mg cap</i>	Preferred	QL 3 / 1 days
<i>pregabalin 25 mg cap</i>	Preferred	QL 3 / 1 days
<i>pregabalin 225 mg cap</i>	Preferred	QL 2 / 1 days
<i>pregabalin 100 mg cap</i>	Preferred	QL 3 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pregabalin 50 mg cap</i>	Preferred	QL 3 / 1 days
<i>pregabalin 200 mg cap</i>	Preferred	QL 3 / 1 days
<i>pregabalin er</i>	Non-Preferred	
SAVELLA <i>milnacipran hcl</i>	Non-Preferred	
SAVELLA TITRATION PACK <i>milnacipran hcl</i>	Non-Preferred	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA <i>dalfampridine</i>	Non-Preferred	QL 60 / 30 days
AUBAGIO <i>teriflunomide</i>	Preferred	QL 30 / 30 days PA
AVONEX <i>interferon beta-1a</i>	Preferred	
AVONEX PEN <i>interferon beta-1a</i>	Preferred	
AVONEX PREFILLED <i>interferon beta-1a</i>	Preferred	
BAFIERTAM <i>monomethyl fumarate</i>	Non-Preferred	QL 120 / 30 days
BETASERON <i>interferon beta-1b</i>	Preferred	
COPAXONE 20 MG/ML SOLN PRSYR <i>glatiramer acetate</i>	Non-Preferred	QL 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR <i>glatiramer acetate</i>	Non-Preferred	QL 12 / 28 days
<i>dalfampridine er</i>	Preferred	QL 60 / 30 days PA
<i>dimethyl fumarate 240 mg cap dr</i>	Preferred	PA
<i>dimethyl fumarate 120 mg cap dr</i>	Preferred	PA
<i>dimethyl fumarate starter pack</i>	Preferred	PA
EXTAVIA <i>interferon beta-1b</i>	Non-Preferred	
FLEQSUVY <i>baclofen</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GILENYA 0.5 MG CAP <i> fingolimod hcl</i>	Preferred	PA
GILENYA 0.25 MG CAP <i> fingolimod hcl</i>	Preferred	
<i> glatiramer acetate 40 mg/ml soln prsyr</i>	Preferred	QL 12 / 28 days
<i> glatiramer acetate 20 mg/ml soln prsyr</i>	Preferred	QL 30 / 30 days
<i> glatopa 20 mg/ml soln prsyr</i>	Preferred	QL 30 / 30 days
<i> glatopa 40 mg/ml soln prsyr</i>	Preferred	QL 12 / 28 days
KESIMPTA <i> ofatumumab (ms)</i>	Non-Preferred	
LEMTRADA <i> alemtuzumab (ms)</i>	Non-Preferred	
MAVENCLAD (10 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAVENCLAD (4 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAVENCLAD (5 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAVENCLAD (6 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAVENCLAD (7 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAVENCLAD (8 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAVENCLAD (9 TABS) <i> cladribine (multiple sclerosis)</i>	Non-Preferred	
MAYZENT 0.25 MG TAB <i> siponimod fumarate</i>	Non-Preferred	QL 120 / 30 days
MAYZENT 2 MG TAB <i> siponimod fumarate</i>	Non-Preferred	QL 30 / 30 days
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK <i> siponimod fumarate</i>	Non-Preferred	QLC 1 fill per lifetime
OCREVUS <i> ocrelizumab</i>	Non-Preferred	
PLEGRIDY <i> peginterferon beta-1a</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PLEGRIDY STARTER PACK <i>peginterferon beta-1a</i>	Non-Preferred	
PONVORY <i>ponesimod</i>	Non-Preferred	QL 30 / 30 days
PONVORY STARTER PACK <i>ponesimod</i>	Non-Preferred	QL 14 / 14 days
REBIF <i>interferon beta-1a</i>	Preferred	
REBIF REBIDOSE <i>interferon beta-1a</i>	Preferred	
REBIF REBIDOSE TITRATION PACK <i>interferon beta-1a</i>	Preferred	
REBIF TITRATION PACK <i>interferon beta-1a</i>	Preferred	
TECFIDERA <i>dimethyl fumarate</i>	Non-Preferred	
TYSABRI <i>natalizumab</i>	Preferred	PA
VUMERITY <i>diroximel fumarate</i>	Non-Preferred	QL 120 / 30 days
VUMERITY (STARTER) <i>diroximel fumarate</i>	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA <i>ozanimod hcl</i>	Non-Preferred	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK <i>ozanimod hcl</i>	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT <i>ozanimod hcl</i>	Non-Preferred	QLC 1 fill per lifetime
<b>DENTAL AND ORAL AGENTS</b>		
<i>chlorhexidine gluconate 0.12 % solution</i>	Preferred	QL 30 / 1 days
<i>oralone</i>	Preferred	
<i>pilocarpine hcl 7.5 mg tab</i>	Preferred	QL 4 / 1 days
<i>pilocarpine hcl 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>triamcinolone acetonide 0.1 % paste</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA <i>isotretinoin</i>	Non-Preferred	PA
ACANYA <i>clindamycin phosphate-benzoyl peroxide</i>	Non-Preferred	
<i>accutane</i>	Non-Preferred	PA
<i>acitretin</i>	Preferred	
ADAPALENE 0.1 % SOLUTION <i>adapalene</i>	Non-Preferred	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
<i>adapalene 0.3 % gel</i>	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene 0.1 % cream</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
ADAPALENE 0.3 % GEL PUMP	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	Non-Preferred	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
ALTRENO <i>tretinoin</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>amnestem</i>	Preferred	PA
ARAZLO <i>tazarotene (acne)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ATRALIN <i>tretinoin</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>avita</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
AZELEX <i>azelaic acid (acne)</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
BENZACLIN <i>clindamycin phosphate-benzoyl peroxide</i>	Non-Preferred	
BENZACLIN WITH PUMP <i>clindamycin phosphate-benzoyl peroxide</i>	Non-Preferred	
BENZAMYCIN <i>benzoyl peroxide-erythromycin</i>	Non-Preferred	
<i>benzoyl peroxide-erythromycin</i>	Preferred	
<i>claravis</i>	Preferred	PA
<i>clindamycin phos-benzoyl perox 1.2-5 % gel</i>	Preferred	
<i>clindamycin phos-benzoyl perox 1.2-2.5 % gel</i>	Non-Preferred	
<i>clindamycin phos-benzoyl perox 1-5 % gel</i>	Preferred	
CLINDAMYCIN PHOS-BENZOYL PEROX 1-5 % GEL PUMP	Non-Preferred	
<i>clindamycin-tretinoin</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % CREAM <i>adapalene</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.3 % GEL <i>adapalene</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % LOTION <i>adapalene</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DUAC</b> <i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	Non-Preferred	
<b>EPIDUO</b> <i>adapalene-benzoyl peroxide</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<b>EPIDUO FORTE</b> <i>adapalene-benzoyl peroxide</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<b>FABIOR</b> <i>tazarotene (acne)</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>isotretinoin 10 mg cap</i>	Non-Preferred	PA
<i>isotretinoin 30 mg cap</i>	Non-Preferred	PA
<i>isotretinoin 25 mg cap</i>	Non-Preferred	PA
<i>isotretinoin 20 mg cap</i>	Non-Preferred	PA
<i>isotretinoin 40 mg cap</i>	Non-Preferred	PA
<i>isotretinoin 35 mg cap</i>	Non-Preferred	PA
<i>myorisan</i>	Preferred	PA
<b>NEUAC 1.2-5 % KIT</b> <i>clindamycin phosphate-benzoyl peroxide &amp; moisturizer</i>	Non-Preferred	
<i>neuac 1.2-5 % gel</i>	Non-Preferred	
<b>ONEXTON</b> <i>clindamycin phosphate-benzoyl peroxide</i>	Non-Preferred	
<b>RETIN-A</b> <i>tretinoin</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<b>RETIN-A MICRO</b> <i>tretinoin microsphere</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<b>RETIN-A MICRO PUMP</b> <i>tretinoin microsphere</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SORIATANE 25 MG CAP <i>acitretin</i>	Preferred	
SORIATANE 10 MG CAP <i>acitretin</i>	Preferred	
TAZAROTENE 0.1 % FOAM <i>tazarotene (acne)</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tazarotene 0.1 % cream</i>	Non-Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
TAZORAC <i>tazarotene</i>	Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.025 % gel</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.01 % gel</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.05 % cream</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.025 % cream</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.1 % cream</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin 0.05 % gel</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tretinoin microsphere</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere pump</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
WINLEVI <i>clascoterone</i>	Non-Preferred	
<i>zenatane</i>	Preferred	PA
ZIANA <i>clindamycin phosphate-tretinoin</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DERMATITIS AND PRURITUS AGENTS		
ALA SCALP <i>hydrocortisone (topical)</i>	Non-Preferred	
<i>ala-cort 1 % cream</i>	Non-Preferred	
<i>alclometasone dipropionate 0.05 % cream</i>	Non-Preferred	QL 1 / 1 days
<i>alclometasone dipropionate 0.05 % ointment</i>	Non-Preferred	QL 60 / 24 days
<i>amcinonide 0.1 % lotion</i>	Non-Preferred	
<i>amcinonide 0.1 % cream</i>	Non-Preferred	
<i>ammonium lactate 12 % cream</i>	Preferred	
<i>ammonium lactate 12 % lotion</i>	Preferred	
APEXICON E <i>diflorasone diacetate emollient base</i>	Non-Preferred	
<i>beser 0.05 % lotion</i>	Non-Preferred	
<i>betamethasone dipropionate 0.05 % cream</i>	Preferred	QL 45 / 28 days
<i>betamethasone dipropionate 0.05 % ointment</i>	Preferred	
<i>betamethasone dipropionate 0.05 % lotion</i>	Preferred	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	Non-Preferred	QL 50 / 30 days
<i>betamethasone dipropionate aug 0.05 % gel</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>betamethasone dipropionate aug 0.05 % cream</i>	Preferred	QL 1 / 1 days
<i>betamethasone valerate 0.1 % ointment</i>	Preferred	
<i>betamethasone valerate 0.1 % cream</i>	Preferred	QL 45 / 24 days
<i>betamethasone valerate 0.12 % foam</i>	Non-Preferred	
<i>betamethasone valerate 0.1 % lotion</i>	Preferred	QL 60 / 27 days
<b>BRYHALI</b> <i>halobetasol propionate</i>	Non-Preferred	
<b>CAPEX</b> <i>fluocinolone acetonide</i>	Non-Preferred	
<i>clobetasol prop emollient base</i>	Non-Preferred	
<i>clobetasol propionate 0.05 % liquid</i>	Non-Preferred	
<i>clobetasol propionate 0.05 % shampoo</i>	Non-Preferred	
<i>clobetasol propionate 0.05 % gel</i>	Non-Preferred	QL 60 / 24 days
<i>clobetasol propionate 0.05 % lotion</i>	Non-Preferred	
<i>clobetasol propionate 0.05 % solution</i>	Preferred	QL 50 / 30 days
<i>clobetasol propionate 0.05 % foam</i>	Non-Preferred	
<i>clobetasol propionate 0.05 % cream</i>	Preferred	QL 60 / 27 days
<i>clobetasol propionate 0.05 % ointment</i>	Preferred	QL 60 / 30 days
<i>clobetasol propionate e</i>	Non-Preferred	
<i>clobetasol propionate emulsion</i>	Non-Preferred	
<b>CLOBEX</b> <i>clobetasol propionate</i>	Non-Preferred	
<b>CLOBEX SPRAY</b> <i>clobetasol propionate</i>	Non-Preferred	
<i>clodan 0.05 % shampoo</i>	Preferred	
<b>CORDRAN 4 MCG/SQCM TAPE</b> <i>flurandrenolide</i>	Non-Preferred	
<b>CUTIVATE</b> <i>fluticasone propionate</i>	Non-Preferred	
<b>DERMA-SMOOTH/FS BODY</b> <i>fluocinolone acetonide</i>	Preferred	
<b>DERMA-SMOOTH/FS SCALP</b> <i>fluocinolone acetonide</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DESONATE</b> <i>desonide</i>	Non-Preferred	
<i>desonide 0.05 % gel</i>	Non-Preferred	
<i>desonide 0.05 % ointment</i>	Non-Preferred	QL 60 / 27 days
<i>desonide 0.05 % lotion</i>	Non-Preferred	QL 118 / 24 days
<i>desonide 0.05 % cream</i>	Non-Preferred	QL 120 / 24 days
<b>DESOWEN 0.05 % CREAM</b> <i>desonide</i>	Non-Preferred	
<i>desoximetasone 0.25 % ointment</i>	Non-Preferred	
<i>desoximetasone 0.25 % liquid</i>	Non-Preferred	
<i>desoximetasone 0.05 % cream</i>	Non-Preferred	
<i>desoximetasone 0.05 % ointment</i>	Non-Preferred	
<i>desoximetasone 0.05 % gel</i>	Non-Preferred	
<i>desoximetasone 0.25 % cream</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
<b>DIPROLENE</b> <i>betamethasone dipropionate augmented</i>	Non-Preferred	QL 50 / 30 days
<b>ELIDEL</b> <i>pimecrolimus</i>	Preferred	QL 30 / 24 days
<b>ELOCON 0.1 % CREAM</b> <i>mometasone furoate</i>	Non-Preferred	
<b>EUCRISA</b> <i>crisaborole</i>	Preferred	PA
<i>fluocinolone acetonide 0.01 % solution</i>	Preferred	
<i>fluocinolone acetonide 0.01 % cream</i>	Non-Preferred	
<i>fluocinolone acetonide 0.025 % ointment</i>	Preferred	QL 60 / 30 days
<i>fluocinolone acetonide 0.025 % cream</i>	Non-Preferred	
<i>fluocinolone acetonide body</i>	Preferred	
<i>fluocinolone acetonide scalp</i>	Preferred	
<i>fluocinonide 0.05 % cream</i>	Preferred	QL 120 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluocinonide 0.05 % solution</i>	Preferred	QL 60 / 24 days
<i>fluocinonide 0.05 % ointment</i>	Preferred	QL 60 / 24 days
<i>fluocinonide 0.05 % gel</i>	Preferred	QL 60 / 24 days
<i>fluocinonide 0.1 % cream</i>	Preferred	
<i>fluocinonide emulsified base</i>	Non-Preferred	QL 60 / 24 days
<i>flurandrenolide</i>	Non-Preferred	
<i>fluticasone propionate 0.05 % cream</i>	Preferred	
<i>fluticasone propionate 0.005 % ointment</i>	Preferred	QL 1 / 1 days
<i>fluticasone propionate 0.05 % lotion</i>	Non-Preferred	
<i>halcinonide</i>	Non-Preferred	
<i>halobetasol propionate 0.05 % ointment</i>	Preferred	QL 50 / 30 days
HALOBETASOL PROPIONATE 0.05 % FOAM <i>halobetasol propionate</i>	Non-Preferred	
<i>halobetasol propionate 0.05 % cream</i>	Preferred	QL 50 / 30 days
HALOG 0.1 % CREAM <i>halcinonide</i>	Non-Preferred	
HALOG 0.1 % OINTMENT <i>halcinonide</i>	Non-Preferred	
<i>hydrocortisone 2.5 % cream</i>	Preferred	
<i>hydrocortisone 1 % ointment</i>	Preferred	QL 30 / 7 days
<i>hydrocortisone 2.5 % ointment</i>	Preferred	QL 60 / 30 days
<i>hydrocortisone 1 % cream</i>	Preferred	QL 60 / 30 days
<i>hydrocortisone 2.5 % lotion</i>	Preferred	QL 118 / 24 days
<i>hydrocortisone (perianal)</i>	Preferred	
<i>hydrocortisone butyr lipo base</i>	Non-Preferred	
<i>hydrocortisone butyrate</i>	Non-Preferred	
HYDROCORTISONE BUTYRATE 0.1 % CREAM <i>hydrocortisone butyrate</i>	Non-Preferred	
<i>hydrocortisone in absorbbase</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone valerate</i>	Preferred	QL 60 / 24 days
IMPEKLO <i>clobetasol propionate</i>	Non-Preferred	
IMPOYZ <i>clobetasol propionate</i>	Non-Preferred	
KENALOG 0.147 MG/GM AERO SOLN <i>triamcinolone acetonide (topical)</i>	Non-Preferred	
LEXETTE <i>halobetasol propionate</i>	Non-Preferred	
LOCOID 0.1 % LOTION <i>hydrocortisone butyrate</i>	Non-Preferred	
LOCOID 0.1 % SOLUTION <i>hydrocortisone butyrate</i>	Non-Preferred	
LOCOID 0.1 % CREAM <i>hydrocortisone butyrate</i>	Non-Preferred	
LOCOID LIPOCREAM <i>hydrocortisone butyrate hydrophilic lipo base</i>	Non-Preferred	
LUXIQ <i>betamethasone valerate</i>	Non-Preferred	
<i>mometasone furoate 0.1 % solution</i>	Preferred	QL 60 / 30 days
<i>mometasone furoate 0.1 % ointment</i>	Preferred	QL 45 / 19 days
<i>mometasone furoate 0.1 % cream</i>	Preferred	QL 45 / 30 days
OLUX <i>clobetasol propionate</i>	Non-Preferred	
OLUX-E <i>clobetasol propionate emulsion</i>	Non-Preferred	
PANDEL <i>hydrocortisone probutate</i>	Non-Preferred	
<i>pimecrolimus</i>	Non-Preferred	QL 30 / 24 days
PIMECROLIMUS 1 % CREAM (Oceanside [68682] labeler only)	Non-Preferred	QL 30 / 24 days
<i>procto-med hc</i>	Preferred	
<i>procto-pak</i>	Preferred	
PROCTOCORT 1 % CREAM <i>hydrocortisone (rectal)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>proctosol hc</i>	Preferred	
<i>proctozone-hc</i>	Preferred	
PROTOPIC <i>tacrolimus (topical)</i>	Preferred	QLC 30 grams per fill
PSORCON <i>diflorasone diacetate</i>	Non-Preferred	
<i>selenium sulfide 2.5 % lotion</i>	Preferred	
SILA III <i>triamcinolone acetonide-silicone</i>	Non-Preferred	
SYNALAR 0.025 % OINTMENT <i>fluocinolone acetonide</i>	Non-Preferred	QL 60 / 30 days
SYNALAR 0.01 % SOLUTION <i>fluocinolone acetonide</i>	Non-Preferred	
SYNALAR 0.025 % CREAM <i>fluocinolone acetonide</i>	Non-Preferred	
<i>tacrolimus 0.1 % ointment</i>	Preferred	QLC 30 grams per fill
<i>tacrolimus 0.03 % ointment</i>	Preferred	QLC 30 grams per fill
TEMOVATE 0.05 % CREAM <i>clobetasol propionate</i>	Non-Preferred	
TEMOVATE 0.05 % OINTMENT <i>clobetasol propionate</i>	Non-Preferred	QL 2 / 1 days
TEXACORT <i>hydrocortisone (topical)</i>	Non-Preferred	
TOPICORT <i>desoximetasone</i>	Non-Preferred	
TOPICORT SPRAY <i>desoximetasone</i>	Non-Preferred	
<i>tovet 0.05 % foam</i>	Non-Preferred	
<i>triamcinolone acetonide 0.1 % ointment</i>	Preferred	QL 456 / 24 days
<i>triamcinolone acetonide 0.025 % ointment</i>	Preferred	QL 456 / 24 days
<i>triamcinolone acetonide 0.1 % cream</i>	Preferred	QL 456 / 24 days
<i>triamcinolone acetonide 0.5 % cream</i>	Preferred	QL 60 / 27 days
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide 0.05 % ointment</i>	Preferred	
<i>triamcinolone acetonide 0.025 % lotion</i>	Preferred	QL 120 / 24 days
<i>triamcinolone acetonide 0.1 % lotion</i>	Preferred	
<i>triamcinolone acetonide 0.5 % ointment</i>	Preferred	QL 30 / 24 days
<i>triamcinolone acetonide 0.025 % cream</i>	Preferred	QL 456 / 24 days
<i>trianex</i>	Non-Preferred	
<i>triderm</i>	Non-Preferred	
<i>tritocin</i>	Non-Preferred	
ULTRAVATE 0.05 % OINTMENT <i>halobetasol propionate</i>	Non-Preferred	QL 50 / 30 days
ULTRAVATE 0.05 % CREAM <i>halobetasol propionate</i>	Non-Preferred	
ULTRAVATE 0.05 % LOTION <i>halobetasol propionate</i>	Non-Preferred	
VANOS <i>fluocinonide</i>	Non-Preferred	
CLOBETEX <i>desloratadine-clobetasol propionate</i>	Non-Preferred	
DERMATOLOGICAL AGENTS, OTHER		
ABSORICA LD <i>isotretinoin micronized</i>	Non-Preferred	
AKLIEF <i>trifarotene</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
ALCORTIN A <i>iodoquinol-hydrocortisone-aloe polysaccharide</i>	Non-Preferred	
ALDARA <i>imiquimod</i>	Non-Preferred	
<i>avar-e emollient</i>	Non-Preferred	
<i>avar-e green</i>	Non-Preferred	
BENSAL HP <i>salicylic acid</i>	Non-Preferred	
BENZEPRO 5.8 % MISC <i>benzoyl peroxide</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>BENZEPRO 5.2 % FOAM</b> <i>benzoyl peroxide</i>	Non-Preferred	
<i>benzoyl peroxide 9.8 % foam</i>	Preferred	
<i>bp 10-1</i>	Non-Preferred	
<b>BP CLEANSING WASH</b> <i>sulfacetamide sodium-sulfur in urea vehicle</i>	Non-Preferred	
<b>BPO</b> <i>benzoyl peroxide</i>	Non-Preferred	
<i>calcipotriene 0.005 % solution</i>	Preferred	
<b>CALCIPOTRIENE 0.005 % FOAM</b> <i>calcipotriene</i>	Non-Preferred	
<i>calcipotriene 0.005 % cream</i>	Preferred	QL 60 / 30 days
<i>calcipotriene 0.005 % ointment</i>	Preferred	QL 60 / 30 days
<i>calcipotriene-betameth diprop</i>	Non-Preferred	
<i>calcitrene</i>	Non-Preferred	
<i>calcitriol 3 mcg/gm ointment</i>	Non-Preferred	
<b>CIBINQO</b> <i>abrocitinib</i>	Non-Preferred	
<b>CLENIA PLUS</b> <i>sulfacetamide sodium w/ sulfur</i>	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>corti-sav</i>	Non-Preferred	
<b>CORTISPORIN 1 % OINTMENT</b> <i>bacitracin-polymyxin-neomycin hc</i>	Non-Preferred	
<i>dermazene</i>	Non-Preferred	
<b>DOVONEX</b> <i>calcipotriene</i>	Non-Preferred	QL 2 / 1 days
<b>DRYSOL</b> <i>aluminum chloride</i>	Preferred	
<b>DUOBRII</b> <i>halobetasol propionate-tazarotene</i>	Non-Preferred	
<b>ENSTILAR</b> <i>calcipotriene-betamethasone dipropionate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluorouracil 2 % solution</i>	Preferred	
<i>fluorouracil 5 % cream</i>	Preferred	
<i>fluorouracil 5 % solution</i>	Preferred	
HALOG 0.1 % SOLUTION <i>halcinonide</i>	Non-Preferred	
<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	
LOTRISONE <i>clotrimazole w/ betamethasone</i>	Non-Preferred	
<i>methoxsalen rapid</i>	Non-Preferred	
METHOXSALEN RAPID <i>methoxsalen rapid</i>	Non-Preferred	
NEO-SYNALAR 0.5-0.025 % KIT <i>neomycin-fluocinolone &amp; emollient</i>	Non-Preferred	
NEO-SYNALAR 0.5-0.025 % CREAM <i>neomycin sulfate-fluocinolone acetamide</i>	Non-Preferred	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% ointment</i>	Non-Preferred	
<i>nystatin-triamcinolone 100000-0.1 unit/gm-% cream</i>	Preferred	
OTEZLA 30 MG TAB <i>apremilast</i>	Preferred	QL 2 / 1 days PA
OXSORALEN ULTRA <i>methoxsalen rapid</i>	Non-Preferred	
PLEXION 9.8-4.8 % CREAM <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
PLEXION CLEANSING CLOTH <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
<i>podofilox 0.5 % solution</i>	Preferred	
PROCTOFOAM HC <i>hydrocortisone acetate w/ pramoxine</i>	Preferred	
QUTENZA <i>capsaicin &amp; cleansing gel</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUTENZA (2 PATCH) <i>capsaicin &amp; cleansing gel</i>	Non-Preferred	
QUTENZA (4 PATCH) <i>capsaicin &amp; cleansing gel</i>	Non-Preferred	
SANTYL <i>collagenase</i>	Preferred	<div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: black; color: white; padding: 2px 5px; border-radius: 3px;">C</div> <div>Max 60 days supply per 365 days</div> </div> <div style="display: flex; align-items: center; gap: 5px;"> <div style="background-color: purple; color: white; padding: 2px 5px; border-radius: 3px;">QLC</div> <div>120 grams/30 days</div> </div>
<i>silver sulfadiazine 1 % cream</i>	Preferred	
<i>sodium sulfacetamide wash</i>	Non-Preferred	
SORILUX <i>calcipotriene</i>	Non-Preferred	
<i>ssd</i>	Preferred	
SSS 10-5 10-5 % FOAM <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
<i>sss 10-5 10-5 % cream</i>	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 10 % liquid</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 10-5 % liquid</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 8-4 % suspension</i>	Preferred	
<i>sulfacetamide sodium-sulfur 9-4 % liquid</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 10-2 % liquid</i>	Non-Preferred	
SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % cream</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 10-2 % cream</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 9.8-4.8 % liquid</i>	Non-Preferred	
<i>sulfacetamide sodium-sulfur 10-4 % pad</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium-sulfur 9-4.5 % liquid</i>	Preferred	
<i>sulfacetamide sodium-sulfur 10-5 % cream</i>	Non-Preferred	
SUMADAN <i>sulfacetamide sodium-sulfur w/ skin cleanser</i>	Non-Preferred	
SUMADAN WASH <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
SUMADAN XLT <i>sulfacetamide sodium-sulfur-sunscreen</i>	Non-Preferred	
SUMAXIN <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
SUMAXIN CP <i>sulfacetamide sodium-sulfur w/ skin cleanser</i>	Non-Preferred	
SUMAXIN TS <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
SUMAXIN WASH <i>sulfacetamide sodium w/ sulfur</i>	Non-Preferred	
TACLONEX <i>calcipotriene-betamethasone dipropionate</i>	Preferred	
TWYNEO <i>tretinoin-benzoyl peroxide</i>	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; margin-right: 5px;">AL1</div> <span>Up to 20 yrs old</span> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; margin-right: 5px;">C</div> <span>Age restriction, clinical PA required</span> </div>
<i>urea 40 % lotion</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>240 / 24 days</span> </div>
<i>urea-c40</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #6f42c1; color: white; padding: 2px 5px; margin-right: 5px;">QL</div> <span>240 / 24 days</span> </div>
VECTICAL <i>calcitriol (topical)</i>	Non-Preferred	
WYNZORA <i>calcipotriene-betamethasone dipropionate</i>	Non-Preferred	
XERESE <i>acyclovir-hydrocortisone</i>	Non-Preferred	
ZYCLARA <i>imiquimod</i>	Non-Preferred	
ZYCLARA PUMP <i>imiquimod</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>PEDICULICIDES/SCABICIDES</b>		
CROTAN <i>crotamiton</i>	Non-Preferred	
ELIMITE <i>permethrin</i>	Non-Preferred	
EURAX <i>crotamiton</i>	Non-Preferred	
IVERMECTIN 0.5 % LOTION <i>ivermectin (pediculicide)</i>	Non-Preferred	
<i>lindane</i>	Non-Preferred	
<i>malathion</i>	Non-Preferred	QL 118 / 30 days
NATROBA <i>spinosad</i>	Preferred	QL 240 / 30 days
OVIDE <i>malathion</i>	Non-Preferred	
<i>permethrin 5 % cream</i>	Preferred	
SKLICE <i>ivermectin (pediculicide)</i>	Non-Preferred	QL 234 / 30 days
<i>spinosad</i>	Preferred	QL 240 / 30 days
<b>TOPICAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate 1 % gel (generic cleocin-t)</i>	Preferred	QL 120 / 30 days
<i>acyclovir 5 % ointment</i>	Preferred	
<i>acyclovir 5 % cream</i>	Non-Preferred	
ACZONE <i>dapsone (topical)</i>	Non-Preferred	
CENTANY <i>mupirocin</i>	Non-Preferred	
<i>ciclodan 8 % solution</i>	Non-Preferred	
<i>ciclopirox 0.77 % gel</i>	Non-Preferred	
<i>ciclopirox 8 % solution</i>	Preferred	QL 6.6 / 30 days
<i>ciclopirox 1 % shampoo</i>	Non-Preferred	
CLEOCIN-T 1 % LOTION <i>clindamycin phosphate (topical)</i>	Non-Preferred	
CLEOCIN-T 1 % GEL <i>clindamycin phosphate (topical)</i>	Non-Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLINDAGEL <i>clindamycin phosphate (topical)</i>	Non-Preferred	QL 120 / 30 days
<i>clindamycin phosphate 1 % solution</i>	Preferred	QL 120 / 30 days
<i>clindamycin phosphate 1 % foam</i>	Non-Preferred	
<i>clindamycin phosphate 1 % lotion</i>	Preferred	
CLINDAMYCIN PHOSPHATE 1 % GEL (generic Clindagel)	Non-Preferred	QL 120 / 30 days
<i>dapsone 5 % gel</i>	Non-Preferred	
<i>dapsone 7.5 % gel</i>	Non-Preferred	
DENAVIR <i>penciclovir</i>	Non-Preferred	
<i>ery</i>	Preferred	
ERYGEL <i>erythromycin (acne aid)</i>	Non-Preferred	
<i>erythromycin 2 % pad</i>	Preferred	
<i>erythromycin 2 % solution</i>	Preferred	
<i>erythromycin 2 % gel</i>	Non-Preferred	
EVOCLIN <i>clindamycin phosphate (topical)</i>	Non-Preferred	
LOPROX 1 % SHAMPOO <i>ciclopirox</i>	Non-Preferred	
<i>mupirocin 2 % ointment</i>	Preferred	
<i>mupirocin calcium</i>	Non-Preferred	
PENLAC <i>ciclopirox</i>	Non-Preferred	
XEPI <i>ozenoxacin</i>	Non-Preferred	
ZOVIRAX 5 % OINTMENT <i>acyclovir topical</i>	Non-Preferred	
ZOVIRAX 5 % CREAM <i>acyclovir topical</i>	Non-Preferred	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>klor-con</i>	Preferred	QL 5 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>klor-con 10</i>	Preferred	QL 5 / 1 days
<i>klor-con m10</i>	Preferred	QL 5 / 1 days
<i>klor-con m20</i>	Preferred	QL 5 / 1 days
<i>klor-con sprinkle 8 meq cap er</i>	Preferred	
<i>klor-con sprinkle 10 meq cap er</i>	Preferred	QL 5 / 1 days
<i>levocarnitine 1 gm/10ml solution</i>	Preferred	
<i>levocarnitine sf</i>	Preferred	
<b>MONOFERRIC</b> <i>ferric derisomaltose</i>	Non-Preferred	
<i>potassium chloride 40 meq/15ml (20%) solution</i>	Preferred	QL 60 / 1 days
<i>potassium chloride 20 meq packet</i>	Preferred	QL 5 / 1 days
<i>potassium chloride 20 meq/15ml (10%) solution</i>	Preferred	QL 60 / 1 days
<i>potassium chloride crys er 10 meq tab er</i>	Preferred	QL 5 / 1 days
<i>potassium chloride crys er 20 meq tab er</i>	Preferred	QL 5 / 1 days
<i>potassium chloride er 8 meq tab er</i>	Preferred	QL 5 / 1 days
<i>potassium chloride er 8 meq cap er</i>	Preferred	
<i>potassium chloride er 20 meq tab er</i>	Preferred	QL 5 / 1 days
<i>potassium chloride er 10 meq tab er</i>	Preferred	QL 5 / 1 days
<i>potassium chloride er 10 meq cap er</i>	Preferred	QL 5 / 1 days
<i>potassium citrate er 5 meq (540 mg) tab er</i>	Preferred	QL 10 / 1 days
<i>potassium citrate er 10 meq (1080 mg) tab er</i>	Preferred	QL 10 / 1 days
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	Preferred	
<i>sodium chloride 0.9 % solution</i>	Preferred	
<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/ml solution</i>	Preferred	QL 50 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sodium fluoride 2.2 (1 f) mg chew tab	Preferred	QL 1 / 1 days
sodium fluoride 1.1 (0.5 f) mg chew tab	Preferred	QL 2 / 1 days
<b>ELECTROLYTE/MINERAL/METAL MODIFIERS</b>		
CHEMET succimer	Preferred	
deferasirox	Preferred	PA
deferasirox granules	Preferred	PA
deferiprone	Non-Preferred	
EXJADE deferasirox	Non-Preferred	
FERRIPROX deferiprone	Non-Preferred	
FERRIPROX TWICE-A-DAY deferiprone	Non-Preferred	
JADENU deferasirox	Non-Preferred	
JADENU SPRINKLE deferasirox	Non-Preferred	
<b>PHOSPHATE BINDERS</b>		
AURYXIA ferric citrate	Non-Preferred	
calcium acetate 667 mg tab	Preferred	
calcium acetate (phos binder)	Preferred	QL 12 / 1 days
FOSRENOL lanthanum carbonate	Non-Preferred	
lanthanum carbonate	Non-Preferred	
PHOSLYRA calcium acetate (phosphate binder)	Preferred	
RENAGEL sevelamer hcl	Non-Preferred	QL 16 / 1 days
REVELA 0.8 GM PACKET sevelamer carbonate	Non-Preferred	
REVELA 2.4 GM PACKET sevelamer carbonate	Non-Preferred	
REVELA 800 MG TAB sevelamer carbonate	Non-Preferred	QL 17 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sevelamer carbonate 2.4 gm packet</i>	Non-Preferred	
<i>sevelamer carbonate 0.8 gm packet</i>	Non-Preferred	
<i>sevelamer carbonate 800 mg tab</i>	Preferred	QL 17 / 1 days
<i>sevelamer hcl 800 mg tab</i>	Non-Preferred	
SEVELAMER HCL 400 MG TAB <i>sevelamer hcl</i>	Non-Preferred	
VELPHORO <i>sucroferric oxyhydroxide</i>	Non-Preferred	
<b>POTASSIUM BINDERS</b>		
<i>kionex</i>	Preferred	QL 240 / 1 days
LOKELMA <i>sodium zirconium cyclosilicate</i>	Preferred	PA
<i>sodium polystyrene sulfonate 50 gm/200ml suspension</i>	Preferred	QL 480 / 1 days
<i>sodium polystyrene sulfonate 30 gm/120ml suspension</i>	Preferred	QL 480 / 1 days
<i>sodium polystyrene sulfonate powder</i>	Preferred	QL 60 / 1 days
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	Preferred	QL 240 / 1 days
<i>sps</i>	Preferred	QL 240 / 1 days
VELTASSA <i>patiromer sorbitex calcium</i>	Preferred	PA
<b>VITAMINS</b>		
ACTIVE FE <i>fe carbonyl-fa-b complex-a-c-d-e-min</i>	Non-Preferred	
AZESCHEW PRENATAL/POSTNATAL <i>prenatal without a vit w/ fe fumarate-folic acid</i>	Non-Preferred	
BENTIVITE <i>ferrous sulfate-folic acid</i>	Non-Preferred	
BP VIT 3 <i>folic acid-vitamin b6-vitamin b12-omega 3 acids-phytosterols</i>	Non-Preferred	
C-NATE DHA <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>CENTRATEX</b> <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu</i>	Non-Preferred	
<i>chromagen</i>	Non-Preferred	
<b>CITRANATAL 90 DHA</b> <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>	Non-Preferred	
<b>CITRANATAL ASSURE</b> <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>	Non-Preferred	
<b>CITRANATAL B-CALM</b> <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-fa &amp; vit b6</i>	Non-Preferred	
<b>CITRANATAL BLOOM</b> <i>prenatal vit w/ docusate-fe carbonyl-fe gluconate-folic acid</i>	Non-Preferred	
<b>CITRANATAL DHA</b> <i>prenatal w/o vit a w/ fe carbonyl-fe gluconate-dss-fa-dha</i>	Non-Preferred	
<b>CITRANATAL HARMONY</b> <i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>	Non-Preferred	
<b>CITRANATAL RX</b> <i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>	Non-Preferred	
<b>COMPLETE NATAL DHA</b> <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	Preferred	
<b>COMPLETENATE</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>CONCEPT DHA</b> <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>	Non-Preferred	
<b>CONCEPT OB</b> <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	Non-Preferred	
<i>corvita 150</i>	Non-Preferred	
<b>CORVITE 150 TAB</b> <i>iron combinations</i>	Non-Preferred	
<b>CORVITE FE</b> <i>iron combinations</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>corvite free</i>	Preferred	QL 1 / 1 days
<i>cyanocobalamin 1000 mcg/ml solution</i>	Preferred	
DERMACINRX RIBOTIN-E <i>multiple vitamins w/ minerals</i>	Non-Preferred	
DERMACINRX ZINTREXYL-C <i>multiple vitamins w/ minerals</i>	Non-Preferred	
<i>effer-k 25 meq effer tab</i>	Preferred	QL 4 / 1 days
<i>elite-ob</i>	Non-Preferred	
ENBRACE HR <i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i>	Non-Preferred	
<i>fa-vitamin b-6-vitamin b-12</i>	Preferred	
<i>fabb</i>	Non-Preferred	
FERAHEME <i>ferumoxytol</i>	Non-Preferred	
FERIVA 21/7 <i>fe asparto gly-vit b12-fa-vit c-dss-succinic acid-zinc</i>	Non-Preferred	
FERIVAFA <i>iron-vit c-fa-b12-biotin-copper-docusate</i>	Non-Preferred	
<i>ferocon</i>	Non-Preferred	
FERRALET 90 <i>fe carbonyl-fe gluconate-fa-vit b12-vit c-docusate sodium</i>	Non-Preferred	
FERRAPLUS 90 <i>iron-folic acid-vitamin b12-vitamin c-docusate sodium</i>	Non-Preferred	
FERRLECIT <i>sodium ferric gluconate complex in sucrose</i>	Preferred	
<i>ferrocite plus</i>	Non-Preferred	
<i>ferumoxytol</i>	Non-Preferred	
<i>folbee</i>	Non-Preferred	
<i>folic acid 1 mg tab</i>	Preferred	QL 4 / 1 days
FOLIFLEX <i>multiple vitamins w/ minerals</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>FOLITE</b> <i>folic acid-vitamin d3-mag cit-acetylcysteine-ca cit</i>	Non-Preferred	
<b>FOLITIN-Z</b> <i>multiple vitamins w/ minerals</i>	Non-Preferred	
<b>FOLIVANE-F</b> <i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i>	Preferred	
<b>FOLIVANE-OB</b> <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	Non-Preferred	
<b>FOLIVANE-PLUS</b> <i>fe fum-iron polysacch complex-fa-b complex-c-biotin</i>	Non-Preferred	
<i>folplex 2.2</i>	Preferred	
<b>FOLTRATE</b> <i>cobalamin combinations</i>	Non-Preferred	
<b>FUSION PLUS</b> <i>fe fum-iron polysacch complex-fa-b cmplx-c-biotin-probiotic</i>	Non-Preferred	
<b>FUSION SPRINKLES</b> <i>ferrous fumarate-iron polysaccharide complex-fa-c-probiotic</i>	Non-Preferred	
<i>hematinic plus vit/minerals</i>	Preferred	
<i>hematinic/folic acid</i>	Non-Preferred	
<i>hematogen</i>	Non-Preferred	
<b>HEMATOGEN FA</b> <i>fe fumarate-vitamin c-vitamin b12-folic acid</i>	Non-Preferred	
<i>hematogen forte</i>	Non-Preferred	
<b>HEMETAB</b> <i>polysaccharide fe complex-fe heme polypeptide-fa-vit b12</i>	Non-Preferred	
<b>HEMOCYTE PLUS</b> <i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu</i>	Non-Preferred	
<i>hemocyte-f</i>	Preferred	
<i>iferex 150 forte</i>	Preferred	
<b>INFED</b> <i>iron dextran</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>INJECTAFER</b> <i>ferric carboxymaltose</i>	Non-Preferred	
<b>INTEGRA F</b> <i>ferrous fumarate-iron polysaccharide complex-folic acid-c-b3</i>	Non-Preferred	
<b>INTEGRA PLUS</b> <i>fe fum-iron polysacch complex-fa-b complex-c-biotin</i>	Non-Preferred	
<b>IROSPAN 24/6</b> <i>fe bisglyc-fe polysaccharide-succ acid-b complex-c-ca-fa</i>	Non-Preferred	
<b>k-effervescent</b>	Preferred	QL 4 / 1 days
<b>k-vescent</b>	Preferred	QL 4 / 1 days
<b>klor-con/ef</b>	Preferred	QL 4 / 1 days
<b>M-NATAL PLUS</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
<b>multi-vit/fluoride/iron</b>	Preferred	
<b>multi-vitamin/fluoride/iron</b>	Preferred	
<b>MULTIGEN</b> <i>fe asparto gly-succin ac-c-threonic ac-b12-des stom subst</i>	Non-Preferred	
<b>MULTIGEN FOLIC</b> <i>fe asparto gly-succinic acid-vit c-threonic acid-vit b12-fa</i>	Non-Preferred	
<b>MULTIGEN PLUS</b> <i>fe asparto gly-fe fumarate-succ acid-c-threonic acid-b12-fa</i>	Non-Preferred	
<b>MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB</b> <i>pediatric multivitamins w/fl</i>	Preferred	QL 1 / 1 days
<b>MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB</b> <i>pediatric multivitamins w/fl</i>	Preferred	QL 1 / 1 days
<b>MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB</b> <i>pediatric multivitamins w/fl</i>	Preferred	QL 1 / 1 days
<b>multivitamins/fluoride</b>	Preferred	QL 1 / 1 days
<b>myferon 150 forte</b>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>na ferric gluc cplx in sucrose</i>	Preferred	
<b>NEONATAL + DHA</b> <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>	Non-Preferred	
<b>NEONATAL COMPLETE 29-1 MG TAB</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>NEONATAL FE</b> <i>prenatal multivitamins w/ iron-folic acid</i>	Non-Preferred	
<b>NEPHRON FA</b> <i>ferrous fumarate w/ fa-dss-b complex-vit c</i>	Non-Preferred	
<i>nephronex</i>	Preferred	
<b>NESTABS</b> <i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>	Non-Preferred	
<b>NESTABS DHA</b> <i>prenatal vit without vit a w/ fe bisglycinate-fa-omeg 3</i>	Non-Preferred	
<b>NESTABS ONE</b> <i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i>	Non-Preferred	
<b>NIFEREX</b> <i>iron combinations</i>	Non-Preferred	
<b>NIVA-PLUS</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
<b>NUFERA</b> <i>iron combinations</i>	Non-Preferred	
<i>nutrifac zx</i>	Preferred	QL 1 / 1 days
<b>O-CAL FA</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
<b>O-CAL PRENATAL</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>OB COMPLETE</b> <i>prenatal vit w/ iron carbonyl-folic acid</i>	Non-Preferred	
<b>OB COMPLETE ONE</b> <i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>	Non-Preferred	
<b>OB COMPLETE PETITE</b> <i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>OB COMPLETE PREMIER</b> <i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>	Non-Preferred	
<b>OB COMPLETE/DHA</b> <i>prenat vit w/ iron carbonyl-fe asp glyc-fa- omega fatty acid</i>	Non-Preferred	
<b>PNV PRENATAL PLUS MULTIVITAMIN</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	
<b>PNV TABS 20-1</b> <i>prenatal vit w/ fe bisglycinate chelate- folic acid</i>	Non-Preferred	
<b>PNV TABS 29-1</b> <i>prenatal vit w/ iron carbonyl-folic acid</i>	Preferred	QL 1 / 1 days
<i>pnv-dha</i>	Non-Preferred	
<b>PNV-DHA+DOCUSATE</b> <i>prenatal w/o vit a w/ fe fumarate-dss-fa- dha</i>	Non-Preferred	
<b>PNV-OMEGA</b> <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>	Non-Preferred	
<b>PNV-SELECT</b> <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	Non-Preferred	
<i>poly-iron 150 forte</i>	Non-Preferred	
<b>PREGEN DHA</b> <i>prenatal mv &amp; min w/fe carbonyl-fa-dha</i>	Non-Preferred	
<b>PRENAISSANCE</b> <i>prenatal w/o vit a w/ fe fumarate-dss-fa- dha</i>	Non-Preferred	
<b>PRENAISSANCE PLUS</b> <i>prenatal w/o vit a w/ fe carbonyl-dss-fa- dha</i>	Non-Preferred	
<b>PRENATAL</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
<b>PRENATAL 19 CHEW TAB</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>PRENATAL VITAMIN PLUS LOW IRON</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
<b>PRENATAL-U</b> <i>prenatal without a vit w/ fe fumarate-folic acid</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>PRENATE</b> <i>prenatal multivitamins &amp; minerals w/ l-methylfolate-fa</i>	Non-Preferred	
<b>PRENATE AM</b> <i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>	Non-Preferred	
<b>PRENATE DHA</b> <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>	Non-Preferred	
<b>PRENATE ELITE</b> <i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i>	Non-Preferred	
<b>PRENATE ENHANCE</b> <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	Non-Preferred	
<b>PRENATE ESSENTIAL</b> <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>	Non-Preferred	
<b>PRENATE MINI</b> <i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>	Non-Preferred	
<b>PRENATE PIXIE</b> <i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>	Non-Preferred	
<b>PRENATE RESTORE</b> <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	Non-Preferred	
<b>PRENATRIX</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>PRENATRYL</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>PREPLUS</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	<b>QL</b> 1 / 1 days
<b>PRETAB</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	
<b>PRIMACARE</b> <i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i>	Non-Preferred	
<b>PROVIDA DHA</b> <i>prenatal without a w/fe fum-fe polysacch complex-fa-dha</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>PROVIDA OB</b> <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	Non-Preferred	
<b>PUREFE OB PLUS</b> <i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>	Non-Preferred	
<i>purevit dualfe plus</i>	Non-Preferred	
<i>reno caps</i>	Preferred	QL 1 / 1 days
<b>SE-NATAL 19 29-1 MG CHEW TAB</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>SE-NATAL 19 29-1 MG TAB</b> <i>prenatal vit w/ docusate-fe fumarate-folic acid</i>	Non-Preferred	
<i>se-tan plus</i>	Non-Preferred	
<b>SELECT-OB 29-1 MG CHEW TAB</b> <i>prenatal vit w/ iron polysaccharide complex-folic acid</i>	Non-Preferred	
<b>SELECT-OB 29-0.6-0.4 MG CHEW TAB</b> <i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>	Non-Preferred	
<b>SELECT-OB+DHA</b> <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i>	Non-Preferred	
<i>sodium bicarbonate 8.4 % solution</i>	Preferred	
<b>TANDEM PLUS</b> <i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	Non-Preferred	
<b>TARON FORTE</b> <i>fe bisglycinate-fe polysaccharide-vit c-vit b12-folic acid</i>	Non-Preferred	
<b>TARON-C DHA</b> <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>	Non-Preferred	
<b>TARON-PREX</b> <i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>	Non-Preferred	
<b>THRIVITE 19</b> <i>multiple vitamins w/ minerals &amp; folic acid</i>	Non-Preferred	
<b>THRIVITE RX</b> <i>prenatal vit w/ iron carbonyl-folic acid</i>	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tl gard rx</i>	Preferred	
<i>tl-hem 150</i>	Non-Preferred	
TRICARE <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	QL 1 / 1 days
TRICARE PRENATAL DHA ONE 0.8 MG CAP <i>prenatal multivit-min w/fe-fa</i>	Non-Preferred	
<i>tricon</i>	Non-Preferred	
TRIFERIC 272 MG PACKET <i>ferric pyrophosphate citrate</i>	Non-Preferred	
<i>trigels-f forte</i>	Preferred	
TRINATAL RX 1 <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
<i>triphrocaps</i>	Preferred	QL 1 / 1 days
TRISTART DHA <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>	Non-Preferred	
TRIVEEN-DUO DHA <i>prenatal mv &amp; min w/fe bisglyc-fe prot succ-fa-ca-omega 3</i>	Preferred	
VENEXA FE <i>multiple vitamins w/ minerals</i>	Non-Preferred	
VENOFER <i>iron sucrose</i>	Preferred	
VINATE DHA RF <i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>	Non-Preferred	
VINATE M <i>prenatal vit w/ selenium-fe fumarate-folic acid</i>	Preferred	
VIRT NATE <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
VIRT-C DHA <i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>	Non-Preferred	
<i>virt-caps</i>	Preferred	QL 1 / 1 days
VIRT-FEFA PLUS <i>fe fum-iron polysacch complex-fa-b complex-c-biotin</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>virt-gard</i>	Preferred	
<b>VIRT-NATE DHA</b> <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>	Non-Preferred	
<b>VIRT-PN</b> <i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>	Non-Preferred	
<b>VIRT-PN DHA</b> <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	Non-Preferred	
<b>VIRT-PN PLUS</b> <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>	Non-Preferred	
<i>vita s forte</i>	Preferred	QL 1 / 1 days
<i>vitafol</i>	Non-Preferred	
<b>VITAFOL FE+ 90-1-200 &amp; 50 MG CAP THPK</b> <i>prenatal vit w/ fe polysacch complex-l methylfol-fa-dha-dss</i>	Non-Preferred	
<b>VITAFOL FE+ 90-0.6-0.4-200 MG CAP</b> <i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>	Non-Preferred	
<b>VITAFOL GUMMIES</b> <i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i>	Non-Preferred	
<b>VITAFOL ULTRA</b> <i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>	Non-Preferred	
<b>VITAFOL-NANO</b> <i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>	Non-Preferred	
<b>VITAFOL-OB</b> <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Non-Preferred	
<b>VITAFOL-OB+DHA</b> <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>	Non-Preferred	
<b>VITAFOL-ONE</b> <i>prenatal mv &amp; min w/fe polysaccharide complex-fa-dha</i>	Non-Preferred	
<b>VITRANOL FE</b> <i>multiple vitamins w/ minerals</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VITREXATE FE <i>multiple vitamins w/ minerals</i>	Non-Preferred	
VITREXYL + IRON <i>multiple vitamins w/ minerals</i>	Non-Preferred	
<i>vol-care rx</i>	Preferred	
VOL-PLUS <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	QL 1 / 1 days
VP-PNV-DHA <i>prenatal vit w/ ferrous fumarate-fa- omega 3 fatty acids</i>	Preferred	
<i>vp-vite rx</i>	Preferred	
<i>westab mini</i>	Non-Preferred	
<i>westab one</i>	Non-Preferred	
WESTAB PLUS <i>prenatal vit w/ ferrous fumarate-folic acid</i>	Preferred	
WESTGEL DHA <i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>	Non-Preferred	
ZATEAN-PN DHA <i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	Non-Preferred	
ZATEAN-PN PLUS <i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>	Non-Preferred	
<b>GASTROINTESTINAL AGENTS</b>		
<b>ANTI-CONSTIPATION AGENTS</b>		
AMITIZA <i>lubiprostone</i>	Preferred	QL 60 / 30 days PA
<i>constulose</i>	Preferred	QL 120 / 1 days
<i>enulose</i>	Preferred	QL 120 / 1 days
<i>generlac</i>	Preferred	QL 120 / 1 days
<i>lactulose 20 gm/30ml solution</i>	Preferred	QL 120 / 1 days
<i>lactulose 10 gm/15ml solution</i>	Preferred	QL 120 / 1 days
<i>lactulose encephalopathy</i>	Preferred	QL 120 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LINZESS 145 MCG CAP <i>linaclotide</i>	Preferred	QL 1 / 1 days PA
LINZESS 290 MCG CAP <i>linaclotide</i>	Preferred	QL 1 / 1 days PA
LINZESS 72 MCG CAP <i>linaclotide</i>	Non-Preferred	QL 1 / 1 days
<i>lubiprostone</i>	Non-Preferred	QL 60 / 30 days
MOTEGRITY <i>prucalopride succinate</i>	Non-Preferred	QL 30 / 30 days
MOVANTIK <i>naloxegol oxalate</i>	Preferred	QL 1 / 1 days PA
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	Preferred	QLC 18 grams/day
<i>polyethylene glycol 3350 17 gm packet</i>	Preferred	QL 2 / 1 days
RELISTOR 8 MG/0.4ML SOLUTION <i>methylnaltrexone bromide</i>	Non-Preferred	
RELISTOR 150 MG TAB <i>methylnaltrexone bromide</i>	Non-Preferred	QL 90 / 30 days
RELISTOR 12 MG/0.6ML SOLUTION <i>methylnaltrexone bromide</i>	Non-Preferred	
SYMPROIC <i>naldemedine tosylate</i>	Non-Preferred	QL 30 / 30 days
TRULANCE <i>plecanatide</i>	Non-Preferred	QL 30 / 30 days
ZELNORM <i>tegaserod maleate</i>	Non-Preferred	
ANTI-DIARRHEAL AGENTS		
<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
<i>loperamide hcl 2 mg cap</i>	Preferred	QL 8 / 1 days
LOTRONEX <i>alosetron hcl</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIBERZI <i>eluxadoline</i>	Non-Preferred	QL 60 / 30 days
ANTISPASMODICS, GASTROINTESTINAL		
<i>dicyclomine hcl 10 mg cap</i>	Preferred	QL 8 / 1 days
<i>dicyclomine hcl 20 mg tab</i>	Preferred	QL 8 / 1 days
<i>glycopyrrolate 1 mg tab</i>	Preferred	QL 6 / 1 days
<i>glycopyrrolate 2 mg tab</i>	Preferred	QL 4 / 1 days
<i>propantheline bromide 15 mg tab</i>	Preferred	QL 5 / 1 days
GASTROINTESTINAL AGENTS, OTHER		
ACTIGALL <i>ursodiol</i>	Non-Preferred	QL 90 / 30 days
<i>amoxicill-clarithro-lansopraz</i>	Non-Preferred	
CHENODAL <i>chenodiol</i>	Non-Preferred	
<i>gavilyte-c</i>	Preferred	QL 4000 / 30 days
<i>gavilyte-g</i>	Preferred	QL 4000 / 30 days
<i>gavilyte-n with flavor pack</i>	Preferred	QL 4000 / 30 days
GOLYTELY 227.1 GM RECON SOLN <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	Preferred	
HELIDAC THERAPY <i>metronidazole-tetracycline w/ bismuth subsalicylate</i>	Non-Preferred	
MOVIPREP <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	Preferred	
OALIVA <i>obeticholic acid</i>	Non-Preferred	
OMECLAMOX-PAK <i>amoxicillin-clarithromycin w/ omeprazole</i>	Non-Preferred	
<i>peg 3350-kcl-na bicarb-nacl</i>	Preferred	QL 4000 / 30 days
<i>peg 3350/electrolytes</i>	Preferred	QL 4000 / 30 days
<i>peg-3350/electrolytes</i>	Preferred	QL 4000 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>peg-3350/electrolytes/ascorbat</i>	Preferred	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	Preferred	
<b>PYLERA</b> <i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	Non-Preferred	
<b>TALICIA</b> <i>amoxicillin-rifabutin-omeprazole</i>	Non-Preferred	
<i>trilyte</i>	Preferred	QL 4000 / 30 days
<b>URSO 250</b> <i>ursodiol</i>	Non-Preferred	
<b>URSO FORTE</b> <i>ursodiol</i>	Non-Preferred	
<i>ursodiol 250 mg tab</i>	Preferred	
<i>ursodiol 300 mg cap</i>	Preferred	QL 90 / 30 days
<i>ursodiol 500 mg tab</i>	Preferred	
<b>HISTAMINE2 (H2) RECEPTOR ANTAGONISTS</b>		
<i>cimetidine 200 mg tab</i>	Preferred	QL 120 / 30 days
<i>cimetidine 400 mg tab</i>	Preferred	QL 6 / 1 days
<i>cimetidine 300 mg tab</i>	Preferred	QL 8 / 1 days
<i>cimetidine 800 mg tab</i>	Preferred	QL 90 / 30 days
<i>cimetidine hcl 400 mg/6.67ml solution</i>	Preferred	
<i>cimetidine hcl 300 mg/5ml solution</i>	Preferred	QL 40 / 1 days
<i>famotidine 20 mg tab</i>	Preferred	QL 120 / 30 days
<i>famotidine 40 mg/5ml recon susp</i>	Preferred	
<i>famotidine 40 mg/4ml solution</i>	Preferred	
<i>famotidine 200 mg/20ml solution</i>	Preferred	
<i>famotidine 40 mg tab</i>	Preferred	QL 2 / 1 days
<i>famotidine 20 mg/2ml solution</i>	Preferred	
<b>FAMOTIDINE PREMIXED</b> <i>famotidine in nacl</i>	Preferred	
<i>nizatidine 300 mg cap</i>	Preferred	
<i>nizatidine 150 mg cap</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NIZATIDINE <i>nizatidine</i>	Preferred	
PEPCID 20 MG TAB <i>famotidine</i>	Non-Preferred	
PEPCID 40 MG TAB <i>famotidine</i>	Non-Preferred	QL 2 / 1 days
<i>ranitidine hcl 75 mg/5ml syrup</i>	Preferred	QL 40 / 1 days
RANITIDINE HCL 1000 MG/40ML SOLUTION <i>ranitidine hcl</i>	Preferred	
<i>ranitidine hcl 150 mg/10ml syrup</i>	Preferred	QL 40 / 1 days
<i>ranitidine hcl 150 mg tab</i>	Preferred	QL 120 / 30 days
<i>ranitidine hcl 15 mg/ml syrup</i>	Preferred	QL 40 / 1 days
<i>ranitidine hcl 150 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>ranitidine hcl 50 mg/2ml solution</i>	Preferred	
<i>ranitidine hcl 150 mg/6ml solution</i>	Preferred	
<i>ranitidine hcl 300 mg cap</i>	Non-Preferred	QL 2 / 1 days
<i>ranitidine hcl 300 mg tab</i>	Preferred	QL 2 / 1 days
ZANTAC 150 MG/6ML SOLUTION <i>ranitidine hcl</i>	Non-Preferred	
ZANTAC 50 MG/2ML SOLUTION <i>ranitidine hcl</i>	Non-Preferred	
ZANTAC 1000 MG/40ML SOLUTION <i>ranitidine hcl</i>	Non-Preferred	
PROTECTANTS		
<i>misoprostol 200 mcg tab</i>	Preferred	QL 4 / 1 days
<i>misoprostol 100 mcg tab</i>	Preferred	QL 8 / 1 days
<i>sucralfate 1 gm/10ml suspension</i>	Preferred	QL 40 / 1 days
<i>sucralfate 1 gm tab</i>	Preferred	QL 4 / 1 days
PROTON PUMP INHIBITORS		
ACIPHEX <i>rabeprazole sodium</i>	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACIPHEX SPRINKLE <i>rabeprazole sodium</i>	Non-Preferred	
DEXILANT <i>dexlansoprazole</i>	Non-Preferred	
DEXLANSOPRAZOLE <i>dexlansoprazole</i>	Non-Preferred	
<i>esomeprazole magnesium 40 mg packet</i>	Non-Preferred	
<i>esomeprazole magnesium 40 mg cap dr</i>	Preferred	<b>C</b> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium 20 mg packet</i>	Non-Preferred	
<i>esomeprazole magnesium 20 mg cap dr</i>	Preferred	<b>C</b> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium 10 mg packet</i>	Non-Preferred	
ESOMEPRAZOLE STRONTIUM <i>esomeprazole strontium</i>	Non-Preferred	
<i>lansoprazole 30 mg tab dr disp</i>	Non-Preferred	<b>QL</b> 30 / 30 days
<i>lansoprazole 30 mg cap dr</i>	Preferred	<b>QL</b> 60 / 30 days <b>C</b> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>lansoprazole 15 mg cap dr</i>	Preferred	<b>QL</b> 60 / 30 days <b>C</b> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>lansoprazole 15 mg tab dr disp</i>	Non-Preferred	<b>QL</b> 30 / 30 days
NEXIUM 40 MG PACKET <i>esomeprazole magnesium</i>	Preferred	<b>C</b> 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
NEXIUM 10 MG PACKET <i>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
NEXIUM 5 MG PACKET <i>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
NEXIUM 40 MG CAP DR <i>esomeprazole magnesium</i>	Non-Preferred	
NEXIUM 2.5 MG PACKET <i>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
NEXIUM 20 MG CAP DR <i>esomeprazole magnesium</i>	Non-Preferred	
NEXIUM 20 MG PACKET <i>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>omeprazole 40 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 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 10 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-sodium bicarbonate</i>	Non-Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pantoprazole sodium 40 mg tab dr</i>	Preferred	<p>QL 60 / 30 days</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
<i>pantoprazole sodium 20 mg tab dr</i>	Preferred	<p>QL 60 / 30 days</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
PREVACID <i>lansoprazole</i>	Non-Preferred	QL 60 / 30 days
PREVACID SOLUTAB <i>lansoprazole</i>	Non-Preferred	QL 30 / 30 days
PRILOSEC 10 MG PACKET <i>omeprazole magnesium</i>	Preferred	QL 60 / 30 days
PRILOSEC 2.5 MG PACKET <i>omeprazole magnesium</i>	Non-Preferred	QL 2 / 1 days
PROTONIX 40 MG TAB DR <i>pantoprazole sodium</i>	Non-Preferred	QL 2 / 1 days
PROTONIX 20 MG TAB DR <i>pantoprazole sodium</i>	Non-Preferred	QL 2 / 1 days
PROTONIX 40 MG PACKET <i>pantoprazole sodium</i>	Non-Preferred	
<i>rabeprazole sodium 20 mg tab dr</i>	Preferred	<p>QL 30 / 30 days</p> <p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>
ZEGERID <i>omeprazole-sodium bicarbonate</i>	Non-Preferred	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
BUPHENYL <i>sodium phenylbutyrate</i>	Preferred	
CERDELGA <i>eliglustat tartrate</i>	Preferred	PA
CEREZYME <i>imiglucerase</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CHOLBAM <i>cholic acid</i>	Preferred	PA
CREON <i>pancrelipase (lipase-protease-amylase)</i>	Preferred	
ELELYSO <i>taliglucerase alfa</i>	Preferred	PA
ENDARI <i>glutamine (sickle cell)</i>	Non-Preferred	QL 180 / 30 days
<i>miglustat</i>	Preferred	PA
PANCREAZE 37000-97300 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
PANCREAZE 4200 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
PANCREAZE 10500 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
PANCREAZE 16800 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
PANCREAZE 2600-8800 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
PANCREAZE 21000 UNIT CP DR PART <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
PERTZYE <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
RAVICTI <i>glycerol phenylbutyrate</i>	Non-Preferred	
<i>sodium phenylbutyrate 3 gm/tsp powder</i>	Preferred	
<i>sodium phenylbutyrate 500 mg tab</i>	Preferred	
VIOKACE <i>pancrelipase (lipase-protease-amylase)</i>	Non-Preferred	
VPRIV <i>velaglucerase alfa</i>	Preferred	PA
ZAVESCA <i>miglustat</i>	Preferred	PA
ZENPEP <i>pancrelipase (lipase-protease-amylase)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er</i>	Non-Preferred	
DETROL <i>tolterodine tartrate</i>	Non-Preferred	QL 2 / 1 days
DETROL LA <i>tolterodine tartrate</i>	Non-Preferred	QL 1 / 1 days
DITROPAN XL 10 MG TAB ER 24H <i>oxybutynin chloride</i>	Non-Preferred	QL 1 / 1 days
DITROPAN XL 5 MG TAB ER 24H <i>oxybutynin chloride</i>	Non-Preferred	QL 1 / 1 days
ENABLEX <i>darifenacin hydrobromide</i>	Non-Preferred	
<i>flavoxate hcl</i>	Non-Preferred	
GELNIQUE <i>oxybutynin chloride</i>	Non-Preferred	
GELNIQUE PUMP <i>oxybutynin chloride</i>	Non-Preferred	
GEMTESA <i>vibegron</i>	Non-Preferred	QL 30 / 30 days
MYRBETRIQ 8 MG/ML SRER <i>mirabegron</i>	Non-Preferred	
MYRBETRIQ 25 MG TAB ER 24H <i>mirabegron</i>	Preferred	
MYRBETRIQ 50 MG TAB ER 24H <i>mirabegron</i>	Preferred	
<i>oxybutynin chloride 5 mg/5ml syrup</i>	Preferred	QL 20 / 1 days
<i>oxybutynin chloride 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>oxybutynin chloride er 10 mg tab er 24h</i>	Preferred	QL 60 / 30 days
<i>oxybutynin chloride er 5 mg tab er 24h</i>	Preferred	QL 30 / 30 days
<i>oxybutynin chloride er 15 mg tab er 24h</i>	Preferred	QL 60 / 30 days
OXYTROL <i>oxybutynin</i>	Non-Preferred	
<i>solifenacin succinate</i>	Preferred	
<i>tolterodine tartrate</i>	Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tolterodine tartrate er</i>	Preferred	QL 1 / 1 days
TOVIAZ <i>fesoterodine fumarate</i>	Non-Preferred	
<i>tropium chloride</i>	Preferred	QL 60 / 30 days
<i>tropium chloride er</i>	Non-Preferred	QL 1 / 1 days
VESICARE <i>solifenacin succinate</i>	Non-Preferred	
VESICARE LS <i>solifenacin succinate</i>	Non-Preferred	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	Preferred	QL 1 / 1 days
AVODART <i>dutasteride</i>	Non-Preferred	QL 1 / 1 days
CARDURA XL <i>doxazosin mesylate (bph)</i>	Non-Preferred	
CIALIS 10 MG TAB <i>tadalafil</i>	Non-Preferred	
CIALIS 20 MG TAB <i>tadalafil</i>	Non-Preferred	
CIALIS 5 MG TAB <i>tadalafil</i>	Non-Preferred	QL 30 / 30 days
CIALIS 2.5 MG TAB <i>tadalafil</i>	Non-Preferred	QL 30 / 30 days
<i>dutasteride 0.5 mg cap</i>	Preferred	QL 1 / 1 days
<i>dutasteride-tamsulosin hcl</i>	Non-Preferred	
<i>finasteride 5 mg tab</i>	Preferred	QL 1 / 1 days
FLOMAX <i>tamsulosin hcl</i>	Non-Preferred	QL 2 / 1 days
JALYN <i>dutasteride-tamsulosin hcl</i>	Non-Preferred	
PROSCAR <i>finasteride</i>	Non-Preferred	
RAPAFLO <i>silodosin</i>	Non-Preferred	
<i>silodosin</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tadalafil 5 mg tab</i>	Non-Preferred	QL 30 / 30 days
<i>tadalafil 10 mg tab</i>	Non-Preferred	
<i>tadalafil 2.5 mg tab</i>	Non-Preferred	QL 30 / 30 days
<i>tadalafil 20 mg tab</i>	Non-Preferred	
<i>tamsulosin hcl</i>	Preferred	QL 2 / 1 days
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>bethanechol chloride 50 mg tab</i>	Preferred	QL 4 / 1 days
<i>bethanechol chloride 10 mg tab</i>	Preferred	QL 4 / 1 days
<i>bethanechol chloride 5 mg tab</i>	Preferred	QL 4 / 1 days
ELMIRON <i>pentosan polysulfate sodium</i>	Preferred	QL 3 / 1 days
ORACIT <i>sodium citrate &amp; citric acid</i>	Preferred	QL 120 / 1 days
<i>phenazopyridine hcl 200 mg tab</i>	Preferred	
<i>phenazopyridine hcl 100 mg tab</i>	Preferred	
<i>phospha 250 neutral</i>	Preferred	
<i>phospho-trin 250 neutral</i>	Preferred	
<i>sod citrate-citric acid</i>	Preferred	QL 120 / 1 days
<i>virt-phos 250 neutral</i>	Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
BESER 0.05 % KIT <i>fluticasone-emollient</i>	Non-Preferred	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	Non-Preferred	
<i>clocortolone pivalate</i>	Non-Preferred	
CLOCORTOLONE PIVALATE <i>clocortolone pivalate</i>	Non-Preferred	
CLOCORTOLONE PIVALATE PUMP <i>clocortolone pivalate</i>	Non-Preferred	
CLODAN 0.05 % KIT <i>clobetasol propionate &amp; cleanser</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLODERM <i>clocortolone pivalate</i>	Non-Preferred	
CLODERM PUMP <i>clocortolone pivalate</i>	Non-Preferred	
<i>cortisone acetate 25 mg tab</i>	Non-Preferred	QL 12 / 1 days
<i>decadron</i>	Non-Preferred	
DEPO-MEDROL 20 MG/ML SUSPENSION <i>methylprednisolone acetate</i>	Preferred	QL 8 / 1 days
DEXABLISS <i>dexamethasone</i>	Non-Preferred	
<i>dexamethasone 0.5 mg/5ml elixir</i>	Preferred	
DEXAMETHASONE 1.5 MG (51) TAB THPK <i>dexamethasone</i>	Non-Preferred	
<i>dexamethasone 0.5 mg/5ml solution</i>	Preferred	
<i>dexamethasone 2 mg tab</i>	Preferred	
<i>dexamethasone 6 mg tab</i>	Preferred	
<i>dexamethasone 0.75 mg tab</i>	Preferred	
<i>dexamethasone 4 mg tab</i>	Preferred	
<i>dexamethasone 1 mg tab</i>	Preferred	
<i>dexamethasone 1.5 mg (21) tab thpk</i>	Non-Preferred	
<i>dexamethasone 1.5 mg tab</i>	Preferred	
DEXAMETHASONE 1.5 MG (35) TAB THPK <i>dexamethasone</i>	Non-Preferred	
<i>dexamethasone 0.5 mg tab</i>	Preferred	
DEXAMETHASONE INTENSOL <i>dexamethasone</i>	Preferred	
<i>dexamethasone sodium phosphate 20 mg/5ml solution</i>	Preferred	
<i>dexamethasone sodium phosphate 120 mg/30ml solution</i>	Preferred	
<i>dexamethasone sodium phosphate 4 mg/ml solution</i>	Preferred	
<i>dexpak 10 day</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dexpak 13 day</i>	Non-Preferred	
<i>dexpak 6 day</i>	Non-Preferred	
<b>DXEVO 11-DAY</b> <i>dexamethasone</i>	Non-Preferred	
<b>EMFLAZA</b> <i>deflazacort</i>	Non-Preferred	
<i>fludrocortisone acetate 0.1 mg tab</i>	Preferred	QL 2 / 1 days
<b>HEMADY</b> <i>dexamethasone</i>	Non-Preferred	
<b>KENALOG 40 MG/ML SUSPENSION</b> <i>triamcinolone acetonide</i>	Preferred	
<b>KENALOG 10 MG/ML SUSPENSION</b> <i>triamcinolone acetonide</i>	Preferred	
<b>MEDROL 4 MG TAB</b> <i>methylprednisolone</i>	Non-Preferred	
<b>MEDROL 32 MG TAB</b> <i>methylprednisolone</i>	Non-Preferred	QL 2 / 1 days
<b>MEDROL 8 MG TAB</b> <i>methylprednisolone</i>	Non-Preferred	
<b>MEDROL 2 MG TAB</b> <i>methylprednisolone</i>	Non-Preferred	QL 4 / 1 days
<b>MEDROL 16 MG TAB</b> <i>methylprednisolone</i>	Non-Preferred	
<b>MEDROL 4 MG TAB THPK</b> <i>methylprednisolone</i>	Non-Preferred	
<i>methylprednisolone 4 mg tab thpk</i>	Preferred	
<i>methylprednisolone 8 mg tab</i>	Preferred	QL 4 / 1 days
<i>methylprednisolone 32 mg tab</i>	Preferred	QL 2 / 1 days
<i>methylprednisolone 16 mg tab</i>	Preferred	QL 4 / 1 days
<i>methylprednisolone 4 mg tab</i>	Preferred	QL 4 / 1 days
<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
<i>methylprednisolone sodium succ 500 mg recon soln</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylprednisolone sodium succ 40 mg recon soln</i>	Preferred	
<i>methylprednisolone sodium succ 1000 mg recon soln</i>	Preferred	
MICORT-HC <i>hydrocortisone acetate (topical)</i>	Non-Preferred	
MILLIPRED 5 MG TAB <i>prednisolone</i>	Non-Preferred	QL 12 / 1 days
MILLIPRED DP <i>prednisolone</i>	Non-Preferred	
ORAPRED ODT <i>prednisolone sodium phosphate</i>	Non-Preferred	
PEDIAPRED <i>prednisolone sodium phosphate</i>	Non-Preferred	
PREDNICARBATE <i>prednicarbate</i>	Non-Preferred	
<i>prednisolone 15 mg/5ml solution</i>	Preferred	QL 20 / 1 days
<i>prednisolone sodium phosphate 10 mg tab disp</i>	Non-Preferred	
<i>prednisolone sodium phosphate 15 mg tab disp</i>	Non-Preferred	
<i>prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution</i>	Preferred	
<i>prednisolone sodium phosphate 30 mg tab disp</i>	Non-Preferred	
<i>prednisolone sodium phosphate 25 mg/5ml solution</i>	Preferred	
<i>prednisolone sodium phosphate 20 mg/5ml solution</i>	Preferred	
<i>prednisolone sodium phosphate 10 mg/5ml solution</i>	Preferred	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	Preferred	QL 20 / 1 days
<i>prednisone 20 mg tab</i>	Preferred	QL 3 / 1 days
<i>prednisone 5 mg (48) tab thpk</i>	Preferred	QL 8 / 1 days
<i>prednisone 10 mg (21) tab thpk</i>	Preferred	
<i>prednisone 5 mg (21) tab thpk</i>	Preferred	QL 8 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisone 5 mg/5ml solution</i>	Preferred	QL 60 / 1 days
<i>prednisone 2.5 mg tab</i>	Preferred	QL 8 / 1 days
<i>prednisone 5 mg tab</i>	Preferred	QL 8 / 1 days
<i>prednisone 10 mg tab</i>	Preferred	QL 6 / 1 days
<i>prednisone 10 mg (48) tab thpk</i>	Preferred	
<i>prednisone 50 mg tab</i>	Preferred	QL 1 / 1 days
<i>prednisone 1 mg tab</i>	Preferred	QL 8 / 1 days
<b>PREDNISONE INTENSOL</b> <i>prednisone</i>	Preferred	QL 12 / 1 days
<b>RAYOS</b> <i>prednisone</i>	Non-Preferred	
<b>SERNIVO</b> <i>betamethasone dipropionate (topical)</i>	Non-Preferred	
<b>SOLU-CORTEF 100 MG RECON SOLN</b> <i>hydrocortisone sod succinate</i>	Preferred	
<b>SOLU-MEDROL 40 MG RECON SOLN</b> <i>methylprednisolone sod succ</i>	Preferred	
<b>SYNALAR (CREAM)</b> <i>fluocinolone-emollient</i>	Non-Preferred	
<b>SYNALAR (OINTMENT)</b> <i>fluocinolone-emollient</i>	Non-Preferred	
<b>SYNALAR TS</b> <i>fluocinolone acetonide &amp; cleanser</i>	Non-Preferred	
<b>TAPERDEX 12-DAY</b> <i>dexamethasone</i>	Non-Preferred	
<i>taperdex 6-day</i>	Non-Preferred	
<b>TAPERDEX 7-DAY</b> <i>dexamethasone</i>	Non-Preferred	
<b>TARPEYO</b> <i>budesonide</i>	Non-Preferred	
<b>TOVET 0.05 % KIT</b> <i>clobetasol propionate emulsion foam w/ moisturizing cream</i>	Non-Preferred	
<i>triamcinolone acetonide 40 mg/ml suspension</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZCORT 7-DAY <i>dexamethasone</i>	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig</i>	Preferred	QL 15 / 26 days
<i>desmopressin acetate 0.2 mg tab</i>	Preferred	QL 6 / 1 days
<i>desmopressin acetate 0.1 mg tab</i>	Preferred	QL 6 / 1 days
<i>desmopressin acetate spray</i>	Preferred	QL 15 / 26 days
GENOTROPIN <i>somatropin</i>	Non-Preferred	
GENOTROPIN MINIQUICK <i>somatropin</i>	Non-Preferred	
HUMATROPE 12 MG RECON SOLN <i>somatropin</i>	Non-Preferred	
HUMATROPE 6 MG RECON SOLN <i>somatropin</i>	Non-Preferred	
HUMATROPE 24 MG RECON SOLN <i>somatropin</i>	Non-Preferred	
MYFEMBREE <i>relugolix-estradiol-norethindrone acetate</i>	Non-Preferred	QL 30 / 30 days
NORDITROPIN FLEXPRO <i>somatropin</i>	Preferred	PA
NUTROPIN AQ NUSPIN 10 <i>somatropin</i>	Non-Preferred	
NUTROPIN AQ NUSPIN 20 <i>somatropin</i>	Non-Preferred	
NUTROPIN AQ NUSPIN 5 <i>somatropin</i>	Non-Preferred	
OMNITROPE <i>somatropin</i>	Preferred	PA
ORIAHNN <i>elagolix sodium-estradiol-norethindrone acetate</i>	Preferred	QL 56 / 28 days PA
SAIZEN <i>somatropin (non-refrigerated)</i>	Non-Preferred	
SAIZEN CLICK.EASY <i>somatropin (non-refrigerated)</i>	Non-Preferred	
SAIZENPREP <i>somatropin (non-refrigerated)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROSTIM <i>somatropin (non-refrigerated)</i>	Non-Preferred	
SKYTROFA <i>lonapegsomatropin-tcgd</i>	Non-Preferred	
STIMATE <i>desmopressin acetate</i>	Preferred	
ZOMACTON <i>somatropin</i>	Non-Preferred	
ZOMACTON (FOR ZOMA-JET 10) <i>somatropin</i>	Non-Preferred	
ZORBTIVE <i>somatropin (non-refrigerated)</i>	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
ANADROL-50 <i>oxymetholone</i>	Non-Preferred	
<i>oxandrolone 10 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>oxandrolone 2.5 mg tab</i>	Non-Preferred	QL 8 / 1 days
ANDROGENS		
ANDRODERM <i>testosterone</i>	Non-Preferred	
ANDROGEL 25 MG/2.5GM (1%) GEL <i>testosterone</i>	Non-Preferred	QL 300 / 30 days
ANDROGEL 20.25 MG/1.25GM (1.62%) GEL <i>testosterone</i>	Non-Preferred	QL 150 / 30 days
ANDROGEL 50 MG/5GM (1%) GEL <i>testosterone</i>	Non-Preferred	QL 300 / 30 days
ANDROGEL 40.5 MG/2.5GM (1.62%) GEL <i>testosterone</i>	Non-Preferred	QL 150 / 30 days
ANDROGEL PUMP <i>testosterone</i>	Non-Preferred	QL 150 / 30 days
ANDROID <i>methyltestosterone</i>	Non-Preferred	
AVEED <i>testosterone undecanoate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPO-TESTOSTERONE <i>testosterone cypionate</i>	Preferred	QL 10 / 30 days PA
FORTESTA <i>testosterone</i>	Non-Preferred	QLC 3.51 grams/day
JATENZO <i>testosterone undecanoate</i>	Non-Preferred	
METHITEST <i>methyltestosterone</i>	Non-Preferred	
<i>methyltestosterone 10 mg cap</i>	Non-Preferred	QL 150 / 30 days
NATESTO <i>testosterone</i>	Non-Preferred	
STRIANT <i>testosterone</i>	Non-Preferred	
TESTIM <i>testosterone</i>	Non-Preferred	QL 300 / 30 days
TESTOPEL <i>testosterone</i>	Preferred	PA
TESTOSTERONE 200 MG PELLETT <i>testosterone</i>	Non-Preferred	
TESTOSTERONE 100 MG PELLETT <i>testosterone</i>	Non-Preferred	
<i>testosterone 25 mg/2.5gm (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 12.5 mg/act (1%) gel</i>	Non-Preferred	QL 150 / 30 days
<i>testosterone 50 mg/5gm (1%) gel</i>	Non-Preferred	QL 300 / 30 days
<i>testosterone 30 mg/act solution</i>	Non-Preferred	QLC 6 mL/day
<i>testosterone 20.25 mg/1.25gm (1.62%) gel</i>	Non-Preferred	QL 150 / 30 days
<i>testosterone 40.5 mg/2.5gm (1.62%) gel</i>	Non-Preferred	QL 150 / 30 days
<i>testosterone cypionate 100 mg/ml solution</i>	Preferred	QL 10 / 30 days PA
<i>testosterone cypionate 200 mg/ml solution</i>	Preferred	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>testosterone enanthate 200 mg/ml solution</i>	Non-Preferred	QL 5 / 30 days
TESTOSTERONE TD GEL pump 20.25 MG/ACT (1.62%)	Preferred	QL 150 / 30 days PA
TESTRED <i>methyltestosterone</i>	Non-Preferred	
VOGELXO <i>testosterone</i>	Non-Preferred	QL 300 / 30 days
VOGELXO PUMP <i>testosterone</i>	Non-Preferred	QL 150 / 30 days
XYOSTED <i>testosterone enanthate</i>	Non-Preferred	
<b>ESTROGENS</b>		
ACTIVELLA <i>estradiol &amp; norethindrone acetate</i>	Non-Preferred	
<i>afirmelle</i>	Preferred	QL 28 / 28 days
ALORA <i>estradiol</i>	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>amabelz</i>	Non-Preferred	
<i>amethia</i>	Preferred	
<i>amethia lo</i>	Non-Preferred	
<i>amethyst</i>	Preferred	QL 1 / 1 days
ANGELIQ <i>drospirenone-estradiol</i>	Preferred	
ANNOVERA <i>segesterone acetate-ethinyl estradiol</i>	Non-Preferred	
<i>apri</i>	Preferred	QL 1 / 1 days
<i>aranelle</i>	Preferred	QL 1 / 1 days
<i>ashlyna</i>	Preferred	
<i>aubra</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aubra eq</i>	Preferred	QL 1 / 1 days
<i>aurovela 1.5/30</i>	Preferred	
<i>aurovela 1/20</i>	Preferred	
<i>aurovela 24 fe</i>	Non-Preferred	
<i>aurovela fe 1.5/30</i>	Preferred	
<i>aurovela fe 1/20</i>	Preferred	
<i>aviane</i>	Preferred	QL 1 / 1 days
<i>ayuna</i>	Preferred	QL 28 / 28 days
<i>azurette</i>	Preferred	QL 1 / 1 days
<b>BALCOLTRA</b> <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>	Non-Preferred	
<i>balziva</i>	Preferred	QL 1 / 1 days
<i>bekyree</i>	Preferred	QL 1 / 1 days
<b>BEYAZ</b> <i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	Non-Preferred	
<i>blisovi 24 fe</i>	Non-Preferred	
<i>blisovi fe 1.5/30</i>	Preferred	QL 28 / 28 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>	Non-Preferred	
<i>chateal</i>	Preferred	QL 1 / 1 days
<i>chateal eq</i>	Preferred	QL 1 / 1 days
<b>CLIMARA</b> <i>estradiol</i>	Non-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	
<b>DELESTROGEN</b> <i>estradiol valerate</i>	Preferred	
<b>DEPO-ESTRADIOL</b> <i>estradiol cypionate</i>	Preferred	
<i>desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab</i>	Preferred	QL 28 / 28 days
<i>desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab</i>	Preferred	QL 1 / 1 days
<b>DIVIGEL</b> <i>estradiol</i>	Non-Preferred	
<i>dolishale</i>	Preferred	
<i>dotti</i>	Non-Preferred	
<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	
<b>ELESTRIN</b> <i>estradiol</i>	Preferred	
<i>elinest</i>	Preferred	QL 1 / 1 days
<i>eluryng</i>	Non-Preferred	QL 1 / 28 days
<i>emoquette</i>	Preferred	QL 28 / 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 0.1 MG/GM CREAM <i>estradiol vaginal</i>	Non-Preferred	QLC 42.5 grams/30 days
ESTRACE 0.5 MG TAB <i>estradiol</i>	Non-Preferred	
ESTRACE 2 MG TAB <i>estradiol</i>	Non-Preferred	QL 90 / 30 days
ESTRACE 1 MG TAB <i>estradiol</i>	Non-Preferred	QL 90 / 30 days
<i>estradiol 10 mcg tab</i>	Preferred	
<i>estradiol 0.075 mg/24hr patch tw</i>	Preferred	QL 8 / 28 days
<i>estradiol 0.05 mg/24hr patch tw</i>	Preferred	QL 8 / 28 days
<i>estradiol 0.1 mg/gm cream</i>	Preferred	QLC 42.5 grams/30 days
<i>estradiol 0.05 mg/24hr patch wk</i>	Preferred	QL 4 / 28 days
<i>estradiol 0.0375 mg/24hr patch tw</i>	Preferred	QL 8 / 28 days
<i>estradiol 0.0375 mg/24hr patch wk</i>	Preferred	QL 4 / 28 days
<i>estradiol 0.075 mg/24hr patch wk</i>	Preferred	QL 4 / 28 days
<i>estradiol 1 mg tab</i>	Preferred	QL 90 / 30 days
<i>estradiol 0.025 mg/24hr patch wk</i>	Preferred	QL 4 / 28 days
<i>estradiol 0.06 mg/24hr patch wk</i>	Preferred	QL 4 / 28 days
<i>estradiol 0.025 mg/24hr patch tw</i>	Preferred	QL 8 / 28 days
<i>estradiol 2 mg tab</i>	Preferred	QL 90 / 30 days
<i>estradiol 0.5 mg tab</i>	Preferred	
<i>estradiol 0.1 mg/24hr patch tw</i>	Preferred	QL 8 / 28 days
<i>estradiol 0.1 mg/24hr patch wk</i>	Preferred	QL 4 / 28 days
<i>estradiol valerate 20 mg/ml oil</i>	Preferred	
<i>estradiol valerate 40 mg/ml oil</i>	Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol-norethindrone acet</i>	Non-Preferred	
<b>ESTRING</b> <i>estradiol vaginal</i>	Preferred	
<b>ESTROGEL</b> <i>estradiol</i>	Non-Preferred	
<b>ESTROPIPATE 1.5 MG TAB</b> <i>estropipate</i>	Non-Preferred	QL 1 / 1 days
<b>ESTROPIPATE 3 MG TAB</b> <i>estropipate</i>	Non-Preferred	QL 3 / 1 days
<b>ESTROPIPATE 0.75 MG TAB</b> <i>estropipate</i>	Non-Preferred	QL 1 / 1 days
<b>ESTROSTEP FE</b> <i>norethindrone acetate-ethinyl estradiol-fe</i>	Non-Preferred	QL 1 / 1 days
<i>ethynodiol diac-eth estradiol 1-35 mg-mcg tab</i>	Preferred	QL 1 / 1 days
<i>ethynodiol diac-eth estradiol 1-50 mg-mcg tab</i>	Preferred	QL 28 / 28 days
<i>etonogestrel-ethinyl estradiol</i>	Non-Preferred	QL 1 / 28 days
<b>EVAMIST</b> <i>estradiol</i>	Non-Preferred	
<i>falmina</i>	Preferred	QL 1 / 1 days
<i>fayosim</i>	Non-Preferred	
<b>FEMHRT</b> <i>norethindrone acetate-ethinyl estradiol</i>	Non-Preferred	
<b>FEMRING</b> <i>estradiol acetate vaginal</i>	Preferred	
<i>femynor</i>	Preferred	QL 1 / 1 days
<i>fyavolv</i>	Preferred	
<i>gemmily</i>	Non-Preferred	
<b>GENERESS FE</b> <i>norethindrone &amp; ethinyl estradiol-fe</i>	Non-Preferred	
<i>gianvi</i>	Preferred	QL 1 / 1 days
<i>hailey 1.5/30</i>	Preferred	
<i>hailey 24 fe</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hailey fe 1.5/30</i>	Preferred	
<i>hailey fe 1/20</i>	Preferred	
<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 28 / 28 days
<i>jevantique lo</i>	Non-Preferred	
<i>jinteli</i>	Preferred	
<i>jolessa</i>	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>	Non-Preferred	
<i>kaitlib fe</i>	Non-Preferred	
<i>kalliga</i>	Preferred	QL 28 / 28 days
<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>	Non-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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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 &amp; eth est</i>	Non-Preferred	
<i>levonorgest-eth estrad 91-day 0.15-0.03 &amp; 0.01 mg tab</i>	Non-Preferred	
<i>levonorgest-eth estrad 91-day 0.15-0.03 mg tab</i>	Preferred	
<i>levonorgest-eth estrad 91-day 0.1-0.02 &amp; 0.01 mg tab</i>	Non-Preferred	
<i>levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab</i>	Preferred	QL 28 / 28 days
<i>levonorgestrel-ethinyl estrad 90-20 mcg tab</i>	Preferred	QL 1 / 1 days
<i>levonorgestrel-ethinyl estrad 0.15-30 mg-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 <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>	Preferred	
<i>lo-zumandimine</i>	Preferred	
<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
<i>loestrin fe 1/20</i>	Non-Preferred	QL 1 / 1 days
<i>lojaimiess</i>	Preferred	
<i>lopreeza</i>	Non-Preferred	
<i>loryna</i>	Preferred	QL 1 / 1 days
LOSEASONIQUE <i>levonorgestrel-ethinyl estradiol (91-day)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>low-ogestrel</i>	Preferred	QL 1 / 1 days
<i>lutera</i>	Preferred	QL 1 / 1 days
<i>lyllana</i>	Non-Preferred	
<i>marlissa</i>	Preferred	QL 1 / 1 days
<i>melodetta 24 fe</i>	Non-Preferred	
MENEST 2.5 MG TAB <i>esterified estrogens</i>	Non-Preferred	
MENEST 1.25 MG TAB <i>esterified estrogens</i>	Non-Preferred	QL 1 / 1 days
MENEST 0.625 MG TAB <i>esterified estrogens</i>	Non-Preferred	QL 1 / 1 days
MENEST 0.3 MG TAB <i>esterified estrogens</i>	Non-Preferred	QL 1 / 1 days
MENOSTAR <i>estradiol</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>	Non-Preferred	
<i>microgestin fe 1.5/30</i>	Preferred	QL 28 / 28 days
<i>microgestin fe 1/20</i>	Preferred	QL 1 / 1 days
<i>mili</i>	Preferred	QL 1 / 1 days
<i>mimvey</i>	Non-Preferred	
<i>mimvey lo</i>	Non-Preferred	
MINASTRIN 24 FE <i>norethin acet &amp; estrad-fe</i>	Non-Preferred	
MINIVELLE <i>estradiol</i>	Non-Preferred	
MIRCETTE <i>desogestrel-ethinyl estradiol (biphasic)</i>	Non-Preferred	QL 1 / 1 days
<i>mono-lynyah</i>	Preferred	QL 1 / 1 days
<i>mononessa</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>myzilra</i>	Preferred	QL 1 / 1 days
NATAZIA <i>estradiol valerate-dienogest</i>	Non-Preferred	
<i>necon 0.5/35 (28)</i>	Preferred	QL 1 / 1 days
<i>necon 7/7/7</i>	Preferred	QL 28 / 28 days
NEXTSTELLIS <i>drospirenone-estetrol</i>	Non-Preferred	
<i>nikki</i>	Preferred	QL 1 / 1 days
<i>norethin ace-eth estrad-fe 1.5-30 mg-mcg tab</i>	Preferred	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>	Non-Preferred	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap</i>	Non-Preferred	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg tab</i>	Preferred	QL 1 / 1 days
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab</i>	Non-Preferred	
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	Non-Preferred	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	Non-Preferred	QL 28 / 28 days
<i>norethindrone acet-ethinyl est 1.5-30 mg-mcg tab</i>	Preferred	QL 21 / 21 days
<i>norethindrone acet-ethinyl est 1-20 mg-mcg(24) chew tab</i>	Non-Preferred	
<i>norethindrone acet-ethinyl est 1-20 mg-mcg tab</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	
<i>nortrel 1/35 (28)</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nortrel 7/7/7</i>	Preferred	QL 28 / 28 days
<b>NUVARING</b> <i>etonogestrel-ethinyl estradiol</i>	Preferred	QL 1 / 28 days
<i>nylia 1/35</i>	Preferred	
<i>nylia 7/7/7</i>	Preferred	
<i>nymyo</i>	Preferred	
<i>ocella</i>	Preferred	QL 1 / 1 days
<i>ogestrel</i>	Non-Preferred	QL 1 / 1 days
<i>orsythia</i>	Preferred	QL 28 / 28 days
<b>ORTHO TRI-CYCLEN (28)</b> <i>norgestimate-ethinyl estradiol (triphasic)</i>	Non-Preferred	QL 28 / 28 days
<b>ORTHO TRI-CYCLEN LO</b> <i>norgestimate-ethinyl estradiol (triphasic)</i>	Non-Preferred	QL 1 / 1 days
<b>ORTHO-CYCLEN (28)</b> <i>norgestimate-ethinyl estradiol</i>	Non-Preferred	QL 28 / 28 days
<b>ORTHO-NOVUM 1/35 (28)</b> <i>norethindrone &amp; eth estradiol</i>	Non-Preferred	QL 1 / 1 days
<b>ORTHO-NOVUM 7/7/7 (28)</b> <i>norethindrone-eth estradiol (triphasic)</i>	Non-Preferred	QL 28 / 28 days
<i>philith</i>	Preferred	QL 1 / 1 days
<i>pimtrea</i>	Preferred	QL 1 / 1 days
<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
<b>PREMARIN 0.9 MG TAB</b> <i>estrogens, conjugated</i>	Preferred	QL 1 / 1 days
<b>PREMARIN 0.3 MG TAB</b> <i>estrogens, conjugated</i>	Preferred	QL 1 / 1 days
<b>PREMARIN 0.625 MG/GM CREAM</b> <i>estrogens, conjugated vaginal</i>	Preferred	
<b>PREMARIN 0.45 MG TAB</b> <i>estrogens, conjugated</i>	Preferred	QL 1 / 1 days
<b>PREMARIN 25 MG RECON SOLN</b> <i>estrogens, conjugated</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN 1.25 MG TAB <i>estrogens, conjugated</i>	Preferred	
PREMARIN 0.625 MG TAB <i>estrogens, conjugated</i>	Preferred	QL 1 / 1 days
PREMPHASE <i>conjugated estrogens- medroxyprogesterone acetate</i>	Preferred	QL 1 / 1 days
PREMPRO <i>conjugated estrogens- medroxyprogesterone acetate</i>	Preferred	QL 1 / 1 days
<i>previfem</i>	Preferred	QL 1 / 1 days
QUARTETTE <i>levonorgestrel-ethinyl estradiol (91-day)</i>	Non-Preferred	
<i>reclipsen</i>	Preferred	QL 1 / 1 days
<i>rivelsa</i>	Non-Preferred	
SAFYRAL <i>drospirenone-ethinyl estradiol- levomefolate calcium</i>	Non-Preferred	
SEASONIQUE <i>levonorgestrel-ethinyl estradiol (91-day)</i>	Non-Preferred	
<i>setlakin</i>	Preferred	
<i>simliya</i>	Preferred	
<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>	Non-Preferred	
<i>tarina fe 1/20</i>	Preferred	QL 1 / 1 days
<i>tarina fe 1/20 eq</i>	Preferred	QL 1 / 1 days
TAYTULLA <i>norethin acet &amp; estrad-fe</i>	Non-Preferred	
<i>tilia fe</i>	Non-Preferred	QL 1 / 1 days
<i>tri femynor</i>	Preferred	QL 1 / 1 days
<i>tri-estarylla</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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	
<i>tri-lo-sprintec</i>	Preferred	QL 1 / 1 days
<i>tri-mili</i>	Preferred	QL 1 / 1 days
<i>tri-nymyo</i>	Preferred	
<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>trinessa (28)</i>	Preferred	QL 1 / 1 days
<i>trinessa lo</i>	Preferred	QL 1 / 1 days
<i>trivora (28)</i>	Preferred	QL 1 / 1 days
TWIRLA <i>levonorgestrel-ethinyl estradiol</i>	Non-Preferred	
TYBLUME <i>levonorgestrel &amp; eth estradiol</i>	Preferred	
<i>tydemy</i>	Non-Preferred	
VAGIFEM <i>estradiol vaginal</i>	Preferred	
<i>velivet</i>	Preferred	QL 1 / 1 days
<i>vestura</i>	Preferred	
<i>vienva</i>	Preferred	QL 1 / 1 days
<i>viorele</i>	Preferred	QL 1 / 1 days
VIVELLE-DOT <i>estradiol</i>	Non-Preferred	QL 8 / 28 days
<i>volnea</i>	Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vyfemla</i>	Preferred	QL 1 / 1 days
<i>vylibra</i>	Preferred	QL 1 / 1 days
<i>wera</i>	Preferred	QL 1 / 1 days
<i>wymzya fe</i>	Non-Preferred	QL 1 / 1 days
<i>xulane</i>	Preferred	QL 3 / 28 days
YASMIN 28 <i>drospirenone-ethinyl estradiol</i>	Preferred	QL 1 / 1 days
YAZ <i>drospirenone-ethinyl estradiol</i>	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	
<i>zovia 1/35e (28)</i>	Preferred	QL 1 / 1 days
<i>zumandimine</i>	Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
BIJUVA <i>estradiol-progesterone</i>	Non-Preferred	
CLIMARA PRO <i>estradiol-levonorgestrel</i>	Preferred	
COMBIPATCH <i>estradiol &amp; norethindrone acetate</i>	Preferred	
PREFEST <i>estradiol-norgestimate</i>	Non-Preferred	
PROGESTINS		
AYGESTIN <i>norethindrone acetate</i>	Non-Preferred	QL 90 / 30 days
<i>camila</i>	Preferred	QL 1 / 1 days
CRINONE <i>progesterone (vaginal)</i>	Non-Preferred	
<i>deblitane</i>	Preferred	QL 1 / 1 days
DEPO-PROVERA 400 MG/ML SUSPENSION <i>medroxyprogesterone acetate</i> <i>(antineoplastic)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPO-PROVERA 150 MG/ML SUSPENSION <i>medroxyprogesterone acetate</i> (contraceptive)	Preferred	
DEPO-PROVERA 150 MG/ML SUSP PRSYR <i>medroxyprogesterone acetate</i> (contraceptive)	Non-Preferred	
DEPO-SUBQ PROVERA 104 <i>medroxyprogesterone acetate</i> (contraceptive)	Preferred	QL 1 / 84 days
ELLA <i>ulipristal acetate</i>	Preferred	QL 1 / 1 fill
<i>errin</i>	Preferred	QL 1 / 1 days
<i>heather</i>	Preferred	QL 1 / 1 days
<i>hydroxyprogesterone caproate 250</i> <i>mg/ml oil</i>	Preferred	PA
HYDROXYPROGESTERONE CAPROATE 1.25 GM/5ML SOLUTION <i>hydroxyprogesterone caproate</i> (antineoplastic)	Preferred	PA
<i>incassia</i>	Preferred	QL 1 / 1 days
<i>jencycla</i>	Preferred	QL 1 / 1 days
<i>jolivette</i>	Preferred	QL 1 / 1 days
KYLEENA <i>levonorgestrel (iud)</i>	Preferred	
LILETTA (52 MG) <i>levonorgestrel (iud)</i>	Preferred	
<i>lyleq</i>	Preferred	
<i>lyza</i>	Preferred	QL 1 / 1 days
MAKENA 275 MG/1.1ML SOLN A-INJ <i>hydroxyprogesterone caproate</i>	Preferred	PA
MAKENA 250 MG/ML OIL <i>hydroxyprogesterone caproate</i>	Non-Preferred	PA
<i>medroxyprogesterone acetate 2.5 mg</i> <i>tab</i>	Preferred	QL 1 / 1 days
<i>medroxyprogesterone acetate 150</i> <i>mg/ml susp prsy</i>	Preferred	QL 1 / 84 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 150 mg/ml suspension</i>	Preferred	QL 1 / 84 days
<i>medroxyprogesterone acetate 10 mg tab</i>	Preferred	QL 3 / 1 days
<i>medroxyprogesterone acetate 5 mg tab</i>	Preferred	QL 3 / 1 days
<i>megestrol acetate 40 mg tab</i>	Preferred	QL 8 / 1 days
<i>megestrol acetate 400 mg/10ml suspension</i>	Preferred	
<i>megestrol acetate 20 mg tab</i>	Preferred	QL 8 / 1 days
<i>megestrol acetate 40 mg/ml suspension</i>	Preferred	
MIRENA (52 MG) <i>levonorgestrel (iud)</i>	Preferred	
NEXPLANON <i>etonogestrel</i>	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
ORTHO MICRONOR <i>norethindrone (contraceptive)</i>	Preferred	QL 1 / 1 days
<i>progesterone 200 mg cap</i>	Preferred	QL 2 / 1 days
<i>progesterone 50 mg/ml oil</i>	Preferred	
<i>progesterone 100 mg cap</i>	Preferred	QL 2 / 1 days
PROMETRIUM <i>progesterone</i>	Non-Preferred	QL 2 / 1 days
PROVERA 10 MG TAB <i>medroxyprogesterone acetate</i>	Non-Preferred	QL 3 / 1 days
PROVERA 5 MG TAB <i>medroxyprogesterone acetate</i>	Non-Preferred	QL 3 / 1 days
PROVERA 2.5 MG TAB <i>medroxyprogesterone acetate</i>	Non-Preferred	
<i>sharobel</i>	Preferred	QL 1 / 1 days
SKYLA <i>levonorgestrel (iud)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SLYND <i>drospirenone</i>	Non-Preferred	
<i>tulana</i>	Preferred	QL 1 / 1 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE <i>conjugated estrogens-bazedoxifene</i>	Non-Preferred	
EVISTA <i>raloxifene hcl</i>	Non-Preferred	
<i>raloxifene hcl</i>	Non-Preferred	QL 1 / 1 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ARMOUR THYROID <i>thyroid</i>	Preferred	
CYTOMEL 5 MCG TAB <i>liothyronine sodium</i>	Preferred	QL 4 / 1 days
CYTOMEL 25 MCG TAB <i>liothyronine sodium</i>	Preferred	QL 3 / 1 days
CYTOMEL 50 MCG TAB <i>liothyronine sodium</i>	Preferred	QL 2 / 1 days
<i>euthyrox</i>	Non-Preferred	
<i>levo-t</i>	Preferred	
<i>levothyroxine sodium 25 mcg tab</i>	Preferred	
<i>levothyroxine sodium 137 mcg tab</i>	Preferred	
<i>levothyroxine sodium 100 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 200 mcg recon soln</i>	Non-Preferred	
<i>levothyroxine sodium 25 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 175 mcg tab</i>	Preferred	
<i>levothyroxine sodium 112 mcg tab</i>	Preferred	
<i>levothyroxine sodium 150 mcg tab</i>	Preferred	
<i>levothyroxine sodium 125 mcg tab</i>	Preferred	
<i>levothyroxine sodium 50 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 100 mcg recon soln</i>	Non-Preferred	
<i>levothyroxine sodium 150 mcg cap</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levothyroxine sodium 125 mcg cap</i>	Non-Preferred	
LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION <i>levothyroxine sodium</i>	Non-Preferred	
<i>levothyroxine sodium 75 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 50 mcg tab</i>	Preferred	
<i>levothyroxine sodium 137 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 75 mcg tab</i>	Preferred	
<i>levothyroxine sodium 13 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 88 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 200 mcg tab</i>	Preferred	
<i>levothyroxine sodium 88 mcg tab</i>	Preferred	
<i>levothyroxine sodium 200 mcg cap</i>	Non-Preferred	
LEVOTHYROXINE SODIUM 200 MCG RECON SOLN <i>levothyroxine sodium</i>	Non-Preferred	
<i>levothyroxine sodium 500 mcg recon soln</i>	Non-Preferred	
<i>levothyroxine sodium 100 mcg tab</i>	Preferred	
<i>levothyroxine sodium 112 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 175 mcg cap</i>	Non-Preferred	
<i>levothyroxine sodium 300 mcg tab</i>	Preferred	
<i>levoxl</i>	Preferred	
<i>liothyronine sodium 25 mcg tab</i>	Preferred	QL 3 / 1 days
<i>liothyronine sodium 10 mcg/ml solution</i>	Non-Preferred	
<i>liothyronine sodium 50 mcg tab</i>	Preferred	QL 2 / 1 days
<i>liothyronine sodium 5 mcg tab</i>	Preferred	QL 4 / 1 days
<i>np thyroid</i>	Preferred	
SYNTHROID 50 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 125 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 88 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNTHROID 175 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 112 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 300 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 137 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 150 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 75 MCG TAB <i>levothyroxine sodium</i>	Preferred	
SYNTHROID 200 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 100 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
SYNTHROID 25 MCG TAB <i>levothyroxine sodium</i>	Non-Preferred	
THYQUIDITY <i>levothyroxine sodium</i>	Non-Preferred	
<i>thyroid 30 mg tab</i>	Preferred	
<i>thyroid 60 mg tab</i>	Preferred	
<i>thyroid 90 mg tab</i>	Preferred	
<i>thyroid 15 mg tab</i>	Preferred	
<i>thyroid 120 mg tab</i>	Preferred	
TIROSINT <i>levothyroxine sodium</i>	Non-Preferred	
TIROSINT-SOL <i>levothyroxine sodium</i>	Non-Preferred	
TRIOSTAT <i>liothyronine sodium</i>	Non-Preferred	
<i>unithroid</i>	Non-Preferred	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN <i>mitotane</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	Preferred	QL 16 / 30 days
ELIGARD 45 MG KIT <i>leuprolide acetate (6 month)</i>	Preferred	QL 1 / 180 days PA
ELIGARD 30 MG KIT <i>leuprolide acetate (4 month)</i>	Preferred	QL 1 / 120 days PA
ELIGARD 7.5 MG KIT <i>leuprolide acetate</i>	Preferred	QL 1 / 30 days PA
ELIGARD 22.5 MG KIT <i>leuprolide acetate (3 month)</i>	Preferred	QL 1 / 90 days PA
FENSOLVI (6 MONTH) <i>leuprolide acetate (cpp) (6 month)</i>	Non-Preferred	QL 1 / 180 days
FIRMAGON <i>degarelix acetate</i>	Preferred	PA
FIRMAGON (240 MG DOSE) <i>degarelix acetate</i>	Preferred	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Preferred	QL 2 / 28 days PA
LUPANETA PACK 3.75 & 5 MG KIT <i>leuprolide acetate &amp; norethindrone acetate</i>	Preferred	QL 1 / 30 days PA
LUPANETA PACK 11.25 & 5 MG KIT <i>leuprolide acetate &amp; norethindrone acetate</i>	Preferred	QL 1 / 90 days PA
LUPRON DEPOT (1-MONTH) <i>leuprolide acetate</i>	Preferred	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH) <i>leuprolide acetate (3 month)</i>	Preferred	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH) <i>leuprolide acetate (4 month)</i>	Preferred	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH) <i>leuprolide acetate (6 month)</i>	Preferred	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH) <i>leuprolide acetate (cpp)</i>	Preferred	QL 1 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUPRON DEPOT-PED (3-MONTH) <i>leuprolide acetate (cpp) (3 month)</i>	Preferred	QL 1 / 90 days PA
ORGOVYX <i>relugolix</i>	Non-Preferred	QL 90 / 30 days
ORILISSA 200 MG TAB <i>elagolix sodium</i>	Preferred	QL 2 / 1 days PA
ORILISSA 150 MG TAB <i>elagolix sodium</i>	Preferred	QL 1 / 1 days PA
SUPPRELIN LA <i>histrelin acetate (cpp)</i>	Non-Preferred	
SYNAREL <i>nafarelin acetate</i>	Preferred	PA
TRELSTAR MIXJECT 11.25 MG RECON SUSP <i>triptorelin pamoate</i>	Non-Preferred	QL 1 / 84 days
TRELSTAR MIXJECT 3.75 MG RECON SUSP <i>triptorelin pamoate</i>	Non-Preferred	QL 1 / 28 days
TRELSTAR MIXJECT 22.5 MG RECON SUSP <i>triptorelin pamoate</i>	Non-Preferred	QL 1 / 168 days
TRIPTODUR <i>triptorelin pamoate (cpp)</i>	Preferred	QL 1 / 168 days PA
VANTAS <i>histrelin acetate</i>	Preferred	QL 1 / 365 days PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
<i>methimazole 10 mg tab</i>	Preferred	QL 6 / 1 days
<i>methimazole 5 mg tab</i>	Preferred	QL 9 / 1 days
<i>propylthiouracil 50 mg tab</i>	Preferred	QL 9 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>IMMUNOLOGICAL AGENTS</b>		
<b>ANGIOEDEMA AGENTS</b>		
BERINERT c1 esterase inhibitor (human)	Preferred	PA
CINRYZE c1 esterase inhibitor (human)	Preferred	PA
FIRAZYR <i>icatibant acetate</i>	Non-Preferred	
HAEGARDA c1 esterase inhibitor (human)	Preferred	PA
<i>icatibant acetate</i>	Preferred	PA
KALBITOR <i>ecallantide</i>	Preferred	PA
ORLADEYO <i>berotralstat hcl</i>	Preferred	PA
RUCONEST c1 esterase inhibitor (recombinant)	Preferred	PA
TAKHZYRO <i>lanadelumab-flyo</i>	Preferred	PA
<b>IMMUNOGLOBULINS</b>		
HYPERRHO S/D 1500 UNIT SOLN PRSYR <i>rho d immune globulin (human)</i>	Preferred	
RHOGAM ULTRA-FILTERED PLUS <i>rho d immune globulin (human)</i>	Preferred	
<b>IMMUNOLOGICAL AGENTS, OTHER</b>		
ACTEMRA 200 MG/10ML SOLUTION <i>tocilizumab</i>	Preferred	PA QLC 40 mL/28 days
ACTEMRA 80 MG/4ML SOLUTION <i>tocilizumab</i>	Preferred	QLC 40 mL/28 days
ACTEMRA 400 MG/20ML SOLUTION <i>tocilizumab</i>	Preferred	PA QLC 40 mL/28 days
ACTEMRA 162 MG/0.9ML SOLN PRSYR <i>tocilizumab</i>	Preferred	QL 3.6 / 28 days PA
ACTEMRA ACTPEN <i>tocilizumab</i>	Non-Preferred	QL 3.6 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARCALYST <i>rilonacept</i>	Non-Preferred	QLC 8 vials/28 days
COSENTYX 150 MG/ML SOLN PRSYR <i>secukinumab</i>	Non-Preferred	
COSENTYX 75 MG/0.5ML SOLN PRSYR <i>secukinumab</i>	Non-Preferred	QLC 2 mL/28 days
COSENTYX (300 MG DOSE) <i>secukinumab</i>	Non-Preferred	
COSENTYX SENSOREADY (300 MG) <i>secukinumab</i>	Non-Preferred	
COSENTYX SENSOREADY PEN <i>secukinumab</i>	Non-Preferred	
<i>diclofex dc 1.5-0.025 % ther pack</i>	Non-Preferred	
DUPIXENT 300 MG/2ML SOLN PRSYR <i>dupilumab</i>	Preferred	QL 8 / 28 days PA
DUPIXENT 200 MG/1.14ML SOLN PEN <i>dupilumab</i>	Preferred	QL 4.56 / 28 days PA
DUPIXENT 300 MG/2ML SOLN PEN <i>dupilumab</i>	Preferred	QL 8 / 28 days PA
DUPIXENT 100 MG/0.67ML SOLN PRSYR <i>dupilumab</i>	Preferred	QL 1.34 / 28 days PA
DUPIXENT 200 MG/1.14ML SOLN PRSYR <i>dupilumab</i>	Preferred	QL 4.56 / 28 days PA
ILARIS <i>canakinumab</i>	Non-Preferred	
ILUMYA <i>tildrakizumab-asmn</i>	Non-Preferred	
KEVZARA <i>sarilumab</i>	Non-Preferred	
KINERET <i>anakinra</i>	Preferred	PA
OLUMIANT <i>baricitinib</i>	Non-Preferred	
ORENCIA 87.5 MG/0.7ML SOLN PRSYR <i>abatacept</i>	Non-Preferred	QL 2.8 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENCIA 125 MG/ML SOLN PRSYR <i>abatacept</i>	Non-Preferred	QL 4 / 28 days
ORENCIA 50 MG/0.4ML SOLN PRSYR <i>abatacept</i>	Non-Preferred	QL 1.6 / 28 days
ORENCIA CLICKJECT <i>abatacept</i>	Preferred	QL 4 / 28 days PA
OTEZLA 10 & 20 & 30 MG TAB THPK <i>apremilast</i>	Preferred	PA
SILIQ <i>brodalumab</i>	Non-Preferred	
SKYRIZI <i>risankizumab-rzaa</i>	Non-Preferred	QLC 1 mL/28 days
SKYRIZI (150 MG DOSE) <i>risankizumab-rzaa</i>	Non-Preferred	
SKYRIZI PEN <i>risankizumab-rzaa</i>	Non-Preferred	QLC 1 mL/28 days
STELARA 45 MG/0.5ML SOLUTION <i>ustekinumab</i>	Non-Preferred	QLC 0.5 mL/28 days
STELARA 90 MG/ML SOLN PRSYR <i>ustekinumab</i>	Non-Preferred	QLC 1 mL/28 days
STELARA 45 MG/0.5ML SOLN PRSYR <i>ustekinumab</i>	Non-Preferred	QLC 0.5 mL/28 days
STELARA 130 MG/26ML SOLUTION <i>ustekinumab (iv)</i>	Non-Preferred	QLC 104 mL/56 days
TALTZ <i>ixekizumab</i>	Preferred	PA
TREMFYA <i>guselkumab</i>	Non-Preferred	
XELJANZ 1 MG/ML SOLUTION <i>tofacitinib citrate</i>	Non-Preferred	QLC 10 mL/day
XELJANZ 5 MG TAB <i>tofacitinib citrate</i>	Preferred	QL 60 / 30 days PA
XELJANZ 10 MG TAB <i>tofacitinib citrate</i>	Preferred	QL 60 / 30 days PA
XELJANZ XR <i>tofacitinib citrate</i>	Non-Preferred	QL 30 / 30 days
XOLAIR <i>omalizumab</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ziclopro</i>	Non-Preferred	
<b>IMMUNOSTIMULANTS</b>		
PEGASYS <i>peginterferon alfa-2a</i>	Non-Preferred	
PEGASYS PROCLICK 180 MCG/0.5ML SOLN A-INJ <i>peginterferon alfa-2a</i>	Non-Preferred	
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL <i>tacrolimus</i>	Non-Preferred	
AVSOLA <i>infliximab-axxq</i>	Preferred	PA
<i>azasan</i>	Non-Preferred	
<i>azathioprine 100 mg tab</i>	Preferred	
<i>azathioprine 75 mg tab</i>	Preferred	
<i>azathioprine 50 mg tab</i>	Preferred	
CELLCEPT 250 MG CAP <i>mycophenolate mofetil</i>	Non-Preferred	
CELLCEPT 500 MG TAB <i>mycophenolate mofetil</i>	Non-Preferred	
CELLCEPT 200 MG/ML RECON SUSP <i>mycophenolate mofetil</i>	Preferred	
CIMZIA <i>certolizumab pegol</i>	Non-Preferred	
CIMZIA PREFILLED <i>certolizumab pegol</i>	Non-Preferred	
CIMZIA STARTER KIT <i>certolizumab pegol</i>	Non-Preferred	QLC 1 starter pack/lifetime
<i>cyclosporine 100 mg cap</i>	Preferred	
<i>cyclosporine 25 mg cap</i>	Preferred	
<i>cyclosporine modified</i>	Preferred	
ENBREL 25 MG/0.5ML SOLN PRSYR <i>etanercept</i>	Preferred	QL 4 / 28 days PA
ENBREL 25 MG/0.5ML SOLUTION <i>etanercept</i>	Preferred	PA
ENBREL 50 MG/ML SOLN PRSYR <i>etanercept</i>	Preferred	QL 8 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENBREL 25 MG RECON SOLN <i>etanercept</i>	Preferred	QL 8 / 28 days PA
ENBREL MINI <i>etanercept</i>	Preferred	QL 8 / 28 days PA
ENBREL SURECLICK <i>etanercept</i>	Preferred	QL 8 / 28 days PA
ENTYVIO <i>vedolizumab</i>	Non-Preferred	
ENVARUSUS XR <i>tacrolimus</i>	Non-Preferred	
<i>everolimus 0.5 mg tab</i>	Non-Preferred	
<i>everolimus 0.25 mg tab</i>	Non-Preferred	
<i>everolimus 0.75 mg tab</i>	Non-Preferred	
<i>everolimus 1 mg tab</i>	Non-Preferred	
<i>gengraf</i>	Non-Preferred	
HUMIRA <i>adalimumab</i>	Preferred	QL 2 / 28 days PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PREF SY KT <i>adalimumab</i>	Preferred	QL 2 / 28 days PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PREF SY KT <i>adalimumab</i>	Preferred	QL 3 / 28 days PA
HUMIRA PEN 80 MG/0.8ML PEN KIT <i>adalimumab</i>	Preferred	QL 3 / 28 days PA
HUMIRA PEN 40 MG/0.4ML PEN KIT <i>adalimumab</i>	Preferred	QL 2 / 28 days PA
HUMIRA PEN 40 MG/0.8ML PEN KIT <i>adalimumab</i>	Preferred	QL 2 / 28 days PA
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT <i>adalimumab</i>	Preferred	QL 6 / 28 days PA
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT <i>adalimumab</i>	Preferred	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMIRA PEN-PEDIATRIC UC START <i>adalimumab</i>	Preferred	QL 3 / 28 days PA
HUMIRA PEN-PS/UV/ADOL HS START <i>adalimumab</i>	Preferred	QL 4 / 35 days PA
HUMIRA PEN-PSOR/UEIT STARTER <i>adalimumab</i>	Preferred	QL 3 / 28 days PA
IMURAN <i>azathioprine</i>	Non-Preferred	
INFLECTRA <i>infliximab-dyyb</i>	Non-Preferred	
INFLIXIMAB <i>infliximab</i>	Non-Preferred	
<i>leflunomide 10 mg tab</i>	Preferred	QL 1 / 1 days
<i>leflunomide 20 mg tab</i>	Preferred	QL 5 / 1 days
LUPKYNIS <i>voclosporin</i>	Non-Preferred	QL 180 / 30 days
<i>methotrexate 2.5 mg tab</i>	Preferred	
<i>methotrexate sodium</i>	Preferred	
<i>methotrexate sodium (pf)</i>	Preferred	
<i>mycophenolate mofetil 250 mg cap</i>	Preferred	
<i>mycophenolate mofetil 200 mg/ml recon susp</i>	Non-Preferred	
<i>mycophenolate mofetil 500 mg tab</i>	Preferred	
<i>mycophenolate sodium 360 mg tab dr</i>	Preferred	QL 120 / 30 days
<i>mycophenolate sodium 180 mg tab dr</i>	Preferred	QL 8 / 1 days
MYFORTIC 180 MG TAB DR <i>mycophenolate sodium</i>	Non-Preferred	QL 8 / 1 days
MYFORTIC 360 MG TAB DR <i>mycophenolate sodium</i>	Non-Preferred	QL 120 / 30 days
NEORAL <i>cyclosporine modified (for microemulsion)</i>	Non-Preferred	
ORENCIA 250 MG RECON SOLN <i>abatacept</i>	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTREXUP <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 1.6 mL/28 days
PROGRAF 0.2 MG PACKET <i>tacrolimus</i>	Non-Preferred	
PROGRAF 1 MG CAP <i>tacrolimus</i>	Non-Preferred	
PROGRAF 5 MG CAP <i>tacrolimus</i>	Non-Preferred	
PROGRAF 1 MG PACKET <i>tacrolimus</i>	Non-Preferred	
PROGRAF 0.5 MG CAP <i>tacrolimus</i>	Non-Preferred	
RAPAMUNE <i>sirolimus</i>	Preferred	
RASUVO 25 MG/0.5ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 2 mL/28 days
RASUVO 15 MG/0.3ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 1.2 mL/28 days
RASUVO 7.5 MG/0.15ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 0.6 mL/28 days
RASUVO 30 MG/0.6ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 2.4 mL/28 days
RASUVO 12.5 MG/0.25ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 1 mL/28 days
RASUVO 20 MG/0.4ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 1.6 mL/28 days
RASUVO 22.5 MG/0.45ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 1.8 mL/28 days
RASUVO 10 MG/0.2ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 0.8 mL/28 days
RASUVO 17.5 MG/0.35ML SOLN A-INJ <i>methotrexate (antirheumatic)</i>	Non-Preferred	QLC 1.4 mL/28 days
REDITREX <i>methotrexate (antirheumatic)</i>	Non-Preferred	
REMICADE <i>infliximab</i>	Non-Preferred	
RENFLEXIS <i>infliximab-abda</i>	Non-Preferred	
REZUROCK <i>belumosudil mesylate</i>	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RINVOQ 30 MG TAB ER 24H <i>upadacitinib</i>	Non-Preferred	
RINVOQ 15 MG TAB ER 24H <i>upadacitinib</i>	Non-Preferred	QL 30 / 30 days
SANDIMMUNE 100 MG CAP <i>cyclosporine</i>	Non-Preferred	
SANDIMMUNE 100 MG/ML SOLUTION <i>cyclosporine</i>	Preferred	
SANDIMMUNE 25 MG CAP <i>cyclosporine</i>	Non-Preferred	
SIMPONI <i>golimumab</i>	Preferred	PA
SIMPONI ARIA <i>golimumab</i>	Non-Preferred	
<i>sirolimus 1 mg/ml solution</i>	Non-Preferred	
<i>sirolimus 0.5 mg tab</i>	Preferred	
<i>sirolimus 2 mg tab</i>	Preferred	
<i>sirolimus 1 mg tab</i>	Preferred	
<i>tacrolimus 0.5 mg cap</i>	Preferred	
<i>tacrolimus 5 mg cap</i>	Preferred	
<i>tacrolimus 1 mg cap</i>	Preferred	
TREXALL <i>methotrexate sodium</i>	Non-Preferred	
XATMEP <i>methotrexate</i>	Non-Preferred	
ZORTRESS <i>everolimus (immunosuppressant)</i>	Non-Preferred	
<b>VACCINES</b>		
ADACEL <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>	Preferred	
AFLURIA <i>influenza virus vaccine split</i>	Preferred	
AFLURIA PRESERVATIVE FREE <i>influenza virus vaccine split preservative free</i>	Preferred	
AFLURIA QUADRIVALENT <i>influenza virus vaccine split quadrivalent</i>	Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>BOOSTRIX</b> <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>	Preferred	
<b>ENGERIX-B 20 MCG/ML SUSPENSION</b> <i>hepatitis b vaccine (recomb)</i>	Preferred	
<b>ENGERIX-B 10 MCG/0.5ML SUSPENSION</b> <i>hepatitis b vaccine (recomb)</i>	Preferred	
<b>FLUAD</b> <i>influenza virus vaccine types a &amp; b surface antigen adjuvant</i>	Preferred	
<b>FLUARIX QUADRIVALENT</b> <i>influenza virus vaccine split quadrivalent</i>	Preferred	
<b>FLUBLOK QUADRIVALENT</b> <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>	Preferred	
<b>FLUCELVAX QUADRIVALENT</b> <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>	Preferred	
<b>FLULAVAL QUADRIVALENT</b> <i>influenza virus vaccine split quadrivalent</i>	Preferred	
<b>FLUZONE HIGH-DOSE</b> <i>influenza virus vaccine split high-dose preservative free</i>	Preferred	
<b>FLUZONE QUADRIVALENT 0.25 ML SUSP PRSYR</b> <i>influenza virus vaccine split quadrivalent</i>	Preferred	
<b>FLUZONE QUADRIVALENT SUSPENSION</b> <i>influenza virus vaccine split quadrivalent</i>	Preferred	
<b>FLUZONE QUADRIVALENT 0.5 ML SUSP PRSYR</b> <i>influenza virus vaccine split quadrivalent</i>	Preferred	
<b>FLUZONE QUADRIVALENT 0.5 ML SUSPENSION</b> <i>influenza virus vaccine split quadrivalent</i>	Preferred	
<b>HAVRIX</b> <i>hepatitis a vaccine</i>	Preferred	
<b>PNEUMOVAX 23</b> <i>pneumococcal vac polyvalent</i>	Preferred	
<b>PREVNAR 13</b> <i>pneumococcal 13-valent conjugate vaccine</i>	Preferred	QL 1 / lifetime

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RECOMBIVAX HB <i>hepatitis b vaccine (recomb)</i>	Preferred	
SHINGRIX <i>zoster vaccine recombinant adjuvanted</i>	Preferred	QL 2 / lifetime
TWINRIX <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>	Preferred	
VAQTA <i>hepatitis a vaccine</i>	Preferred	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO <i>mesalamine</i>	Preferred	QL 120 / 30 days
ASACOL HD <i>mesalamine</i>	Non-Preferred	QL 6 / 1 days
AZULFIDINE <i>sulfasalazine</i>	Non-Preferred	
AZULFIDINE EN-TABS <i>sulfasalazine</i>	Non-Preferred	
<i>balsalazide disodium</i>	Preferred	QL 9 / 1 days
CANASA <i>mesalamine</i>	Non-Preferred	QL 1 / 1 days
COLAZAL <i>balsalazide disodium</i>	Non-Preferred	
DELZICOL <i>mesalamine</i>	Preferred	QL 6 / 1 days
DIPENTUM <i>olsalazine sodium</i>	Non-Preferred	
GIAZO <i>balsalazide disodium</i>	Non-Preferred	
LIALDA <i>mesalamine</i>	Non-Preferred	QL 4 / 1 days
<i>mesalamine 4 gm enema</i>	Preferred	QL 60 / 1 days
<i>mesalamine 800 mg tab dr</i>	Non-Preferred	QL 6 / 1 days
<i>mesalamine 400 mg cap dr</i>	Preferred	QL 6 / 1 days
<i>mesalamine 1.2 gm tab dr</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mesalamine 1000 mg suppos</i>	Preferred	QL 1 / 1 days
<i>mesalamine er</i>	Non-Preferred	QL 120 / 30 days
<i>mesalamine-cleanser</i>	Preferred	
PENTASA <i>mesalamine</i>	Preferred	QL 8 / 1 days
ROWASA <i>mesalamine w/ cleanser</i>	Non-Preferred	
SFROWASA <i>mesalamine</i>	Non-Preferred	
<i>sulfasalazine 500 mg tab dr</i>	Preferred	QL 12 / 1 days
<i>sulfasalazine 500 mg tab</i>	Preferred	QL 12 / 1 days
<b>GLUCOCORTICOIDS</b>		
ALKINDI SPRINKLE <i>hydrocortisone</i>	Non-Preferred	
<i>budesonide 3 mg cp dr part</i>	Preferred	
<i>budesonide er</i>	Preferred	
<i>colocort</i>	Preferred	QL 240 / 1 days
CORTEF <i>hydrocortisone</i>	Non-Preferred	
ENTOCORT EC <i>budesonide</i>	Non-Preferred	
<i>hydrocortisone 5 mg tab</i>	Preferred	QL 12 / 1 days
<i>hydrocortisone 20 mg tab</i>	Preferred	QL 12 / 1 days
<i>hydrocortisone 10 mg tab</i>	Preferred	QL 12 / 1 days
<i>hydrocortisone 100 mg/60ml enema</i>	Preferred	QL 240 / 1 days
ORTIKOS <i>budesonide</i>	Non-Preferred	
UCERIS 2 MG/ACT FOAM <i>budesonide (intrarectal)</i>	Non-Preferred	
UCERIS 9 MG TAB ER 24H <i>budesonide</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>METABOLIC BONE DISEASE AGENTS</b>		
ACTONEL 150 MG TAB <i>risedronate sodium</i>	Non-Preferred	QL 1 / 28 days
ACTONEL 35 MG TAB <i>risedronate sodium</i>	Non-Preferred	QL 4 / 28 days
ACTONEL 5 MG TAB <i>risedronate sodium</i>	Non-Preferred	QL 30 / 30 days
<i>alendronate sodium 70 mg/75ml solution</i>	Non-Preferred	QL 10.7 / 1 days
<i>alendronate sodium 35 mg tab</i>	Preferred	QL 4 / 28 days
<i>alendronate sodium 40 mg tab</i>	Preferred	QL 1 / 1 days
<i>alendronate sodium 5 mg tab</i>	Preferred	QL 1 / 1 days
<i>alendronate sodium 70 mg tab</i>	Preferred	QL 4 / 28 days
<i>alendronate sodium 10 mg tab</i>	Preferred	QL 1 / 1 days
ATELVIA <i>risedronate sodium</i>	Non-Preferred	
BINOSTO <i>alendronate sodium</i>	Non-Preferred	
BONIVA <i>ibandronate sodium</i>	Non-Preferred	
<i>calcitonin (salmon)</i>	Non-Preferred	
<i>calcitriol 0.25 mcg cap</i>	Preferred	QL 4 / 1 days
<i>calcitriol 0.5 mcg cap</i>	Preferred	QL 4 / 1 days
CALCITRIOL INJ 1 MCG/ML	Preferred	
CALCITRIOL ORAL SOLN 1 MCG/ML	Non-Preferred	QL 60 / 30 days
<i>cinacalcet hcl</i>	Preferred	QL 2 / 1 days
<i>doxercalciferol 1 mcg cap</i>	Non-Preferred	
<i>doxercalciferol 2.5 mcg cap</i>	Non-Preferred	
<i>doxercalciferol 4 mcg/2ml solution</i>	Preferred	
<i>doxercalciferol 0.5 mcg cap</i>	Non-Preferred	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	Preferred	QL 8 / 30 days
ETIDRONATE DISODIUM <i>etidronate disodium</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>EVENITY</b> <i>romosozumab-aqqg</i>	Non-Preferred	
<b>FORTEO</b> <i>teriparatide (recombinant)</i>	Non-Preferred	
<b>FOSAMAX</b> <i>alendronate sodium</i>	Non-Preferred	
<b>FOSAMAX PLUS D</b> <i>alendronate sodium-cholecalciferol</i>	Non-Preferred	
<b>HECTOROL</b> <i>doxercalciferol</i>	Preferred	
<i>ibandronate sodium 3 mg/3ml solution</i>	Non-Preferred	
<i>ibandronate sodium 150 mg tab</i>	Preferred	QL 1 / 30 days
<b>MIACALCIN</b> <i>calcitonin (salmon)</i>	Non-Preferred	
<b>PAMIDRONATE DISODIUM 90 MG RECON SOLN</b> <i>pamidronate disodium</i>	Preferred	QLC 1 vial/fill
<i>pamidronate disodium 90 mg/10ml solution</i>	Preferred	QLC 10 mL/fill
<b>PAMIDRONATE DISODIUM 6 MG/ML SOLUTION</b> <i>pamidronate disodium</i>	Preferred	QLC 10 mL/fill
<i>pamidronate disodium 30 mg/10ml solution</i>	Preferred	QLC 30 mL/fill
<b>PAMIDRONATE DISODIUM 30 MG RECON SOLN</b> <i>pamidronate disodium</i>	Preferred	QLC 3 vials/fill
<i>paricalcitol 4 mcg cap</i>	Non-Preferred	
<i>paricalcitol 5 mcg/ml solution</i>	Preferred	
<i>paricalcitol 2 mcg cap</i>	Non-Preferred	
<i>paricalcitol 2 mcg/ml solution</i>	Preferred	
<i>paricalcitol 1 mcg cap</i>	Non-Preferred	
<b>PROLIA</b> <i>denosumab</i>	Non-Preferred	QL 1 / 180 days
<b>RAYALDEE</b> <i>calcifediol</i>	Non-Preferred	
<b>RECLAST</b> <i>zoledronic acid</i>	Non-Preferred	QLC 100 mL/365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>risedronate sodium 30 mg tab</i>	Non-Preferred	QL 30 / 30 days
<i>risedronate sodium 35 mg tab dr</i>	Non-Preferred	
<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 5 mg tab</i>	Non-Preferred	QL 30 / 30 days
ROCALTROL 1 MCG/ML SOLUTION <i>calcitriol</i>	Non-Preferred	QL 60 / 30 days
ROCALTROL 0.5 MCG CAP <i>calcitriol</i>	Non-Preferred	
ROCALTROL 0.25 MCG CAP <i>calcitriol</i>	Non-Preferred	
TERIPARATIDE (RECOMBINANT) <i>teriparatide (recombinant)</i>	Non-Preferred	
TYMLOS <i>abaloparatide</i>	Non-Preferred	
<i>vitamin d (ergocalciferol)</i>	Preferred	QL 8 / 30 days
XGEVA <i>denosumab</i>	Non-Preferred	QLC 5.1 mL/28 days
ZEMPLAR <i>paricalcitol</i>	Non-Preferred	
<i>zoledronic acid 5 mg/100ml solution</i>	Preferred	QLC 100 mL/365 days
ZOLEDRONIC ACID 4 MG RECON SOLN <i>zoledronic acid</i>	Preferred	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION <i>zoledronic acid</i>	Preferred	QLC 400 mL/28 days
<i>zoledronic acid 4 mg/5ml conc</i>	Preferred	QLC 20 mL/28 days
ZOMETA 4 MG/5ML CONC <i>zoledronic acid</i>	Non-Preferred	QLC 20 mL/28 days
ZOMETA 4 MG/100ML SOLUTION <i>zoledronic acid</i>	Non-Preferred	QLC 400 mL/28 days
MISCELLANEOUS THERAPEUTIC AGENTS		
AEROCHAMBER MV <i>spacer/aerosol-holding chambers</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLO-VU <i>spacer/aerosol-holding chambers</i>	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE <i>spacer/aerosol-holding chambers</i>	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM <i>spacer/aerosol-holding chambers</i>	Preferred	
AEROCHAMBER PLUS FLO-VU SMALL <i>spacer/aerosol-holding chambers</i>	Preferred	
AEROCHAMBER PLUS FLO-VU W/MASK <i>spacer/aerosol-holding chambers</i>	Preferred	
AEROCHAMBER PLUS FLOW VU <i>spacer/aerosol-holding chambers</i>	Preferred	
BD LUER-LOK SYRINGE <i>syringe/needle (disp) 3 ml</i>	Preferred	
COMP AIR COMPRESSOR NEBULIZER <i>nebulizers</i>	Preferred	
COMPACT SPACE CHAMBER/LG MASK <i>spacer/aerosol-holding chambers</i>	Preferred	
DUROLANE <i>sodium hyaluronate (viscosupplement)</i>	Preferred	PA
EASIVENT <i>spacer/aerosol-holding chambers</i>	Preferred	
EASIVENT MASK LARGE <i>spacer/aerosol-holding chambers</i>	Preferred	
EASIVENT MASK MEDIUM <i>spacer/aerosol-holding chambers</i>	Preferred	
EASIVENT MASK SMALL <i>spacer/aerosol-holding chambers</i>	Preferred	
EUFLEXXA <i>sodium hyaluronate (viscosupplement)</i>	Preferred	QL 12 / 180 days PA
FREESTYLE LIBRE 14 DAY READER <i>continuous blood glucose system receiver</i>	Preferred	QL 1 / 365 days
FREESTYLE LIBRE 14 DAY SENSOR <i>continuous blood glucose system sensor</i>	Preferred	QL 3 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>FREESTYLE LIBRE 2 READER</b> <i>continuous blood glucose system receiver</i>	Preferred	
<b>FREESTYLE LIBRE 2 SENSOR</b> <i>continuous blood glucose system sensor</i>	Preferred	
<b>FREESTYLE LIBRE READER</b> <i>continuous blood glucose system receiver</i>	Preferred	QL 1 / 365 days
<b>FREESTYLE LIBRE SENSOR SYSTEM</b> <i>continuous blood glucose system sensor</i>	Preferred	QL 3 / 30 days
<b>GABAPAL</b> <i>gabapentin-lidocaine-silicone</i>	Non-Preferred	
<b>GEL-ONE</b> <i>cross-linked hyaluronate</i>	Non-Preferred	
<b>GELSYN-3</b> <i>sodium hyaluronate (viscosupplement)</i>	Preferred	PA
<b>GENVISC 850</b> <i>sodium hyaluronate (viscosupplement)</i>	Non-Preferred	
<b>HYALGAN</b> <i>sodium hyaluronate (viscosupplement)</i>	Preferred	PA
<b>HYMOVIS</b> <i>hyaluronan</i>	Non-Preferred	
<b>INNOSPIRE ESSENCE NEBULIZER</b> <i>nebulizers</i>	Preferred	
<b>LIDOTIN</b> <i>gabapentin-lidocaine-silicone</i>	Non-Preferred	
<b>LIPRITIN</b> <i>gabapentin &amp; lidocaine-prilocaine &amp; transparent dressing</i>	Non-Preferred	
<b>MONOJECT HYPODERMIC NEEDLE</b> 18G X 1" MISC <i>needle (disp) 18 g</i>	Preferred	
<b>MONOJECT MAGELLAN SAFETY ND</b> 18G X 1" MISC <i>needle (disp) 18 g</i>	Preferred	
<b>MONOJECT MAGELLAN SYRINGE</b> 23G X 1" 3 ML MISC <i>syringe/needle (disp) 3 ml</i>	Preferred	
<b>MONOJECT SYRINGE 23G X 1" 3 ML</b> MISC <i>syringe/needle (disp) 3 ml</i>	Preferred	



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOVISC <i>hyaluronan</i>	Non-Preferred	
OPTICHAMBER DIAMOND MISC <i>spacer/aerosol-holding chambers</i>	Preferred	
OPTICHAMBER DIAMOND-LG MASK <i>spacer/aerosol-holding chambers</i>	Preferred	
OPTICHAMBER DIAMOND-MD MASK <i>spacer/aerosol-holding chambers</i>	Preferred	
OPTICHAMBER DIAMOND-SM MASK <i>spacer/aerosol-holding chambers</i>	Preferred	
ORTHOVISC <i>hyaluronan</i>	Non-Preferred	
OSMOLEX ER 129 & 193 MG TB24 THPK <i>amantadine hcl</i>	Non-Preferred	
PARAGARD INTRAUTERINE COPPER <i>copper (iud)</i>	Preferred	
PENTICAN <i>gabapentin &amp; lidocaine</i>	Non-Preferred	
PROGESTERONE MICRONIZED POWDER <i>progesterone micronized (bulk)</i>	Preferred	
PROGESTERONE ULTRA MICRONIZED <i>progesterone micronized (bulk)</i>	Preferred	
SODIUM HYALURONATE 20 MG/2ML SOLN PRSYR <i>sodium hyaluronate (viscosupplement)</i>	Preferred	PA
<i>sterile water for irrigation</i>	Preferred	
SUPARTZ FX <i>sodium hyaluronate (viscosupplement)</i>	Non-Preferred	
SYNVISC <i>hylan</i>	Non-Preferred	
SYNVISC ONE <i>hylan</i>	Non-Preferred	
TRILOCICLO <i>triamcinolone acetonide-ciclopirox</i>	Non-Preferred	
TRILURON <i>sodium hyaluronate (viscosupplement)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIVISC <i>sodium hyaluronate (viscosupplement)</i>	Preferred	PA
VALVED HOLDING CHAMBER <i>spacer/aerosol-holding chambers</i>	Preferred	
VIOS AEROSOL DELIVERY SYSTEM <i>nebulizers</i>	Preferred	
VISCO-3 <i>sodium hyaluronate (viscosupplement)</i>	Preferred	PA
<i>water for irrigation, sterile</i>	Preferred	
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac</i>	Preferred	QL 7 / days
ATROPINE SULFATE 1 % SOLUTION <i>atropine sulfate (ophthalmic)</i>	Preferred	QL 5 / 18 days
<i>bacitra-neomycin-polymyxin-hc</i>	Preferred	
<i>bacitracin-polymyxin b</i>	Preferred	QL 7 / 18 days
BEOVU <i>brolocizumab-dbl</i>	Non-Preferred	
BLEPHAMIDE <i>sulfacetamide sod-prednisolone</i>	Non-Preferred	QL 1 / 1 days
BLEPHAMIDE S.O.P. <i>sulfacetamide sod-prednisolone</i>	Non-Preferred	QL 7 / 18 days
<i>brimonidine tartrate-timolol</i>	Non-Preferred	
CEQUA <i>cyclosporine (ophth)</i>	Non-Preferred	
COMBIGAN <i>brimonidine tartrate-timolol maleate</i>	Preferred	
CORTISPORIN 3.5-10000-0.5 CREAM <i>neomycin-polymyxin-hc</i>	Non-Preferred	
COSOPT <i>dorzolamide hcl-timolol maleate</i>	Non-Preferred	
COSOPT PF <i>dorzolamide hcl-timolol maleate</i>	Non-Preferred	
<i>cyclopentolate hcl 0.5 % solution</i>	Preferred	QL 15 / 30 days
<i>cyclopentolate hcl 2 % solution</i>	Preferred	QL 15 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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	
<b>EYLEA</b> <i>afibercept</i>	Preferred	PA
<b>ISOPTO ATROPINE</b> <i>atropine sulfate (ophthalmic)</i>	Preferred	QL 5 / 18 days
<b>LUCENTIS</b> <i>ranibizumab</i>	Preferred	PA
<b>MACUGEN</b> <i>pegaptanib sodium</i>	Preferred	PA
<b>MAXITROL</b> <i>neomycin-polymyx-dexameth</i>	Non-Preferred	
<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
<b>NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 ophth SUSPENSION</b>	Non-Preferred	QL 10 / 15 days
<i>phenylephrine hcl 2.5 % solution</i>	Preferred	
<i>polycin</i>	Preferred	
<b>PRED-G</b> <i>gentamicin-prednisolone acetate</i>	Preferred	
<b>PRED-G S.O.P.</b> <i>gentamicin-prednisolone acetate</i>	Preferred	
<b>RESTASIS</b> <i>cyclosporine (ophth)</i>	Preferred	QL 60 / 30 days
<b>RESTASIS MULTIDOSE</b> <i>cyclosporine (ophth)</i>	Non-Preferred	QL 5.5 / 28 days
<b>ROCKLATAN</b> <i>netarsudil dimesylate-latanoprost</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide-prednisolone</i>	Preferred	QL 1 / 1 days
SUSVIMO (IMPLANT 1ST FILL) <i>ranibizumab</i>	Non-Preferred	
SUSVIMO (IMPLANT REFILL) <i>ranibizumab</i>	Non-Preferred	
TOBRADEX 0.3-0.1 % SUSPENSION <i>tobramycin-dexamethasone</i>	Preferred	QL 5 / 18 days
TOBRADEX 0.3-0.1 % OINTMENT <i>tobramycin-dexamethasone</i>	Preferred	QL 3.5 / 18 days
TOBRADEX ST <i>tobramycin-dexamethasone</i>	Non-Preferred	
<i>tobramycin-dexamethasone</i>	Preferred	QL 5 / 18 days
<i>tropicamide 0.5 % solution</i>	Preferred	QL 15 / 18 days
<i>tropicamide 1 % solution</i>	Preferred	QL 15 / 18 days
VISUDYNE <i>verteporfin</i>	Preferred	PA
XIIDRA <i>lifitegrast</i>	Non-Preferred	
ZYLET <i>loteprednol etabonate-tobramycin</i>	Non-Preferred	
OPHTHALMIC ANTI-ALLERGY AGENTS		
ALOCRIAL <i>nedocromil sodium (ophth)</i>	Non-Preferred	QL 5 / 18 days
ALOMIDE <i>lodoxamide tromethamine</i>	Preferred	QL 10 / 18 days
<i>azelastine hcl 0.05 % solution</i>	Preferred	
<i>bepotastine besilate</i>	Non-Preferred	
BEPREVE <i>bepotastine besilate</i>	Non-Preferred	
<i>cromolyn sodium 4 % solution</i>	Preferred	QL 10 / 18 days
<i>epinastine hcl</i>	Non-Preferred	
LASTACAPT <i>alcaftadine</i>	Non-Preferred	
<i>olopatadine hcl 0.2 % solution</i>	Preferred	QL 2.5 / 30 days
<i>olopatadine hcl 0.1 % solution</i>	Preferred	QL 5 / 25 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PATADAY <i>olopatadine hcl</i>	Non-Preferred	
PATANOL <i>olopatadine hcl</i>	Non-Preferred	
PAZEO <i>olopatadine hcl</i>	Non-Preferred	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE <i>azithromycin (ophth)</i>	Non-Preferred	
BACITRACIN OPHTH OINT 500 UNIT/GM	Non-Preferred	QLC 7 grams per fill
BLEPH-10 <i>sulfacetamide sodium (ophth)</i>	Non-Preferred	QL 15 / 18 days
<i>erythromycin 5 mg/gm ointment</i>	Preferred	QL 7 / 18 days
<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 0.5 % solution</i>	Non-Preferred	
MOXEZA <i>moxifloxacin hcl (ophth)</i>	Non-Preferred	
<i>moxifloxacin hcl 0.5 % solution</i>	Non-Preferred	
MOXIFLOXACIN HCL (2X DAY) <i>moxifloxacin hcl (ophth)</i>	Non-Preferred	
NATACYN <i>natamycin</i>	Non-Preferred	
OCUFLOX <i>ofloxacin (ophth)</i>	Non-Preferred	
<i>ofloxacin 0.3 % solution</i>	Preferred	QL 10 / 7 days
<i>polymyxin b-trimethoprim</i>	Preferred	QL 10 / 15 days
POLYTRIM <i>polymyxin b-trimethoprim</i>	Non-Preferred	
<i>sulfacetamide sodium 10 % solution</i>	Preferred	QL 15 / 18 days
<i>sulfacetamide sodium 10 % ointment</i>	Non-Preferred	
<i>tobramycin 0.3 % solution</i>	Preferred	QL 5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOBREX 0.3 % SOLUTION <i>tobramycin (ophth)</i>	Non-Preferred	
TOBREX 0.3 % OINTMENT <i>tobramycin (ophth)</i>	Non-Preferred	QL 3.5 / 18 days
VIGAMOX <i>moxifloxacin hcl (ophth)</i>	Non-Preferred	
ZYMAXID <i>gatifloxacin (ophth)</i>	Non-Preferred	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR <i>ketorolac tromethamine (ophth)</i>	Non-Preferred	
ACULAR LS <i>ketorolac tromethamine (ophth)</i>	Non-Preferred	
ACUVAIL <i>ketorolac tromethamine (ophth)</i>	Non-Preferred	
ALREX <i>loteprednol etabonate</i>	Preferred	QL 5 / 18 days
<i>bromfenac sodium (once-daily)</i>	Non-Preferred	
BROMSITE <i>bromfenac sodium (ophth)</i>	Non-Preferred	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	Preferred	QL 5 / 10 days
DEXTENZA <i>dexamethasone (ophth)</i>	Non-Preferred	
DEXYCU <i>dexamethasone (ophth)</i>	Non-Preferred	
<i>diclofenac sodium 0.1 % solution</i>	Non-Preferred	
<i>difluprednate</i>	Non-Preferred	
DUREZOL <i>difluprednate</i>	Preferred	
EYSUVIS <i>loteprednol etabonate</i>	Non-Preferred	
FLAREX <i>fluorometholone acetate</i>	Preferred	QL 5 / 18 days
<i>fluorometholone</i>	Preferred	QL 5 / 18 days
<i>flurbiprofen sodium</i>	Preferred	QL 5 / 10 days
FML <i>fluorometholone (ophth)</i>	Preferred	QL 3.5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FML FORTE <i>fluorometholone (ophth)</i>	Preferred	QL 10 / 30 days
FML LIQUIFILM <i>fluorometholone (ophth)</i>	Non-Preferred	
ILEVRO <i>nepafenac</i>	Preferred	
ILUVIEN <i>fluocinolone acetonide (ophth)</i>	Non-Preferred	
INVELTYS <i>loteprednol etabonate</i>	Non-Preferred	
<i>ketorolac tromethamine 0.5 % solution</i>	Preferred	QL 5 / 18 days
<i>ketorolac tromethamine 0.4 % solution</i>	Preferred	
LOTEMAX 0.5 % SUSPENSION <i>loteprednol etabonate</i>	Non-Preferred	
LOTEMAX 0.5 % OINTMENT <i>loteprednol etabonate</i>	Preferred	
LOTEMAX 0.5 % GEL <i>loteprednol etabonate</i>	Non-Preferred	
LOTEMAX SM <i>loteprednol etabonate</i>	Non-Preferred	
<i>loteprednol etabonate</i>	Non-Preferred	
MAXIDEX <i>dexamethasone (ophth)</i>	Preferred	
NEVANAC <i>nepafenac</i>	Preferred	
OMNIPRED <i>prednisolone acetate (ophth)</i>	Non-Preferred	
OZURDEX <i>dexamethasone (ophth)</i>	Non-Preferred	
PRED FORTE <i>prednisolone acetate (ophth)</i>	Non-Preferred	
PRED MILD <i>prednisolone acetate (ophth)</i>	Preferred	QL 5 / 18 days
<i>prednisolone acetate 1 % suspension</i>	Preferred	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION <i>prednisolone sodium phosphate (ophth)</i>	Preferred	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>PROLENSA</b> <i>bromfenac sodium (ophth)</i>	Non-Preferred	
<b>RETISERT</b> <i>fluocinolone acetonide (ophth)</i>	Non-Preferred	
<b>TRIESENCE</b> <i>triamcinolone acetonide (ophth)</i>	Non-Preferred	
<b>XIPERE</b> <i>triamcinolone acetonide (ophth)</i>	Non-Preferred	
<b>YUTIQ</b> <i>fluocinolone acetonide (ophth)</i>	Non-Preferred	
<b>OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS</b>		
<i>betaxolol hcl 0.5 % solution</i>	Non-Preferred	
<b>BETOPTIC-S</b> <i>betaxolol hcl (ophth)</i>	Non-Preferred	
<i>carteolol hcl</i>	Preferred	
<b>ISTALOL</b> <i>timolol maleate (ophth)</i>	Non-Preferred	
<i>levobunolol hcl</i>	Preferred	QL 5 / 18 days
<i>timolol maleate 0.5 % solution</i>	Preferred	QL 5 / 18 days
<i>timolol maleate 0.5 % gel f soln</i>	Non-Preferred	QL 5 / 18 days
<i>timolol maleate 0.25 % solution</i>	Preferred	QL 5 / 18 days
<i>timolol maleate 0.5 % (daily) solution</i>	Non-Preferred	QL 5 / 18 days
<i>timolol maleate 0.25 % gel f soln</i>	Non-Preferred	QL 5 / 18 days
<i>timolol maleate ocudose</i>	Non-Preferred	
<i>timolol maleate pf</i>	Non-Preferred	
<b>TIMOPTIC</b> <i>timolol maleate (ophth)</i>	Non-Preferred	
<b>TIMOPTIC OCUDOSE</b> <i>timolol maleate (ophth)</i>	Non-Preferred	
<b>TIMOPTIC-XE</b> <i>timolol maleate (ophth)</i>	Non-Preferred	
<b>OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER</b>		
<i>acetazolamide er</i>	Preferred	QL 2 / 1 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPHAGAN P 0.1 % SOLUTION <i>brimonidine tartrate</i>	Preferred	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION <i>brimonidine tartrate</i>	Preferred	
<i>apraclonidine hcl</i>	Non-Preferred	
AZOPT <i>brinzolamide</i>	Non-Preferred	QL 10 / 24 days
<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
IOPIDINE <i>apraclonidine hcl</i>	Non-Preferred	
ISOPTO CARPINE <i>pilocarpine hcl</i>	Non-Preferred	
<i>methazolamide 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>methazolamide 50 mg tab</i>	Preferred	QL 4 / 1 days
PHOSPHOLINE IODIDE <i>echothiophate iodide</i>	Non-Preferred	
<i>pilocarpine hcl 2 % solution</i>	Non-Preferred	QL 15 / 18 days
<i>pilocarpine hcl 1 % solution</i>	Non-Preferred	QL 15 / 18 days
<i>pilocarpine hcl 4 % solution</i>	Non-Preferred	QL 15 / 18 days
RHOPRESSA <i>netarsudil dimesylate</i>	Non-Preferred	
SIMBRINZA <i>brinzolamide-brimonidine tartrate</i>	Preferred	QL 8 / 25 days
TRUSOPT <i>dorzolamide hcl</i>	Non-Preferred	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	Non-Preferred	
DURYSTA <i>bimatoprost</i>	Non-Preferred	
<i>latanoprost 0.005 % solution</i>	Preferred	QL 2.5 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUMIGAN <i>bimatoprost</i>	Non-Preferred	
TRAVATAN Z <i>travoprost</i>	Non-Preferred	QL 5 / 18 days
<i>travoprost (bak free)</i>	Non-Preferred	
VYZULTA <i>latanoprostene bunod</i>	Non-Preferred	
XALATAN <i>latanoprost</i>	Non-Preferred	
XELPROS <i>latanoprost</i>	Non-Preferred	
ZIOPTAN <i>tafluprost</i>	Non-Preferred	
<b>OTIC AGENTS</b>		
<i>acetazol hc</i>	Preferred	
CIPRO HC <i>ciprofloxacin-hydrocortisone</i>	Preferred	
CIPRODEX <i>ciprofloxacin-dexamethasone</i>	Preferred	
<i>ciprofloxacin hcl 0.2 % solution</i>	Non-Preferred	
CIPROFLOXACIN-FLUOCINOLONE PF <i>ciprofloxacin-fluocinolone acetonide</i>	Non-Preferred	
COLY-MYCIN S <i>neomycin-colistin-hc-thonzonium</i>	Preferred	
CORTISPORIN-TC <i>neomycin-colistin-hc-thonzonium</i>	Non-Preferred	
<i>hydrocortisone-acetic acid</i>	Preferred	
<i>neomycin-polymyxin-hc 1 % solution</i>	Preferred	
<i>neomycin-polymyxin-hc 3.5-10000-1 solution</i>	Preferred	
NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	Preferred	
OTOVEL <i>ciprofloxacin-fluocinolone acetonide</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO <i>ciclesonide</i>	Non-Preferred	
ARMONAIR DIGIHALER <i>fluticasone propionate (inhalation)</i>	Non-Preferred	
ARMONAIR RESPICLICK 232 <i>fluticasone propionate (inhalation)</i>	Non-Preferred	
ARMONAIR RESPICLICK 55 <i>fluticasone propionate (inhalation)</i>	Non-Preferred	
ARNUITY ELLIPTA <i>fluticasone furoate (inhalation)</i>	Non-Preferred	QL 30 / 30 days
ASMANEX (120 METERED DOSES) <i>mometasone furoate (inhalation)</i>	Preferred	
ASMANEX (14 METERED DOSES) <i>mometasone furoate (inhalation)</i>	Preferred	
ASMANEX (30 METERED DOSES) <i>mometasone furoate (inhalation)</i>	Preferred	
ASMANEX (60 METERED DOSES) <i>mometasone furoate (inhalation)</i>	Preferred	
ASMANEX HFA <i>mometasone furoate (inhalation)</i>	Non-Preferred	
BECONASE AQ <i>beclomethasone diprop monohyd</i>	Non-Preferred	
<i>budesonide 0.5 mg/2ml suspension</i>	Preferred	QL 4 / 1 days
<i>budesonide 1 mg/2ml suspension</i>	Non-Preferred	QL 2 / 1 days
<i>budesonide 0.25 mg/2ml suspension</i>	Preferred	QL 8 / 1 days
FLOVENT DISKUS <i>fluticasone propionate (inhalation)</i>	Preferred	QL 60 / 30 days
FLOVENT HFA 110 MCG/ACT AEROSOL <i>fluticasone propionate hfa</i>	Preferred	QL 12 / 30 days
FLOVENT HFA 220 MCG/ACT AEROSOL <i>fluticasone propionate hfa</i>	Preferred	QL 12 / 30 days
FLOVENT HFA 44 MCG/ACT AEROSOL <i>fluticasone propionate hfa</i>	Preferred	QL 10.6 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>flunisolide 25 mcg/act (0.025%) solution</i>	Preferred	QL 0.84 / 1 days
<i>fluticasone propionate 50 mcg/act suspension</i>	Preferred	QL 16 / 20 days
<b>Fluticasone Propionate 50 MCG/ACT SUSPENSION (Rx)</b>	Preferred	QL 16 / 20 days
<i>mometasone furoate 50 mcg/act suspension</i>	Non-Preferred	
<b>NASONEX</b> <i>mometasone furoate (nasal)</i>	Non-Preferred	
<b>OMNARIS</b> <i>ciclesonide (nasal)</i>	Non-Preferred	
<b>PULMICORT 0.25 MG/2ML SUSPENSION</b> <i>budesonide (inhalation)</i>	Non-Preferred	
<b>PULMICORT 0.5 MG/2ML SUSPENSION</b> <i>budesonide (inhalation)</i>	Non-Preferred	
<b>PULMICORT 1 MG/2ML SUSPENSION</b> <i>budesonide (inhalation)</i>	Non-Preferred	QL 2 / 1 days
<b>PULMICORT FLEXHALER</b> <i>budesonide (inhalation)</i>	Preferred	QL 1 / 30 days
<b>QNASL</b> <i>beclomethasone dipropionate (nasal)</i>	Non-Preferred	
<b>QNASL CHILDRENS</b> <i>beclomethasone dipropionate (nasal)</i>	Non-Preferred	
<b>QVAR</b> <i>beclomethasone dipropionate</i>	Non-Preferred	
<b>QVAR REDIHALER</b> <i>beclomethasone dipropionate hfa</i>	Preferred	QL 10.6 / 30 days
<b>SINUVA</b> <i>mometasone furoate (nasal)</i>	Non-Preferred	
<b>XHANCE</b> <i>fluticasone propionate (nasal)</i>	Non-Preferred	
<b>ZETONNA</b> <i>ciclesonide (nasal)</i>	Non-Preferred	
<b>ANTIHISTAMINES</b>		
<b>ASTEPRO</b> <i>azelastine hcl</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>azelastine hcl 0.15 % solution</i>	Non-Preferred	
<i>azelastine hcl 137 mcg/spray solution</i>	Preferred	QL 30 / 24 days
<i>azelastine hcl 0.1 % solution</i>	Preferred	QL 30 / 24 days
<i>azelastine-fluticasone</i>	Non-Preferred	
<i>cetirizine hcl 1 mg/ml solution</i>	Preferred	QL 10 / 1 days
CLARINEX <i>desloratadine</i>	Non-Preferred	
<i>cyproheptadine hcl 2 mg/5ml syrup</i>	Preferred	QL 30 / 1 days
<i>cyproheptadine hcl 4 mg tab</i>	Preferred	QL 8 / 1 days
<i>desloratadine</i>	Non-Preferred	
<i>diphenhydramine hcl 12.5 mg/5ml elixir</i>	Preferred	QL 30 / 1 days
<i>diphenhydramine hcl 50 mg/ml solution</i>	Preferred	
DYMISTA <i>azelastine hcl-fluticasone propionate</i>	Non-Preferred	
<i>hydroxyzine hcl 25 mg tab</i>	Preferred	QL 6 / 1 days
<i>hydroxyzine hcl 10 mg tab</i>	Preferred	QL 6 / 1 days
<i>hydroxyzine hcl 50 mg tab</i>	Preferred	QL 6 / 1 days
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	Preferred	QL 30 / 1 days
<i>levocetirizine dihydrochloride 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	Non-Preferred	
<i>olopatadine hcl 0.6 % solution</i>	Non-Preferred	
PATANASE <i>olopatadine hcl (nasal)</i>	Non-Preferred	
PHENERGAN <i>promethazine hcl</i>	Non-Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl 6.25 mg/5ml syrup</i>	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required QLC 30 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>promethazine hcl 50 mg/ml solution</i>	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl 25 mg/ml solution</i>	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
ZERVIAE <i>cetirizine hcl (ophth)</i>	Non-Preferred	
ANTILEUKOTRIENES		
ACCOLATE <i>zafirlukast</i>	Non-Preferred	
<i>montelukast sodium 10 mg tab</i>	Preferred	QL 1 / 1 days
<i>montelukast sodium 4 mg packet</i>	Preferred	QL 30 / 30 days
<i>montelukast sodium 4 mg chew tab</i>	Preferred	QL 30 / 30 days
<i>montelukast sodium 5 mg chew tab</i>	Preferred	QL 1 / 1 days
SINGULAIR 10 MG TAB <i>montelukast sodium</i>	Non-Preferred	QL 1 / 1 days
SINGULAIR 4 MG CHEW TAB <i>montelukast sodium</i>	Non-Preferred	QL 1 / 1 days
SINGULAIR 4 MG PACKET <i>montelukast sodium</i>	Non-Preferred	QL 30 / 30 days
SINGULAIR 5 MG CHEW TAB <i>montelukast sodium</i>	Non-Preferred	QL 1 / 1 days
<i>zafirlukast 10 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>zafirlukast 20 mg tab</i>	Non-Preferred	QL 2 / 1 days
<i>zileuton er</i>	Non-Preferred	
ZYFLO <i>zileuton</i>	Non-Preferred	
ZYFLO CR <i>zileuton</i>	Non-Preferred	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA <i>ipratropium bromide hfa</i>	Preferred	QL 12.9 / 26 days
INCRUSE ELLIPTA <i>umeclidinium bromide</i>	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ipratropium bromide 0.03 % solution</i>	Preferred	
<i>ipratropium bromide 0.06 % solution</i>	Preferred	
<i>ipratropium bromide 0.02 % solution</i>	Preferred	QL 10 / 1 days
LONHALA MAGNAIR REFILL KIT <i>glycopyrrolate (inhalation)</i>	Non-Preferred	QL 2 / 1 days
LONHALA MAGNAIR STARTER KIT <i>glycopyrrolate (inhalation)</i>	Non-Preferred	QL 2 / 1 days
SEEBRI NEOHALER <i>glycopyrrolate (inhalation)</i>	Non-Preferred	
SPIRIVA HANDIHALER <i>tiotropium bromide monohydrate</i>	Preferred	QL 30 / 30 days
SPIRIVA RESPIMAT <i>tiotropium bromide monohydrate</i>	Preferred	QL 4 / 30 days
TUDORZA PRESSAIR <i>aclidinium bromide</i>	Non-Preferred	
YUPELRI <i>revefenacin</i>	Non-Preferred	
BRONCHODILATORS, SYMPATHOMIMETIC		
<i>albuterol sulfate 2 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>albuterol sulfate 0.63 mg/3ml nebu soln</i>	Preferred	
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN <i>albuterol sulfate</i>	Preferred	
<i>albuterol sulfate (5 mg/ml) 0.5% nebu soln</i>	Preferred	
<i>albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln</i>	Preferred	
<i>albuterol sulfate 4 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>albuterol sulfate 2.5 mg/0.5ml nebu soln</i>	Preferred	
<i>albuterol sulfate 1.25 mg/3ml nebu soln</i>	Preferred	
<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 <i>indacaterol maleate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>arformoterol tartrate</i>	Non-Preferred	QL 120 / 30 days
<b>BROVANA</b> <i>arformoterol tartrate</i>	Non-Preferred	QL 120 / 30 days
<b>EPINEPHRINE 0.3 MG/0.3ML SOLN A-INJ</b> <i>epinephrine (anaphylaxis)</i>	Non-Preferred	
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	Preferred	
<i>epinephrine 0.15 mg/0.15ml soln a-inj</i>	Preferred	
<i>epinephrine 0.3 mg/0.3ml soln a-inj</i>	Preferred	
<b>EIPEN 2-PAK</b> <i>epinephrine (anaphylaxis)</i>	Non-Preferred	
<b>EIPEN JR 2-PAK</b> <i>epinephrine (anaphylaxis)</i>	Preferred	
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	Non-Preferred	QL 120 / 30 days
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	Non-Preferred	
<i>levalbuterol hcl 0.31 mg/3ml nebu soln</i>	Non-Preferred	
<i>levalbuterol hcl 0.63 mg/3ml nebu soln</i>	Non-Preferred	
<i>levalbuterol hcl 1.25 mg/3ml nebu soln</i>	Non-Preferred	
<i>levalbuterol tartrate</i>	Preferred	QL 30 / 30 days
<b>METAPROTERENOL SULFATE 20 MG TAB</b> <i>metaproterenol sulfate</i>	Non-Preferred	QL 4 / 1 days
<b>METAPROTERENOL SULFATE 10 MG TAB</b> <i>metaproterenol sulfate</i>	Non-Preferred	QL 4 / 1 days
<i>metaproterenol sulfate 10 mg/5ml syrup</i>	Non-Preferred	QL 40 / 1 days
<b>PERFOROMIST</b> <i>formoterol fumarate</i>	Non-Preferred	QL 120 / 30 days
<b>PROAIR DIGIHALER</b> <i>albuterol sulfate</i>	Non-Preferred	
<b>PROAIR HFA</b> <i>albuterol sulfate</i>	Preferred	QLC 2 inhalers/month
<b>PROAIR RESPICLICK</b> <i>albuterol sulfate</i>	Preferred	
<b>PROVENTIL HFA</b> <i>albuterol sulfate</i>	Preferred	QLC 2 inhalers/month



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEREVENT DISKUS <i>salmeterol xinafoate</i>	Preferred	QL 60 / 30 days
STRIVERDI RESPIMAT <i>olodaterol hcl</i>	Preferred	QL 4 / 30 days
<i>terbutaline sulfate 5 mg tab</i>	Non-Preferred	QL 3 / 1 days
<i>terbutaline sulfate 2.5 mg tab</i>	Non-Preferred	QL 3 / 1 days
VENTOLIN HFA <i>albuterol sulfate</i>	Preferred	QLC 2 inhalers/month
XOPENEX <i>levalbuterol hcl</i>	Non-Preferred	
XOPENEX CONCENTRATE <i>levalbuterol hcl</i>	Non-Preferred	
XOPENEX HFA <i>levalbuterol tartrate</i>	Preferred	QL 30 / 30 days
CYSTIC FIBROSIS AGENTS		
BETHKIS <i>tobramycin</i>	Non-Preferred	
CAYSTON <i>aztreonam lysine</i>	Non-Preferred	
KITABIS PAK <i>tobramycin</i>	Non-Preferred	
TOBI <i>tobramycin</i>	Non-Preferred	
TOBI PODHALER <i>tobramycin</i>	Non-Preferred	
<i>tobramycin 300 mg/4ml nebu soln</i>	Non-Preferred	
<i>tobramycin 300 mg/5ml nebu soln</i>	Preferred	
TOBRAMYCIN 300 MG/5ML NEBU SOLN <i>tobramycin</i>	Non-Preferred	
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	Preferred	QL 8 / 1 days
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate</i>	Preferred	
DALIRESP <i>roflumilast</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>THEO-24</b> <i>theophylline</i>	Preferred	
<i>theophylline</i>	Preferred	QL 75 / 1 days
<i>theophylline er 600 mg tab er 24h</i>	Preferred	QL 1 / 1 days
<i>theophylline er 100 mg tab er 12h</i>	Preferred	QL 4 / 1 days
<i>theophylline er 400 mg tab er 24h</i>	Preferred	QL 1 / 1 days
<i>theophylline er 300 mg tab er 12h</i>	Preferred	QL 2 / 1 days
<i>theophylline er 450 mg tab er 12h</i>	Preferred	QL 1 / 1 days
<i>theophylline er 200 mg tab er 12h</i>	Preferred	QL 3 / 1 days
<b>PULMONARY ANTIHYPERTENSIVES</b>		
<b>ADCIRCA</b> <i>tadalafil (pulmonary hypertension)</i>	Non-Preferred	QL 60 / 30 days PA
<b>ADEMPAS</b> <i>riociguat</i>	Non-Preferred	
<i>alyq</i>	Non-Preferred	QL 60 / 30 days PA
<i>ambrisentan</i>	Preferred	PA
<i>bosentan</i>	Non-Preferred	
<b>LETAIRIS</b> <i>ambrisentan</i>	Non-Preferred	
<b>OPSUMIT</b> <i>macitentan</i>	Non-Preferred	
<b>ORENITRAM</b> <i>treprostinil diolamine</i>	Non-Preferred	
<b>REVATIO 20 MG TAB</b> <i>sildenafil citrate (pulmonary hypertension)</i>	Non-Preferred	QL 90 / 30 days
<b>REVATIO 10 MG/ML RECON SUSP</b> <i>sildenafil citrate (pulmonary hypertension)</i>	Preferred	PA
<i>sildenafil citrate 20 mg tab</i>	Preferred	QL 90 / 30 days PA
<i>sildenafil citrate 10 mg/ml recon susp</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tadalafil (pah)</i>	Preferred	<span>QL</span> 60 / 30 days <span>PA</span>
TRACLEER 62.5 MG TAB <i>bosentan</i>	Preferred	<span>PA</span>
TRACLEER 32 MG TAB SOL <i>bosentan</i>	Non-Preferred	
TRACLEER 125 MG TAB <i>bosentan</i>	Preferred	<span>PA</span>
TYVASO <i>treprostinil</i>	Preferred	<span>PA</span>
TYVASO REFILL <i>treprostinil</i>	Preferred	<span>PA</span>
TYVASO STARTER <i>treprostinil</i>	Preferred	<span>PA</span>
UPTRAVI 800 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 200 & 800 MCG TAB THPK <i>selexipag</i>	Non-Preferred	
UPTRAVI 1400 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 600 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 1000 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 1600 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 200 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 400 MCG TAB <i>selexipag</i>	Non-Preferred	
UPTRAVI 1200 MCG TAB <i>selexipag</i>	Non-Preferred	
VENTAVIS <i>iloprost</i>	Preferred	<span>PA</span>
PULMONARY FIBROSIS AGENTS		
ESBRIET <i>pirfenidone</i>	Preferred	<span>PA</span>
OFEV <i>nintedanib esylate</i>	Preferred	<span>PA</span>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine 10 % solution</i>	Preferred	
<i>acetylcysteine 20 % solution</i>	Preferred	
ADVAIR DISKUS <i>fluticasone-salmeterol</i>	Non-Preferred	QL 60 / 30 days
ADVAIR HFA <i>fluticasone-salmeterol</i>	Preferred	QL 12 / 30 days
AIRDUO DIGIHALER <i>fluticasone-salmeterol</i>	Non-Preferred	
AIRDUO RESPICLICK 113/14 <i>fluticasone-salmeterol</i>	Non-Preferred	
AIRDUO RESPICLICK 232/14 <i>fluticasone-salmeterol</i>	Non-Preferred	
AIRDUO RESPICLICK 55/14 <i>fluticasone-salmeterol</i>	Non-Preferred	
ANORO ELLIPTA <i>umeclidinium-vilanterol</i>	Preferred	QL 60 / 30 days
<i>benzonatate 200 mg cap</i>	Preferred	QL 3 / 1 days
<i>benzonatate 100 mg cap</i>	Preferred	QL 3 / 1 days
BEVESPI AEROSPHERE <i>glycopyrrolate-formoterol fumarate</i>	Preferred	
BREO ELLIPTA <i>fluticasone furoate-vilanterol</i>	Non-Preferred	QL 60 / 30 days
BREZTRI AEROSPHERE <i>budesonide-glycopyrrolate-formoterol fumarate</i>	Non-Preferred	QL 10.7 / 30 days
<i>bromfed dm</i>	Preferred	
<i>budesonide-formoterol fumarate</i>	Non-Preferred	QL 10.2 / 30 days
CINQAIR <i>reslizumab</i>	Non-Preferred	
CLARINEX-D 12 HOUR <i>desloratadine-pseudoephedrine</i>	Non-Preferred	
COMBIVENT RESPIMAT <i>ipratropium-albuterol</i>	Preferred	QL 4 / 20 days
DUAKLIR PRESSAIR <i>aclidinium bromide-formoterol fumarate</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>DULERA</b> <i>mometasone furoate-formoterol fumarate dihydrate</i>	Preferred	QL 13 / 30 days
<b>FASENRA</b> <i>benralizumab</i>	Preferred	PA
<b>FASENRA PEN</b> <i>benralizumab</i>	Preferred	PA
<i>fluticasone-salmeterol 500-50 mcg/dose aer pow ba</i>	Preferred	QL 60 / 30 days
<i>fluticasone-salmeterol 113-14 mcg/act aer pow ba</i>	Preferred	QL 1 / 30 days
<i>fluticasone-salmeterol 55-14 mcg/act aer pow ba</i>	Preferred	QL 1 / 30 days
<i>fluticasone-salmeterol 250-50 mcg/dose aer pow ba</i>	Preferred	QL 60 / 30 days
<i>fluticasone-salmeterol 100-50 mcg/dose aer pow ba</i>	Preferred	QL 60 / 30 days
<i>fluticasone-salmeterol 232-14 mcg/act aer pow ba</i>	Preferred	QL 1 / 30 days
<i>ipratropium-albuterol</i>	Preferred	
<b>NUCALA</b> <i>mepolizumab</i>	Non-Preferred	
<i>promethazine vc plain</i>	Preferred	QL 6 / 1 days
<b>PROMETHAZINE-DM 6.25-15 MG/5ML SOLUTION</b> <i>promethazine-dm</i>	Preferred	
<i>promethazine-dm 6.25-15 mg/5ml syrup</i>	Preferred	
<i>promethazine-phenylephrine</i>	Preferred	QL 6 / 1 days
<i>pseudoeph-bromphen-dm</i>	Preferred	
<b>SEMPREX-D</b> <i>acrivastine &amp; pseudoephedrine</i>	Non-Preferred	
<i>sodium chloride 3 % nebu soln</i>	Preferred	
<i>sodium chloride 7 % nebu soln</i>	Preferred	QL 480 / 30 days
<b>STIOLTO RESPIMAT</b> <i>tiotropium bromide-olodaterol hcl</i>	Preferred	QL 4 / 30 days
<b>SYMBICORT</b> <i>budesonide-formoterol fumarate dihydrate</i>	Preferred	QL 10.2 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRELEGY ELLIPTA <i>fluticasone-umeclidinium-vilanterol</i>	Preferred	QL 60 / 30 days
UTIBRON NEOHALER <i>indacaterol maleate-glycopyrrolate</i>	Non-Preferred	
<i>wixela inhub</i>	Non-Preferred	QL 60 / 30 days
<b>SKELETAL MUSCLE RELAXANTS</b>		
AMRIX <i>cyclobenzaprine hcl</i>	Non-Preferred	
BACLOFEN 5 MG/5ML SOLUTION <i>baclofen</i>	Non-Preferred	
BOTOX <i>onabotulinumtoxina</i>	Preferred	PA
<i>carisoprodol 350 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>carisoprodol 250 mg tab</i>	Non-Preferred	
CARISOPRODOL-ASPIRIN <i>carisoprodol w/ aspirin</i>	Non-Preferred	QL 3 / 1 days
<i>chlorzoxazone 750 mg tab</i>	Non-Preferred	
<i>chlorzoxazone 375 mg tab</i>	Non-Preferred	
<i>chlorzoxazone 500 mg tab</i>	Non-Preferred	QL 6 / 1 days
<i>cyclobenzaprine hcl 10 mg tab</i>	Preferred	QL 3 / 1 days
<i>cyclobenzaprine hcl 7.5 mg tab</i>	Preferred	
<i>cyclobenzaprine hcl 5 mg tab</i>	Preferred	QL 6 / 1 days
<i>cyclobenzaprine hcl er</i>	Non-Preferred	
DYSPORT <i>abobotulinumtoxina</i>	Preferred	PA
FEXMID <i>cyclobenzaprine hcl</i>	Non-Preferred	
<i>lorzone</i>	Non-Preferred	
<i>metaxall</i>	Non-Preferred	
<i>metaxalone</i>	Non-Preferred	
<i>methocarbamol 500 mg tab</i>	Preferred	QL 16 / 1 days
<i>methocarbamol 750 mg tab</i>	Preferred	QL 10 / 1 days
MYOBLOC <i>rimabotulinumtoxinb</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<b>NORGESIC FORTE</b> <i>orphenadrine w/ aspirin &amp; caff</i>	Non-Preferred	
<i>orphenadrine citrate er</i>	Non-Preferred	QL 2 / 1 days
<i>orphenadrine-asa-caffeine</i>	Non-Preferred	
<i>orphengestic forte 50-770-60 mg tab</i>	Non-Preferred	
<b>ROBAXIN-750</b> <i>methocarbamol</i>	Non-Preferred	
<b>SKELAXIN</b> <i>metaxalone</i>	Non-Preferred	
<b>SOMA</b> <i>carisoprodol</i>	Non-Preferred	
<i>vanadom</i>	Non-Preferred	
<b>XEOMIN</b> <i>incobotulinumtoxina</i>	Non-Preferred	
<b>SLEEP DISORDER AGENTS</b>		
<b>SLEEP PROMOTING AGENTS</b>		
<b>AMBIEN</b> <i>zolpidem tartrate</i>	Non-Preferred	QL 30 / 30 days
<b>AMBIEN CR</b> <i>zolpidem tartrate</i>	Non-Preferred	QL 30 / 30 days
<b>BELSOMRA</b> <i>suvorexant</i>	Non-Preferred	QL 1 / 1 days
<b>BUTISOL SODIUM</b> <i>butabarbital sodium</i>	Non-Preferred	
<b>DAYVIGO</b> <i>lemborexant</i>	Non-Preferred	
<b>DORAL</b> <i>quazepam</i>	Non-Preferred	
<i>doxepin hcl 6 mg tab</i>	Non-Preferred	
<i>doxepin hcl 3 mg tab</i>	Non-Preferred	
<b>EDLUAR</b> <i>zolpidem tartrate</i>	Non-Preferred	QL 30 / 30 days
<i>estazolam</i>	Non-Preferred	QL 30 / 30 days
<i>eszopiclone</i>	Preferred	QL 1 / 1 days
<b>FLURAZEPAM HCL</b> <i>flurazepam hcl</i>	Non-Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HALCION <i>triazolam</i>	Non-Preferred	
HETLIOZ <i>tasimelteon</i>	Non-Preferred	QL 30 / 30 days
HETLIOZ LQ <i>tasimelteon</i>	Non-Preferred	
INTERMEZZO <i>zolpidem tartrate</i>	Non-Preferred	QL 30 / 30 days
LUNESTA <i>eszopiclone</i>	Non-Preferred	QL 1 / 1 days
QUAZEPAM <i>quazepam</i>	Non-Preferred	
<i>ramelteon</i>	Non-Preferred	
RESTORIL <i>temazepam</i>	Non-Preferred	QL 30 / 30 days
ROZEREM <i>ramelteon</i>	Non-Preferred	
SECONAL <i>secobarbital sodium</i>	Non-Preferred	
SILENOR <i>doxepin hcl (sleep)</i>	Non-Preferred	
<i>temazepam 15 mg cap</i>	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>temazepam 22.5 mg cap</i>	Non-Preferred	QL 30 / 30 days
<i>temazepam 30 mg cap</i>	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>temazepam 7.5 mg cap</i>	Non-Preferred	QL 30 / 30 days
<i>triazolam 0.125 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>triazolam 0.25 mg tab</i>	Non-Preferred	QL 1 / 1 days
<i>zaleplon</i>	Preferred	QL 2 / 1 days
ZOLPIDEM TARTRATE 1.75 MG SL TAB <i>zolpidem tartrate</i>	Non-Preferred	QL 30 / 30 days



DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate 1.75 mg sl tab</i>	Non-Preferred	QL 30 / 30 days
<b>ZOLPIDEM TARTRATE 3.5 MG SL TAB</b> <i>zolpidem tartrate</i>	Non-Preferred	QL 30 / 30 days
<i>zolpidem tartrate 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>zolpidem tartrate 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>zolpidem tartrate 3.5 mg sl tab</i>	Non-Preferred	QL 30 / 30 days
<i>zolpidem tartrate er</i>	Non-Preferred	QL 30 / 30 days
<b>ZOLPIMIST</b> <i>zolpidem tartrate</i>	Non-Preferred	
<b>WAKEFULNESS PROMOTING AGENTS</b>		
<i>armodafinil</i>	Preferred	PA
<i>modafinil</i>	Preferred	PA
<b>NUVIGIL</b> <i>armodafinil</i>	Non-Preferred	
<b>PROVIGIL</b> <i>modafinil</i>	Non-Preferred	
<b>SUNOSI</b> <i>solriamfetol hcl</i>	Non-Preferred	
<b>WAKIX</b> <i>pitolisant hcl</i>	Non-Preferred	
Uncategorized		
Unclassified		
<b>SEGLENTIS</b> <i>celecoxib-tramadol hcl</i>	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
<b>VABYSMO</b> <i>faricimab-svoa</i>	Non-Preferred	

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Accupril . . . . .	145	Adapalene . . . . .	188
Accuretic . . . . .	155	ADAPALENE-BENZOYL PEROXIDE . . . . .	188,190
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ACETAZOLAMIDE . . . . .	155,280	Adderall XR . . . . .	167
ACETIC ACID (OTIC) . . . . .	29	ADEFOVIR DIPIVOXIL . . . . .	106
ACETYLCYSTEINE . . . . .	292	Adempas . . . . .	290
Aciphex . . . . .	222	Adhansia XR . . . . .	172
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Afinitor . . . . .	75	ALOGLIPTIN-METFORMIN HCL . . . . .	125,128
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AFLIBERCEPT . . . . .	275	Alomide . . . . .	276
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AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM . . . . .	155,156	ANTIHEMOPHILIC FACTOR (RCMB) BD TRUNCATED (BD TRUNC-RFVIII) . . . . .	140
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Azopt . . . . .	281	Benazepril-Hydrochlorothiazide . . . . .	155
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Balversa . . . . .	75	BEPOTASTINE BESILATE . . . . .	276
Banzel . . . . .	47	Bepreve . . . . .	276
Baqsimi One Pack . . . . .	130	Berinert . . . . .	257
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Barhemsys . . . . .	58	BESIFLOXACIN HCL . . . . .	37
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Betapace AF . . . . .	147	Braftovi . . . . .	75
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BETAXOLOL HCL . . . . .	148	Brexafemme . . . . .	63
BETAXOLOL HCL (OPHTH) . . . . .	280	BREXPIRAZOLE . . . . .	98
BETHANECHOL CHLORIDE . . . . .	229	Breztri Aerosphere . . . . .	292
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BETRIXABAN MALEATE . . . . .	134	BRIMONIDINE TARTRATE . . . . .	281
Bevespi Aerosphere . . . . .	292	BRIMONIDINE TARTRATE-TIMOLOL MALEATE . . . . .	274
Bevyxxa . . . . .	134	BRINZOLAMIDE . . . . .	281
Beyaz . . . . .	238	BRINZOLAMIDE-BRIMONIDINE TARTRATE . . . . .	281
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BICALUTAMIDE . . . . .	71	BRIVARACETAM . . . . .	41,42
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BiDil . . . . .	155	BROLUCIZUMAB-DBLL . . . . .	274
Bijuva . . . . .	249	BROMFENAC SODIUM (OPHTH) . . . . .	278,280
Biktarvy . . . . .	108	BROMOCRIPTINE MESYLATE . . . . .	83
BIMATOPROST . . . . .	281,282	BromSite . . . . .	278
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BISOPROLOL & HYDROCHLOROTHIAZIDE . . . . .	156,159	BUDESONIDE . . . . .	233,267
BISOPROLOL FUMARATE . . . . .	148	BUDESONIDE (INHALATION) . . . . .	283,284
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Bonjesta . . . . .	58	Bunavail . . . . .	27
Boostrix . . . . .	265	Buphenyl . . . . .	225
BOSENTAN . . . . .	290,291	BUPRENORPHINE . . . . .	10,27,28
Bosulif . . . . .	75	BUPRENORPHINE HCL . . . . .	10,27
BOSUTINIB . . . . .	75	BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE . . . . .	27,28
		BUPROPION HCL . . . . .	50,52

BUPROPION HCL (SMOKING DETERRENT) . . . . .	28,29	CALCIPOTRIENE . . . . .	199,201
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BUSULFAN . . . . .	71	DIPROPIONATE . . . . .	199,202
BUTABARBITAL SODIUM . . . . .	295	CALCITONIN (SALMON) . . . . .	268,269
BUTALBITAL-ACETAMINOPHEN . . . . .	182	CALCITRIOL . . . . .	268,270
Butalbital-Acetaminophen . . . . .	182	CALCITRIOL (TOPICAL) . . . . .	199,202
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BUTALBITAL-ASPIRIN-CAFFEINE . . . . .	5,6	CANAGLIFLOZIN . . . . .	127
Butalbital-Aspirin-Caffeine . . . . .	5	CANAGLIFLOZIN-METFORMIN HCL . . . . .	127
BUTALBITAL-ASPIRIN-CAFFEINE W/COD . . . . .	17,19	CANAKINUMAB . . . . .	258
BUTENAFINE HCL . . . . .	65	Canasa . . . . .	266
Butisol Sodium . . . . .	295	CANDESARTAN CILEXETIL . . . . .	144
BUTOCONAZOLE NITRATE (ONE DOSE) . . . . .	64	CANDESARTAN CILEXETIL-	
BUTORPHANOL TARTRATE . . . . .	17	HYDROCHLOROTHIAZIDE . . . . .	155,156
Butrans . . . . .	10	CANNABIDIOL . . . . .	42
Bydureon . . . . .	125	CAPECITABINE . . . . .	73
Bydureon BCise . . . . .	125	Capex . . . . .	193
Byetta 10 MCG Pen . . . . .	125	Caplyta . . . . .	92
Byetta 5 MCG Pen . . . . .	125	CAPMATINIB HCL . . . . .	74
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C-Nate DHA . . . . .	207	CAPTOPRIL & HYDROCHLOROTHIAZIDE . . . . .	156
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C1 ESTERASE INHIBITOR (RECOMBINANT) . . . . .	257	CARBAMAZEPINE (ANTIPSYCHOTIC) . . . . .	123
Cabenuva . . . . .	113	Carbatrol . . . . .	47
CABERGOLINE . . . . .	255	CARBIDOPA . . . . .	85
Cabometyx . . . . .	75	CARBIDOPA-LEVODOPA . . . . .	85
CABOTEGRAVIR . . . . .	113	Carbidopa-Levodopa . . . . .	85
CABOTEGRAVIR & RILPIVIRINE . . . . .	113	CARBIDOPA-LEVODOPA-ENTACAPONE . . . . .	82,83
CABOTEGRAVIR SODIUM . . . . .	109	Cardizem . . . . .	151
CABOZANTINIB S-MALATE . . . . .	75,76	Cardizem CD . . . . .	151,152
Caduet . . . . .	156	Cardizem LA . . . . .	152
Cafergot . . . . .	67	Cardura . . . . .	143
CAFFEINE CITRATE . . . . .	289	Cardura XL . . . . .	228
Calan . . . . .	151	CARIPRAZINE HCL . . . . .	102
Calan SR . . . . .	151	CARISOPRODOL . . . . .	294,295
CALCIFEDIOL . . . . .	269	CARISOPRODOL W/ ASPIRIN . . . . .	294

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