

2024 Formulary

Introduction

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

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

Preface

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

Pharmacy and Therapeutics (P&T) Committee

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

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

Product Selection Criteria

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

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

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

Plan Limits

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

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

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

Immediate Need (5/15-day Emergency Supply)

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

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

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

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

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

Formulary Product Descriptions

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

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

Generic Substitution

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

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

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

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

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

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

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

Drugs Efficacy Study Implementation (DESI) Drugs

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

Examples of DESI Drugs include:

Midrin
Vytone
Anusol HC suppositories
Donnatal
Tigan
Naldecon

Prior Authorization (PA)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Managed Drug Limitations (MDL)

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

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

Step Therapy

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

Editor

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

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

Notice

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

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

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

LEGEND

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
ADVIL	Non-Preferred	
<i>advil liqui-gels minis</i>	Non-Preferred	
ALEVE	Non-Preferred	
<i>aleve arthritis pain</i>	Non-Preferred	QL 500 / 30 days
<i>all day pain relief</i>	Preferred	QL 90 / 30 days
<i>all day relief</i>	Preferred	QL 90 / 30 days
<i>arthritis pain reliever 1 % gel</i>	Preferred	QL 500 / 30 days
ARTHROTEC	Non-Preferred	
ASPIRIN (ASPIRIN 300 MG SUPPOS, ASPIRIN 600 MG SUPPOS)	Preferred	
<i>aspirin (aspirin 81 mg chew tab, aspirin 325 mg tab, aspirin 325 mg tab dr)</i>	Preferred	QL 4 / 1 days
<i>aspirin 81 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>aspirin 81 mg tab dr</i>	Preferred	QL 4 / 1 days
<i>aspirin adult</i>	Preferred	QL 4 / 1 days
<i>aspirin adult low strength 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>aspirin childrens</i>	Preferred	QL 4 / 1 days
<i>aspirin low dose 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>aspirin low strength</i>	Preferred	QL 4 / 1 days
<i>bayer advanced aspirin reg st</i>	Preferred	QL 4 / 1 days
<i>bayer aspirin</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bayer low dose 81 mg chew tab</i>	Preferred	QL 4 / 1 days
BUTALBITAL-ASPIRIN-CAFFEINE (BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG CAP, BUTALBITAL-ASPIRIN-CAFFEINE 50-325-40 MG TAB)	Preferred	PA QLC Max 18 tabs/caps per month
CAMBIA	Non-Preferred	
<i>cataflam</i>	Non-Preferred	QL 4 / 1 days
CELEBREX (CELEBREX 50 MG CAP, CELEBREX 100 MG CAP, CELEBREX 200 MG CAP)	Non-Preferred	QL 60 / 30 days
CELEBREX 400 MG CAP	Non-Preferred	QL 30 / 30 days
<i>celecoxib (celecoxib 50 mg cap, celecoxib 100 mg cap, celecoxib 200 mg cap)</i>	Preferred	QL 60 / 30 days
<i>celecoxib 400 mg cap</i>	Preferred	QL 30 / 30 days
<i>childrens aspirin</i>	Preferred	QL 4 / 1 days
<i>childrens aspirin low strength</i>	Preferred	QL 4 / 1 days
<i>childrens ibuprofen</i>	Preferred	QLC 30 mL/day
<i>cvs aspirin</i>	Preferred	QL 4 / 1 days
<i>cvs aspirin adult low dose</i>	Preferred	QL 4 / 1 days
<i>cvs aspirin ec 325 mg tab dr</i>	Preferred	QL 4 / 1 days
<i>cvs diclofenac sodium</i>	Preferred	QL 500 / 30 days
<i>cvs genuine aspirin</i>	Preferred	QL 4 / 1 days
<i>cvs ibuprofen 200 mg cap</i>	Preferred	
<i>cvs ibuprofen childrens 100 mg chew tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs ibuprofen childrens 100 mg/5ml suspension</i>	Preferred	QLC 30 mL/day
<i>cvs naproxen sodium 220 mg cap</i>	Preferred	
<i>cvs naproxen sodium 220 mg tab</i>	Preferred	QL 90 / 30 days
DAYPRO	Non-Preferred	QL 90 / 30 days
DICLOFENAC	Non-Preferred	
DICLOFENAC EPOLAMINE	Non-Preferred	
<i>diclofenac potassium (diclofenac potassium 25 mg cap, diclofenac potassium 25 mg tab)</i>	Non-Preferred	
<i>diclofenac potassium 50 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>diclofenac potassium(migraine)</i>	Non-Preferred	
<i>diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr)</i>	Preferred	QL 4 / 1 days
<i>diclofenac sodium 1 % gel</i>	Preferred	QL 500 / 30 days
<i>diclofenac sodium 1.5 % solution</i>	Preferred	
<i>diclofenac sodium 2 % solution</i>	Non-Preferred	
<i>diclofenac sodium 75 mg tab dr</i>	Preferred	QL 60 / 30 days
<i>diclofenac sodium er</i>	Non-Preferred	QL 60 / 30 days
<i>diclofenac-misoprostol</i>	Preferred	
<i>diflunisal 500 mg tab</i>	Non-Preferred	QL 90 / 30 days
DUEXIS	Non-Preferred	
<i>ec-naproxen</i>	Preferred	QL 60 / 30 days
<i>ecpirin</i>	Preferred	QL 4 / 1 days
ELYXYB	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq arthritis pain 1 % gel</i>	Preferred	QL 500 / 30 days
<i>eq aspirin</i>	Preferred	QL 4 / 1 days
<i>eq aspirin low dose</i>	Preferred	QL 4 / 1 days
<i>eq ibuprofen childrens</i>	Preferred	QLC 30 mL/day
<i>eql aspirin</i>	Preferred	QL 4 / 1 days
<i>eql aspirin ec</i>	Preferred	QL 4 / 1 days
<i>eql aspirin low dose 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>etodolac (etodolac 400 mg tab, etodolac 500 mg tab)</i>	Non-Preferred	QL 60 / 30 days
<i>etodolac 200 mg cap</i>	Non-Preferred	QL 150 / 30 days
<i>etodolac 300 mg cap</i>	Non-Preferred	QL 90 / 30 days
<i>etodolac er</i>	Non-Preferred	
FELDENE	Non-Preferred	QL 30 / 30 days
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP)	Non-Preferred	
<i>fenoprofen calcium 600 mg tab</i>	Non-Preferred	QL 150 / 30 days
FIORINAL	Non-Preferred	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-bottom: 5px;">c</div> <div>Opioid safety limits apply</div> <div style="background-color: purple; color: white; padding: 2px 5px; margin-top: 5px;">QLC</div> <div>Max 18 tabs/caps per month</div> </div>
FLECTOR	Non-Preferred	
<i>flurbiprofen (flurbiprofen 50 mg tab, flurbiprofen 100 mg tab)</i>	Preferred	QL 90 / 30 days
<i>ft arthritis pain</i>	Preferred	QL 500 / 30 days
<i>ft aspirin</i>	Preferred	QL 4 / 1 days
<i>ft enteric coated aspirin</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft ibuprofen 200 mg cap</i>	Preferred	
<i>ft ibuprofen 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>ft ibuprofen childrens</i>	Preferred	QLC 30 mL/day
<i>ft ibuprofen minis</i>	Preferred	
<i>ft naproxen sodium</i>	Preferred	
<i>genuine aspirin</i>	Preferred	QL 4 / 1 days
<i>gnp adult aspirin low strength</i>	Preferred	QL 4 / 1 days
<i>gnp all day pain relief</i>	Preferred	QL 90 / 30 days
<i>gnp arthritis pain</i>	Preferred	QL 500 / 30 days
<i>gnp aspirin (gnp aspirin 325 mg tab, gnp aspirin 325 mg tab dr)</i>	Preferred	QL 4 / 1 days
<i>gnp childrens ibuprofen</i>	Preferred	QLC 30 mL/day
<i>gnp diclofenac sodium</i>	Preferred	QL 500 / 30 days
<i>gnp ibuprofen 200 mg cap</i>	Preferred	
<i>gnp ibuprofen 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>gnp ibuprofen childrens</i>	Preferred	
<i>gnp ibuprofen infants</i>	Preferred	QL 15 / 7 days
<i>gnp ibuprofen junior strength</i>	Preferred	
<i>gnp naproxen sodium 220 mg cap</i>	Preferred	
<i>gnp naproxen sodium 220 mg tab</i>	Preferred	QL 90 / 30 days
<i>goodsense arthritis pain 1 % gel</i>	Preferred	QL 500 / 30 days
<i>goodsense aspirin</i>	Preferred	QL 4 / 1 days
<i>goodsense aspirin adult low st</i>	Preferred	QL 4 / 1 days
<i>goodsense aspirin adults</i>	Preferred	QL 4 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ibuprofen 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>ibuprofen 400 mg tab</i>	Preferred	QL 180 / 30 days
<i>ibuprofen 600 mg tab</i>	Preferred	QL 150 / 30 days
<i>ibuprofen 800 mg tab</i>	Preferred	QL 4 / 1 days
<i>ibuprofen childrens</i>	Preferred	QLC 30 mL/day
<i>ibuprofen infants</i>	Preferred	QL 15 / 7 days
<i>ibuprofen infants drops</i>	Preferred	QL 15 / 7 days
<i>ibuprofen junior strength</i>	Preferred	
<i>ibuprofen-famotidine</i>	Non-Preferred	
<i>indocin (indocin 25 mg/5ml suspension, indocin 50 mg suppos)</i>	Non-Preferred	
<i>indomethacin (indomethacin 20 mg cap, indomethacin 50 mg suppos, indomethacin 100 mg suppos)</i>	Non-Preferred	
<i>indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)</i>	Preferred	QL 4 / 1 days
<i>indomethacin er</i>	Preferred	QL 90 / 30 days
<i>infants ibuprofen</i>	Preferred	QL 15 / 7 days
KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	Non-Preferred	
<i>ketoprofen er</i>	Non-Preferred	QL 30 / 30 days
<i>ketorolac tromethamine 10 mg tab</i>	Preferred	QLC 20 tablets per 90 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	Non-Preferred	
<i>kls arthritis pain relief</i>	Preferred	QL 500 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kls aspirin ec</i>	Preferred	QL 4 / 1 days
<i>kls diclofenac sodium</i>	Preferred	QL 500 / 30 days
LICART	Non-Preferred	
<i>lofena</i>	Non-Preferred	
<i>meclofenamate sodium</i> (<i>meclofenamate sodium 50 mg cap,</i> <i>meclofenamate sodium 100 mg cap</i>)	Non-Preferred	QL 4 / 1 days
<i>medi-first aspirin</i>	Preferred	QL 4 / 1 days
<i>medique aspirin</i>	Preferred	QL 4 / 1 days
<i>mefenamic acid 250 mg cap</i>	Non-Preferred	
<i>meijer aspirin ec</i>	Preferred	QL 4 / 1 days
<i>meloxicam (meloxicam 5 mg cap,</i> <i>meloxicam 7.5 mg/5ml suspension,</i> <i>meloxicam 10 mg cap)</i>	Non-Preferred	
<i>meloxicam 15 mg tab</i>	Preferred	QL 30 / 30 days PA
<i>meloxicam 7.5 mg tab</i>	Preferred	QL 60 / 30 days
MOBIC 15 MG TAB	Non-Preferred	QL 30 / 30 days
MOBIC 7.5 MG TAB	Non-Preferred	QL 60 / 30 days
<i>nabumetone 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>nabumetone 750 mg tab</i>	Preferred	QL 60 / 30 days
NALFON	Non-Preferred	
NAPRELAN	Non-Preferred	
NAPROSYN 125 MG/5ML SUSPENSION	Non-Preferred	
<i>naproxen (naproxen 250 mg tab,</i> <i>naproxen 500 mg tab)</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)</i>	Preferred	QL 60 / 30 days
<i>naproxen 125 mg/5ml suspension</i>	Preferred	QL 1800 / 30 days
<i>naproxen 375 mg tab</i>	Preferred	QL 4 / 1 days
<i>naproxen dr</i>	Preferred	QL 60 / 30 days
<i>naproxen sodium (naproxen sodium 220 mg tab, naproxen sodium 275 mg tab, naproxen sodium 550 mg tab)</i>	Preferred	QL 90 / 30 days
<i>naproxen sodium 220 mg cap</i>	Preferred	
<i>naproxen sodium er</i>	Non-Preferred	
<i>naproxen-esomeprazole mg</i>	Non-Preferred	
<i>norwich aspirin</i>	Preferred	QL 4 / 1 days
<i>oxaprozin 600 mg tab</i>	Non-Preferred	QL 90 / 30 days
PENNSAID	Non-Preferred	
<i>piroxicam (piroxicam 10 mg cap, piroxicam 20 mg cap)</i>	Preferred	QL 30 / 30 days
<i>provil</i>	Non-Preferred	QL 360 / 30 days
<i>px aspirin</i>	Preferred	QL 4 / 1 days
<i>px enteric aspirin 325 mg tab dr</i>	Preferred	QL 4 / 1 days
<i>qc aspirin</i>	Preferred	QL 4 / 1 days
<i>qc aspirin low dose 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>qc childrens aspirin</i>	Preferred	QL 4 / 1 days
<i>qc childrens ibuprofen</i>	Preferred	QLC 30 mL/day
<i>qc diclofenac sodium</i>	Preferred	QL 500 / 30 days
<i>qc enteric aspirin</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc ibuprofen 200 mg cap</i>	Preferred	
<i>qc ibuprofen 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>qc ibuprofen ib</i>	Preferred	QL 360 / 30 days
<i>qc ibuprofen infants</i>	Preferred	QL 15 / 7 days
<i>qc naproxen sodium 220 mg tab</i>	Preferred	QL 90 / 30 days
QMIIZ ODT	Non-Preferred	
<i>ra aspirin</i>	Preferred	QL 4 / 1 days
<i>ra aspirin adult low dose</i>	Preferred	QL 4 / 1 days
<i>ra aspirin adult low strength</i>	Preferred	QL 4 / 1 days
<i>ra aspirin childrens</i>	Preferred	QL 4 / 1 days
<i>ra aspirin ec 325 mg tab dr</i>	Preferred	QL 4 / 1 days
<i>ra pain relief aspirin</i>	Preferred	QL 4 / 1 days
<i>relafen 500 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>relafen 750 mg tab</i>	Non-Preferred	QL 60 / 30 days
RELAFEN DS	Non-Preferred	
<i>sb aspirin 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>sb aspirin ec</i>	Preferred	QL 4 / 1 days
<i>sb childrens aspirin</i>	Preferred	QL 4 / 1 days
<i>sm arthritis pain</i>	Preferred	QL 500 / 30 days
<i>sm aspirin</i>	Preferred	QL 4 / 1 days
<i>sm aspirin adult low strength 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>sm aspirin ec</i>	Preferred	QL 4 / 1 days
<i>sm aspirin low dose 81 mg chew tab</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm childrens aspirin</i>	Preferred	QL 4 / 1 days
<i>sm childrens ibuprofen</i>	Preferred	QLC 30 mL/day
<i>sm ibuprofen 200 mg cap</i>	Preferred	
<i>sm ibuprofen 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>sm ibuprofen ib 100 mg chew tab</i>	Preferred	
<i>sm ibuprofen ib 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>sm ibuprofen ib childrens</i>	Preferred	
<i>sm infants ibuprofen</i>	Preferred	QL 15 / 7 days
<i>sm naproxen sodium 220 mg tab</i>	Preferred	QL 90 / 30 days
SPRIX	Non-Preferred	
<i>st joseph low dose 81 mg chew tab</i>	Preferred	QL 4 / 1 days
<i>sulindac (sulindac 150 mg tab, sulindac 200 mg tab)</i>	Preferred	QL 60 / 30 days
<i>tgt aspirin (tgt aspirin 81 mg chew tab, tgt aspirin 325 mg tab)</i>	Preferred	QL 4 / 1 days
<i>tgt aspirin ec</i>	Preferred	QL 4 / 1 days
<i>tgt childrens aspirin</i>	Preferred	QL 4 / 1 days
TIVORBEX	Non-Preferred	
TOLMETIN SODIUM	Non-Preferred	
<i>tolmetin sodium 400 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>tolmetin sodium 600 mg tab</i>	Non-Preferred	QL 90 / 30 days
VIMOVO	Non-Preferred	
VIVLODEX	Non-Preferred	
VOLTAREN	Non-Preferred	QL 500 / 30 days
VOLTAREN ARTHRITIS PAIN	Non-Preferred	QL 500 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZIPSOR	Non-Preferred	
ZORVOLEX	Non-Preferred	
OPIOID ANALGESICS, LONG-ACTING		
ARYMO ER (ARYMO ER 30 MG TBER DETER, ARYMO ER 60 MG TBER DETER)	Non-Preferred	QL 60 / 30 days PA
ARYMO ER 15 MG TBER DETER	Non-Preferred	QL 90 / 30 days PA
BELBUCA	Preferred	QL 60 / 30 days PA
BRIXADI	Preferred	
BRIXADI (WEEKLY)	Preferred	
<i>buprenorphine (buprenorphine 5 mcg/hr patch wk, buprenorphine 7.5 mcg/hr patch wk, buprenorphine 10 mcg/hr patch wk, buprenorphine 15 mcg/hr patch wk, buprenorphine 20 mcg/hr patch wk)</i>	Non-Preferred	QL 4 / 28 days PA
BUTRANS	Preferred	QL 4 / 28 days PA
CONZIP	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
DSUVIA	Non-Preferred	c Opioid safety limits apply
DURAGESIC-100	Non-Preferred	QL 10 / 30 days PA
DURAGESIC-12	Non-Preferred	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DURAGESIC-25	Non-Preferred	PA
DURAGESIC-50	Non-Preferred	QL 10 / 30 days PA
DURAGESIC-75	Non-Preferred	QL 10 / 30 days PA
<i>fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)</i>	Preferred	QL 10 / 30 days PA
<i>fentanyl (fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr)</i>	Non-Preferred	QL 10 / 30 days PA
<i>hydrocodone bitartrate er (hydrocodone bitartrate er 10 mg cap er 12h, hydrocodone bitartrate er 15 mg cap er 12h, hydrocodone bitartrate er 20 mg cap er 12h, hydrocodone bitartrate er 20 mg tb24 deter, hydrocodone bitartrate er 30 mg cap er 12h, hydrocodone bitartrate er 30 mg tb24 deter, hydrocodone bitartrate er 40 mg cap er 12h, hydrocodone bitartrate er 40 mg tb24 deter, hydrocodone bitartrate er 50 mg cap er 12h, hydrocodone bitartrate er 60 mg tb24 deter, hydrocodone bitartrate er 80 mg tb24 deter, hydrocodone bitartrate er 100 mg tb24 deter, hydrocodone bitartrate er 120 mg tb24 deter)</i>	Non-Preferred	PA
<i>hydromorphone hcl er</i>	Non-Preferred	QL 30 / 30 days PA

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>morphine sulfate er (morphine sulfate er 30 mg cap er 24h, morphine sulfate er 40 mg cap er 24h, morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)</i>	Preferred	QL 30 / 30 days PA
<i>morphine sulfate er beads</i>	Non-Preferred	QL 30 / 30 days PA
MS CONTIN	Non-Preferred	QL 3 / 1 days PA
NUCYNTA ER	Non-Preferred	QL 60 / 30 days PA
<i>oxycodone hcl er (oxycodone hcl er, oxycodone hcl er 10 mg tb12 deter, oxycodone hcl er 20 mg tb12 deter, oxycodone hcl er 40 mg tb12 deter, oxycodone hcl er 80 mg tb12 deter)</i>	Non-Preferred	QL 2 / 1 days PA
OXYCONTIN	Non-Preferred	QL 2 / 1 days PA
<i>oxymorphone hcl er</i>	Non-Preferred	PA
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	Preferred	QLC 0.02 mL/day
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	Preferred	QLC 0.06 mL/day
<i>tramadol hcl (er biphasic)</i>	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
<i>tramadol hcl er (biphasic)</i>	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl er (tramadol hcl er 100 mg cap er 24h, tramadol hcl er 200 mg cap er 24h, tramadol hcl er 300 mg cap er 24h)</i>	Non-Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
<i>tramadol hcl er (tramadol hcl er 100 mg tab er 24h, tramadol hcl er 200 mg tab er 24h, tramadol hcl er 300 mg tab er 24h)</i>	Preferred	QL 30 / 30 days PA AL1 At least 18 yrs old
XTAMPZA ER	Preferred	QL 60 / 30 days PA
ZOHYDRO ER	Non-Preferred	PA
OPIOID ANALGESICS, SHORT-ACTING		
ABSTRAL	Non-Preferred	C Opioid safety limits apply
<i>acetaminophen-codeine 120-12 mg/5ml solution</i>	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
<i>acetaminophen-codeine 300-15 mg tab</i>	Preferred	QL 13 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
<i>acetaminophen-codeine 300-30 mg tab</i>	Preferred	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
<i>acetaminophen-codeine 300-60 mg tab</i>	Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACTIQ (ACTIQ 200 MCG LOZ HANDLE, ACTIQ 400 MCG LOZ HANDLE, ACTIQ 600 MCG LOZ HANDLE, ACTIQ 800 MCG LOZ HANDLE, ACTIQ 1200 MCG LOZ HANDLE, ACTIQ 1600 MCG LOZ HANDLE)	Non-Preferred	<div data-bbox="1130 254 1192 317">C</div> Opioid safety limits apply
APADAZ	Non-Preferred	<div data-bbox="1130 426 1192 489">C</div> Opioid safety limits apply
<i>apap-caff-dihydrocodeine (apap-caff-dihydrocodeine 320.5-30-16 mg cap, apap-caff-dihydrocodeine 325-30-16 mg tab)</i>	Non-Preferred	<div data-bbox="1130 558 1192 621">C</div> Opioid safety limits apply
<i>ascomp-codeine</i>	Non-Preferred	<div data-bbox="1130 688 1192 730">AL1</div> At least 18 yrs old <div data-bbox="1130 737 1192 800">C</div> Opioid safety limits apply <div data-bbox="1130 806 1192 869">QLC</div> Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN	Preferred	<div data-bbox="1130 905 1192 968">C</div> Opioid safety limits apply
<i>butalbital-apap-caff-cod</i>	Non-Preferred	<div data-bbox="1130 995 1192 1037">AL1</div> At least 18 yrs old <div data-bbox="1130 1043 1192 1106">C</div> Opioid safety limits apply <div data-bbox="1130 1113 1192 1176">QLC</div> Max 18 tabs/caps per month
<i>butalbital-asa-caff-codeine</i>	Non-Preferred	<div data-bbox="1130 1211 1192 1253">AL1</div> At least 18 yrs old <div data-bbox="1130 1260 1192 1323">C</div> Opioid safety limits apply <div data-bbox="1130 1329 1192 1392">QLC</div> Max 18 tabs/caps per month
<i>butorphanol tartrate 10 mg/ml solution</i>	Non-Preferred	<div data-bbox="1130 1428 1192 1491">C</div> Opioid safety limits apply
<i>carisoprodol-aspirin-codeine</i>	Non-Preferred	<div data-bbox="1130 1518 1192 1560">QL</div> 90 / 30 days <div data-bbox="1130 1566 1192 1608">AL1</div> At least 18 yrs old <div data-bbox="1130 1614 1192 1677">C</div> Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>codeine sulfate (codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)</i>	Non-Preferred	c Opioid safety limits apply
DILAUDID (DILAUDID 1 MG/ML LIQUID, DILAUDID 2 MG TAB, DILAUDID 4 MG TAB, DILAUDID 8 MG TAB)	Non-Preferred	c Opioid safety limits apply
<i>dvorah</i>	Non-Preferred	c Opioid safety limits apply
<i>endocet (endocet 5-325 mg tab, endocet 7.5-325 mg tab)</i>	Preferred	QL 12 / 1 days c Opioid safety limits apply
<i>endocet 10-325 mg tab</i>	Preferred	c Opioid safety limits apply
FENTANYL CITRATE (FENTANYL CITRATE 100 MCG TAB, FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG TAB, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	Non-Preferred	c Opioid safety limits apply
FENTORA (FENTORA 100 MCG TAB, FENTORA 200 MCG TAB, FENTORA 400 MCG TAB, FENTORA 600 MCG TAB, FENTORA 800 MCG TAB)	Non-Preferred	c Opioid safety limits apply
FIORINAL/CODEINE #3	Non-Preferred	AL1 At least 18 yrs old c Opioid safety limits apply QLC Max 18 tabs/caps per month

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg/15ml solution, hydrocodone-acetaminophen 10-300 mg tab, hydrocodone-acetaminophen 10-325 mg/15ml solution)</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>hydrocodone-acetaminophen 10-325 mg tab</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 6 / 1 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>hydrocodone-acetaminophen 10-325 mg/15ml solution</i>	Preferred	
<i>hydrocodone-acetaminophen 5-325 mg tab</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 12 / 1 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>hydrocodone-acetaminophen 7.5-325 mg tab</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 240 / 30 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>hydrocodone-ibuprofen (hydrocodone-ibuprofen 5-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab)</i>	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>hydrocodone-ibuprofen 7.5-200 mg tab</i>	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 5 / 1 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
HYDROMORPHONE HCL (HYDROMORPHONE HCL 1 MG/ML LIQUID, HYDROMORPHONE HCL 2 MG TAB, HYDROMORPHONE HCL 3 MG SUPPOS, HYDROMORPHONE HCL 4 MG TAB, HYDROMORPHONE HCL 8 MG TAB)	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAZANDA 400 MCG/ACT SOLUTION	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>lorcet</i>	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 12 / 1 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>lorcet hd</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 6 / 1 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>lorcet plus</i>	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 240 / 30 days </div> <div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
LORTAB	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
MEPERIDINE HCL (MEPERIDINE HCL 50 MG TAB, MEPERIDINE HCL 50 MG/5ML SOLUTION)	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>morphine sulfate (concentrate) (morphine sulfate (concentrate) 10 mg/0.5ml solution, morphine sulfate (concentrate) 20 mg/ml solution, morphine sulfate (concentrate) 100 mg/5ml solution)</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab)</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
MORPHINE SULFATE (MORPHINE SULFATE 5 MG SUPPOS, MORPHINE SULFATE 10 MG SUPPOS, MORPHINE SULFATE 20 MG SUPPOS, MORPHINE SULFATE 30 MG SUPPOS)	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
NALOCET	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NORCO (NORCO 5-325 MG TAB, NORCO 7.5-325 MG TAB)	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
NORCO 10-325 MG TAB	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 6 / 1 days </div>
		<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
NUCYNTA	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
OPANA	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
OXAYDO	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 100 mg/5ml conc)</i>	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>oxycodone hcl (oxycodone hcl 5 mg tab, oxycodone hcl 5 mg/5ml solution, oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)</i>	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 12 / 1 days </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
OXYCODONE-ACETAMINOPHEN (OXYCODONE-ACETAMINOPHEN 5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-325 MG TAB)	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	Non-Preferred	
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Opioid safety limits apply </div>

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tramadol hcl (tramadol hcl 50 mg tab, tramadol hcl 100 mg tab)</i>	Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
TRAMADOL HCL 5 MG/ML SOLUTION	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
<i>tramadol-acetaminophen</i>	Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
TYLENOL WITH CODEINE #3	Non-Preferred	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
TYLENOL WITH CODEINE #4	Non-Preferred	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRACET	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRAM	Non-Preferred	AL1 At least 18 yrs old C Opioid safety limits apply
ANESTHETICS		
LOCAL ANESTHETICS		
<i>agoneaze</i>	Non-Preferred	QL 150 / 30 days
<i>anecream 4 % kit</i>	Non-Preferred	
<i>anodyne lpt</i>	Non-Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
APRIZIO PAK	Non-Preferred	
APRIZIO PAK II	Non-Preferred	
<i>aspercreme lidocaine (aspercreme lidocaine 4 % cream, aspercreme lidocaine 4 % liquid, aspercreme lidocaine 4 % patch)</i>	Non-Preferred	
<i>aspercreme lidocaine essential</i>	Non-Preferred	
<i>aspercreme w/lidocaine</i>	Non-Preferred	
<i>asperfex lidocaine 4 % cream</i>	Preferred	
ASPERFLEX LIDOCAINE 4 % OINTMENT	Non-Preferred	
<i>asperfex max st</i>	Preferred	
<i>asperfex pain relieving</i>	Preferred	
<i>blue tube/ aloe</i>	Preferred	
<i>blue-emu pain relief dry</i>	Preferred	
<i>cvs lidocaine maximum strength</i>	Preferred	
<i>cvs pain relief (cvs pain relief 4 % cream, cvs pain relief 4 % patch)</i>	Preferred	
<i>dermacinrx empricaine</i>	Non-Preferred	QL 150 / 30 days
DERMACINRX LIDOGEL	Non-Preferred	
<i>dermacinrx prizopak</i>	Non-Preferred	QL 150 / 30 days
DERMALID	Non-Preferred	
<i>dologesic pain relief roll-on</i>	Preferred	
EMPRICAINE-II	Non-Preferred	
<i>eq lidocaine pain relieving</i>	Preferred	
<i>first care pain relief</i>	Preferred	
GEN7T PLUS 3.5-7 % PATCH	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glydo</i>	Preferred	AL1 At least 3 yrs old
<i>gnp lidocaine pain relief</i>	Preferred	
<i>gnp lidocaine pain relieving</i>	Preferred	
<i>gold bond multi-symptom</i>	Non-Preferred	
<i>gold bond pain & itch relief</i>	Non-Preferred	
<i>hm lidocaine patch</i>	Preferred	
LIDAFLEX	Non-Preferred	
<i>lido king</i>	Preferred	
<i>lido-prilo caine pack</i>	Non-Preferred	QL 150 / 30 days
<i>lidocaine (lidocaine 4 % cream, lidocaine 4 % patch)</i>	Preferred	
<i>lidocaine (lidocaine 5 % ointment, lidocaine 5 % patch)</i>	Preferred	QL 90 / 30 days
<i>lidocaine 3.5 % patch</i>	Non-Preferred	
<i>lidocaine hcl (lidocaine hcl 1 % solution, lidocaine hcl 3 % cream, lidocaine hcl 4 % cream, lidocaine hcl 4 % solution)</i>	Preferred	
<i>lidocaine hcl (pf) 1 % solution</i>	Preferred	
<i>lidocaine hcl urethral/mucosal</i>	Preferred	AL1 At least 3 yrs old
<i>lidocaine max st 24 hours</i>	Preferred	
<i>lidocaine pain relief</i>	Preferred	
<i>lidocaine pain relief max st (lidocaine pain relief max st 4 % cream, lidocaine pain relief max st 4 % liquid, lidocaine pain relief max st 4 % patch)</i>	Preferred	
<i>lidocaine pain relieving</i>	Preferred	
<i>lidocaine plus</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lidocaine topical pain</i>	Preferred	
<i>lidocaine viscous hcl</i>	Preferred	AL1 At least 3 yrs old
<i>lidocaine-prilocaine 2.5-2.5 % cream</i>	Preferred	QL 150 / 30 days
<i>lidocaine-prilocaine 2.5-2.5 % kit</i>	Non-Preferred	QL 150 / 30 days
LIDOCAINE-TETRACAINE 7-7 % CREAM	Non-Preferred	
<i>lidocaine-transparent dressing</i>	Non-Preferred	
<i>lidocan</i>	Non-Preferred	QL 90 / 30 days
<i>lidocan ii</i>	Non-Preferred	QL 90 / 30 days
<i>lidocan iii</i>	Non-Preferred	QL 90 / 30 days
LIDOCARE ARM/NECK/LEG	Preferred	
LIDOCARE BACK/SHOULDER	Preferred	
<i>lidocore</i>	Preferred	
LIDODERM	Non-Preferred	QL 90 / 30 days
<i>lidofore flexipatch</i>	Preferred	
<i>lidoheal-90</i>	Non-Preferred	
<i>lidopril</i>	Non-Preferred	QL 150 / 30 days
<i>lidopril xr</i>	Non-Preferred	QL 150 / 30 days
LIDOREAL-30	Non-Preferred	
LIDOREX	Non-Preferred	
LIDOSOL	Non-Preferred	
LIDOSOL-50	Non-Preferred	
LIDOTOR	Non-Preferred	
LIDOTRAL	Non-Preferred	
<i>lidozion</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIDOZO	Preferred	
<i>livixil pak</i>	Non-Preferred	QL 150 / 30 days
LMX 4 PLUS	Non-Preferred	
<i>moxicaine</i>	Non-Preferred	
<i>pain relieving 4 % cream</i>	Preferred	
PLIAGLIS 7-7 % CREAM	Non-Preferred	
PRILO PATCH II	Non-Preferred	
PRILOHEAL PLUS 30	Non-Preferred	
<i>prilolid</i>	Non-Preferred	QL 150 / 30 days
<i>prilovix</i>	Non-Preferred	QL 150 / 30 days
<i>prilovix lite</i>	Non-Preferred	QL 150 / 30 days
<i>prilovix lite plus</i>	Non-Preferred	QL 150 / 30 days
<i>prilovix plus</i>	Non-Preferred	QL 150 / 30 days
PRILOVIXIL	Non-Preferred	
PRIZOPAK II	Non-Preferred	
REAL HEAL-I	Non-Preferred	
<i>relador pak</i>	Non-Preferred	QL 150 / 30 days
<i>relador pak plus</i>	Non-Preferred	QL 150 / 30 days
<i>salonpas pain relieving</i>	Preferred	
SKYADERM-LP	Non-Preferred	
SYNERA	Non-Preferred	
VALLADERM-90	Non-Preferred	
<i>ziloval</i>	Non-Preferred	
<i>zionodil</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ziconidil 100</i>	Non-Preferred	
ZTLIDO	Non-Preferred	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
<i>acamprosate calcium</i>	Preferred	QL 180 / 30 days
<i>disulfiram (disulfiram 250 mg tab, disulfiram 500 mg tab)</i>	Preferred	QL 30 / 30 days
<i>naltrexone hcl 50 mg tab</i>	Preferred	
VIVITROL	Preferred	QL 1 / 28 days
OPIOID DEPENDENCE		
BUNAVAIL	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
<i>buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 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	Non-Preferred	QL 16 / 1 days
PROBUPHINE IMPLANT KIT	Non-Preferred	
SUBOXONE	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)
ZUBSOLV	Non-Preferred	C Maximum 24 mg/day (total buprenorphine equivalents)

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp nicotine mini</i>	Preferred	QL 24 / 1 days
<i>gnp nicotine polacrilex</i>	Preferred	QL 24 / 1 days
<i>goodsense nicotine</i>	Preferred	QL 24 / 1 days
<i>hm nicotine</i>	Preferred	QL 1 / 1 days
<i>hm nicotine polacrilex</i>	Preferred	QL 24 / 1 days
<i>kls quit2 2 mg lozenge</i>	Preferred	QL 24 / 1 days
<i>kls quit4 4 mg lozenge</i>	Preferred	QL 24 / 1 days
NICODERM CQ	Non-Preferred	QL 1 / 1 days
NICORETTE	Non-Preferred	
NICORETTE MINI	Non-Preferred	
NICORETTE STARTER KIT	Non-Preferred	
<i>nicotine (nicotine 7 mg/24hr patch 24hr, nicotine 14 mg/24hr patch 24hr, nicotine 21 mg/24hr patch 24hr)</i>	Preferred	QL 1 / 1 days
NICOTINE 21-14-7 MG/24HR KIT	Non-Preferred	QL 1 / 1 days
<i>nicotine mini</i>	Preferred	QL 24 / 1 days
<i>nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge)</i>	Preferred	QL 24 / 1 days
<i>nicotine polacrilex mini</i>	Preferred	QL 24 / 1 days
<i>nicotine step 1</i>	Preferred	QL 1 / 1 days
<i>nicotine step 2</i>	Preferred	QL 1 / 1 days
<i>nicotine step 3</i>	Preferred	QL 1 / 1 days
NICOTROL	Non-Preferred	QL 168 / 30 days
NICOTROL NS	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc nicotine transdermal system</i>	Preferred	QL 1 / 1 days
<i>sm nicotine (sm nicotine 2 mg lozenge, sm nicotine 4 mg gum)</i>	Preferred	QL 24 / 1 days
<i>sm nicotine (sm nicotine 7 mg/24hr patch 24hr, sm nicotine 14 mg/24hr patch 24hr, sm nicotine 21 mg/24hr patch 24hr)</i>	Preferred	QL 1 / 1 days
<i>sm nicotine polacrilex</i>	Preferred	QL 24 / 1 days
<i>varenicline tartrate</i>	Preferred	
<i>varenicline tartrate (starter)</i>	Preferred	
<i>varenicline tartrate(continue)</i>	Preferred	
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE	Non-Preferred	QLC 8.4 mL/day
<i>gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)</i>	Preferred	
HUMATIN	Non-Preferred	
<i>neomycin sulfate 500 mg tab</i>	Preferred	QL 8 / 1 days
<i>paromomycin sulfate 250 mg cap</i>	Non-Preferred	QL 16 / 1 days
ANTIBACTERIALS, OTHER		
<i>acetic acid 2 % solution</i>	Preferred	
AEMCOLO	Non-Preferred	
<i>bacitracin 500 unit/gm ointment</i>	Preferred	QL 30 / 10 days QLC 7 grams per fill
<i>bacitracin zinc 500 unit/gm ointment</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bacitracin zinc-aloe</i>	Preferred	
CENTANY AT	Non-Preferred	
CLEOCIN 100 MG SUPPOS	Preferred	
CLEOCIN 2 % CREAM	Non-Preferred	
<i>clindacin etz (clindacin etz 1 % kit, clindacin etz 1 % swab)</i>	Non-Preferred	
CLINDACIN PAC	Non-Preferred	
<i>clindacin-p</i>	Non-Preferred	
<i>clindamycin hcl 150 mg cap</i>	Preferred	QL 12 / 1 days
<i>clindamycin hcl 300 mg cap</i>	Preferred	QL 6 / 1 days
<i>clindamycin hcl 75 mg cap</i>	Preferred	
<i>clindamycin palmitate hcl</i>	Preferred	QL 120 / 1 days
<i>clindamycin phosphate (clindamycin phosphate 1 % swab, clindamycin phosphate 2 % cream)</i>	Preferred	
CLINDESSE	Preferred	
<i>cvs antibiotic</i>	Preferred	QL 30 / 10 days
<i>cvs antibiotic plus</i>	Non-Preferred	
<i>cvs antibiotic/pain relief</i>	Non-Preferred	
<i>cvs bacitracin</i>	Preferred	QL 30 / 10 days
<i>double antibiotic</i>	Preferred	QL 30 / 10 days
<i>eq antibiotic + pain relief</i>	Non-Preferred	
<i>first aid antibiotic 3.5-400-5000 mg-unit ointment</i>	Preferred	QL 30 / 10 days
FIRVANQ	Preferred	
FLAGYL	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fosfomycin tromethamine</i>	Non-Preferred	
<i>gnp antibiotic/pain relief</i>	Non-Preferred	
<i>gnp bacitracin zinc</i>	Preferred	
<i>gnp triple antibiotic</i>	Preferred	QL 30 / 10 days
<i>gnp triple antibiotic plus</i>	Preferred	QL 30 / 10 days
<i>goodsense antibiotic/pain</i>	Non-Preferred	
HIPREX	Non-Preferred	
<i>hm bacitracin zinc</i>	Preferred	
<i>hm double antibiotic</i>	Preferred	QL 30 / 10 days
<i>hm triple antibiotic</i>	Preferred	QL 30 / 10 days
<i>hm triple antibiotic max st</i>	Preferred	QL 30 / 10 days
HYOPHEN	Non-Preferred	
MACROBID	Non-Preferred	QL 2 / 1 days
MACRODANTIN (MACRODANTIN 50 MG CAP, MACRODANTIN 100 MG CAP)	Non-Preferred	
MACRODANTIN 25 MG CAP	Non-Preferred	QL 2 / 1 days
<i>me/naphos/mb/hyo1</i>	Non-Preferred	
<i>methenamine hippurate</i>	Preferred	
<i>methenamine mandelate (methenamine mandelate 0.5 gm tab, methenamine mandelate 1 gm tab)</i>	Non-Preferred	
<i>metronidazole 0.75 % cream</i>	Preferred	QL 45 / 26 days
<i>metronidazole 0.75 % gel</i>	Preferred	QL 70 / 1 days
<i>metronidazole 250 mg tab</i>	Preferred	QL 120 / 30 days
<i>metronidazole 375 mg cap</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metronidazole 500 mg tab</i>	Preferred	QL 4 / 1 days
MONUROL	Non-Preferred	
<i>multi antibiotic plus</i>	Non-Preferred	
NEOSPORIN ORIGINAL 3.5-400-5000 OINTMENT	Non-Preferred	
NEOSPORIN PLUS PAIN RELIEF MS	Non-Preferred	
<i>nitrofurantoin 25 mg/5ml suspension</i>	Non-Preferred	QL 2700 / 30 days
NITROFURANTOIN 50 MG/5ML SUSPENSION	Non-Preferred	QL 40 / 1 days C No PA required for children under 9 years of age
<i>nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)</i>	Preferred	QL 4 / 1 days
<i>nitrofurantoin macrocrystal 25 mg cap</i>	Preferred	QL 2 / 1 days
<i>nitrofurantoin monohyd macro</i>	Preferred	QL 2 / 1 days
NUVESSA	Non-Preferred	
<i>phoshasal</i>	Non-Preferred	
<i>poly bacitracin</i>	Preferred	QL 30 / 10 days
POLYSPORIN	Non-Preferred	
<i>qc triple antibiotic max st</i>	Preferred	QL 30 / 10 days
<i>ra antibiotic plus</i>	Non-Preferred	
<i>rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)</i>	Preferred	QL 45 / 26 days
<i>sm antibiotic</i>	Preferred	
<i>sm antibiotic plus pain relief</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm double antibiotic</i>	Preferred	QL 30 / 10 days
<i>sm triple antibiotic</i>	Preferred	QL 30 / 10 days
<i>sm triple antibiotic max st</i>	Preferred	QL 30 / 10 days
<i>sm triple antibiotic original</i>	Preferred	QL 30 / 10 days
SOLOSEC	Non-Preferred	
<i>tinidazole (tinidazole 250 mg tab, tinidazole 500 mg tab)</i>	Preferred	QL 4 / 1 days
<i>triple antibiotic</i>	Preferred	QL 30 / 10 days
<i>triple antibiotic first aid</i>	Preferred	QL 30 / 10 days
<i>triple antibiotic pain relief</i>	Preferred	QL 30 / 10 days
<i>triple antibiotic plus</i>	Preferred	QL 30 / 10 days
<i>triple antibiotic+pain relief</i>	Preferred	QL 30 / 10 days
<i>urelle</i>	Non-Preferred	
<i>uretron d/s</i>	Non-Preferred	
URIBEL 81.6 MG TAB	Non-Preferred	
URIMAR-T (URIMAR-T 120 MG CAP, URIMAR-T 120 MG TAB)	Non-Preferred	
<i>urin ds</i>	Non-Preferred	
<i>urneva</i>	Non-Preferred	
<i>uro-458</i>	Non-Preferred	
<i>uro-mp</i>	Non-Preferred	
<i>uro-sp</i>	Non-Preferred	
UROGESIC-BLUE	Non-Preferred	
<i>uryl</i>	Non-Preferred	
<i>ustell</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>utira-c</i>	Non-Preferred	
VANCOCIN	Non-Preferred	
<i>vancomycin hcl (vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)</i>	Preferred	
<i>vancomycin hcl (vancomycin hcl 25 mg/ml recon soln, vancomycin hcl 50 mg/ml recon soln, vancomycin hcl 250 mg/5ml recon soln)</i>	Non-Preferred	
VANDAZOLE	Non-Preferred	QL 70 / days
<i>vilevev mb</i>	Non-Preferred	
XACIATO	Non-Preferred	
XIFAXAN	Non-Preferred	
ZINPLAVA	Non-Preferred	
BETA-LACTAM, CEPHALOSPORINS		
<i>cefactor (cefactor 125 mg/5ml recon susp, cefactor 250 mg/5ml recon susp, cefactor 375 mg/5ml recon susp)</i>	Non-Preferred	
<i>cefactor (cefactor 250 mg cap, cefactor 500 mg cap)</i>	Non-Preferred	QL 4 / 1 days
CEFACTOR ER	Non-Preferred	QL 2 / 1 days
<i>cefadroxil 1 gm tab</i>	Non-Preferred	QL 2 / 1 days
<i>cefadroxil 250 mg/5ml recon susp</i>	Non-Preferred	QLC 10 mL/day
<i>cefadroxil 500 mg cap</i>	Preferred	QL 8 / 1 days
<i>cefadroxil 500 mg/5ml recon susp</i>	Non-Preferred	QLC 20 mL/day
<i>cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)</i>	Preferred	QL 12 / 1 days
<i>cefdinir 300 mg cap</i>	Preferred	QL 2 / 1 days

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

DRUG DESCRIPTION (RX)**TIER****LIMITS & RESTRICTIONS**

SUPRAX (SUPRAX 100 MG CHEW TAB, SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 200 MG CHEW TAB, SUPRAX 200 MG/5ML RECON SUSP, SUPRAX 400 MG CAP, SUPRAX 500 MG/5ML RECON SUSP)

Non-Preferred

BETA-LACTAM, PENICILLINS

amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)

Preferred

amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg chew tab)

Non-Preferred

amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)

Preferred

amoxicillin-pot clavulanate er

Non-Preferred

ampicillin

Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUGMENTIN (AUGMENTIN 125-31.25 MG/5ML RECON SUSP, AUGMENTIN 250-62.5 MG/5ML RECON SUSP)	Non-Preferred	
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR	Preferred	QL 4 / 365 days
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR	Preferred	QL 12 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR	Preferred	
<i>dicloxacillin sodium</i>	Preferred	
<i>penicillin g potassium</i>	Preferred	
<i>penicillin g sodium</i>	Preferred	
<i>penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)</i>	Preferred	
<i>pfizerpen</i>	Preferred	
MACROLIDES		
<i>azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)</i>	Preferred	
<i>azithromycin 1 gm packet</i>	Preferred	QL 1 / 1 days
<i>clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp)</i>	Preferred	QL 20 / 1 days
<i>clarithromycin 250 mg tab</i>	Preferred	QL 2 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB)	Non-Preferred	
ZITHROMAX TRI-PAK	Non-Preferred	
ZITHROMAX Z-PAK	Non-Preferred	
QUINOLONES		
BAXDELA 450 MG TAB	Non-Preferred	
BESIVANCE	Non-Preferred	
CILOXAN (CILOXAN 0.3 % OINTMENT, CILOXAN 0.3 % SOLUTION)	Non-Preferred	
CIPRO (CIPRO 250 MG TAB, CIPRO 500 MG TAB)	Non-Preferred	QL 2 / 1 days
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	Preferred	QL 15 / 1 days
<i>ciprofloxacin 250 mg/5ml (5%) recon susp</i>	Non-Preferred	
<i>ciprofloxacin 500 mg/5ml (10%) recon susp</i>	Non-Preferred	QL 15 / 1 days
<i>ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)</i>	Preferred	QL 2 / 1 days
<i>ciprofloxacin hcl 0.3 % solution</i>	Preferred	QL 5 / 18 days
LEVAQUIN	Non-Preferred	QL 1 / 1 days
<i>levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levofloxacin 25 mg/ml solution</i>	Non-Preferred	QL 30 / 1 days
<i>moxifloxacin hcl 400 mg tab</i>	Preferred	QL 14 / 30 days
<i>ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab)</i>	Non-Preferred	QL 28 / 26 days
OTIPRIO	Non-Preferred	
SULFONAMIDES		
AVC VAGINAL	Non-Preferred	
KLARON	Non-Preferred	
<i>sulfacetamide sodium (acne)</i>	Non-Preferred	
<i>sulfadiazine 500 mg tab</i>	Preferred	QL 240 / 30 days
<i>sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab)</i>	Preferred	
<i>sulfatrim pediatric</i>	Preferred	
TETRACYCLINES		
AMZEEQ	Non-Preferred	
<i>demeclocycline hcl</i>	Non-Preferred	
DORYX	Non-Preferred	
DORYX MPC	Non-Preferred	
DOXYCYCLINE	Non-Preferred	
<i>doxycycline hyclate (doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)</i>	Preferred	QL 60 / 30 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	Preferred	QL 60 / 30 days
BRIVIACT 10 MG/ML SOLUTION	Non-Preferred	
DEPAKOTE	Non-Preferred	
DEPAKOTE ER	Non-Preferred	
DEPAKOTE SPRINKLES	Non-Preferred	
DIACOMIT	Non-Preferred	
<i>divalproex sodium (divalproex sodium 125 mg cap dr, divalproex sodium 125 mg tab dr, divalproex sodium 250 mg tab dr, divalproex sodium 500 mg tab dr)</i>	Preferred	
<i>divalproex sodium er</i>	Preferred	
ELEPSIA XR	Non-Preferred	
EPIDIOLEX	Non-Preferred	
EPRONTIA	Non-Preferred	
<i>felbamate 400 mg tab</i>	Non-Preferred	QL 270 / 30 days
<i>felbamate 600 mg tab</i>	Non-Preferred	QL 180 / 30 days
<i>felbamate 600 mg/5ml suspension</i>	Non-Preferred	QL 30 / 1 days
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB, FELBATOL 600 MG/5ML SUSPENSION)	Non-Preferred	
FINTEPLA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	Non-Preferred	
KEPPRA (KEPPRA 250 MG TAB, KEPPRA 500 MG TAB)	Non-Preferred	QL 180 / 30 days
KEPPRA (KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB)	Non-Preferred	
KEPPRA 100 MG/ML SOLUTION	Non-Preferred	QL 1200 / 30 days
KEPPRA XR	Non-Preferred	
LAMICTAL (LAMICTAL 150 MG TAB, LAMICTAL 200 MG TAB)	Non-Preferred	QL 90 / 30 days
LAMICTAL (LAMICTAL 5 MG CHEW TAB, LAMICTAL 25 MG CHEW TAB, LAMICTAL 25 MG TAB, LAMICTAL 100 MG TAB)	Non-Preferred	
LAMICTAL ODT	Non-Preferred	
LAMICTAL STARTER	Non-Preferred	
LAMICTAL XR	Non-Preferred	
<i>lamotrigine (lamotrigine 150 mg tab, lamotrigine 200 mg tab)</i>	Preferred	QL 90 / 30 days
<i>lamotrigine (lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 42 x 50 mg & 14x100 mg kit)</i>	Non-Preferred	
<i>lamotrigine 100 mg tab</i>	Preferred	QL 150 / 30 days
<i>lamotrigine 25 mg tab</i>	Preferred	
<i>lamotrigine starter kit-blue</i>	Non-Preferred	
<i>lamotrigine starter kit-green</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lamotrigine starter kit-orange</i>	Non-Preferred	
<i>levetiracetam (levetiracetam 250 mg tab, levetiracetam 500 mg tab)</i>	Preferred	QL 180 / 30 days
<i>levetiracetam (levetiracetam 750 mg tab, levetiracetam 1000 mg tab)</i>	Preferred	QL 4 / 1 days
<i>levetiracetam 100 mg/ml solution</i>	Preferred	QL 1200 / 30 days
<i>levetiracetam er 500 mg tab er 24h</i>	Preferred	QL 180 / 30 days
<i>levetiracetam er 750 mg tab er 24h</i>	Preferred	QL 4 / 1 days
MOTPOLY XR	Non-Preferred	
QUDEXY XR	Non-Preferred	
<i>roweepra (roweepra 750 mg tab, roweepra 1000 mg tab)</i>	Preferred	QL 4 / 1 days
<i>roweepra 500 mg tab</i>	Preferred	QL 180 / 30 days
<i>roweepra xr 500 mg tab er 24h</i>	Preferred	QL 180 / 30 days
<i>roweepra xr 750 mg tab er 24h</i>	Preferred	QL 4 / 1 days
SPRITAM	Non-Preferred	
<i>subvenite (subvenite 150 mg tab, subvenite 200 mg tab)</i>	Preferred	QL 90 / 30 days
<i>subvenite 100 mg tab</i>	Preferred	QL 150 / 30 days
<i>subvenite 25 mg tab</i>	Preferred	
<i>subvenite starter kit-blue</i>	Non-Preferred	
<i>subvenite starter kit-green</i>	Non-Preferred	
<i>subvenite starter kit-orange</i>	Non-Preferred	
TOPAMAX	Non-Preferred	QL 120 / 30 days
TOPAMAX SPRINKLE	Non-Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>topiramate (topiramate 15 mg cap sprinkle, topiramate 25 mg cap sprinkle, topiramate 25 mg tab, topiramate 50 mg tab, topiramate 100 mg tab, topiramate 200 mg tab)</i>	Preferred	QL 120 / 30 days
<i>topiramate er (topiramate er 25 mg cap er 24h, topiramate er 50 mg cap er 24h, topiramate er 100 mg cap er 24h, topiramate er 200 mg cap er 24h)</i>	Non-Preferred	
<i>topiramate er (topiramate er 25 mg cp24 sprnk, topiramate er 50 mg cp24 sprnk, topiramate er 100 mg cp24 sprnk, topiramate er 150 mg cp24 sprnk, topiramate er 200 mg cp24 sprnk)</i>	Preferred	
TROKENDI XR (TROKENDI XR 50 MG CAP ER 24H, TROKENDI XR 200 MG CAP ER 24H)	Non-Preferred	QL 60 / 30 days
TROKENDI XR 100 MG CAP ER 24H	Non-Preferred	QL 90 / 30 days
TROKENDI XR 25 MG CAP ER 24H	Non-Preferred	QL 120 / 30 days
<i>valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution)</i>	Preferred	
XCOPRI	Non-Preferred	
XCOPRI (250 MG DAILY DOSE)	Non-Preferred	
XCOPRI (350 MG DAILY DOSE)	Non-Preferred	
ZTALMY	Non-Preferred	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	Non-Preferred	
<i>ethosuximide 250 mg cap</i>	Preferred	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ethosuximide 250 mg/5ml solution</i>	Preferred	QL 30 / 1 days
<i>methsuximide</i>	Non-Preferred	
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	Non-Preferred	
GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS		
<i>clobazam (clobazam 2.5 mg/ml suspension, clobazam 10 mg tab, clobazam 20 mg tab)</i>	Preferred	
DIASTAT ACUDIAL	Preferred	
DIASTAT PEDIATRIC	Preferred	
<i>diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)</i>	Preferred	QL 2 / 30 days
<i>gabapentin (gabapentin 100 mg cap, gabapentin 600 mg tab)</i>	Preferred	QL 180 / 30 days
<i>gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution)</i>	Preferred	
<i>gabapentin 300 mg cap</i>	Preferred	QL 360 / 30 days
<i>gabapentin 400 mg cap</i>	Preferred	QL 270 / 30 days
<i>gabapentin 800 mg tab</i>	Preferred	QL 120 / 30 days
GABITRIL (GABITRIL 2 MG TAB, GABITRIL 4 MG TAB)	Non-Preferred	QL 420 / 30 days
GABITRIL 12 MG TAB	Non-Preferred	QL 4 / 1 days
GABITRIL 16 MG TAB	Non-Preferred	QL 90 / 30 days
MYSOLINE	Non-Preferred	
NAYZILAM	Preferred	QL 10 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALTOCO 15 MG DOSE	Preferred	QL 10 / 30 days
VALTOCO 20 MG DOSE	Preferred	QL 10 / 30 days
VALTOCO 5 MG DOSE	Preferred	QL 10 / 30 days
<i>vigabatrin 500 mg packet</i>	Non-Preferred	QL 120 / 30 days
<i>vigabatrin 500 mg tab</i>	Non-Preferred	
<i>vigadrone 500 mg packet</i>	Non-Preferred	QL 120 / 30 days
<i>vigadrone 500 mg tab</i>	Non-Preferred	
SODIUM CHANNEL AGENTS		
APTIOM	Non-Preferred	
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	Non-Preferred	
<i>carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)</i>	Preferred	QL 240 / 30 days
<i>carbamazepine 100 mg/5ml suspension</i>	Preferred	QL 2400 / 30 days
<i>carbamazepine er</i>	Preferred	QL 4 / 1 days
CARBATROL	Non-Preferred	
DILANTIN 100 MG CAP	Preferred	QL 360 / 30 days
DILANTIN 125 MG/5ML SUSPENSION	Non-Preferred	QL 450 / 30 day(s)
DILANTIN 30 MG CAP	Preferred	QL 270 / 30 days
DILANTIN INFATABS	Non-Preferred	QL 240 / 30 days
<i>epitol</i>	Preferred	QL 240 / 30 days
<i>lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)</i>	Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRILEPTAL 300 MG/5ML SUSPENSION	Non-Preferred	QL 1200 / 30 days
VIMPAT (VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	Non-Preferred	QL 60 / 30 days
VIMPAT 10 MG/ML SOLUTION	Non-Preferred	QL 1200 / 30 days
ZONISADE	Non-Preferred	
<i>zonisamide (zonisamide 25 mg cap, zonisamide 50 mg cap)</i>	Preferred	QL 4 / 1 days
<i>zonisamide 100 mg cap</i>	Preferred	QL 180 / 30 days
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
NAMZARIC	Non-Preferred	
CHOLINESTERASE INHIBITORS		
ADLARITY	Non-Preferred	
ARICEPT	Non-Preferred	QL 30 / 30 days
<i>donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)</i>	Preferred	QL 30 / 30 days PA
<i>donepezil hcl 10 mg tab disp</i>	Preferred	QL 30 / 30 days
<i>donepezil hcl 23 mg tab</i>	Non-Preferred	QL 30 / 30 days
<i>donepezil hcl 5 mg tab disp</i>	Preferred	QL 60 / 30 days
EXELON	Non-Preferred	QL 30 / 30 days
<i>galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>galantamine hydrobromide 4 mg/ml solution</i>	Non-Preferred	
<i>galantamine hydrobromide er</i>	Preferred	
RAZADYNE	Non-Preferred	
RAZADYNE ER	Non-Preferred	
<i>rivastigmine</i>	Non-Preferred	QL 30 / 30 days
<i>rivastigmine tartrate (rivastigmine tartrate 1.5 mg cap, rivastigmine tartrate 3 mg cap)</i>	Preferred	QL 60 / 30 days PA
<i>rivastigmine tartrate (rivastigmine tartrate 4.5 mg cap, rivastigmine tartrate 6 mg cap)</i>	Preferred	QL 60 / 30 days
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
<i>memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)</i>	Non-Preferred	QL 300 / 30 days
<i>memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)</i>	Preferred	QL 60 / 30 days PA
<i>memantine hcl 28 x 5 mg & 21 x 10 mg tab</i>	Preferred	QL 2 / 1 days
<i>memantine hcl er</i>	Non-Preferred	
NAMENDA	Non-Preferred	QL 60 / 30 days
NAMENDA TITRATION PAK	Non-Preferred	QL 2 / 1 days
NAMENDA XR	Non-Preferred	
NAMENDA XR TITRATION PACK	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN	Non-Preferred	
AUVELITY	Non-Preferred	
<i>bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)</i>	Preferred	QL 120 / 30 days
<i>bupropion hcl er (sr)</i>	Preferred	QL 60 / 30 days
<i>bupropion hcl er (xl) 150 mg tab er 24h</i>	Preferred	QL 60 / 30 days
<i>bupropion hcl er (xl) 300 mg tab er 24h</i>	Preferred	QL 30 / 30 days
<i>bupropion hcl er (xl) 450 mg tab er 24h</i>	Preferred	
<i>chlordiazepoxide-amitriptyline</i>	Preferred	QL 180 / 30 days
FORFIVO XL	Non-Preferred	
LYBALVI	Non-Preferred	
<i>maprotiline hcl</i>	Non-Preferred	QL 60 / 30 days
<i>mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 15 mg tab disp, mirtazapine 30 mg tab, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab, mirtazapine 45 mg tab disp)</i>	Preferred	QL 30 / 30 days
<i>olanzapine-fluoxetine hcl</i>	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>perphenazine-amitriptyline (perphenazine-amitriptyline 2-10 mg tab, perphenazine-amitriptyline 2-25 mg tab)</i>	Non-Preferred	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>perphenazine-amitriptyline</i> (<i>perphenazine-amitriptyline 4-10 mg tab, perphenazine-amitriptyline 4-25 mg tab, perphenazine-amitriptyline 4-50 mg tab</i>)	Non-Preferred	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REMERON	Non-Preferred	QL 30 / 30 days
REMERON SOLTAB	Non-Preferred	QL 30 / 30 days
SPRAVATO (56 MG DOSE)	Non-Preferred	QL 8 / 14 days
SPRAVATO (84 MG DOSE)	Non-Preferred	QL 12 / 14 days
SYMBYAX	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
WELLBUTRIN SR	Non-Preferred	QL 60 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H	Non-Preferred	QL 60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days
MONOAMINE OXIDASE INHIBITORS		
EMSAM	Non-Preferred	
MARPLAN	Non-Preferred	
NARDIL	Non-Preferred	
<i>phenelzine sulfate 15 mg tab</i>	Preferred	
<i>tranylcypromine sulfate</i>	Non-Preferred	QL 180 / 30 days
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
BRISDELLE	Non-Preferred	
CELEXA	Non-Preferred	QL 45 / 30 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PAXIL 30 MG TAB	Non-Preferred	QL 60 / 30 days
PAXIL CR	Non-Preferred	
PEXEVA	Non-Preferred	
PRISTIQ	Non-Preferred	
PROZAC 10 MG CAP	Non-Preferred	QL 90 / 30 days
PROZAC 20 MG CAP	Non-Preferred	
PROZAC 40 MG CAP	Non-Preferred	QL 60 / 30 days
SARAFEM 10 MG TAB	Non-Preferred	QL 90 / 30 days
SARAFEM 20 MG TAB	Non-Preferred	
SERTRALINE HCL (SERTRALINE HCL 150 MG CAP, SERTRALINE HCL 200 MG CAP)	Non-Preferred	
<i>sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab)</i>	Preferred	QL 90 / 30 days
<i>sertraline hcl 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>sertraline hcl 20 mg/ml conc</i>	Preferred	QL 300 / 30 days
<i>trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)</i>	Preferred	QL 90 / 30 days
<i>trazodone hcl 300 mg tab</i>	Preferred	QL 60 / 30 days
TRINTELLIX	Non-Preferred	
VENLAFAXINE BESYLATE ER	Non-Preferred	
<i>venlafaxine hcl</i>	Preferred	QL 90 / 30 days
<i>venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)</i>	Preferred	

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

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>perphenazine (perphenazine 2 mg tab, perphenazine 4 mg tab, perphenazine 8 mg tab, perphenazine 16 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>prochlorperazine</i>	Preferred	QL 12 / days
<i>prochlorperazine edisylate 10 mg/2ml solution</i>	Preferred	
<i>prochlorperazine maleate (prochlorperazine maleate 5 mg tab, prochlorperazine maleate 10 mg tab)</i>	Preferred	QL 4 / 1 days
<i>promethazine hcl (promethazine hcl 12.5 mg suppos, promethazine hcl 25 mg suppos)</i>	Preferred	<ul style="list-style-type: none"> AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl (promethazine hcl 12.5 mg tab, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethegan</i>	Preferred	<ul style="list-style-type: none"> AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>qc anti-nausea</i>	Preferred	
REGLAN	Non-Preferred	
<i>scopolamine</i>	Non-Preferred	
<i>sm motion sickness 25 mg tab</i>	Preferred	QL 120 / 30 days
<i>sm motion sickness 50 mg tab</i>	Preferred	QL 240 / 30 days
<i>sm motion sickness relief</i>	Preferred	QL 240 / 30 days
TIGAN 100 MG/ML SOLUTION	Non-Preferred	
TIGAN 300 MG CAP	Non-Preferred	QL 90 / 30 days
TRANSDERM SCOP (1.5 MG)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRANSDERM-SCOP	Preferred	
<i>travel sickness 25 mg chew tab</i>	Preferred	QL 120 / 30 days
<i>travel sickness 50 mg tab</i>	Preferred	QL 240 / 30 days
<i>travel-ease</i>	Preferred	QL 120 / 30 days
<i>trimethobenzamide hcl 300 mg cap</i>	Preferred	QL 90 / 30 days
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO (AKYNZEO 235-0.25 MG RECON SOLN, AKYNZEO 235-0.25 MG/20ML SOLUTION)	Non-Preferred	QLC 2 vials/28 days
AKYNZEO (READY-TO-USE)	Non-Preferred	QLC 2 vials/28 days
AKYNZEO 300-0.5 MG CAP	Non-Preferred	QL 2 / 28 days
ALOXI	Preferred	QLC 10 mL/28 days
ANZEMET	Non-Preferred	
APONVIE	Non-Preferred	
<i>aprepitant (aprepitant 80 & 125 mg cap, aprepitant 80 & 125 mg misc)</i>	Non-Preferred	QL 6 / 28 days
<i>aprepitant 125 mg cap</i>	Non-Preferred	QL 2 / 28 days
<i>aprepitant 40 mg cap</i>	Non-Preferred	QL 1 / 30 days
<i>aprepitant 80 mg cap</i>	Non-Preferred	QL 4 / 28 days
CINVANTI	Non-Preferred	QLC 36 mL/28 days
<i>dronabinol (dronabinol 2.5 mg cap, dronabinol 5 mg cap)</i>	Non-Preferred	QL 180 / 30 days
<i>dronabinol 10 mg cap</i>	Non-Preferred	QL 90 / 30 days
EMEND 125 MG/5ML RECON SUSP	Non-Preferred	
EMEND 150 MG RECON SOLN	Non-Preferred	QLC 2 vials/28 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VARUBI (180 MG DOSE)	Non-Preferred	
ZOFRAN	Non-Preferred	QL 90 / 30 days
ZUPLENZ	Non-Preferred	
ANTIFUNGALS		
3 day vaginal	Preferred	
ALEVAZOL	Preferred	
ALOE VESTA CLEAR ANTIFUNGAL	Preferred	
ANCOBON	Non-Preferred	
<i>anti-fungal 1 % powder</i>	Preferred	QL 45 / 7 days
<i>antifungal (clotrimazole)</i>	Preferred	QL 30 / 7 days
<i>antifungal (tolnaftate)</i>	Preferred	QL 15 / 7 days
<i>antifungal 2 % cream</i>	Preferred	QL 15 / 7 days
<i>antifungal 2 % powder</i>	Preferred	QL 71 / 15 days
<i>antifungal clotrimazole</i>	Preferred	QL 30 / 7 days
<i>athletes foot (clotrimazole)</i>	Preferred	QL 30 / 7 days
<i>athletes foot (terbinafine)</i>	Preferred	
<i>athletes foot af</i>	Preferred	
<i>athletes foot powder spray 1 % aero powd</i>	Preferred	QL 133 / 10 days
<i>athletes foot powder spray 2 % aero powd</i>	Preferred	
<i>athletes foot spray</i>	Preferred	
AZOLEN ANTI-FUNGAL WASH	Non-Preferred	
BREXAFEMME	Non-Preferred	
<i>butenafine hcl</i>	Preferred	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carrington antifungal</i>	Preferred	QL 15 / 7 days
<i>ciclopirox olamine 0.77 % cream</i>	Preferred	
<i>ciclopirox olamine 0.77 % suspension</i>	Non-Preferred	
CICLOPIROX TREATMENT	Non-Preferred	
<i>clotrimazole 1 % cream</i>	Preferred	QL 45 / 7 days
<i>clotrimazole 1 % solution</i>	Non-Preferred	QL 30 / 24 days
<i>clotrimazole 1% cream (rx)</i>	Preferred	QL 30 / 7 days
<i>clotrimazole 10 mg troche</i>	Preferred	QL 5 / 1 days
<i>clotrimazole 3</i>	Preferred	
<i>clotrimazole anti-fungal</i>	Preferred	QL 30 / 7 days
<i>clotrimazole athletes foot</i>	Preferred	QL 30 / 7 days
<i>clotrimazole-7</i>	Preferred	QL 45 / 7 days
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	Non-Preferred	
<i>cvs athletes foot (cvs athletes foot 1 % aerosol, cvs athletes foot 2 % aero powd)</i>	Preferred	
<i>cvs athletes foot (tolnaftate) 1 % aero powd</i>	Preferred	QL 133 / 10 days
<i>cvs athletes foot (tolnaftate) 1 % cream</i>	Preferred	QL 15 / 7 days
<i>cvs athletes foot spray</i>	Preferred	
<i>cvs butenafine hcl</i>	Preferred	QL 30 / 24 days
<i>cvs miconazole 1 combo pack</i>	Preferred	
CVS MICONAZOLE 1 COMBO-WIPES	Preferred	
<i>cvs miconazole 3 combo pack</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs miconazole 3 combo-supp</i>	Preferred	QL 1 / 3 days
<i>cvs miconazole 7</i>	Preferred	QL 45 / 7 days
<i>cvs ringworm</i>	Preferred	QL 30 / 7 days
<i>cvs tioconazole 1</i>	Preferred	
<i>cvs toe area treatment max str</i>	Preferred	
<i>dermafungal</i>	Preferred	
<i>desenex 2 % powder</i>	Preferred	QL 71 / 15 days
DIFLUCAN (DIFLUCAN 50 MG TAB, DIFLUCAN 100 MG TAB, DIFLUCAN 150 MG TAB, DIFLUCAN 200 MG TAB)	Non-Preferred	QL 2 / 1 days
DIFLUCAN 10 MG/ML RECON SUSP	Non-Preferred	QL 1200 / 30 days
DIFLUCAN 40 MG/ML RECON SUSP	Non-Preferred	QL 300 / 30 days
<i>econazole nitrate 1 % cream</i>	Preferred	
<i>eq athletes foot (terbinafine)</i>	Preferred	
<i>eq miconazole 1</i>	Preferred	
<i>eq miconazole 7 day treatment</i>	Preferred	QL 45 / 7 days
<i>eql miconazole 7</i>	Preferred	QL 45 / 7 days
ERTACZO	Non-Preferred	
EXELDERM (EXELDERM 1 % CREAM, EXELDERM 1 % SOLUTION)	Non-Preferred	
EXTINA	Non-Preferred	
<i>fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)</i>	Preferred	QL 2 / 1 days
<i>fluconazole 10 mg/ml recon susp</i>	Preferred	QL 1200 / 30 days
<i>fluconazole 40 mg/ml recon susp</i>	Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>flucytosine (flucytosine 250 mg cap, flucytosine 500 mg cap)</i>	Non-Preferred	
<i>ft antifungal (ft antifungal 1 % cream, ft antifungal 2 % cream)</i>	Preferred	QL 15 / 7 days
<i>ft athletes foot (clotrimaz)</i>	Preferred	QL 30 / 7 days
<i>ft athletes foot (terbinafine)</i>	Preferred	
FUNGOID TINCTURE (FUNGOID TINCTURE 2 % KIT, FUNGOID TINCTURE 2 % SOLUTION)	Non-Preferred	
<i>fungoid-d</i>	Non-Preferred	QL 15 / 7 days
<i>gnp athletes foot 1 % cream</i>	Preferred	QL 30 / 7 days
<i>gnp clotrimazole 3</i>	Preferred	
<i>gnp miconazole 1</i>	Preferred	
<i>gnp miconazole 3</i>	Preferred	QL 1 / 3 days
<i>gnp miconazole 7</i>	Preferred	QL 45 / 7 days
<i>gnp miconazorb af</i>	Preferred	QL 71 / 15 days
<i>gnp terbinafine hydrochloride</i>	Preferred	
<i>gnp tolnaftate</i>	Preferred	QL 15 / 7 days
<i>goodsense athletes foot</i>	Preferred	QL 30 / 7 days
<i>griseofulvin microsize 125 mg/5ml suspension</i>	Preferred	QL 40 / 1 days
<i>griseofulvin microsize 500 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>griseofulvin ultramicrosize</i>	Non-Preferred	QL 3 / 1 days
GYNAZOLE-1	Non-Preferred	
<i>itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>jock itch spray</i>	Preferred	QL 133 / 10 days
JUBLIA	Non-Preferred	
KERYDIN	Non-Preferred	
<i>ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)</i>	Preferred	
<i>ketoconazole 2 % foam</i>	Non-Preferred	
<i>ketoconazole 200 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>lamisil af defense</i>	Preferred	QL 133 / 10 days
LAMISIL AT 1 % CREAM	Non-Preferred	
LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION)	Non-Preferred	
LOTRIMIN AF 1 % CREAM	Non-Preferred	
LOTRIMIN AF 2 % AEROSOL	Preferred	
LOTRIMIN ULTRA	Non-Preferred	
<i>luliconazole</i>	Non-Preferred	
LUZU	Non-Preferred	
MENTAX	Non-Preferred	
<i>micomitin</i>	Non-Preferred	
MICONATATE	Non-Preferred	
<i>miconazole 1</i>	Preferred	
<i>miconazole 3 200 mg suppos</i>	Non-Preferred	QL 30 / 30 days
<i>miconazole 3 4 % cream</i>	Preferred	
<i>miconazole 3 applicator</i>	Preferred	
<i>miconazole 3 combo pack</i>	Preferred	
<i>miconazole 3 combo pack app</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>miconazole 3 combo-supp</i>	Preferred	QL 1 / 3 days
<i>miconazole 7 100 mg suppos</i>	Preferred	QL 30 / 30 days
<i>miconazole 7 2 % cream</i>	Preferred	QL 45 / 7 days
<i>miconazole nitrate 2 % cream</i>	Preferred	QL 45 / 7 days
MICONAZOLE NITRATE 2 % SOLUTION	Preferred	
MICONAZOLE-ZINC OXIDE-PETROLAT	Non-Preferred	
<i>micotrin ac</i>	Non-Preferred	QL 30 / 7 days
<i>micotrin al</i>	Non-Preferred	
<i>micotrin ap</i>	Preferred	QL 71 / 15 days
MONISTAT 1 COMBO PACK	Non-Preferred	
MONISTAT 1 DAY OR NIGHT	Non-Preferred	
<i>monistat 1-day</i>	Preferred	
MONISTAT 3	Non-Preferred	
MONISTAT 3 COMBINATION PACK (MONISTAT 3 COMBINATION PACK 200 & 2 MG-% (9GM) KIT, MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT)	Non-Preferred	
MONISTAT 3 COMBO PACK APP	Non-Preferred	
MONISTAT 7 COMBO PACK APP	Non-Preferred	
MONISTAT 7 COMPLETE THERAPY	Non-Preferred	
MONISTAT 7 SIMPLY CURE	Non-Preferred	
<i>mycozyl ac</i>	Preferred	QL 30 / 7 days
<i>mycozyl al</i>	Preferred	
<i>mycozyl ap</i>	Preferred	QL 71 / 15 days
<i>naftifine hcl</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NAFTIN	Non-Preferred	
NIZORAL 2 % SHAMPOO	Non-Preferred	
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR, NOXAFIL 300 MG PACKET)	Non-Preferred	
<i>nyamyc</i>	Preferred	
<i>nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder, nystatin 100000 unit/ml suspension)</i>	Preferred	
<i>nystatin 500000 unit tab</i>	Preferred	QL 6 / 1 days
<i>nystop</i>	Preferred	
ORAVIG	Non-Preferred	
<i>oxiconazole nitrate</i>	Non-Preferred	
OXISTAT (OXISTAT 1 % CREAM, OXISTAT 1 % LOTION)	Non-Preferred	
<i>posaconazole (posaconazole 40 mg/ml suspension, posaconazole 100 mg tab dr)</i>	Non-Preferred	
<i>px miconazole 3-day combo</i>	Preferred	QL 1 / 3 days
<i>qc 3 day</i>	Preferred	
<i>qc antifungal (tolnaftate)</i>	Preferred	QL 15 / 7 days
<i>qc clotrimazole</i>	Preferred	QL 45 / 7 days
<i>qc miconazole 7</i>	Preferred	QL 45 / 7 days
<i>qc tolnaftate</i>	Preferred	QL 15 / 7 days
<i>ra athlete's foot</i>	Preferred	
<i>ra clotrimazole 7</i>	Preferred	QL 45 / 7 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)</i>	Preferred	
<i>voriconazole 40 mg/ml recon susp</i>	Non-Preferred	
VOTRIZA-AL	Non-Preferred	
VUSION	Non-Preferred	
<i>zeasorb-af</i>	Preferred	QL 71 / 15 days
ANTIGOUT AGENTS		
<i>allopurinol 100 mg tab</i>	Preferred	QL 240 / 30 days
ALLOPURINOL 200 MG TAB	Non-Preferred	
<i>allopurinol 300 mg tab</i>	Preferred	QL 60 / 30 days
<i>colchicine 0.6 mg cap</i>	Non-Preferred	QL 90 / 30 days PA
<i>colchicine 0.6 mg tab</i>	Preferred	QL 90 / 30 days PA
<i>colchicine-probenecid</i>	Preferred	
COLCRYS	Non-Preferred	QL 90 / 30 days
<i>febuxostat</i>	Preferred	
GLOPERBA	Non-Preferred	
KRYSTEXXA	Non-Preferred	
MITIGARE	Non-Preferred	QL 90 / 30 days
<i>probenecid</i>	Preferred	QL 4 / 1 days
ULORIC	Non-Preferred	
ZYLOPRIM 100 MG TAB	Non-Preferred	
ZYLOPRIM 300 MG TAB	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMIGRAINE AGENTS		
ANTIMIGRAINE AGENTS, OTHER		
AIMOVIG	Preferred	QL 1 / 28 days PA
AJOVY	Non-Preferred	QLC 0.05 mL/day
EMGALITY	Preferred	QL 2 / 28 days PA
EMGALITY (300 MG DOSE)	Preferred	QL 3 / 30 days PA
NURTEC	Preferred	QL 16 / 30 days PA
QULIPTA	Non-Preferred	QL 30 / 30 days
UBRELVY	Non-Preferred	QL 16 / 30 days PA
ZAVZPRET	Non-Preferred	
ERGOT ALKALOIDS		
CAFERGOT	Non-Preferred	
D.H.E. 45	Non-Preferred	
<i>dihydroergotamine mesylate (dihydroergotamine mesylate 1 mg/ml solution, dihydroergotamine mesylate 4 mg/ml solution)</i>	Non-Preferred	
ERGOMAR	Non-Preferred	
<i>ergotamine-caffeine</i>	Non-Preferred	
MIGRANAL	Non-Preferred	
TRUDHESA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROPHYLACTIC		
VYEPTI	Non-Preferred	
SEROTONIN (5-HT) RECEPTOR AGONIST		
<i>almotriptan malate 12.5 mg tab</i>	Non-Preferred	
<i>almotriptan malate 6.25 mg tab</i>	Non-Preferred	QL 9 / 30 days
AMERGE	Non-Preferred	
<i>eletriptan hydrobromide</i>	Non-Preferred	QL 9 / 30 days
FROVA	Non-Preferred	QL 12 / 30 days
<i>frovatriptan succinate</i>	Non-Preferred	QL 12 / 30 days
IMITREX (IMITREX 5 MG/ACT SOLUTION, IMITREX 6 MG/0.5ML SOLUTION, IMITREX 20 MG/ACT SOLUTION, IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	Non-Preferred	
IMITREX STATDOSE REFILL	Non-Preferred	
IMITREX STATDOSE SYSTEM	Non-Preferred	
MAXALT	Non-Preferred	
MAXALT-MLT	Non-Preferred	
<i>naratriptan hcl</i>	Preferred	QL 9 / 24 days
ONZETRA XSAIL	Non-Preferred	
RELPAK	Non-Preferred	QL 9 / 30 days
REYVOW 100 MG TAB	Non-Preferred	QL 8 / 30 days PA
REYVOW 50 MG TAB	Non-Preferred	QL 4 / 30 days PA

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	Non-Preferred	QL 9 / 30 days
ZOMIG ZMT	Non-Preferred	QL 9 / 30 days
ANTIMYASTHENIC AGENTS		
PARASYMPATHOMIMETICS		
<i>pyridostigmine bromide 60 mg tab</i>	Preferred	QL 240 / 30 days
<i>pyridostigmine bromide 60 mg/5ml solution</i>	Preferred	
<i>pyridostigmine bromide er</i>	Preferred	
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
<i>dapsone 100 mg tab</i>	Preferred	QL 1 / 1 days
<i>dapsone 25 mg tab</i>	Preferred	QL 3 / 1 days
<i>rifabutin</i>	Preferred	QL 60 / 30 days
ANTITUBERCULARS		
<i>ethambutol hcl (ethambutol hcl 100 mg tab, ethambutol hcl 400 mg tab)</i>	Preferred	QL 300 / 30 days
<i>isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab)</i>	Preferred	QL 90 / 30 days
<i>isoniazid 50 mg/5ml syrup</i>	Preferred	QL 2700 / 30 days
<i>pyrazinamide 500 mg tab</i>	Preferred	QL 240 / 30 days
<i>rifampin (rifampin 150 mg cap, rifampin 300 mg cap)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTICS		
ALKYLATING AGENTS		
<i>cyclophosphamide (cyclophosphamide 25 mg cap, cyclophosphamide 50 mg cap)</i>	Preferred	
LEUKERAN	Preferred	
<i>melphalan</i>	Preferred	
MYLERAN	Preferred	
TEMODAR (TEMODAR 5 MG CAP, TEMODAR 20 MG CAP, TEMODAR 100 MG CAP, TEMODAR 140 MG CAP, TEMODAR 180 MG CAP, TEMODAR 250 MG CAP)	Non-Preferred	
<i>temozolomide</i>	Preferred	PA
ANTIANDROGENS		
<i>abiraterone acetate 250 mg tab</i>	Preferred	PA
<i>abiraterone acetate 500 mg tab</i>	Non-Preferred	PA
<i>bicalutamide</i>	Preferred	QL 30 / 30 days PA
CASODEX	Non-Preferred	QL 30 / 30 days
ERLEADA	Preferred	PA
<i>flutamide</i>	Preferred	QL 180 / 30 days
NUBEQA	Preferred	PA
ORSERDU	Non-Preferred	
XTANDI	Preferred	PA
YONSA	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZYTIGA	Non-Preferred	PA
ANTIANGIOGENIC AGENTS		
<i>lenalidomide (lenalidomide 2.5 mg cap, lenalidomide 20 mg cap)</i>	Non-Preferred	
<i>lenalidomide (lenalidomide 5 mg cap, lenalidomide 10 mg cap, lenalidomide 15 mg cap, lenalidomide 25 mg cap)</i>	Non-Preferred	PA
POMALYST	Non-Preferred	
REVLIMID	Preferred	PA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP, THALOMID 200 MG CAP)	Preferred	PA
THALOMID 150 MG CAP	Preferred	
ANTIESTROGENS/MODIFIERS		
EMCYT	Preferred	
FARESTON	Non-Preferred	QL 30 / 30 days
SOLTAMOX	Non-Preferred	
<i>tamoxifen citrate (tamoxifen citrate 10 mg tab, tamoxifen citrate 20 mg tab)</i>	Preferred	QL 60 / 30 days
<i>toremifene citrate</i>	Non-Preferred	QL 30 / 30 days
ANTIMETABOLITES		
<i>capecitabine</i>	Preferred	PA
DROXIA	Preferred	
HYDREA	Non-Preferred	
<i>hydroxyurea 500 mg cap</i>	Preferred	
INQOVI	Non-Preferred	QL 5 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mercaptopurine 50 mg tab</i>	Preferred	
SIKLOS	Non-Preferred	
TABLOID	Preferred	
XELODA	Non-Preferred	
ANTINEOPLASTICS, OTHER		
AUGTYRO	Non-Preferred	
AYVAKIT	Preferred	QL 30 / 30 days PA
BRUKINSA	Preferred	QL 120 / 30 days PA
CAMCEVI	Non-Preferred	
EXKIVITY	Preferred	QL 4 / 1 days PA
FOTIVDA	Preferred	QL 21 / 28 days PA
IDHIFA	Preferred	PA
JAYPIRCA	Preferred	PA
KISQALI FEMARA (400 MG DOSE)	Preferred	PA
KISQALI FEMARA (600 MG DOSE)	Preferred	PA
KISQALI FEMARA(200 MG DOSE)	Preferred	PA
KRAZATI	Preferred	PA
LONSURF	Preferred	PA
LUMAKRAS 120 MG TAB	Preferred	QL 240 / 30 days PA
LUMAKRAS 320 MG TAB	Preferred	QL 90 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NINLARO	Preferred	PA
OGSIVEO	Non-Preferred	
QINLOCK	Non-Preferred	QL 90 / 30 days
RETEVMO 40 MG CAP	Preferred	QL 180 / 30 days PA
RETEVMO 80 MG CAP	Preferred	QL 120 / 30 days PA
TABRECTA	Preferred	QL 120 / 30 days PA
TAZVERIK	Preferred	QL 240 / 30 days PA
VANFLYTA	Preferred	PA
WELIREG	Preferred	PA
XPOVIO (100 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (40 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (40 MG TWICE WEEKLY)	Preferred	PA
XPOVIO (60 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (60 MG TWICE WEEKLY)	Preferred	PA
XPOVIO (80 MG ONCE WEEKLY)	Preferred	PA
XPOVIO (80 MG TWICE WEEKLY)	Preferred	PA
ZOLADEX 10.8 MG IMPLANT	Preferred	QL 1 / 84 days PA
ZOLADEX 3.6 MG IMPLANT	Preferred	QL 1 / 28 days PA
ZOLINZA	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole 1 mg tab</i>	Preferred	QL 30 / 30 days
ARIMIDEX	Non-Preferred	QL 30 / 30 days
AROMASIN	Non-Preferred	QL 30 / 30 days
<i>exemestane</i>	Preferred	QL 30 / 30 days
FEMARA	Non-Preferred	
<i>letrozole 2.5 mg tab</i>	Preferred	PA
ENZYME INHIBITORS		
<i>etoposide 50 mg cap</i>	Preferred	
OJJAARA	Non-Preferred	
TRUQAP	Non-Preferred	
MOLECULAR TARGET INHIBITORS		
AFINITOR	Non-Preferred	PA
AFINITOR DISPERZ	Preferred	PA
ALECENSA	Preferred	PA
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	Preferred	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB	Preferred	QL 60 / 30 days PA
BALVERSA	Preferred	
BOSULIF (BOSULIF 100 MG TAB, BOSULIF 400 MG TAB, BOSULIF 500 MG TAB)	Preferred	PA
BRAFTOVI	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CABOMETYX	Preferred	PA
CALQUENCE (CALQUENCE 100 MG CAP, CALQUENCE 100 MG TAB)	Preferred	QL 60 / 30 days PA
CAPRELSA	Preferred	PA
COMETRIQ (100 MG DAILY DOSE)	Preferred	PA
COMETRIQ (140 MG DAILY DOSE)	Preferred	PA
COMETRIQ (60 MG DAILY DOSE)	Preferred	PA
COPIKTRA	Preferred	PA
COTELLIC	Preferred	PA
DAURISMO	Preferred	PA
ERIVEDGE	Preferred	PA
<i>erlotinib hcl</i>	Preferred	PA
<i>everolimus (everolimus 2 mg tab sol, everolimus 3 mg tab sol, everolimus 5 mg tab sol)</i>	Non-Preferred	
<i>everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab)</i>	Preferred	PA
<i>everolimus 10 mg tab</i>	Preferred	
FARYDAK	Preferred	PA
FRUZAQLA	Non-Preferred	
GAVRETO	Preferred	QL 120 / 30 days PA
<i>gefitinib</i>	Non-Preferred	
GILOTRIF	Preferred	PA
GLEEVEC	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IBRANCE	Preferred	<div data-bbox="1133 174 1193 212">QL</div> 30 / 30 days <div data-bbox="1133 222 1193 260">PA</div>
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 45 MG TAB)	Preferred	<div data-bbox="1133 300 1193 338">PA</div>
ICLUSIG 30 MG TAB	Non-Preferred	<div data-bbox="1133 384 1193 422">PA</div>
<i>imatinib mesylate</i>	Preferred	<div data-bbox="1133 447 1193 485">PA</div>
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG CAP)	Preferred	<div data-bbox="1133 520 1193 558">PA</div>
IMBRUVICA (IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	Non-Preferred	<div data-bbox="1133 678 1193 716">PA</div>
INLYTA	Preferred	<div data-bbox="1133 825 1193 863">PA</div>
INREBIC	Preferred	<div data-bbox="1133 888 1193 926">PA</div>
IRESSA	Preferred	<div data-bbox="1133 951 1193 989">PA</div>
JAKAFI	Preferred	<div data-bbox="1133 1014 1193 1052">PA</div>
KISQALI (200 MG DOSE)	Preferred	<div data-bbox="1133 1077 1193 1115">PA</div>
KISQALI (400 MG DOSE)	Preferred	<div data-bbox="1133 1140 1193 1178">PA</div>
KISQALI (600 MG DOSE)	Preferred	<div data-bbox="1133 1203 1193 1241">PA</div>
KOSELUGO	Preferred	<div data-bbox="1133 1266 1193 1304">PA</div>
<i>lapatinib ditosylate</i>	Non-Preferred	
LENVIMA (10 MG DAILY DOSE)	Preferred	<div data-bbox="1133 1392 1193 1430">PA</div>
LENVIMA (12 MG DAILY DOSE)	Preferred	<div data-bbox="1133 1455 1193 1493">PA</div>
LENVIMA (14 MG DAILY DOSE)	Preferred	<div data-bbox="1133 1518 1193 1556">PA</div>
LENVIMA (18 MG DAILY DOSE)	Preferred	<div data-bbox="1133 1581 1193 1619">PA</div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LENVIMA (20 MG DAILY DOSE)	Preferred	PA
LENVIMA (24 MG DAILY DOSE)	Preferred	PA
LENVIMA (4 MG DAILY DOSE)	Preferred	PA
LENVIMA (8 MG DAILY DOSE)	Preferred	PA
LORBRENA	Preferred	PA
LYNPARZA	Preferred	PA
LYTGOBI (12 MG DAILY DOSE)	Preferred	PA
LYTGOBI (16 MG DAILY DOSE)	Preferred	PA
LYTGOBI (20 MG DAILY DOSE)	Preferred	PA
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	Preferred	PA
MEKTOVI	Preferred	PA
NERLYNX	Preferred	PA
NEXAVAR	Preferred	QL 4 / 1 days PA
ODOMZO	Preferred	PA
<i>pazopanib hcl</i>	Non-Preferred	
PEMAZYRE	Preferred	QL 14 / 21 days PA
PIQRAY (200 MG DAILY DOSE)	Preferred	PA
PIQRAY (250 MG DAILY DOSE)	Preferred	PA
PIQRAY (300 MG DAILY DOSE)	Preferred	PA
REZLIDHIA	Preferred	PA
ROZLYTREK (ROZLYTREK 100 MG CAP, ROZLYTREK 200 MG CAP)	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROZLYTREK 50 MG PACKET	Non-Preferred	
RUBRACA	Preferred	PA
RYDAPT	Preferred	PA
SCEMBLIX	Preferred	PA
<i>sorafenib tosylate</i>	Non-Preferred	
SPRYCEL	Preferred	PA
STIVARGA	Preferred	PA
<i>sunitinib malate</i>	Non-Preferred	
SUTENT (SUTENT 25 MG CAP, SUTENT 50 MG CAP)	Preferred	QL 30 / 30 days PA
SUTENT 12.5 MG CAP	Preferred	QL 3 / 1 days PA
SUTENT 37.5 MG CAP	Preferred	PA
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	Preferred	PA
TAFINLAR 10 MG TAB SOL	Non-Preferred	
TAGRISSO	Preferred	PA
TALZENNA	Preferred	PA
TARCEVA	Non-Preferred	PA
TASIGNA	Preferred	PA
TEPMETKO	Preferred	QL 60 / 30 days PA
TIBSOVO	Preferred	PA
TRUSELTIQ (100MG DAILY DOSE)	Preferred	QL 21 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (125MG DAILY DOSE)	Preferred	QL 42 / 28 days PA
TRUSELTIQ (50MG DAILY DOSE)	Preferred	QL 42 / 28 days PA
TRUSELTIQ (75MG DAILY DOSE)	Preferred	QL 63 / 28 days PA
TUKYSA	Preferred	QL 120 / 30 days PA
TURALIO	Preferred	PA
TYKERB	Preferred	PA
UKONIQ	Preferred	PA
VENCLEXTA	Preferred	PA
VENCLEXTA STARTING PACK	Preferred	PA
VERZENIO	Preferred	PA
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	Preferred	PA
VIZIMPRO	Preferred	PA
VONJO	Preferred	PA
VOTRIENT	Preferred	PA
XALKORI (XALKORI 20 MG CAP SPRINK, XALKORI 50 MG CAP SPRINK, XALKORI 150 MG CAP SPRINK)	Non-Preferred	
XALKORI (XALKORI 200 MG CAP, XALKORI 250 MG CAP)	Preferred	PA
XOSPATA	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEJULA	Preferred	PA
ZELBORAF	Preferred	PA
ZYDELIG	Preferred	PA
ZYKADIA	Preferred	PA
RETINOIDS		
<i>tretinoin 10 mg cap</i>	Preferred	
TREATMENT ADJUNCTS		
<i>leucovorin calcium (leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)</i>	Preferred	QL 30 / 30 days
<i>leucovorin calcium 10 mg tab</i>	Preferred	QL 60 / 30 days
<i>leucovorin calcium 5 mg tab</i>	Preferred	QL 90 / 30 days
ANTIPARASITICS		
ANTHELMINTHICS		
<i>ivermectin 3 mg tab</i>	Preferred	
ANTIPROTOZOALS		
ARAKODA	Non-Preferred	
<i>atovaquone-proguanil hcl 250-100 mg tab</i>	Preferred	QL 1 / 1 days
<i>atovaquone-proguanil hcl 62.5-25 mg tab</i>	Preferred	QL 3 / 1 days
<i>chloroquine phosphate 250 mg tab</i>	Preferred	QL 60 / 30 days
<i>chloroquine phosphate 500 mg tab</i>	Preferred	QL 1 / 1 days
COARTEM	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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<i>hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 400 mg tab)</i>	Preferred	
<i>hydroxychloroquine sulfate 200 mg tab</i>	Preferred	QL 120 / 30 days
KRINTAFEL	Preferred	
LIKMEZ	Non-Preferred	
MALARONE 250-100 MG TAB	Non-Preferred	QL 1 / 1 days
MALARONE 62.5-25 MG TAB	Non-Preferred	QL 3 / 1 days
<i>mefloquine hcl</i>	Preferred	QL 5 / 26 days
<i>nitazoxanide 500 mg tab</i>	Non-Preferred	
PLAQUENIL	Non-Preferred	QL 120 / 30 days
<i>primaquine phosphate</i>	Preferred	QL 60 / 30 days
QUALAQUIN	Non-Preferred	
<i>quinine sulfate 324 mg cap</i>	Non-Preferred	

ANTIPARKINSON AGENTS

ANTICHOLINERGICS

<i>benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)</i>	Preferred	QL 4 / 1 days
<i>trihexyphenidyl hcl 0.4 mg/ml solution</i>	Preferred	QL 38 / 1 days
<i>trihexyphenidyl hcl 2 mg tab</i>	Preferred	QL 210 / 30 days
<i>trihexyphenidyl hcl 5 mg tab</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl (amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)</i>	Preferred	QL 4 / 1 days
<i>amantadine hcl 50 mg/5ml solution</i>	Preferred	QL 40 / 1 days
<i>carbidopa-levodopa-entacapone</i>	Non-Preferred	
COMTAN	Non-Preferred	
<i>entacapone</i>	Preferred	
GOCOVRI	Non-Preferred	
NOURIANZ	Non-Preferred	
ONGENTYS	Non-Preferred	
OSMOLEX ER (OSMOLEX ER 129 MG TAB ER 24H, OSMOLEX ER 193 MG TAB ER 24H, OSMOLEX ER 258 MG TAB ER 24H)	Non-Preferred	
STALEVO 100	Non-Preferred	
STALEVO 125	Non-Preferred	
STALEVO 150	Non-Preferred	
STALEVO 200	Non-Preferred	
STALEVO 50	Non-Preferred	
STALEVO 75	Non-Preferred	
TASMAR	Non-Preferred	QL 90 / 30 days
<i>tolcapone</i>	Non-Preferred	QL 90 / 30 days
DOPAMINE AGONISTS		
<i>bromocriptine mesylate (bromocriptine mesylate 2.5 mg tab, bromocriptine mesylate 5 mg cap)</i>	Preferred	QL 600 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KYNMOBI	Non-Preferred	
MIRAPEX	Non-Preferred	QL 90 / 30 days
MIRAPEX ER	Non-Preferred	QL 30 / 30 days
NEUPRO	Non-Preferred	
PARLODEL	Preferred	
<i>pramipexole dihydrochloride</i>	Preferred	QL 90 / 30 days
<i>pramipexole dihydrochloride er</i>	Non-Preferred	QL 30 / 30 days
REQUIP XL	Non-Preferred	
<i>ropinirole hcl</i>	Preferred	QL 90 / 30 days
<i>ropinirole hcl er</i>	Non-Preferred	
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
<i>carbidopa 25 mg tab</i>	Non-Preferred	
<i>carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)</i>	Non-Preferred	
<i>carbidopa-levodopa (carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)</i>	Preferred	QL 240 / 30 days
<i>carbidopa-levodopa 10-100 mg tab</i>	Preferred	QL 600 / 30 days
<i>carbidopa-levodopa er</i>	Preferred	QL 360 / 30 days
DHIVY	Non-Preferred	
DUOPA	Non-Preferred	
INBRIJA	Non-Preferred	
LODOSYN	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RYTARY	Non-Preferred	
SINEMET	Non-Preferred	
SINEMET CR	Non-Preferred	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT	Non-Preferred	
<i>rasagiline mesylate (rasagiline mesylate 0.5 mg tab, rasagiline mesylate 1 mg tab)</i>	Non-Preferred	
<i>selegiline hcl (selegiline hcl 5 mg cap, selegiline hcl 5 mg tab)</i>	Preferred	QL 60 / 30 days
XADAGO	Non-Preferred	
ZELAPAR	Non-Preferred	
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
ADASUVE	Non-Preferred	QL 30 / 30 days AL1 At least 18 yrs old
<i>chlorpromazine hcl (chlorpromazine hcl 10 mg tab, chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab)</i>	Non-Preferred	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)</i>	Non-Preferred	AL1 At least 18 yrs old C Age restriction, clinical PA required
CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC)	Non-Preferred	
<i>chlorpromazine hcl 200 mg tab</i>	Non-Preferred	QL 4 / 1 days 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"> QL 10 / 26 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>fluphenazine hcl 2.5 mg/5ml elixir</i>	Non-Preferred	<ul style="list-style-type: none"> QL 20 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>fluphenazine hcl 2.5 mg/ml solution</i>	Non-Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>fluphenazine hcl 5 mg/ml conc</i>	Preferred	<ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
HALDOL	Preferred	<ul style="list-style-type: none"> QL 20 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required
HALDOL DECANOATE	Non-Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>haloperidol (haloperidol 0.5 mg tab, haloperidol 1 mg tab, haloperidol 2 mg tab, haloperidol 5 mg tab, haloperidol 10 mg tab, haloperidol 20 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>haloperidol decanoate (haloperidol decanoate 50 mg/ml solution, haloperidol decanoate 100 mg/ml solution)</i>	Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>haloperidol lactate 2 mg/ml conc</i>	Preferred	<ul style="list-style-type: none"> QL 50 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>haloperidol lactate 5 mg/ml solution</i>	Preferred	<ul style="list-style-type: none"> QL 600 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>loxapine succinate (loxapine succinate 25 mg cap, loxapine succinate 50 mg cap)</i>	Preferred	<ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old
<i>loxapine succinate 10 mg cap</i>	Preferred	<ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 18 yrs old
<i>loxapine succinate 5 mg cap</i>	Preferred	<ul style="list-style-type: none"> QL 360 / 30 days AL1 At least 18 yrs old
<i>molindone hcl</i>	Non-Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old
<i>pimozide 1 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> QL 300 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>pimozide 2 mg tab</i>	Non-Preferred	<ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>thioridazine hcl (thioridazine hcl 10 mg tab, thioridazine hcl 25 mg tab, thioridazine hcl 50 mg tab, thioridazine hcl 100 mg tab)</i>	Non-Preferred	<ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>thiothixene</i>	Non-Preferred	<ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>trifluoperazine hcl</i>	Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 18 yrs old c Age restriction, clinical PA required
2ND GENERATION/ATYPICAL		
ABILIFY (ABILIFY 2 MG TAB, ABILIFY 5 MG TAB, ABILIFY 10 MG TAB, ABILIFY 15 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
ABILIFY (ABILIFY 20 MG TAB, ABILIFY 30 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
ABILIFY ASIMTUFII	Preferred	
ABILIFY MAINTENA	Preferred	<ul style="list-style-type: none"> QL 1 / 28 days AL1 At least 18 yrs old c Age restriction, clinical PA required
ABILIFY MYCITE	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
ABILIFY MYCITE MAINTENANCE KIT	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
ABILIFY MYCITE STARTER KIT	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA (INVEGA 1.5 MG TAB ER 24H, INVEGA 3 MG TAB ER 24H, INVEGA 9 MG TAB ER 24H)	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA 6 MG TAB ER 24H	Non-Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> QLC 3.5 mL/180 days
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> QLC 5 mL/180 days
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.75 mL/28 days
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1 mL/28 days
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 1.5 mL/28 days
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.25 mL/28 days
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required QLC 0.5 mL/28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	Preferred	<p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p> <p>QLC 0.875 mL/84 days</p>
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	Preferred	<p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p> <p>QLC 1.315 mL/84 days</p>
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	Preferred	<p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p> <p>QLC 1.75 mL/84 days</p>
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	Preferred	<p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p> <p>QLC 2.63 mL/84 days</p>
LATUDA (LATUDA 20 MG TAB, LATUDA 40 MG TAB, LATUDA 60 MG TAB, LATUDA 120 MG TAB)	Non-Preferred	<p>QL 30 / 30 days</p> <p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p>
LATUDA 80 MG TAB	Non-Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>lurasidone hcl</i>	Preferred	
NUPLAZID	Non-Preferred	<p>AL1 At least 18 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)</i>	Preferred	<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
<i>olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)</i>	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>olanzapine 10 mg recon soln</i>	Non-Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>olanzapine 10 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)</i>	Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>paliperidone er 6 mg tab er 24h</i>	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
PERSERIS	Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old c Age restriction, clinical PA required QLC 0.04 mL/day
<i>quetiapine fumarate (quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required
<i>quetiapine fumarate (quetiapine fumarate 50 mg tab, quetiapine fumarate 200 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old c Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quetiapine fumarate 100 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate 150 mg tab</i>	Preferred	
<i>quetiapine fumarate 25 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate er (quetiapine fumarate er 150 mg tab er 24h, quetiapine fumarate er 200 mg tab er 24h)</i>	Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
<i>quetiapine fumarate er (quetiapine fumarate er 50 mg tab er 24h, quetiapine fumarate er 300 mg tab er 24h, quetiapine fumarate er 400 mg tab er 24h)</i>	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 0.25 MG TAB, REXULTI 0.5 MG TAB, REXULTI 1 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 2 MG TAB, REXULTI 3 MG TAB, REXULTI 4 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

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

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clozapine 50 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 100 MG TAB	Non-Preferred	<ul style="list-style-type: none"> QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 200 MG TAB	Non-Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 25 MG TAB	Non-Preferred	<ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 50 MG TAB	Non-Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VERSACLOZ	Non-Preferred	<ul style="list-style-type: none"> AL1 At least 18 yrs old C Age restriction, clinical PA required
ANTISPASTICITY AGENTS		
<i>baclofen 10 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 150 / 30 days
<i>baclofen 20 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 4 / 1 days
<i>baclofen 5 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 120 / 30 days
DANTRIUM (DANTRIUM 25 MG CAP, DANTRIUM 50 MG CAP)	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)</i>	Preferred	QL 4 / 1 days
LYVISPAH	Non-Preferred	
OZOBAX	Non-Preferred	
<i>tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 4 mg cap, tizanidine hcl 6 mg cap)</i>	Non-Preferred	
<i>tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)</i>	Preferred	QL 180 / 30 days
ZANAFLEX	Non-Preferred	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	Non-Preferred	
PREVMIS (PREVMIS 240 MG TAB, PREVMIS 480 MG TAB)	Preferred	PA
VALCYTE (VALCYTE 50 MG/ML RECON SOLN, VALCYTE 450 MG TAB)	Non-Preferred	
<i>valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)</i>	Preferred	
ANTI-HEPATITIS B (HBV) AGENTS		
<i>adefovir dipivoxil</i>	Preferred	
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	Non-Preferred	QL 30 / 30 days
BARACLUDE 0.05 MG/ML SOLUTION	Preferred	QL 20 / 1 days
<i>entecavir</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPIVIR HBV 100 MG TAB	Non-Preferred	
EPIVIR HBV 5 MG/ML SOLUTION	Preferred	
HEPSERA	Preferred	
<i>lamivudine 100 mg tab</i>	Preferred	
VEMLIDY	Non-Preferred	QL 30 / 30 days
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG TAB)	Non-Preferred	QL 28 / 28 days
EPCLUSA 200-50 MG PACKET	Non-Preferred	QL 56 / 28 days
EPCLUSA 400-100 MG TAB	Non-Preferred	QL 28 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
HARVONI	Non-Preferred	
LEDIPASVIR-SOFOSBUVIR	Non-Preferred	
MAVYRET 100-40 MG TAB	Preferred	QL 84 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration
MAVYRET 50-20 MG PACKET	Preferred	QL 140 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RESCRIPTOR	Non-Preferred	QL 180 / 30 days
SUSTIVA (SUSTIVA 50 MG CAP, SUSTIVA 200 MG CAP)	Non-Preferred	QL 90 / 30 days
SUSTIVA 600 MG TAB	Non-Preferred	QL 30 / 30 days
SYMFI	Preferred	QL 30 / 30 days
SYMFI LO	Preferred	QL 30 / 30 days
VIRAMUNE 200 MG TAB	Non-Preferred	QL 60 / 30 days
VIRAMUNE 50 MG/5ML SUSPENSION	Non-Preferred	QL 1200 / 30 days
VIRAMUNE XR	Non-Preferred	QL 30 / 30 days

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate 20 mg/ml solution</i>	Preferred	QL 900 / 30 days
<i>abacavir sulfate 300 mg tab</i>	Preferred	QL 60 / 30 days
<i>abacavir sulfate-lamivudine</i>	Preferred	QL 30 / 30 days
CIMDUO	Preferred	QL 30 / 30 days
COMBIVIR	Non-Preferred	QL 60 / 30 days
DESCOVY	Preferred	QL 30 / 30 days
<i>didanosine (didanosine 250 mg cap dr, didanosine 400 mg cap dr)</i>	Non-Preferred	QL 30 / 30 days
<i>emtricitabine</i>	Non-Preferred	
<i>emtricitabine-tenofovir df</i>	Preferred	QL 30 / 30 days
EMTRIVA 10 MG/ML SOLUTION	Preferred	QL 720 / 30 days
EMTRIVA 200 MG CAP	Preferred	QL 30 / 30 days
EPIVIR 10 MG/ML SOLUTION	Non-Preferred	
EPIVIR 150 MG TAB	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPIVIR 300 MG TAB	Non-Preferred	QL 30 / 30 days
EPZICOM	Non-Preferred	QL 30 / 30 days
<i>lamivudine 10 mg/ml solution</i>	Preferred	QL 900 / 30 days
<i>lamivudine 150 mg tab</i>	Preferred	QL 60 / 30 days
<i>lamivudine 300 mg tab</i>	Preferred	QL 30 / 30 days
<i>lamivudine-zidovudine</i>	Preferred	QL 60 / 30 days
RETROVIR (RETROVIR 50 MG/5ML SYRUP, RETROVIR 100 MG CAP)	Non-Preferred	
<i>stavudine (stavudine 15 mg cap, stavudine 20 mg cap)</i>	Non-Preferred	QL 120 / 30 days
<i>stavudine (stavudine 30 mg cap, stavudine 40 mg cap)</i>	Non-Preferred	QL 60 / 30 days
TEMIXYS	Non-Preferred	QL 30 / 30 days
<i>tenofovir disoproxil fumarate</i>	Preferred	QL 30 / 30 days
TRIUMEQ	Preferred	QL 30 / 30 days
TRIUMEQ PD	Non-Preferred	
TRIZIVIR	Non-Preferred	QL 60 / 30 days
TRUVADA	Non-Preferred	QL 30 / 30 days
VIDEX 2 GM RECON SOLN	Preferred	QL 1200 / 30 days
VIDEX 4 GM RECON SOLN	Preferred	
VIDEX EC (VIDEX EC 125 MG CAP DR, VIDEX EC 200 MG CAP DR)	Non-Preferred	QL 60 / 30 days
VIDEX EC 250 MG CAP DR	Non-Preferred	QL 30 / 30 days
VIREAD (VIREAD 200 MG TAB, VIREAD 250 MG TAB)	Preferred	QL 30 / 30 days
VIREAD 150 MG TAB	Preferred	QL 60 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS 100 MG/ML SOLUTION	Non-Preferred	QL 300 / 30 days
APTIVUS 250 MG CAP	Non-Preferred	QL 120 / 30 days
<i>atazanavir sulfate (atazanavir sulfate 150 mg cap, atazanavir sulfate 200 mg cap)</i>	Preferred	QL 60 / 30 days
<i>atazanavir sulfate 300 mg cap</i>	Preferred	QL 30 / 30 days
CRIXIVAN 200 MG CAP	Non-Preferred	QL 360 / 30 days
CRIXIVAN 400 MG CAP	Non-Preferred	QL 180 / 30 days
<i>darunavir</i>	Non-Preferred	
EVOTAZ	Preferred	QL 30 / 30 days
<i>fosamprenavir calcium</i>	Non-Preferred	QL 120 / 30 days
INVIRASE	Non-Preferred	QL 120 / 30 days
KALETRA 100-25 MG TAB	Non-Preferred	QL 300 / 30 days
KALETRA 200-50 MG TAB	Non-Preferred	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION	Preferred	QL 400 / 30 days
LEXIVA 50 MG/ML SUSPENSION	Non-Preferred	QL 1680 / 30 days
LEXIVA 700 MG TAB	Non-Preferred	
<i>lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)</i>	Preferred	
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	Non-Preferred	QL 400 / 30 days
NORVIR 100 MG PACKET	Preferred	QL 360 / 30 days
NORVIR 100 MG TAB	Non-Preferred	
NORVIR 80 MG/ML SOLUTION	Preferred	QL 480 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOFLUZA (40 MG DOSE)	Non-Preferred	
XOFLUZA (80 MG DOSE)	Non-Preferred	
ANTIHERPETIC AGENTS		
ABREVA	Preferred	
<i>acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)</i>	Preferred	QL 150 / 30 days
<i>acyclovir 200 mg/5ml suspension</i>	Preferred	QL 1500 / 30 days
<i>docosanol 10 % cream</i>	Preferred	
<i>famciclovir (famciclovir 125 mg tab, famciclovir 250 mg tab)</i>	Preferred	QL 3 / 1 days
<i>famciclovir 500 mg tab</i>	Preferred	QL 1 / 1 days
<i>ft docosanol</i>	Preferred	
<i>gnp docosanol</i>	Preferred	
<i>hm docosanol</i>	Preferred	
SITAVIG	Non-Preferred	
<i>trifluridine</i>	Preferred	QL 7.5 / 18 days
<i>valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)</i>	Preferred	QL 4 / 1 days
VALTREX	Non-Preferred	
ZOVIRAX (ZOVIRAX 200 MG/5ML SUSPENSION, ZOVIRAX 400 MG TAB, ZOVIRAX 800 MG TAB)	Non-Preferred	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
<i>buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 10 mg tab)</i>	Preferred	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>buspirone hcl (buspirone hcl 7.5 mg tab, buspirone hcl 15 mg tab)</i>	Preferred	QL 4 / 1 days
<i>buspirone hcl 30 mg tab</i>	Preferred	QL 90 / 30 days
<i>hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap)</i>	Preferred	QL 180 / 30 days
<i>meprobamate</i>	Non-Preferred	QL 180 / 30 days
<i>midazolam hcl 2 mg/ml syrup</i>	Non-Preferred	
BENZODIAZEPINES		
<i>alprazolam (alprazolam 0.25 mg tab disp, alprazolam 0.5 mg tab disp, alprazolam 1 mg tab disp, alprazolam 2 mg tab disp)</i>	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)</i>	Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam 2 mg tab</i>	Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam er</i>	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
ALPRAZOLAM INTENSOL	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>alprazolam xr</i>	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ATIVAN (ATIVAN 0.5 MG TAB, ATIVAN 1 MG TAB, ATIVAN 2 MG TAB)	Non-Preferred	<p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
ATIVAN (ATIVAN 2 MG/ML SOLUTION, ATIVAN 4 MG/ML SOLUTION)	Non-Preferred	
<i>chlordiazepoxide hcl 10 mg cap</i>	Preferred	<p>QL 300 / 30 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>chlordiazepoxide hcl 25 mg cap</i>	Preferred	<p>QL 360 / 30 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>chlordiazepoxide hcl 5 mg cap</i>	Preferred	<p>QL 240 / 30 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp, clonazepam 2 mg tab disp)</i>	Preferred	<p>QL 90 / 30 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab, clonazepam 2 mg tab)</i>	Preferred	<p>QL 180 / 30 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>clorazepate dipotassium (clorazepate dipotassium 3.75 mg tab, clorazepate dipotassium 7.5 mg tab)</i>	Non-Preferred	<p>QL 4 / 1 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>
<i>clorazepate dipotassium 15 mg tab</i>	Non-Preferred	<p>QL 180 / 30 days</p> <p>AL1 At least 21 yrs old</p> <p>C Age restriction, clinical PA required</p>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam (diazepam 5 mg/ml solution, diazepam 10 mg/2ml soln a-inj, diazepam 10 mg/2ml solution)</i>	Non-Preferred	<ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam 5 mg/5ml solution</i>	Preferred	<ul style="list-style-type: none"> QL 40 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam 5 mg/ml conc</i>	Non-Preferred	<ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>diazepam intensol</i>	Non-Preferred	<ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN (KLONOPIN 1 MG TAB, KLONOPIN 2 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN 0.5 MG TAB	Non-Preferred	<ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>lorazepam (lorazepam 0.5 mg tab, lorazepam 1 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>lorazepam (lorazepam 2 mg/ml solution, lorazepam 4 mg/ml solution)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lorazepam 2 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>lorazepam 2 mg/ml conc</i>	Non-Preferred	<ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>lorazepam intensol</i>	Non-Preferred	<ul style="list-style-type: none"> QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
LOREEV XR	Non-Preferred	
<i>oxazepam 10 mg cap</i>	Non-Preferred	<ul style="list-style-type: none"> QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>oxazepam 15 mg cap</i>	Non-Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>oxazepam 30 mg cap</i>	Non-Preferred	<ul style="list-style-type: none"> QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
TRANXENE-T	Non-Preferred	<ul style="list-style-type: none"> AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM (VALIUM 5 MG TAB, VALIUM 10 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALIUM 2 MG TAB	Non-Preferred	QL 120 / 30 days
XANAX (XANAX 0.25 MG TAB, XANAX 0.5 MG TAB, XANAX 1 MG TAB)	Non-Preferred	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 2 MG TAB	Non-Preferred	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX XR	Non-Preferred	AL1 At least 21 yrs old C Age restriction, clinical PA required

BIPOLAR AGENTS

MOOD STABILIZERS

EQUETRO	Preferred	
<i>lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab disp, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)</i>	Non-Preferred	
<i>lamotrigine er</i>	Non-Preferred	
<i>lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap)</i>	Preferred	QL 4 / 1 days
<i>lithium carbonate er</i>	Preferred	QL 4 / 1 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)</i>	Preferred	QL 4 / 1 days
GLYBURIDE MICRONIZED	Preferred	QL 60 / 30 days
<i>glyburide-metformin</i>	Preferred	QL 4 / 1 days
GLYNASE	Non-Preferred	QL 60 / 30 days
GLYSET	Non-Preferred	
GLYXAMBI	Non-Preferred	
INVOKAMET	Preferred	
INVOKAMET XR	Non-Preferred	
INVOKANA	Preferred	
JANUMET	Preferred	QL 60 / 30 days
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	Preferred	QL 60 / 30 days
JANUMET XR 100-1000 MG TAB ER 24H	Preferred	QL 30 / 30 days
JANUVIA	Preferred	QL 30 / 30 days
JARDIANCE	Preferred	QL 30 / 30 days
JENTADUETO	Preferred	QL 60 / 30 days
JENTADUETO XR 2.5-1000 MG TAB ER 24H	Preferred	QL 60 / 30 days PA
JENTADUETO XR 5-1000 MG TAB ER 24H	Preferred	QL 30 / 30 days PA
KAZANO	Non-Preferred	
KOMBIGLYZE XR	Non-Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (2 MG/DOSE)	Preferred	QL 3 / 28 days
<i>pioglitazone hcl</i>	Preferred	QL 30 / 30 days
<i>pioglitazone hcl-glimepiride</i>	Non-Preferred	QL 30 / 30 days
<i>pioglitazone hcl-metformin hcl</i>	Non-Preferred	QL 90 / 30 days
PRECOSE	Non-Preferred	QL 90 / 30 days
QTERN	Non-Preferred	
<i>repaglinide (repaglinide 0.5 mg tab, repaglinide 1 mg tab)</i>	Preferred	QL 120 / 30 days
<i>repaglinide 2 mg tab</i>	Preferred	QL 240 / 30 days
RIOMET	Non-Preferred	
RIOMET ER	Non-Preferred	
RYBELSUS	Non-Preferred	QL 30 / 30 days
<i>saxagliptin hcl</i>	Non-Preferred	
<i>saxagliptin-metformin er</i>	Non-Preferred	
SEGLUROMET	Non-Preferred	QL 60 / 30 days
SOLIQUA	Non-Preferred	QLC 18 mL/30 days
STARLIX	Non-Preferred	QL 90 / 30 days
STEGLATRO	Non-Preferred	QL 30 / 30 days
STEGLUJAN	Non-Preferred	
SYMLINPEN 120	Non-Preferred	
SYMLINPEN 60	Non-Preferred	
SYNJARDY	Preferred	
SYNJARDY XR	Non-Preferred	
<i>tolbutamide</i>	Non-Preferred	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRADJENTA	Preferred	
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	Non-Preferred	QL 30 / 30 days
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	Non-Preferred	QL 60 / 30 days
TRULICITY	Preferred	QL 2 / 28 days
VICTOZA	Preferred	QL 9 / 30 days
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	Preferred	
XULTOPHY	Non-Preferred	QLC 15 mL/30 days
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	Preferred	
BAQSIMI TWO PACK	Preferred	
CVS GLUCOSE (CVS GLUCOSE 4 GM CHEW TAB, CVS GLUCOSE 4-6 GM-MG CHEW TAB)	Preferred	
CVS SOFT GLUCOSE	Preferred	
DEX4	Preferred	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
DEX4 NATURALS	Preferred	
DEX4 POUCH PACK	Preferred	
DEX4 QUICK DISSOLVE GLUCOSE	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGEN DIAGNOSTIC	Preferred	QL 2 / 22 days
GLUCAGEN HYPOKIT	Preferred	QL 1 / 22 days
GLUCAGON EMERGENCY 1 MG KIT	Non-Preferred	QL 1 / 26 days
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	Non-Preferred	
GLUCO TO GO	Preferred	
GLUCOSE (GLUCOSE 4 GM CHEW TAB, GLUCOSE 4-6 GM-MG CHEW TAB)	Preferred	
GLUCOSE INSTANT ENERGY	Preferred	
GLUCOSE-VITAMIN C	Preferred	
GNP GLUCOSE (GNP GLUCOSE 4 GM CHEW TAB, GNP GLUCOSE 4-6 GM-MG CHEW TAB)	Preferred	
GNP QUICK DISSOLVE GLUCOSE	Preferred	
GOODSENSE GLUCOSE	Preferred	
GVOKE HYPOPEN 1-PACK	Preferred	QLC 0.4 mL/30 days
GVOKE HYPOPEN 2-PACK	Preferred	QLC 0.4 mL/30 days
GVOKE KIT	Preferred	
GVOKE PFS	Preferred	QLC 0.4 mL/30 days
HY-VEE GLUCOSE	Preferred	
KROGER GLUCOSE	Preferred	
LEADER GLUCOSE	Preferred	
LEADER QUICK DISSOLVE GLUCOSE	Preferred	
LONGS GLUCOSE	Preferred	
MEIJER GLUCOSE	Preferred	
PREFERRED PLUS GLUCOSE	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PX GLUCOSE	Preferred	
RA GLUCOSE	Preferred	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
SM GLUCOSE (SM GLUCOSE 4 GM CHEW TAB, SM GLUCOSE 4-6 GM-MG CHEW TAB)	Preferred	
SMART SENSE GLUCOSE	Preferred	
TGT GLUCOSE	Preferred	
TRUEPLUS GLUCOSE 4 GM CHEW TAB	Preferred	
TRUEPLUS GLUCOSE ON THE GO	Preferred	
UP & UP GLUCOSE	Preferred	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	Preferred	
WALGREENS GLUCOSE (WALGREENS GLUCOSE 4 GM CHEW TAB, WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB)	Preferred	
ZEGALOGUE	Preferred	
INSULINS		
ADMELOG	Non-Preferred	QL 40 / 30 days
ADMELOG SOLOSTAR	Non-Preferred	QL 45 / 30 days
AFREZZA	Non-Preferred	
APIDRA	Preferred	QL 40 / 30 days
APIDRA SOLOSTAR	Preferred	QL 45 / 30 days
BASAGLAR KWIKPEN	Non-Preferred	QL 45 / 30 days
BASAGLAR TEMPO PEN	Non-Preferred	

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRESIBA FLEXTOUCH	Non-Preferred	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ARIXTRA	Non-Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Limited to a 10 day supply </div>
<i>bd heparin posiflush</i>	Preferred	
BEVYXXA 40 MG CAP	Non-Preferred	
COUMADIN	Non-Preferred	
<i>dabigatran etexilate mesylate</i>	Non-Preferred	
ELIQUIS 2.5 MG TAB	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 60 / 30 days </div>
ELIQUIS 5 MG TAB	Preferred	<div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QL</div> 4 / 1 days </div>
ELIQUIS DVT/PE STARTER PACK	Preferred	
<i>enoxaparin sodium (enoxaparin sodium 100 mg/ml soln prsy, enoxaparin sodium 150 mg/ml soln prsy, enoxaparin sodium 300 mg/3ml solution)</i>	Preferred	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Up to a 180 day supply every 365 days will be allowed without PA </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> 2 mL/day </div> </div>
<i>enoxaparin sodium (enoxaparin sodium 80 mg/0.8ml soln prsy, enoxaparin sodium 120 mg/0.8ml soln prsy)</i>	Preferred	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Up to a 180 day supply every 365 days will be allowed without PA </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> 1.6 mL/day </div> </div>
<i>enoxaparin sodium 30 mg/0.3ml soln prsy</i>	Preferred	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Up to a 180 day supply every 365 days will be allowed without PA </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> 0.6 mL/day </div> </div>
<i>enoxaparin sodium 40 mg/0.4ml soln prsy</i>	Preferred	<div style="display: flex; flex-direction: column; align-items: flex-start;"> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">c</div> Up to a 180 day supply every 365 days will be allowed without PA </div> <div style="display: flex; align-items: center;"> <div style="background-color: #666; color: white; padding: 2px 5px; border-radius: 3px; margin-right: 5px;">QLC</div> 0.8 mL/day </div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enoxaparin sodium 60 mg/0.6ml soln prsy</i>	Preferred	<div data-bbox="1133 174 1193 300">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 310 1193 348">QLC</div> 1.2 mL/day
ENOXILUV KIT	Non-Preferred	
<i>fondaparinux sodium</i>	Non-Preferred	<div data-bbox="1133 434 1193 499">C</div> Limited to a 10 day supply
FRAGMIN	Non-Preferred	
<i>heparin lock flush</i>	Preferred	
<i>heparin na (pork) lock flsh pf (heparin na (pork) lock flsh pf 10 unit/ml solution, heparin na (pork) lock flsh pf 100 unit/ml solution)</i>	Preferred	
<i>heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)</i>	Preferred	
<i>heparin sodium lock flush</i>	Preferred	
<i>jantoven</i>	Preferred	
LOVENOX (LOVENOX 150 MG/ML SOLN PRSYR, LOVENOX 300 MG/3ML SOLUTION)	Non-Preferred	<div data-bbox="1133 1224 1193 1350">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 1360 1193 1398">QLC</div> 2 mL/day
LOVENOX 100 MG/ML SOLN PRSYR	Non-Preferred	<div data-bbox="1133 1421 1193 1547">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 1558 1193 1596">QLC</div> 2 mL/day

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVENOX 120 MG/0.8ML SOLN PRSYR	Non-Preferred	<div data-bbox="1133 172 1195 298">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 310 1195 348">QLC</div> 1.6 mL/day
LOVENOX 30 MG/0.3ML SOLN PRSYR	Non-Preferred	<div data-bbox="1133 369 1195 495">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 508 1195 546">QLC</div> 0.6 mL/day
LOVENOX 40 MG/0.4ML SOLN PRSYR	Non-Preferred	<div data-bbox="1133 567 1195 693">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 705 1195 743">QLC</div> 0.8 mL/day
LOVENOX 60 MG/0.6ML SOLN PRSYR	Non-Preferred	<div data-bbox="1133 764 1195 890">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 903 1195 940">QLC</div> 1.2 mL/day
LOVENOX 80 MG/0.8ML SOLN PRSYR	Non-Preferred	<div data-bbox="1133 961 1195 1087">C</div> Up to a 180 day supply every 365 days will be allowed without PA <div data-bbox="1133 1100 1195 1138">QLC</div> 1.6 mL/day
PRADAXA (PRADAXA 20 MG PACKET, PRADAXA 30 MG PACKET, PRADAXA 40 MG PACKET, PRADAXA 50 MG PACKET, PRADAXA 110 MG PACKET, PRADAXA 150 MG PACKET)	Non-Preferred	
PRADAXA (PRADAXA 75 MG CAP, PRADAXA 110 MG CAP, PRADAXA 150 MG CAP)	Preferred	
SAVAYSA	Non-Preferred	

DRUG DESCRIPTION (RX)
TIER
LIMITS & RESTRICTIONS

warfarin sodium (warfarin sodium 1 mg tab, warfarin sodium 2 mg tab, warfarin sodium 2.5 mg tab, warfarin sodium 3 mg tab, warfarin sodium 4 mg tab, warfarin sodium 5 mg tab, warfarin sodium 6 mg tab, warfarin sodium 7.5 mg tab, warfarin sodium 10 mg tab)

Preferred

XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)

Preferred

QL 30 / 30 days

XARELTO (XARELTO 2.5 MG TAB, XARELTO 15 MG TAB)

Preferred

QL 60 / 30 days

XARELTO 1 MG/ML RECON SUSP

Non-Preferred

XARELTO STARTER PACK

Preferred

QL 51 / 1 years

ZONTIVITY

Non-Preferred

BLOOD PRODUCTS AND MODIFIERS, OTHER

ARANESP (ALBUMIN FREE)

Non-Preferred

EPOGEN

Preferred

PA

FULPHILA

Preferred

PA

QLC 2.4 mL/28 days

FYLNETRA

Non-Preferred

GRANIX

Preferred

PA

LEUKINE

Non-Preferred

MIRCERA

Non-Preferred

MULPLETA

Non-Preferred

NEULASTA

Non-Preferred

QLC 2.4 mL/28 days

NEULASTA ONPRO

Non-Preferred

QLC 2.4 mL/28 days

NEUPOGEN

Preferred

PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NIVESTYM	Non-Preferred	
NPLATE	Preferred	PA
NYVEPRIA	Preferred	PA QLC 2.4 mL/28 days
PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION)	Non-Preferred	PA
PROCRIT 40000 UNIT/ML SOLUTION	Non-Preferred	
PROMACTA	Preferred	PA
RELEUKO	Preferred	PA
RETACRIT	Preferred	PA
ROLVEDON	Non-Preferred	
STIMUFEND	Non-Preferred	
UDENYCA 6 MG/0.6ML SOLN A-INJ	Non-Preferred	
UDENYCA 6 MG/0.6ML SOLN PRSYR	Non-Preferred	QLC 2.4 mL/28 days
ZARXIO	Non-Preferred	
ZIEXTENZO	Non-Preferred	QLC 2.4 mL/28 days
HEMOSTASIS AGENTS		
ADVATE	Preferred	PA
ADYNOVATE	Preferred	PA
AFSTYLA	Preferred	PA
ALPHANATE	Preferred	PA
ALPHANATE/VWF COMPLEX/HUMAN	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPHANINE SD	Preferred	PA
ALPROLIX	Preferred	PA
ALTUVIIIIO (ALTUVIIIIO 250 UNIT RECON SOLN, ALTUVIIIIO 500 UNIT RECON SOLN, ALTUVIIIIO 1000 UNIT RECON SOLN, ALTUVIIIIO 2000 UNIT RECON SOLN, ALTUVIIIIO 3000 UNIT RECON SOLN, ALTUVIIIIO 4000 UNIT RECON SOLN)	Non-Preferred	
<i>aminocaproic acid (aminocaproic acid 0.25 gm/ml solution, aminocaproic acid 500 mg tab, aminocaproic acid 1000 mg tab)</i>	Preferred	
BENEFIX	Preferred	PA
ELOCTATE	Preferred	PA
ESPEROCT (ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN)	Non-Preferred	PA
ESPEROCT 500 UNIT RECON SOLN	Non-Preferred	
FEIBA	Preferred	PA
HEMLIBRA	Preferred	PA
HEMOFIL M	Preferred	PA
HUMATE-P	Preferred	PA
IDELVION	Non-Preferred	PA
IXINITY	Preferred	PA
JIVI	Preferred	PA
KOATE	Preferred	PA

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WILATE	Preferred	PA
XYNTHA	Preferred	PA
XYNTHA SOLOFUSE	Preferred	PA
PLATELET MODIFYING AGENTS		
ADAKVEO	Non-Preferred	
AGGRENOX	Preferred	QL 60 / 30 days
<i>aspirin-dipyridamole er</i>	Preferred	QL 60 / 30 days
ASPIRIN-OMEPRazole 81-40 MG TAB DR	Non-Preferred	
BRILINTA	Preferred	QL 60 / 30 days
<i>cilostazol</i>	Preferred	QL 60 / 30 days
<i>clopidogrel bisulfate 300 mg tab</i>	Preferred	
<i>clopidogrel bisulfate 75 mg tab</i>	Preferred	QL 4 / 1 days
<i>dipyridamole (dipyridamole 25 mg tab, dipyridamole 75 mg tab)</i>	Preferred	QL 4 / 1 days
<i>dipyridamole 50 mg tab</i>	Preferred	QL 240 / 30 days
DOPTELET	Non-Preferred	
EFFIENT	Non-Preferred	QL 30 / 30 days
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	Non-Preferred	QL 90 / 30 days
OXBRYTA 300 MG TAB SOL	Non-Preferred	QL 150 / 30 days
PLAVIX	Non-Preferred	
<i>prasugrel hcl</i>	Preferred	QL 30 / 30 days
TAVALISSE	Non-Preferred	
YOSPRALA	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES	Non-Preferred	
CATAPRES-TTS-1	Non-Preferred	
CATAPRES-TTS-2	Non-Preferred	
CATAPRES-TTS-3	Non-Preferred	
<i>clonidine</i>	Preferred	QL 4 / 22 days
<i>clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)</i>	Preferred	QL 240 / 30 days
CLONIDINE HCL ER 0.17 MG TAB ER 24H	Non-Preferred	
<i>guanfacine hcl 1 mg tab</i>	Preferred	QL 90 / 30 days
<i>guanfacine hcl 2 mg tab</i>	Preferred	QL 60 / 30 days
<i>methyldopa</i>	Preferred	QL 180 / 30 days
METHYLDOPA	Preferred	
<i>midodrine hcl</i>	Preferred	QL 90 / 30 days
NEXICLON XR	Non-Preferred	
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	Non-Preferred	
<i>doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)</i>	Preferred	QL 30 / 30 days
<i>doxazosin mesylate 8 mg tab</i>	Preferred	QL 60 / 30 days
MINIPRESS	Non-Preferred	QL 120 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICARDIS 20 MG TAB	Non-Preferred	
MICARDIS 40 MG TAB	Non-Preferred	QL 60 / 30 days
MICARDIS 80 MG TAB	Non-Preferred	QL 30 / 30 days
<i>olmesartan medoxomil (olmesartan medoxomil 5 mg tab, olmesartan medoxomil 20 mg tab, olmesartan medoxomil 40 mg tab)</i>	Preferred	QL 30 / 30 days
<i>telmisartan 20 mg tab</i>	Preferred	QL 4 / 1 days
<i>telmisartan 40 mg tab</i>	Preferred	QL 60 / 30 days
<i>telmisartan 80 mg tab</i>	Preferred	QL 30 / 30 days
<i>valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab)</i>	Preferred	QL 60 / 30 days
<i>valsartan 320 mg tab</i>	Preferred	QL 30 / 30 days
<i>valsartan 4 mg/ml solution</i>	Non-Preferred	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL	Non-Preferred	QL 60 / 30 days
ALTACE	Non-Preferred	QL 60 / 30 days
<i>benazepril hcl (benazepril hcl 5 mg tab, benazepril hcl 10 mg tab, benazepril hcl 20 mg tab, benazepril hcl 40 mg tab)</i>	Preferred	QL 60 / 30 days
<i>captopril (captopril 12.5 mg tab, captopril 25 mg tab, captopril 50 mg tab, captopril 100 mg tab)</i>	Preferred	QL 90 / 30 days
<i>enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enalapril maleate 1 mg/ml solution</i>	Non-Preferred	C No PA required for children under 9 years old
EPANED	Non-Preferred	C No PA required for children under 9 years old
<i>fosinopril sodium</i>	Preferred	QL 60 / 30 days
<i>lisinopril (lisinopril 2.5 mg tab, lisinopril 5 mg tab, lisinopril 10 mg tab, lisinopril 20 mg tab, lisinopril 30 mg tab, lisinopril 40 mg tab)</i>	Preferred	QL 60 / 30 days
LOTENSIN	Non-Preferred	QL 60 / 30 days
<i>moexipril hcl</i>	Non-Preferred	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB)	Non-Preferred	
PRINIVIL	Non-Preferred	QL 60 / 30 days
QBRELIS	Non-Preferred	C No PA required for children under 9 years old
<i>quinapril hcl</i>	Preferred	QL 60 / 30 days
<i>ramipril</i>	Preferred	QL 60 / 30 days
<i>trandolapril</i>	Preferred	
VASOTEC	Non-Preferred	QL 60 / 30 days
ZESTRIL	Non-Preferred	QL 60 / 30 days
ANTIARRHYTHMICS		
<i>amiodarone hcl (amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)</i>	Preferred	QL 4 / 1 days
BETAPACE	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETAPACE AF	Non-Preferred	QL 60 / 30 days
<i>disopyramide phosphate 100 mg cap</i>	Preferred	QL 480 / 30 days
<i>disopyramide phosphate 150 mg cap</i>	Preferred	QL 300 / 30 days
<i>flecainide acetate (flecainide acetate 50 mg tab, flecainide acetate 100 mg tab)</i>	Preferred	QL 90 / 30 days
<i>flecainide acetate 150 mg tab</i>	Preferred	QL 60 / 30 days
<i>mexiletine hcl 150 mg cap</i>	Preferred	QL 240 / 30 days
<i>mexiletine hcl 200 mg cap</i>	Preferred	QL 180 / 30 days
<i>mexiletine hcl 250 mg cap</i>	Preferred	QL 4 / 1 days
<i>pacerone (pacerone 200 mg tab, pacerone 400 mg tab)</i>	Preferred	QL 4 / 1 days
<i>propafenone hcl</i>	Preferred	QL 90 / 30 days
<i>quinidine sulfate</i>	Preferred	QL 180 / 30 days
<i>sorine</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl (af)</i>	Preferred	QL 60 / 30 days
<i>sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)</i>	Preferred	QL 60 / 30 days
SOTYLIZE	Non-Preferred	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl (acebutolol hcl 200 mg cap, acebutolol hcl 400 mg cap)</i>	Preferred	QL 90 / 30 days
<i>atenolol (atenolol 25 mg tab, atenolol 50 mg tab, atenolol 100 mg tab)</i>	Preferred	QL 60 / 30 days
<i>betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol fumarate 10 mg tab</i>	Preferred	QL 60 / 30 days
<i>bisoprolol fumarate 5 mg tab</i>	Preferred	QL 4 / 1 days
BYSTOLIC	Non-Preferred	
<i>carvedilol (carvedilol 3.125 mg tab, carvedilol 6.25 mg tab, carvedilol 12.5 mg tab)</i>	Preferred	QL 60 / 30 days
<i>carvedilol 25 mg tab</i>	Preferred	QL 120 / 30 days
<i>carvedilol phosphate er</i>	Non-Preferred	
COREG (COREG 3.125 MG TAB, COREG 6.25 MG TAB, COREG 12.5 MG TAB)	Non-Preferred	QL 60 / 30 days
COREG 25 MG TAB	Non-Preferred	QL 120 / 30 days
COREG CR	Non-Preferred	
CORGARD	Non-Preferred	
HEMANGEOL	Preferred	PA
INDERAL LA	Non-Preferred	QL 30 / 30 days
INDERAL XL	Non-Preferred	
INNOPRAN XL	Non-Preferred	
KAPSPARGO SPRINKLE	Non-Preferred	
<i>labetalol hcl 100 mg tab</i>	Preferred	QL 420 / 30 days
<i>labetalol hcl 200 mg tab</i>	Preferred	QL 360 / 30 days
<i>labetalol hcl 300 mg tab</i>	Preferred	QL 240 / 30 days
LOPRESSOR	Non-Preferred	QL 120 / 30 days
<i>metoprolol succinate er</i>	Preferred	QL 60 / 30 days
<i>metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 100 mg tab)</i>	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>metoprolol tartrate (metoprolol tartrate 37.5 mg tab, metoprolol tartrate 75 mg tab)</i>	Preferred	
<i>nadolol (nadolol 20 mg tab, nadolol 40 mg tab, nadolol 80 mg tab)</i>	Preferred	QL 4 / 1 days
<i>nebivolol hcl</i>	Preferred	
<i>pindolol</i>	Preferred	QL 180 / 30 days
<i>propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)</i>	Preferred	QL 240 / 30 days
<i>propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)</i>	Preferred	QL 2400 / 30 days
<i>propranolol hcl er</i>	Preferred	QL 30 / 30 days
TENORMIN	Non-Preferred	QL 60 / 30 days
<i>timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)</i>	Non-Preferred	QL 90 / 30 days
TOPROL XL	Non-Preferred	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
ADALAT CC	Non-Preferred	QL 60 / 30 days
<i>amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)</i>	Preferred	QL 60 / 30 days
CONJUPRI	Non-Preferred	
<i>felodipine er</i>	Preferred	QL 30 / 30 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h)</i>	Non-Preferred	QL 60 / 30 days
<i>diltiazem hcl er 120 mg tab er 24h</i>	Non-Preferred	
<i>diltiazem hcl er 240 mg cap er 24h</i>	Preferred	QL 60 / 30 days
<i>diltiazem hcl er beads (diltiazem hcl er beads 120 mg cap er 24h, diltiazem hcl er beads 180 mg cap er 24h, diltiazem hcl er beads 300 mg cap er 24h, diltiazem hcl er beads 360 mg cap er 24h, diltiazem hcl er beads 420 mg cap er 24h)</i>	Preferred	QL 30 / 30 days
<i>diltiazem hcl er beads 240 mg cap er 24h</i>	Preferred	QL 60 / 30 days
<i>diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)</i>	Preferred	QL 30 / 30 days
<i>diltiazem hcl er coated beads 240 mg cap er 24h</i>	Preferred	QL 60 / 30 days
<i>matzim la</i>	Non-Preferred	QL 30 / 30 days
<i>taztia xt (taztia xt 120 mg cap er 24h, taztia xt 180 mg cap er 24h, taztia xt 300 mg cap er 24h, taztia xt 360 mg cap er 24h)</i>	Preferred	QL 30 / 30 days
<i>taztia xt 240 mg cap er 24h</i>	Preferred	QL 60 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERELAN PM	Non-Preferred	
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC	Non-Preferred	
<i>acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)</i>	Preferred	QL 4 / 1 days
ALDACTAZIDE 50-50 MG TAB	Preferred	
<i>aliskiren fumarate</i>	Non-Preferred	
<i>amiloride-hydrochlorothiazide</i>	Preferred	QL 60 / 30 days
<i>amlodipine besy-benazepril hcl</i>	Preferred	QL 30 / 30 days
<i>amlodipine besylate-valsartan</i>	Preferred	
<i>amlodipine-atorvastatin</i>	Non-Preferred	
<i>amlodipine-olmesartan</i>	Preferred	
<i>amlodipine-valsartan-hctz</i>	Preferred	
ASPRUZYO SPRINKLE	Non-Preferred	
ATACAND HCT	Non-Preferred	
<i>atenolol-chlorthalidone 100-25 mg tab</i>	Preferred	QL 30 / 30 days
<i>atenolol-chlorthalidone 50-25 mg tab</i>	Preferred	QL 60 / 30 days
AVALIDE	Non-Preferred	QL 30 / 30 days
AZOR	Non-Preferred	
<i>benazepril-hydrochlorothiazide</i>	Preferred	
BENICAR HCT	Non-Preferred	QL 30 / 30 days
BIDIL	Non-Preferred	
<i>bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab)</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab</i>	Preferred	QL 60 / 30 day(s)
CADUET	Non-Preferred	
<i>candesartan cilexetil-hctz</i>	Non-Preferred	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	Non-Preferred	
<i>captopril-hydrochlorothiazide (captopril-hydrochlorothiazide 25-15 mg tab, captopril-hydrochlorothiazide 50-15 mg tab)</i>	Non-Preferred	QL 90 / 30 days
<i>captopril-hydrochlorothiazide (captopril-hydrochlorothiazide 25-25 mg tab, captopril-hydrochlorothiazide 50-25 mg tab)</i>	Non-Preferred	QL 60 / 30 days
<i>digitek</i>	Preferred	
<i>digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)</i>	Preferred	
<i>digoxin 0.05 mg/ml solution</i>	Preferred	QL 150 / 30 days
DIOVAN HCT (DIOVAN HCT 320-12.5 MG TAB, DIOVAN HCT 320-25 MG TAB)	Non-Preferred	QL 30 / 30 days
DIOVAN HCT (DIOVAN HCT 80-12.5 MG TAB, DIOVAN HCT 160-12.5 MG TAB, DIOVAN HCT 160-25 MG TAB)	Non-Preferred	QL 60 / 30 days
EDARBYCLOR	Non-Preferred	
<i>enalapril-hydrochlorothiazide 10-25 mg tab</i>	Preferred	QL 60 / 30 days
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab</i>	Preferred	QL 30 / 30 days
ENTRESTO	Preferred	QL 60 / 30 days
EXFORGE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXFORGE HCT	Non-Preferred	
<i>fosinopril sodium-hctz</i>	Preferred	
HYZAAR	Non-Preferred	QL 30 / 30 days
INPEFA	Non-Preferred	
<i>irbesartan-hydrochlorothiazide</i>	Preferred	QL 30 / 30 days
<i>isosorb dinitrate-hydralazine</i>	Non-Preferred	
<i>lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)</i>	Preferred	QL 60 / 30 days
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab</i>	Preferred	QL 30 / 30 days
LODOCO	Non-Preferred	
<i>losartan potassium-hctz</i>	Preferred	QL 30 / 30 days
LOTENSIN HCT	Non-Preferred	
LOTREL	Non-Preferred	QL 30 / 30 days
<i>methyldopa-hydrochlorothiazide</i>	Non-Preferred	
<i>metoprolol-hydrochlorothiazide (metoprolol-hydrochlorothiazide 50-25 mg tab, metoprolol-hydrochlorothiazide 100-25 mg tab)</i>	Non-Preferred	QL 60 / 30 days
<i>metoprolol-hydrochlorothiazide 100-50 mg tab</i>	Non-Preferred	QL 30 / 30 days
MICARDIS HCT	Non-Preferred	
NEXLETOL	Preferred	PA
<i>olmesartan medoxomil-hctz</i>	Preferred	QL 30 / 30 days
<i>olmesartan-amlodipine-hctz</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pentoxifylline er</i>	Preferred	QL 90 / 30 days
<i>propranolol-hctz</i>	Preferred	QL 60 / 30 days
<i>quinapril-hydrochlorothiazide</i>	Preferred	
RANEXA	Non-Preferred	
<i>ranolazine er</i>	Preferred	PA
<i>spironolactone-hctz</i>	Preferred	QL 240 / 30 days
TARKA	Non-Preferred	
TEKTURNA	Non-Preferred	
TEKTURNA HCT	Non-Preferred	
<i>telmisartan-amlodipine</i>	Preferred	
<i>telmisartan-hctz</i>	Non-Preferred	
TENORETIC 100	Non-Preferred	QL 30 / 30 days
TENORETIC 50	Non-Preferred	QL 60 / 30 days
<i>trandolapril-verapamil hcl er</i>	Preferred	
<i>triamterene-hctz (triamterene-hctz 37.5-25 mg tab, triamterene-hctz 75-50 mg tab)</i>	Preferred	QL 30 / 30 days
<i>triamterene-hctz 37.5-25 mg cap</i>	Preferred	QL 60 / 30 days
TRIBENZOR	Non-Preferred	
TWYNSTA	Non-Preferred	
<i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 320-12.5 mg tab, valsartan-hydrochlorothiazide 320-25 mg tab)</i>	Preferred	QL 30 / 30 days
<i>valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 80-12.5 mg tab, valsartan-hydrochlorothiazide 160-12.5 mg tab, valsartan-hydrochlorothiazide 160-25 mg tab)</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VASERETIC	Non-Preferred	QL 60 / 30 days
ZESTORETIC (ZESTORETIC 20-12.5 MG TAB, ZESTORETIC 20-25 MG TAB)	Non-Preferred	QL 60 / 30 days
ZESTORETIC 10-12.5 MG TAB	Non-Preferred	QL 30 / 30 days
ZIAC (ZIAC 2.5-6.25 MG TAB, ZIAC 5-6.25 MG TAB)	Non-Preferred	QL 30 / 30 days
ZIAC 10-6.25 MG TAB	Non-Preferred	QL 60 / 30 day(s)
DIURETICS, LOOP		
<i>bumetanide (bumetanide 0.5 mg tab, bumetanide 2 mg tab)</i>	Preferred	QL 150 / 30 days
<i>bumetanide 1 mg tab</i>	Preferred	QL 180 / 30 days
<i>furosemide (furosemide 20 mg tab, furosemide 40 mg tab)</i>	Preferred	QL 450 / 30 days
<i>furosemide 10 mg/ml solution</i>	Preferred	QL 1800 / 30 day(s)
<i>furosemide 8 mg/ml solution</i>	Preferred	QL 2250 / 30 days
<i>furosemide 80 mg tab</i>	Preferred	QL 210 / 30 days
<i>torseamide 10 mg tab</i>	Preferred	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab)</i>	Preferred	QL 60 / 30 days
<i>spironolactone 100 mg tab</i>	Preferred	QL 4 / 1 days
DIURETICS, THIAZIDE		
<i>chlorthalidone</i>	Preferred	QL 4 / 1 days
DIURIL	Preferred	QL 40 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrochlorothiazide</i> (<i>hydrochlorothiazide 12.5 mg cap,</i> <i>hydrochlorothiazide 50 mg tab</i>)	Preferred	QL 120 / 30 days
<i>hydrochlorothiazide</i> (<i>hydrochlorothiazide 12.5 mg tab,</i> <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 60 / 30 days
<i>metolazone</i>	Preferred	QL 60 / 30 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA	Non-Preferred	
<i>fenofibrate (fenofibrate 40 mg tab,</i> <i>fenofibrate 50 mg cap, fenofibrate 120</i> <i>mg tab, fenofibrate 150 mg cap)</i>	Non-Preferred	
<i>fenofibrate (fenofibrate 48 mg tab,</i> <i>fenofibrate 54 mg tab, fenofibrate 67</i> <i>mg cap, fenofibrate 134 mg cap,</i> <i>fenofibrate 145 mg tab, fenofibrate</i> <i>160 mg tab, fenofibrate 200 mg cap)</i>	Preferred	QL 30 / 30 days
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	Non-Preferred	
<i>fenofibrate micronized (fenofibrate</i> <i>micronized 43 mg cap, fenofibrate</i> <i>micronized 130 mg cap)</i>	Preferred	
<i>fenofibrate micronized (fenofibrate</i> <i>micronized 67 mg cap, fenofibrate</i> <i>micronized 134 mg cap, fenofibrate</i> <i>micronized 200 mg cap)</i>	Preferred	QL 30 / 30 days
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)</i>	Preferred	
FENOGLIDE	Non-Preferred	
<i>gemfibrozil 600 mg tab</i>	Preferred	QL 60 / 30 days
LIPOFEN	Non-Preferred	
LOPID	Non-Preferred	QL 60 / 30 days
TRICOR	Non-Preferred	QL 30 / 30 days
TRIGLIDE	Non-Preferred	QL 30 / 30 days
TRILIPIX	Non-Preferred	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV	Non-Preferred	
ATORVALIQ	Non-Preferred	
<i>atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab, atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)</i>	Preferred	QL 30 / 30 days
CRESTOR	Non-Preferred	QL 30 / 30 days
EZALLOR SPRINKLE	Non-Preferred	
<i>fluvastatin sodium</i>	Non-Preferred	QL 30 / 30 days
<i>fluvastatin sodium er</i>	Non-Preferred	
LESCOL XL	Non-Preferred	
LIPITOR	Non-Preferred	QL 30 / 30 days
LIVALO	Non-Preferred	
<i>lovastatin (lovastatin 10 mg tab, lovastatin 20 mg tab)</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lovastatin 40 mg tab</i>	Preferred	QL 60 / 30 days
<i>pitavastatin calcium</i>	Non-Preferred	
PRAVACHOL	Non-Preferred	QL 30 / 30 days
<i>pravastatin sodium</i>	Preferred	QL 30 / 30 days
<i>rosuvastatin calcium</i>	Preferred	QL 30 / 30 days
<i>simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)</i>	Preferred	QL 30 / 30 days
SIMVASTATIN 20 MG/5ML SUSPENSION	Non-Preferred	
ZOCOR	Non-Preferred	QL 30 / 30 days
ZYPITAMAG	Non-Preferred	
DYSLIPIDEMICS, OTHER		
<i>cholestyramine 4 gm packet</i>	Preferred	QL 180 / 30 days
<i>cholestyramine 4 gm/dose powder</i>	Preferred	QLC 54 grams/day
<i>cholestyramine light 4 gm packet</i>	Preferred	QL 180 / 30 days
<i>cholestyramine light 4 gm/dose powder</i>	Preferred	QLC 54 grams/day
<i>colesevelam hcl</i>	Non-Preferred	
COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET)	Non-Preferred	
COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET)	Non-Preferred	
<i>colestipol hcl (colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>colestipol hcl 1 gm tab</i>	Preferred	
EVKEEZA	Non-Preferred	
<i>ezetimibe</i>	Preferred	QL 30 / 30 days
EZETIMIBE-ROSUVASTATIN	Non-Preferred	
<i>ezetimibe-simvastatin</i>	Non-Preferred	
<i>gnp niacin flush free</i>	Non-Preferred	
<i>icosapent ethyl 0.5 gm cap</i>	Non-Preferred	
<i>icosapent ethyl 1 gm cap</i>	Non-Preferred	QL 120 / 30 days
JUXTAPID	Non-Preferred	
<i>kp niacin</i>	Preferred	QL 4 / 1 days
LEQVIO	Non-Preferred	
LOVAZA	Non-Preferred	
NEXLIZET	Preferred	PA
NIACIN (ANTHYPERLIPIDEMIC)	Non-Preferred	
<i>niacin 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>niacin 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>niacin er (antihyperlipidemic) (niacin er (antihyperlipidemic) 750 mg tab er, niacin er (antihyperlipidemic) 1000 mg tab er)</i>	Non-Preferred	
<i>niacin er (antihyperlipidemic) 500 mg tab er</i>	Non-Preferred	QL 4 / 1 days
<i>niacin er (niacin er 750 mg tab er, niacin er 1000 mg tab er)</i>	Preferred	QL 60 / 30 days
<i>niacin er 250 mg cap er</i>	Non-Preferred	QL 60 / 30 days
<i>niacin er 500 mg cap er</i>	Non-Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>niacin er 500 mg tab er</i>	Preferred	QL 4 / 1 days
NIACOR	Non-Preferred	
NIASPAN	Non-Preferred	
<i>omega-3-acid ethyl esters</i>	Preferred	QL 4 / 1 days
<i>plain niacin 500 mg tab</i>	Preferred	QL 4 / 1 days
PRALUENT	Preferred	QL 2 / 28 days PA
<i>prevalite 4 gm packet</i>	Preferred	QL 180 / 30 days
<i>prevalite 4 gm/dose powder</i>	Preferred	QLC 54 grams/day
<i>px niacin</i>	Preferred	QL 60 / 30 days
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	Non-Preferred	
QUESTRAN LIGHT	Non-Preferred	
<i>ra niacin 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>ra niacin 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>ra no flush niacin</i>	Preferred	QL 4 / 1 days
REPATHA	Preferred	QL 3 / 28 days PA
REPATHA PUSHTRONEX SYSTEM	Preferred	PA
REPATHA SURECLICK	Preferred	QL 3 / 28 days PA
ROSZET	Non-Preferred	
VASCEPA 0.5 GM CAP	Non-Preferred	QL 240 / 30 days
VASCEPA 1 GM CAP	Non-Preferred	QL 120 / 30 days
VYTORIN	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WELCHOL	Non-Preferred	
ZETIA	Non-Preferred	QL 30 / 30 days
VASODILATORS, DIRECT-ACTING ARTERIAL		
<i>hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab)</i>	Preferred	QL 4 / 1 days
<i>hydralazine hcl 100 mg tab</i>	Preferred	QL 90 / 30 days
<i>minoxidil 10 mg tab</i>	Preferred	QL 300 / 30 days
<i>minoxidil 2.5 mg tab</i>	Preferred	QL 4 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
DILATRATE-SR	Non-Preferred	
GONITRO	Non-Preferred	
ISORDIL TITRADOSE	Non-Preferred	
<i>isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)</i>	Non-Preferred	QL 240 / 30 days
<i>isosorbide dinitrate 40 mg tab</i>	Non-Preferred	
<i>isosorbide mononitrate</i>	Preferred	
<i>isosorbide mononitrate er (isosorbide mononitrate er 60 mg tab er 24h, isosorbide mononitrate er 120 mg tab er 24h)</i>	Preferred	QL 60 / 30 days
<i>isosorbide mononitrate er 30 mg tab er 24h</i>	Preferred	QL 90 / 30 days
<i>minitran</i>	Non-Preferred	QL 30 / 30 days
NITRO-BID	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NITRO-DUR (NITRO-DUR 0.1 MG/HR PATCH 24HR, NITRO-DUR 0.2 MG/HR PATCH 24HR, NITRO-DUR 0.4 MG/HR PATCH 24HR, NITRO-DUR 0.6 MG/HR PATCH 24HR)	Non-Preferred	QL 30 / 30 days
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	Non-Preferred	
<i>nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg/hr patch 24hr)</i>	Preferred	QL 30 / 30 days
<i>nitroglycerin (nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.6 mg sl tab)</i>	Preferred	
<i>nitroglycerin 0.4 mg/spray solution</i>	Non-Preferred	
NITROLINGUAL	Non-Preferred	
NITROMIST	Non-Preferred	
NITROSTAT	Non-Preferred	

CENTRAL NERVOUS SYSTEM AGENTS

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

ADDERALL (ADDERALL 10 MG TAB, ADDERALL 12.5 MG TAB, ADDERALL 15 MG TAB, ADDERALL 20 MG TAB)	Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL (ADDERALL 5 MG TAB, ADDERALL 7.5 MG TAB)	Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 30 MG TAB	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADDERALL XR	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
ADZENYS ER	Non-Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required
ADZENYS XR-ODT	Non-Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>amphet-dextroamphet 3-bead er</i>	Non-Preferred	
AMPHETAMINE ER	Non-Preferred	
<i>amphetamine sulfate</i>	Non-Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>amphetamine-dextroamphet er</i>	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab, amphetamine-dextroamphetamine 20 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab)</i>	Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
<i>amphetamine-dextroamphetamine 30 mg tab</i>	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYANAVEL XR 2.5 MG/ML SUSP	Preferred	<div data-bbox="1133 174 1192 212">AL1</div> 4 to 17 yrs old <div data-bbox="1133 222 1192 281">C</div> Age restriction, clinical PA required
EVEKEO	Non-Preferred	<div data-bbox="1133 312 1192 350">AL1</div> 4 to 17 yrs old <div data-bbox="1133 361 1192 420">C</div> Age restriction, clinical PA required
EVEKEO ODT	Non-Preferred	<div data-bbox="1133 451 1192 489">AL1</div> 4 to 17 yrs old <div data-bbox="1133 499 1192 558">C</div> Age restriction, clinical PA required
<i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg cap, lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap)</i>	Preferred	<div data-bbox="1133 758 1192 795">QL</div> 30 / 30 days
<i>lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab, lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab)</i>	Non-Preferred	
<i>methamphetamine hcl</i>	Non-Preferred	<div data-bbox="1133 1392 1192 1430">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1440 1192 1499">C</div> Age restriction, clinical PA required
MYDAYIS	Non-Preferred	<div data-bbox="1133 1530 1192 1568">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1579 1192 1638">C</div> Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>procentra</i>	Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE	Non-Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
XELSTRYM	Non-Preferred	
<i>zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)</i>	Non-Preferred	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>zenzedi 30 mg tab</i>	Non-Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

ADHANSIA XR	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
APTENSIO XR	Non-Preferred	AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>atomoxetine hcl (atomoxetine hcl 10 mg cap, atomoxetine hcl 18 mg cap, atomoxetine hcl 25 mg cap, atomoxetine hcl 40 mg cap)</i>	Preferred	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>atomoxetine hcl (atomoxetine hcl 60 mg cap, atomoxetine hcl 80 mg cap, atomoxetine hcl 100 mg cap)</i>	Preferred	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clonidine hcl er 0.1 mg tab er 12h</i>	Preferred	<div data-bbox="1133 174 1195 216">AL1</div> 4 to 17 yrs old <div data-bbox="1133 222 1195 285">C</div> Age restriction, clinical PA required
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 54 MG TAB ER)	Preferred	<div data-bbox="1133 310 1195 352">QL</div> 30 / 30 days <div data-bbox="1133 359 1195 401">AL1</div> 4 to 17 yrs old <div data-bbox="1133 407 1195 470">C</div> Age restriction, clinical PA required
CONCERTA 36 MG TAB ER	Preferred	<div data-bbox="1133 495 1195 537">QL</div> 60 / 30 days <div data-bbox="1133 543 1195 585">AL1</div> 4 to 17 yrs old <div data-bbox="1133 592 1195 655">C</div> Age restriction, clinical PA required
COTEMPLA XR-ODT	Non-Preferred	<div data-bbox="1133 680 1195 722">AL1</div> 4 to 17 yrs old <div data-bbox="1133 728 1195 791">C</div> Age restriction, clinical PA required
DAYTRANA	Non-Preferred	<div data-bbox="1133 821 1195 863">AL1</div> 4 to 17 yrs old <div data-bbox="1133 869 1195 932">C</div> Age restriction, clinical PA required
<i>dexmethylphenidate hcl</i>	Preferred	<div data-bbox="1133 961 1195 1003">QL</div> 60 / 30 days <div data-bbox="1133 1010 1195 1052">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1058 1195 1121">C</div> Age restriction, clinical PA required
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)</i>	Preferred	<div data-bbox="1133 1192 1195 1234">QL</div> 30 / 30 days <div data-bbox="1133 1241 1195 1283">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1289 1195 1352">C</div> Age restriction, clinical PA required
<i>dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)</i>	Preferred	<div data-bbox="1133 1486 1195 1528">QL</div> 60 / 30 days <div data-bbox="1133 1535 1195 1577">AL1</div> 4 to 17 yrs old <div data-bbox="1133 1583 1195 1646">C</div> Age restriction, clinical PA required

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHYLIN	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate</i>	Non-Preferred	
<i>methylphenidate hcl (methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)</i>	Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>90 / 30 days</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 days</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)</i>	Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate hcl 10 mg chew tab</i>	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>180 / 30 days</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate hcl 5 mg tab</i>	Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>120 / 30 days</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)</i>	Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>60 / 30 days</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>
<i>methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)</i>	Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div>30 / 30 days</div> <div style="background-color: #28a745; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div>4 to 17 yrs old</div> <div style="background-color: #6c757d; color: white; padding: 2px 5px; border-radius: 3px;">c</div> <div>Age restriction, clinical PA required</div> </div>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<p><i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)</i></p>	Preferred	<p>QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required</p>
<p><i>methylphenidate hcl er (la)</i> <i>(methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)</i></p>	Preferred	<p>QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required</p>
<p><i>methylphenidate hcl er</i> <i>(methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)</i></p>	Preferred	<p>QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required</p>
<p><i>methylphenidate hcl er</i> <i>(methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)</i></p>	Preferred	<p>QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required</p>
<p><i>methylphenidate hcl er</i> <i>(methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)</i></p>	Preferred	<p>QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required</p>
<p><i>methylphenidate hcl er (osm)</i> <i>(methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 54 mg tab er)</i></p>	Preferred	<p>QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required</p>
<p>METHYLPHENIDATE HCL ER (OSM) (METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER, METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER)</p>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>methylphenidate hcl er (osm) 36 mg tab er</i>	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER	Non-Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required
<i>methylphenidate hcl er (xr)</i>	Non-Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE (QELBREE 150 MG CAP ER 24H, QELBREE 200 MG CAP ER 24H)	Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 100 MG CAP ER 24H	Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER	Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLIVANT XR	Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII (RELEXXII 18 MG TAB ER, RELEXXII 27 MG TAB ER, RELEXXII 36 MG TAB ER, RELEXXII 45 MG TAB ER, RELEXXII 54 MG TAB ER, RELEXXII 63 MG TAB ER)	Non-Preferred	
RELEXXII 72 MG TAB ER	Non-Preferred	<ul style="list-style-type: none"> AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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RITALIN (RITALIN 10 MG TAB, RITALIN 20 MG TAB)	Non-Preferred	<ul style="list-style-type: none"> QL 90 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
RITALIN 5 MG TAB	Non-Preferred	<ul style="list-style-type: none"> QL 120 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	Non-Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
RITALIN LA 40 MG CAP ER 24H	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
STRATTERA (STRATTERA 10 MG CAP, STRATTERA 18 MG CAP, STRATTERA 25 MG CAP, STRATTERA 40 MG CAP)	Non-Preferred	<ul style="list-style-type: none"> QL 60 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required
STRATTERA (STRATTERA 60 MG CAP, STRATTERA 80 MG CAP, STRATTERA 100 MG CAP)	Non-Preferred	<ul style="list-style-type: none"> QL 30 / 30 days AL1 4 to 17 yrs old c Age restriction, clinical PA required

CENTRAL NERVOUS SYSTEM, OTHER

8 hour arthritis pain	Preferred
8 hour arthritis pain reliever	Preferred
8 hour pain reliever	Preferred
8 hr arthritis pain relief	Preferred
<i>8hr muscle aches & pain</i>	Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>acetaminophen (acetaminophen 160 mg/5ml liquid, acetaminophen 160 mg/5ml solution, acetaminophen 160 mg/5ml suspension, acetaminophen 325 mg/10.15ml solution, acetaminophen 650 mg/20.3ml solution, acetaminophen 650 mg/20.3ml suspension)</i>	Preferred	QL 30 / 1 days
<i>acetaminophen (acetaminophen 325 mg tab, acetaminophen 500 mg tab)</i>	Preferred	QL 4 / 1 days
<i>acetaminophen 120 mg suppos</i>	Preferred	QL 5 / 1 days
<i>acetaminophen 650 mg suppos</i>	Preferred	QL 6 / 1 days
<i>acetaminophen 8 hour</i>	Preferred	
<i>acetaminophen childrens (acetaminophen childrens 160 mg/5ml solution, acetaminophen childrens 160 mg/5ml suspension)</i>	Preferred	QL 30 / 1 days
<i>acetaminophen er</i>	Preferred	
<i>acetaminophen extra strength 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>acetaminophen infants</i>	Preferred	QL 30 / 1 days
ALLZITAL	Non-Preferred	QLC Max 18 tabs/caps per month
<i>aminofen</i>	Preferred	QL 4 / 1 days
<i>aphen</i>	Preferred	QL 4 / 1 days
<i>arthritis pain relief 650 mg tab er</i>	Preferred	
<i>arthritis pain reliever 650 mg tab er</i>	Preferred	
<i>aurophen childrens</i>	Preferred	QL 30 / 1 days
AUSTEDO	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR	Preferred	PA
AUSTEDO XR PATIENT TITRATION	Preferred	PA
<i>bac</i>	Preferred	PA
<i>betatemp childrens</i>	Preferred	QLC Max 18 tabs/caps per month
<i>bupap</i>	Non-Preferred	QL 30 / 1 days
<i>butalbital-acetaminophen (butalbital-acetaminophen 25-325 mg tab, butalbital-acetaminophen 50-300 mg cap, butalbital-acetaminophen 50-300 mg tab, butalbital-acetaminophen 50-325 mg tab)</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-apap-caffeine (butalbital-apap-caffeine 50-300-40 mg cap, butalbital-apap-caffeine 50-325-40 mg cap)</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>butalbital-apap-caffeine 50-325-40 mg tab</i>	Preferred	PA QLC Max 18 tabs/caps per month
<i>childrens acetaminophen 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>childrens non-aspirin 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>childrens silapap</i>	Preferred	QL 30 / 1 days
<i>cvs 8hr arthritis pain relief</i>	Preferred	
<i>cvs 8hr muscle aches & pain</i>	Preferred	
<i>cvs acetaminophen 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>cvs acetaminophen ex st 500 mg tab</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs arthritis pain relief 650 mg tab er</i>	Preferred	
<i>cvs fever reducing childrens</i>	Preferred	QL 5 / 1 days
<i>cvs infants pain relief drops</i>	Preferred	QL 30 / 1 days
<i>cvs non-aspirin extra strength</i>	Preferred	QL 4 / 1 days
<i>cvs pain & fever childrens</i>	Preferred	QL 30 / 1 days
<i>cvs pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>cvs pain relief 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>cvs pain relief 650 mg tab er</i>	Preferred	
<i>cvs pain relief childrens 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>cvs pain relief extra strength</i>	Preferred	QL 4 / 1 days
<i>cvs pain relief regular st</i>	Preferred	QL 4 / 1 days
<i>ed-apap</i>	Preferred	QL 30 / 1 days
<i>eq 8hr arthritis pain relief</i>	Preferred	
<i>eq acetaminophen</i>	Preferred	QL 4 / 1 days
<i>eq arthritis pain 650 mg tab er</i>	Preferred	
<i>eq pain & fever childrens 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>eq pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>eq pain reliever</i>	Preferred	QL 4 / 1 days
<i>eq pain reliever ex st</i>	Preferred	QL 4 / 1 days
<i>eql acetaminophen 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>eql acetaminophen childrens</i>	Preferred	QL 30 / 1 days
<i>eql acetaminophen ex st</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq acetaminophen infants</i>	Preferred	QL 30 / 1 days
<i>eq arthritis pain relief</i>	Preferred	
<i>esgic (esgic 50-325-40 mg cap, esgic 50-325-40 mg tab)</i>	Non-Preferred	QLC Max 18 tabs/caps per month
<i>fever reducer childrens</i>	Preferred	QL 5 / 1 days
<i>feverall adults</i>	Preferred	QL 6 / 1 days
<i>feverall childrens</i>	Preferred	QL 5 / 1 days
FEVERALL INFANTS	Preferred	QL 5 / 1 days
FEVERALL JUNIOR STRENGTH	Preferred	QL 5 / 1 days
FIORICET	Non-Preferred	QLC Max 18 tabs/caps per month
<i>ft 8 hour pain relief</i>	Preferred	
<i>ft pain & fever childrens</i>	Preferred	QL 30 / 1 days
<i>ft pain relief</i>	Preferred	QL 4 / 1 days
<i>ft pain relief adult extra st</i>	Preferred	QL 4 / 1 days
<i>ft pain reliver extra st adult</i>	Preferred	QL 4 / 1 days
<i>gnp 8 hour arthritis relief</i>	Preferred	
<i>gnp 8 hour pain relief</i>	Preferred	
<i>gnp 8 hour pain reliever</i>	Preferred	
<i>gnp acetaminophen 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>gnp acetaminophen ex st 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>gnp arthritis pain relief</i>	Preferred	
<i>gnp children's pain & fever</i>	Preferred	QL 30 / 1 days
<i>gnp infants pain relief</i>	Preferred	QL 30 / 1 days
<i>gnp infants pain/fever</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp pain & fever childrens</i>	Preferred	QL 30 / 1 days
<i>gnp pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>gnp pain relief 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>gnp pain relief extra strength 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>goodsense arthritis pain 650 mg tab er</i>	Preferred	
<i>goodsense pain & fever child</i>	Preferred	QL 30 / 1 days
<i>goodsense pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>goodsense pain relief 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>goodsense pain relief 650 mg tab er</i>	Preferred	
<i>goodsense pain relief extra st</i>	Preferred	QL 4 / 1 days
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	Non-Preferred	
<i>healthy mama shake that ache</i>	Preferred	QL 4 / 1 days
<i>hm arthritis pain relief</i>	Preferred	
<i>hm pain & fever childrens</i>	Preferred	QL 30 / 1 days
<i>hm pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>hm pain relief</i>	Preferred	
<i>hm pain relief extra strength</i>	Preferred	QL 4 / 1 days
<i>hm pain relieve child dye-free</i>	Preferred	QL 30 / 1 days
<i>hm pain reliever</i>	Preferred	QL 4 / 1 days
<i>hm pain reliever childrens</i>	Preferred	QL 30 / 1 days
<i>hm pain reliever infants</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HORIZANT	Non-Preferred	
<i>infants pain & fever</i>	Preferred	QL 30 / 1 days
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP)	Preferred	QL 30 / 30 days PA
INGREZZA 40 & 80 MG CAP THPK	Preferred	PA
<i>kls acetaminophen ex st</i>	Preferred	QL 4 / 1 days
<i>kls rapid release pain</i>	Preferred	QL 4 / 1 days
<i>liquid acetaminophen</i>	Preferred	QL 30 / 1 days
<i>liquid pain relief</i>	Preferred	QL 30 / 1 days
<i>little remedies for fever</i>	Preferred	QL 30 / 1 days
m-pap	Preferred	QL 30 / 1 days
<i>mapap (mapap 325 mg tab, mapap 500 mg tab)</i>	Preferred	QL 4 / 1 days
<i>mapap arthritis pain</i>	Preferred	
<i>medi-tabs extra strength</i>	Preferred	QL 4 / 1 days
<i>meijer aspirin free</i>	Preferred	QL 4 / 1 days
<i>midol</i>	Preferred	
<i>mm acetaminophen ex str</i>	Preferred	QL 4 / 1 days
<i>mm arthritis pain</i>	Preferred	
<i>non-aspirin</i>	Preferred	QL 4 / 1 days
<i>non-aspirin childrens</i>	Preferred	QL 30 / 1 days
<i>non-aspirin extra strength</i>	Preferred	QL 4 / 1 days
<i>non-aspirin pain relief</i>	Preferred	QL 4 / 1 days
<i>non-aspirin pain reliever</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nortemp</i>	Preferred	QL 30 / 1 days
<i>pain & fever</i>	Preferred	QL 4 / 1 days
<i>pain & fever childrens 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>pain & fever kids</i>	Preferred	QL 30 / 1 days
<i>pain relief childrens 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>pain relief extra strength 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>pain relief regular strength</i>	Preferred	QL 4 / 1 days
<i>pain reliever (pain reliever 325 mg tab, pain reliever 500 mg tab)</i>	Preferred	QL 4 / 1 days
<i>pain reliever extra strength 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>pain reliever for adults</i>	Preferred	QL 4 / 1 days
<i>pain reliever/fever reducer</i>	Preferred	QL 5 / 1 days
<i>panadol childrens</i>	Preferred	QL 30 / 1 days
<i>panadol extra strength</i>	Preferred	QL 4 / 1 days
<i>panadol infants</i>	Preferred	QL 30 / 1 days
<i>pediacare children</i>	Preferred	QL 30 / 1 days
<i>pediacare infant fever/pain</i>	Preferred	QL 30 / 1 days
<i>pediacare infants</i>	Preferred	QL 30 / 1 days
<i>pharbetol</i>	Preferred	QL 4 / 1 days
<i>pharbetol extra strength</i>	Preferred	QL 4 / 1 days
<i>px arthritis pain relief</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>px childrens pain relief</i>	Preferred	QL 30 / 1 days
<i>px pain relief extra strength</i>	Preferred	QL 4 / 1 days
<i>qc 8 hour pain relief</i>	Preferred	
<i>qc acetaminophen 8 hours</i>	Preferred	
<i>qc acetaminophen 8hr arth pain</i>	Preferred	
<i>qc acetaminophen 8hr musc ache</i>	Preferred	
<i>qc acetaminophen infants</i>	Preferred	QL 30 / 1 days
<i>qc arthritis pain relief</i>	Preferred	
<i>qc non-aspirin 8 hour</i>	Preferred	
<i>qc non-aspirin childrens 160 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>qc non-aspirin extra strength</i>	Preferred	QL 4 / 1 days
<i>qc pain relief 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>qc pain relief childrens</i>	Preferred	QL 30 / 1 days
<i>qc pain relief extra strength 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>qc pain relief infants</i>	Preferred	QL 30 / 1 days
<i>ra 8 hour pain relief</i>	Preferred	
<i>ra acetaminophen</i>	Preferred	QL 4 / 1 days
<i>ra acetaminophen ex st</i>	Preferred	QL 4 / 1 days
<i>ra arthritis pain relief</i>	Preferred	
<i>ra childrens fever/pain</i>	Preferred	QL 30 / 1 days
<i>ra childrens non-aspirin</i>	Preferred	QL 30 / 1 days
<i>ra fever reducer/pain reliever</i>	Preferred	QL 30 / 1 days
<i>ra pain relief acetaminophen</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sb arthritis pain relief</i>	Preferred	
<i>sb non-aspirin 325 mg tab</i>	Preferred	QL 4 / 1 days
<i>sb non-aspirin extra strength</i>	Preferred	QL 4 / 1 days
<i>sb pain reliever childrens</i>	Preferred	QL 30 / 1 days
<i>sb pain reliever ex st</i>	Preferred	QL 4 / 1 days
<i>sm 8 hour pain relief</i>	Preferred	
<i>sm arthritis pain relief</i>	Preferred	
<i>sm arthritis pain reliever</i>	Preferred	
<i>sm pain & fever childrens</i>	Preferred	QL 30 / 1 days
<i>sm pain & fever infants</i>	Preferred	QL 30 / 1 days
<i>sm pain relief</i>	Preferred	QL 4 / 1 days
<i>sm pain relief extra strength</i>	Preferred	QL 4 / 1 days
<i>sm pain reliever</i>	Preferred	QL 4 / 1 days
<i>sm pain reliever childrens</i>	Preferred	QL 30 / 1 days
<i>sm pain reliever ex st 500 mg tab</i>	Preferred	QL 4 / 1 days
<i>sm pain reliever ex st 650 mg tab er</i>	Preferred	
<i>tactinal</i>	Preferred	QL 4 / 1 days
<i>tactinal extra strength</i>	Preferred	QL 4 / 1 days
<i>tetrabenazine</i>	Preferred	PA
<i>tgt acetaminophen childrens</i>	Preferred	QL 30 / 1 days
<i>tgt acetaminophen ex st</i>	Preferred	QL 4 / 1 days
<i>tgt arthritis pain relief</i>	Preferred	
<i>tgt childrens acetaminophen</i>	Preferred	QL 30 / 1 days
<i>vanatol lq</i>	Non-Preferred	QLC 270 mL/30 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>glatiramer acetate 20 mg/ml soln prsy</i>	Preferred	QL 30 / 30 days
<i>glatiramer acetate 40 mg/ml soln prsy</i>	Preferred	QL 12 / 28 days
<i>glatopa 20 mg/ml soln prsy</i>	Preferred	QL 30 / 30 days
<i>glatopa 40 mg/ml soln prsy</i>	Preferred	QL 12 / 28 days
KESIMPTA	Preferred	PA
LEMTRADA	Non-Preferred	
MAVENCLAD (10 TABS)	Non-Preferred	
MAVENCLAD (4 TABS)	Non-Preferred	
MAVENCLAD (5 TABS)	Non-Preferred	
MAVENCLAD (6 TABS)	Non-Preferred	
MAVENCLAD (7 TABS)	Non-Preferred	
MAVENCLAD (8 TABS)	Non-Preferred	
MAVENCLAD (9 TABS)	Non-Preferred	
MAYZENT 0.25 MG TAB	Non-Preferred	QL 120 / 30 days
MAYZENT 1 MG TAB	Non-Preferred	
MAYZENT 2 MG TAB	Non-Preferred	QL 30 / 30 days
MAYZENT STARTER PACK 0.25 MG TAB THPK	Non-Preferred	
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	Non-Preferred	QLC 1 fill per lifetime
OCREVUS	Preferred	PA
PLEGRIDY	Non-Preferred	
PLEGRIDY STARTER PACK	Non-Preferred	
PONVORY	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PONVORY STARTER PACK	Non-Preferred	QL 14 / 14 days
REBIF	Preferred	
REBIF REBIDOSE	Preferred	
REBIF REBIDOSE TITRATION PACK	Preferred	
REBIF TITRATION PACK	Preferred	
TASCENSO ODT	Non-Preferred	
TECFIDERA	Non-Preferred	
<i>teriflunomide</i>	Preferred	QL 30 / 30 days PA
TYSABRI	Preferred	PA
VUMERITY	Non-Preferred	QL 120 / 30 days
ZEPOSIA	Non-Preferred	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	Non-Preferred	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	Non-Preferred	
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate 0.12 % solution</i>	Preferred	QL 30 / 1 days
<i>kourzeq</i>	Preferred	
<i>oralone</i>	Preferred	
<i>paroex</i>	Preferred	QL 30 / 1 days
<i>periogard</i>	Preferred	QL 30 / 1 days
<i>pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>triamcinolone acetonide 0.1 % paste</i>	Preferred	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA	Non-Preferred	PA
ACANYA	Non-Preferred	
<i>accutane</i>	Non-Preferred	PA
<i>acitretin</i>	Preferred	
<i>adapalene 0.1 % cream</i>	Non-Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene 0.1 % gel</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
ADAPALENE 0.1 % SOLUTION	Non-Preferred	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 0.3 % gel pump</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene treatment</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>adapalene-benzoyl peroxide 0.3-2.5 % gel</i>	Non-Preferred	
ALTRENO	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>amnesteem</i>	Preferred	PA
ARAZLO	Non-Preferred	
ATRALIN	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>avita 0.025 % cream</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>avita 0.025 % gel</i>	Non-Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
AZELEX	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
BENZACLIN	Non-Preferred	
BENZACLIN WITH PUMP	Non-Preferred	
BENZAMYCIN	Non-Preferred	
BENZOYL PEROXIDE 9.5 % PAD	Non-Preferred	
<i>benzoyl peroxide-erythromycin</i>	Preferred	
<i>claravis</i>	Preferred	PA
<i>clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-5 % gel)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>clindamycin phos-benzoyl perox</i> <i>(clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)</i>	Non-Preferred	
<i>clindamycin phos-benzoyl perox 1-5 % gel pump</i>	Non-Preferred	
<i>clindamycin-tretinoin</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
CLINDAVIX	Non-Preferred	
<i>cvs adapalene</i>	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % CREAM	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % GEL	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % LOTION	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.3 % GEL	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EPIDUO	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EPIDUO FORTE	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FABIOR	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>isotretinoin (isotretinoin 10 mg cap, isotretinoin 20 mg cap, isotretinoin 30 mg cap, isotretinoin 40 mg cap)</i>	Preferred	PA
<i>isotretinoin (isotretinoin 25 mg cap, isotretinoin 35 mg cap)</i>	Non-Preferred	PA
<i>myorisan</i>	Preferred	PA
NEUAC (NEUAC 1.2-5 % GEL, NEUAC 1.2-5 % KIT)	Non-Preferred	
ONEXTON	Non-Preferred	
RETIN-A	Preferred	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO PUMP	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
RIAX 9.5 % PAD	Non-Preferred	
SORIATANE	Preferred	
<i>tazarotene (tazarotene 0.05 % gel, tazarotene 0.1 % gel)</i>	Non-Preferred	
<i>tazarotene 0.1 % cream</i>	Non-Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TAZAROTENE 0.1 % FOAM	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TAZORAC	Preferred	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % cream, tretinoin 0.025 % gel, tretinoin 0.05 % cream, tretinoin 0.1 % cream)</i>	Non-Preferred	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
<i>tretinoin microsphere (tretinoin microsphere 0.04 % gel, tretinoin microsphere 0.1 % gel)</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere pump (tretinoin microsphere pump 0.04 % gel, tretinoin microsphere pump 0.1 % gel)</i>	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
<i>tretinoin microsphere pump 0.08 % gel</i>	Non-Preferred	
WINLEVI	Non-Preferred	
<i>zenatane</i>	Preferred	PA
ZIANA	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DERMATITIS AND PRURITUS AGENTS		
<i>a/12</i>	Preferred	
ALA SCALP	Non-Preferred	
<i>ala-cort 1 % cream</i>	Non-Preferred	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>alclometasone dipropionate 0.05 % cream</i>	Non-Preferred	QL 30 / 30 days
<i>alclometasone dipropionate 0.05 % ointment</i>	Non-Preferred	QL 60 / 24 days
AMCINONIDE (AMCINONIDE 0.1 % CREAM, AMCINONIDE 0.1 % LOTION, AMCINONIDE 0.1 % OINTMENT)	Non-Preferred	
<i>amlactin daily</i>	Preferred	
<i>ammonium lactate (ammonium lactate 12 % cream, ammonium lactate 12 % lotion)</i>	Preferred	
<i>anti-itch 2-0.1 % cream</i>	Preferred	QL 30 / 7 days
<i>anti-itch extra strength</i>	Preferred	QL 30 / 7 days
<i>anti-itch maximum strength</i>	Preferred	QL 2 / 1 days
APEXICON E	Non-Preferred	
<i>aquanil hc</i>	Preferred	QL 120 / 27 days
<i>aquaphor itch relief children</i>	Non-Preferred	QL 30 / 7 days
<i>aquaphor itch relief max str</i>	Non-Preferred	QL 30 / 7 days
<i>banophen 2-0.1 % cream</i>	Preferred	QL 30 / 7 days
<i>baser 0.05 % lotion</i>	Non-Preferred	
<i>beta hc</i>	Preferred	QL 120 / 27 days
<i>betamethasone dipropionate 0.05 % cream</i>	Preferred	QL 45 / 28 days
<i>betamethasone dipropionate 0.05 % lotion</i>	Preferred	
<i>betamethasone dipropionate 0.05 % ointment</i>	Non-Preferred	
<i>betamethasone dipropionate aug 0.05 % cream</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>betamethasone dipropionate aug 0.05 % gel</i>	Non-Preferred	
<i>betamethasone dipropionate aug 0.05 % ointment</i>	Non-Preferred	QL 50 / 30 days
<i>betamethasone valerate 0.1 % cream</i>	Preferred	QL 45 / 24 days
<i>betamethasone valerate 0.1 % lotion</i>	Preferred	QL 60 / 27 days
<i>betamethasone valerate 0.1 % ointment</i>	Preferred	
<i>betamethasone valerate 0.12 % foam</i>	Non-Preferred	
BRYHALI	Non-Preferred	
CALAMINE 8-8 % LOTION	Preferred	QL 240 / 7 days
CALAMINE-ZINC OXIDE 8-8 % LOTION	Preferred	QL 240 / 7 days
CAPEX	Non-Preferred	
<i>clobetasol prop emollient base</i>	Non-Preferred	
<i>clobetasol prop emollient base 0.05 % cream</i>	Non-Preferred	
<i>clobetasol propionate (clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % liquid, clobetasol propionate 0.05 % lotion, clobetasol propionate 0.05 % shampoo)</i>	Non-Preferred	
<i>clobetasol propionate 0.05 % cream</i>	Preferred	QL 60 / 27 days
<i>clobetasol propionate 0.05 % gel</i>	Non-Preferred	QL 60 / 24 days
<i>clobetasol propionate 0.05 % ointment</i>	Preferred	QL 60 / 30 day(s)
<i>clobetasol propionate 0.05 % solution</i>	Preferred	QL 50 / 30 days
<i>clobetasol propionate e</i>	Non-Preferred	
<i>clobetasol propionate emulsion</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLOBEX	Non-Preferred	
CLOBEX SPRAY	Non-Preferred	
<i>clodan 0.05 % shampoo</i>	Preferred	
CORDRAN 4 MCG/SQCM TAPE	Non-Preferred	
<i>cortizone-10 diabetics skin</i>	Preferred	QL 120 / 27 days
<i>cortizone-10 eczema</i>	Preferred	QL 120 / 27 days
<i>cortizone-10 feminine itch</i>	Non-Preferred	QL 2 / 1 days
<i>cortizone-10 hydratensive</i>	Preferred	QL 120 / 27 days
<i>cortizone-10 intensve moisture</i>	Non-Preferred	QL 2 / 1 days
CORTIZONE-10 MAXIMUM STRENGTH	Non-Preferred	
<i>cortizone-10 overnight itch</i>	Non-Preferred	QL 2 / 1 days
<i>cortizone-10 psoriasis</i>	Preferred	QL 120 / 27 days
<i>cortizone-10 sensitive skin</i>	Non-Preferred	QL 2 / 1 days
<i>cortizone-10 soothing aloe</i>	Non-Preferred	QL 2 / 1 days
<i>cortizone-10 ultra soothing</i>	Non-Preferred	QL 2 / 1 days
<i>cortizone-10 water resistant</i>	Non-Preferred	QL 30 / 7 days
CORTIZONE-10/ALOE 1 % LIQUID	Non-Preferred	
<i>curad hydrocortisone</i>	Preferred	QL 2 / 1 days
CUTIVATE	Non-Preferred	
<i>cvs cortisone maximum strength 1 % lotion</i>	Preferred	QL 120 / 27 days
<i>cvs cortisone maximum strength 1 % ointment</i>	Preferred	QL 30 / 7 days
<i>cvs hydrating skin treatment</i>	Preferred	
<i>cvs itch relief extra strength</i>	Preferred	QL 30 / 7 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluocinolone acetonide 0.025 % ointment</i>	Non-Preferred	QL 60 / 30 days
<i>fluocinolone acetonide body</i>	Preferred	
<i>fluocinolone acetonide scalp</i>	Preferred	
<i>fluocinonide (fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution)</i>	Preferred	QL 60 / 24 days
<i>fluocinonide 0.05 % cream</i>	Preferred	QL 120 / 24 days
<i>fluocinonide 0.1 % cream</i>	Preferred	
<i>fluocinonide emulsified base</i>	Non-Preferred	QL 60 / 24 days
<i>flurandrenolide (flurandrenolide 0.05 % cream, flurandrenolide 0.05 % lotion, flurandrenolide 0.05 % ointment)</i>	Non-Preferred	
<i>fluticasone propionate (fluticasone propionate 0.005 % ointment, fluticasone propionate 0.05 % cream)</i>	Preferred	
<i>fluticasone propionate 0.05 % lotion</i>	Non-Preferred	
<i>geri-hydrolac 12</i>	Preferred	
<i>gnp anti-itch 2-0.1 % cream</i>	Preferred	QL 30 / 7 days
GNP CALAMINE	Preferred	QL 240 / 7 days
<i>gnp hydrocortisone</i>	Preferred	QL 30 / 7 days
<i>gnp hydrocortisone max st</i>	Preferred	QL 30 / 7 days
<i>gnp hydrocortisone plus</i>	Preferred	QL 2 / 1 days
<i>gnp hydrocortisone/aloe</i>	Preferred	QL 2 / 1 days
<i>halcinonide</i>	Non-Preferred	
<i>halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)</i>	Non-Preferred	QL 50 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>halobetasol propionate 0.05 % foam</i>	Non-Preferred	
HALOG (HALOG 0.1 % CREAM, HALOG 0.1 % OINTMENT)	Non-Preferred	
HM CALAMINE	Preferred	QL 240 / 7 days
<i>hm hydrocortisone plus</i>	Preferred	QL 2 / 1 days
<i>hm hydrocortisone-aloe max st</i>	Preferred	QL 2 / 1 days
<i>hydrocortisone (hydrocortisone 0.5 % cream, hydrocortisone 1 % ointment)</i>	Preferred	QL 30 / 7 days
<i>hydrocortisone (hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment)</i>	Preferred	
<i>hydrocortisone (perianal)</i>	Preferred	
<i>hydrocortisone 1 % cream</i>	Preferred	QL 2 / 1 days
<i>hydrocortisone 1 % lotion</i>	Preferred	QL 120 / 27 days
<i>hydrocortisone 2.5 % lotion</i>	Preferred	QL 118 / 24 days
<i>hydrocortisone butyr lipo base</i>	Non-Preferred	
<i>hydrocortisone butyrate (hydrocortisone butyrate 0.1 % cream, hydrocortisone butyrate 0.1 % lotion, hydrocortisone butyrate 0.1 % ointment, hydrocortisone butyrate 0.1 % solution)</i>	Non-Preferred	
<i>hydrocortisone in absorbase</i>	Non-Preferred	QL 30 / 7 days
<i>hydrocortisone max st 1 % cream</i>	Preferred	QL 2 / 1 days
<i>hydrocortisone max st 1 % ointment</i>	Preferred	QL 30 / 7 days
<i>hydrocortisone max st/12 moist</i>	Preferred	QL 2 / 1 days
<i>hydrocortisone valerate</i>	Non-Preferred	QL 60 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hydrocortisone/aloe max str</i>	Preferred	QL 2 / 1 days
IMPEKLO	Non-Preferred	
IMPOYZ	Non-Preferred	
<i>itch relief extra strength 2-0.1 % cream</i>	Preferred	QL 30 / 7 days
KENALOG 0.147 MG/GM AERO SOLN	Non-Preferred	
LEXETTE	Non-Preferred	
LOCOID (LOCOID 0.1 % CREAM, LOCOID 0.1 % LOTION, LOCOID 0.1 % SOLUTION)	Non-Preferred	
LOCOID LIPOCREAM	Non-Preferred	
LUXIQ	Non-Preferred	
<i>medpura hydrocortisone</i>	Preferred	QL 2 / 1 days
<i>mometasone furoate 0.1 % cream</i>	Preferred	QL 45 / 30 days
<i>mometasone furoate 0.1 % ointment</i>	Preferred	QL 45 / 19 days
<i>mometasone furoate 0.1 % solution</i>	Preferred	QL 60 / 30 days
OLUX	Non-Preferred	
OLUX-E	Non-Preferred	
PANDEL	Non-Preferred	
<i>pimecrolimus</i>	Non-Preferred	
<i>pimecrolimus 1 % cream (oceanside [68682] labeler only)</i>	Non-Preferred	
<i>procto-med hc</i>	Preferred	
<i>procto-pak</i>	Preferred	
PROCTOCORT 1 % CREAM	Non-Preferred	
<i>proctosol hc</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>proctozone-hc</i>	Preferred	
PROTOPIC	Preferred	
PSORCON	Non-Preferred	
PX CALAMINE	Preferred	QL 240 / 7 days
<i>qc anti-itch aloe</i>	Preferred	QL 2 / 1 days
<i>qc anti-itch extra strength</i>	Preferred	QL 30 / 7 days
<i>qc anti-itch intensive healing</i>	Preferred	QL 2 / 1 days
<i>ra allergy 2-0.1 % cream</i>	Preferred	QL 30 / 7 days
<i>ra anti-itch skin protectant</i>	Preferred	QL 30 / 7 days
<i>sarnol-hc</i>	Preferred	QL 120 / 27 days
<i>selenium sulfide 2.5 % lotion</i>	Preferred	
SILA III	Non-Preferred	
<i>sm anti-itch extra strength</i>	Preferred	QL 30 / 7 days
<i>sm hydrocortisone 1 % cream</i>	Preferred	QL 2 / 1 days
<i>sm hydrocortisone max st</i>	Preferred	QL 30 / 7 days
<i>sm hydrocortisone plus</i>	Preferred	QL 2 / 1 days
SYNALAR (SYNALAR 0.01 % SOLUTION, SYNALAR 0.025 % CREAM)	Non-Preferred	
SYNALAR 0.025 % OINTMENT	Non-Preferred	QL 60 / 30 days
<i>tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)</i>	Preferred	
TEMOVATE 0.05 % CREAM	Non-Preferred	
TEMOVATE 0.05 % OINTMENT	Non-Preferred	QL 60 / 30 day(s)
TEXACORT	Non-Preferred	
<i>tgt itch relief extra strength</i>	Preferred	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPICORT	Non-Preferred	
TOPICORT SPRAY	Non-Preferred	
<i>tovet 0.05 % foam</i>	Non-Preferred	
<i>triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)</i>	Preferred	QL 456 / 24 days
<i>triamcinolone acetonide (triamcinolone acetonide 0.05 % ointment, triamcinolone acetonide 0.1 % lotion)</i>	Preferred	
<i>triamcinolone acetonide 0.025 % lotion</i>	Preferred	QL 120 / 24 days
<i>triamcinolone acetonide 0.147 mg/gm aero soln</i>	Non-Preferred	
<i>triamcinolone acetonide 0.5 % cream</i>	Preferred	QL 60 / 27 days
<i>triamcinolone acetonide 0.5 % ointment</i>	Preferred	QL 30 / 24 days
<i>triamcinolone in absorbase</i>	Preferred	
<i>trianex</i>	Non-Preferred	
<i>triderm 0.1 % cream</i>	Non-Preferred	QL 456 / 24 days
<i>triderm 0.5 % cream</i>	Non-Preferred	QL 60 / 27 days
<i>tritocin</i>	Non-Preferred	
ULTRAVATE	Non-Preferred	
VANOS	Non-Preferred	
VTAMA	Non-Preferred	
<i>wal-dryl</i>	Preferred	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLOBETEX	Non-Preferred	
DERMATOLOGICAL AGENTS, OTHER		
a&d	Preferred	
a+d prevent	Preferred	
ABSORICA LD	Non-Preferred	
ACNE MEDICATION 10 (ACNE MEDICATION 10 10 % GEL, ACNE MEDICATION 10 10 % LOTION)	Preferred	
<i>acne medication 2.5</i>	Preferred	
<i>acne medication 5 (acne medication 5 5 % gel, acne medication 5 5 % lotion)</i>	Preferred	
AKLIEF	Non-Preferred	AL1 Up to 20 yrs old C Age restriction, clinical PA required
ALCORTIN A	Non-Preferred	
ALDARA	Non-Preferred	
<i>antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
<i>arthritis pain relieving</i>	Preferred	
<i>avar cleanser</i>	Non-Preferred	
<i>avar-e emollient</i>	Non-Preferred	
<i>avar-e green</i>	Non-Preferred	
<i>avedana hemorrhoid pain relief 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>baby vitamin a & d</i>	Preferred	
<i>beauty lotion</i>	Preferred	
BENSAL HP	Non-Preferred	
<i>benzefoam</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENZEPRO (BENZEPRO 5.2 % FOAM, BENZEPRO 5.8 % MISC)	Non-Preferred	
<i>benzoyl peroxide (benzoyl peroxide 2.5 % gel, benzoyl peroxide 5 % gel, benzoyl peroxide 5.3 % foam, benzoyl peroxide 10 % gel)</i>	Preferred	
BENZOYL PEROXIDE CLEANSER	Preferred	
<i>benzoyl peroxide wash</i>	Preferred	
<i>bp 10-1</i>	Non-Preferred	
BP CLEANSING WASH	Non-Preferred	
BPO	Non-Preferred	
<i>bpo foaming cloths</i>	Non-Preferred	
CABTREO	Non-Preferred	
CALAMINE PHENOLATED	Preferred	QL 240 / 7 days
CALAMINE-ZINC OXIDE LOTION	Preferred	QL 240 / 7 days
<i>calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)</i>	Preferred	QL 60 / 30 days
CALCIPOTRIENE 0.005 % FOAM	Non-Preferred	
<i>calcipotriene 0.005 % solution</i>	Preferred	
<i>calcipotriene-betameth diprop</i>	Non-Preferred	
<i>calcitrene</i>	Non-Preferred	QL 60 / 30 days
CALCITRIOL 3 MCG/GM OINTMENT	Non-Preferred	
CALSODORE (CALSODORE 0.005 % KIT, CALSODORE 0.005-5 % THER PACK)	Non-Preferred	
<i>capsaicin (capsaicin 0.075 % cream, capsaicin 0.1 % cream)</i>	Preferred	
<i>capsaicin 0.025 % cream</i>	Preferred	QL 60 / 20 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>capsaicin hp</i>	Preferred	
<i>capsaicin pain relief</i>	Preferred	
CAPZASIN-HP	Non-Preferred	
<i>cerave acne foaming cream</i>	Non-Preferred	
<i>cerovel</i>	Preferred	QL 240 / 24 days
<i>chlorhexidine gluconate 4 % solution</i>	Preferred	QL 120 / 10 days
CIBINQO	Non-Preferred	
CLENIA PLUS	Non-Preferred	
<i>clotrimazole-betamethasone 1-0.05 % cream</i>	Preferred	QL 45 / 28 days
<i>clotrimazole-betamethasone 1-0.05 % lotion</i>	Non-Preferred	
<i>complete moisture</i>	Preferred	
<i>corti-sav</i>	Non-Preferred	
<i>curad vitamin a & d</i>	Preferred	
<i>cvs antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
<i>cvs capsaicin hp</i>	Preferred	
<i>cvs dry skin therapy lotion</i>	Preferred	
<i>cvs extra moisturizing</i>	Preferred	
<i>cvs gentle skin cleanser</i>	Preferred	
<i>cvs hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>cvs intense dry skin therapy</i>	Preferred	
<i>cvs moisturizing lotion</i>	Preferred	
<i>cvs muscle rub 4-10-30 % cream</i>	Preferred	
<i>cvs muscle rub ultra strength</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs special care</i>	Preferred	
<i>cvs therapeutic</i>	Preferred	
<i>cvs vitamin a&d</i>	Preferred	
<i>cvs wart remover pen</i>	Preferred	
<i>cvs zinc oxide</i>	Preferred	
<i>dermacinrx penetral</i>	Non-Preferred	QL 60 / 20 days
<i>dermadaily</i>	Preferred	
<i>dermavantage</i>	Preferred	
<i>dermazene</i>	Non-Preferred	
<i>dml</i>	Preferred	
DOVONEX	Non-Preferred	QL 2 / 1 days
DRYSOL	Preferred	
DUOBRII	Non-Preferred	
<i>dyna-hex 4</i>	Preferred	QL 120 / 10 days
ENSTILAR	Non-Preferred	
<i>eq pain relieving 4-10-30 % cream</i>	Preferred	
<i>eq vitamins a & d</i>	Preferred	
<i>eq absolute moisture dry skin</i>	Preferred	
<i>eq advanced recovery</i>	Preferred	
<i>eq advanced skin therapy</i>	Preferred	
<i>eq aloe after sun</i>	Preferred	
<i>eq hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>eq therapeutic</i>	Preferred	
<i>fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream, fluorouracil 5 % solution)</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
<i>gnp antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
GNP CALAMINE PHENOLATED	Preferred	QL 240 / 7 days
<i>gnp hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>gnp muscle rub ultra strength</i>	Preferred	
<i>gnp vitamin a & d</i>	Preferred	
<i>gnp zinc oxide</i>	Preferred	
<i>goodsense hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>goodsense muscle rub 4-10-30 % cream</i>	Preferred	
<i>gordomatic lotion</i>	Preferred	
HALOG 0.1 % SOLUTION	Non-Preferred	
<i>hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>hm antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
<i>hm hemorrhoidal</i>	Preferred	QL 114 / 30 days
<i>hydrocortisone-iodoquinol</i>	Non-Preferred	
<i>imiquimod 3.75 % cream</i>	Non-Preferred	
<i>imiquimod 5 % cream</i>	Preferred	QL 48 / 365 days
<i>imiquimod pump</i>	Non-Preferred	
<i>iodoquinol-hc-aloe polysacch</i>	Non-Preferred	
<i>lintera wash</i>	Non-Preferred	
LITFULO	Non-Preferred	
LOTRISONE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lubricating lotion</i>	Preferred	
<i>lubrisilk</i>	Preferred	
<i>lubrskin</i>	Preferred	
<i>major-prep hemorrhoidal</i>	Preferred	QL 114 / 30 days
<i>medpura benzoyl peroxide</i>	Preferred	
<i>medpura vitamin a & d</i>	Preferred	
<i>medpura zinc oxide</i>	Preferred	
MEIJER CALAMINE	Preferred	QL 240 / 7 days
<i>meijer zinc oxide</i>	Preferred	
<i>methoxsalen rapid</i>	Non-Preferred	
MINERAL OIL-HYDROPHIL PETROLAT	Preferred	
<i>minerin</i>	Preferred	
<i>moisture</i>	Preferred	
<i>moisture recovery</i>	Preferred	
<i>moisturizing lotion</i>	Preferred	
<i>moisturizing sensitive skin</i>	Preferred	
<i>muscle rub ultra strength</i>	Preferred	
NEO-SYNALAR (NEO-SYNALAR 0.5-0.025 % CREAM, NEO-SYNALAR 0.5-0.025 % KIT)	Non-Preferred	
<i>nystatin-triamcinolone</i>	Preferred	
OMVOH	Non-Preferred	
OPZELURA	Non-Preferred	
OXSORALEN ULTRA	Non-Preferred	
<i>pain relieving ultra st 4-10-30 % cream</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>panoxyl creamy wash</i>	Preferred	
<i>panoxyl foaming wash</i>	Preferred	
PLEXION	Non-Preferred	
PLEXION CLEANSER	Non-Preferred	
PLEXION CLEANSING CLOTH	Non-Preferred	
<i>podofilox 0.5 % solution</i>	Preferred	
PROCTOFOAM HC	Preferred	
<i>qc antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
QC CALAMINE	Preferred	QL 240 / 7 days
<i>qc hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>qc pain relieving</i>	Preferred	
<i>qc zinc oxide</i>	Preferred	
QUTENZA	Non-Preferred	
QUTENZA (2 PATCH)	Non-Preferred	
QUTENZA (4 PATCH)	Non-Preferred	
<i>ra antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
<i>ra gentle skin</i>	Preferred	
<i>ra vitamin a & d</i>	Preferred	
<i>ra wart remover 17 % gel</i>	Preferred	
<i>ra zinc oxide</i>	Preferred	
<i>refreshing aloe</i>	Preferred	
<i>sal-plant</i>	Preferred	
SALICYLIC ACID 3 % OINTMENT	Non-Preferred	
SANTYL	Preferred	C Max 60 days supply per 365 days QLC 120 grams/30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>silver sulfadiazine 1 % cream</i>	Preferred	
<i>sm anti-dandruff coal tar</i>	Preferred	
<i>sm antiseptic skin cleanser</i>	Preferred	QL 120 / 10 days
SM CALAMINE	Preferred	QL 240 / 7 days
SM CALAMINE PHENOLATED	Preferred	QL 240 / 7 days
<i>sm dry skin therapy</i>	Preferred	
<i>sm hemorrhoidal 0.25-14-74.9 % ointment</i>	Preferred	QL 114 / 30 days
<i>sodium sulfacetamide wash</i>	Non-Preferred	
SORILUX	Non-Preferred	
<i>ssd</i>	Preferred	
<i>sss 10-5 10-5 % cream</i>	Preferred	
SSS 10-5 10-5 % FOAM	Non-Preferred	
<i>sulfacetamide sod-sulfur wash 9-4 % liquid</i>	Non-Preferred	
<i>sulfacetamide sod-sulfur wash 9-4.5 % liquid</i>	Preferred	
<i>sulfacetamide sodium (sulfacetamide sodium 10 % (cleans) gel, sulfacetamide sodium 10 % liquid)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)**TIER****LIMITS & RESTRICTIONS**

SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LOTION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 10-4 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM)

Non-Preferred

sulfacetamide sodium-sulfur (sulfacetamide sodium-sulfur 9-4.5 % liquid, sulfacetamide sodium-sulfur 10-5 % liquid)

Preferred

SULFACETAMIDE-SULFUR IN UREA

Preferred

SUMADAN

Non-Preferred

SUMADAN WASH

Non-Preferred

SUMADAN XLT

Non-Preferred

SUMAXIN

Non-Preferred

SUMAXIN CP

Non-Preferred

SUMAXIN WASH

Non-Preferred

TACLONEX

Preferred

tera-gel tar

Preferred

thera-derm

Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>therapeutic</i>	Preferred	
<i>therapeutic t+plus</i>	Preferred	
TWYNEO	Non-Preferred	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> <div style="background-color: #2e8b57; color: white; padding: 2px 5px; border-radius: 3px;">AL1</div> <div style="background-color: #333; color: white; padding: 2px 5px; border-radius: 3px;">C</div> </div> 30 / 30 days Up to 20 yrs old Age restriction, clinical PA required
<i>urea 40 % lotion</i>	Preferred	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 240 / 24 days
<i>urea-c40</i>	Preferred	<div style="background-color: #6a3d9a; color: white; padding: 2px 5px; border-radius: 3px;">QL</div> 240 / 24 days
VECTICAL	Non-Preferred	
<i>vitamin a & d ointment</i>	Preferred	
<i>vitamin a & d skin protectant</i>	Preferred	
<i>vitamin a&d</i>	Preferred	
<i>vitamins a & d ointment</i>	Preferred	
<i>wart remover</i>	Preferred	
<i>wart remover maximum strength 17 % gel</i>	Preferred	
WYNZORA	Non-Preferred	
XERESE	Non-Preferred	
<i>zinc oxide 20 % ointment</i>	Preferred	
ZORYVE 0.3 % CREAM	Non-Preferred	
<i>zostrix hp</i>	Preferred	
ZYCLARA	Non-Preferred	
ZYCLARA PUMP	Non-Preferred	
PEDICULICIDES/SCABICIDES		
<i>crotan</i>	Non-Preferred	
<i>cvs ivermectin lice treatment</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs lice solution 3-step</i>	Preferred	
ELIMITE	Non-Preferred	
EURAX	Non-Preferred	
<i>gnp lice treatment (gnp lice treatment 0.33-4 % shampoo, gnp lice treatment 1 % liquid)</i>	Preferred	
<i>goodsense lice killing</i>	Preferred	
<i>hm lice killing max st</i>	Preferred	
<i>hm lice treatment</i>	Preferred	
<i>ivermectin 0.5 % lotion</i>	Non-Preferred	
<i>lice killing</i>	Preferred	
<i>lice killing maximum strength</i>	Preferred	
<i>lice treatment 1 % lotion</i>	Preferred	
<i>lice treatment creme rinse</i>	Preferred	
<i>lindane</i>	Non-Preferred	
<i>malathion</i>	Non-Preferred	QL 118 / 30 days
NATROBA	Preferred	QL 240 / 30 days
OVIDE	Non-Preferred	
<i>permethrin 5 % cream</i>	Preferred	
SKLICE	Non-Preferred	QL 234 / 30 days
<i>sm lice killing max strength</i>	Preferred	
<i>sm lice solution kit</i>	Preferred	
<i>sm lice solution kit 3-step</i>	Preferred	
<i>sm lice treatment</i>	Preferred	
<i>spinosad</i>	Non-Preferred	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANALICE	Non-Preferred	
TOPICAL ANTI-INFECTIVES		
<i>acyclovir 5 % cream</i>	Non-Preferred	
<i>acyclovir 5 % ointment</i>	Preferred	
ACZONE	Non-Preferred	
CENTANY	Non-Preferred	
<i>ciclodan</i>	Non-Preferred	QL 6.6 / 30 days
<i>ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)</i>	Non-Preferred	
<i>ciclopirox 8 % solution</i>	Preferred	QL 6.6 / 30 days
CLEOCIN-T 1 % GEL	Non-Preferred	QL 120 / 30 days
CLEOCIN-T 1 % LOTION	Non-Preferred	
<i>clindacin</i>	Non-Preferred	
CLINDAGEL	Non-Preferred	QL 120 / 30 days
<i>clindamycin phosphate (clindamycin phosphate 1 % gel, 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	
<i>dapsone (dapsone 5 % gel, dapsone 7.5 % gel)</i>	Non-Preferred	
DENA VIR	Non-Preferred	
<i>ery</i>	Preferred	
ERYGEL	Non-Preferred	
<i>erythromycin 2 % gel</i>	Non-Preferred	
<i>erythromycin 2 % solution</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EVOCLIN	Non-Preferred	
LOPROX 1 % SHAMPOO	Non-Preferred	
<i>mupirocin 2 % ointment</i>	Preferred	
<i>mupirocin calcium</i>	Non-Preferred	
<i>peniclovir</i>	Non-Preferred	
PENLAC	Non-Preferred	
XEPI	Non-Preferred	
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	Non-Preferred	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
<i>advantage care electrolyte ped</i>	Preferred	QL 1014 / 1 days
<i>argyle sterile saline</i>	Preferred	
<i>ceralyte 70 solution</i>	Preferred	QL 1014 / 1 days
<i>curity sterile saline</i>	Preferred	
<i>cvs electrolyte solution</i>	Preferred	QL 1014 / 1 days
<i>cvs iron 240 (27 fe) mg tab</i>	Preferred	QL 30 / 30 days
<i>cvs iron 325 (65 fe) mg tab</i>	Preferred	
<i>cvs ped electrolyte freeze pop</i>	Preferred	QL 1014 / 1 days
<i>cvs pediatric electrolyte</i>	Preferred	QL 1014 / 1 days
<i>eql iron supplement therapy</i>	Preferred	
<i>ferate</i>	Preferred	QL 30 / 30 days
<i>fergon</i>	Preferred	QL 30 / 30 days
<i>ferosul</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FERRO-SEQUELS	Non-Preferred	
<i>ferrotabs</i>	Preferred	QL 30 / 30 days
<i>ferrous gluconate 240 (27 fe) mg tab</i>	Preferred	QL 30 / 30 days
FERROUS GLUCONATE 324 (38 FE) MG TAB	Preferred	QL 90 / 30 days
<i>ferrous sulfate 325 (65 fe) mg tab</i>	Preferred	
<i>gnp electrolyte solution</i>	Preferred	QL 1014 / 1 days
<i>gnp pediatric electrolyte</i>	Preferred	QL 1014 / 1 days
<i>goodsense iron</i>	Preferred	
h-e-b oral electrolyte	Preferred	QL 1014 / 1 days
HEMATEX	Non-Preferred	
<i>hm magnesium</i>	Preferred	
<i>hm pediatric electrolyte</i>	Preferred	QL 1014 / 1 days
<i>iron (ferrous sulfate) 325 (65 fe) mg tab</i>	Preferred	
<i>iron 240 (27 fe) mg tab</i>	Preferred	QL 30 / 30 days
<i>iron 27</i>	Preferred	QL 30 / 30 days
<i>iron 325 (65 fe) mg tab</i>	Preferred	
<i>iron high-potency 325 mg tab</i>	Preferred	
<i>klor-con</i>	Preferred	QL 150 / 30 days
<i>klor-con 10</i>	Preferred	QL 150 / 30 days
<i>klor-con m10</i>	Preferred	QL 150 / 30 days
<i>klor-con m20</i>	Preferred	QL 150 / 30 days
<i>klor-con sprinkle 10 meq cap er</i>	Preferred	QL 150 / 30 days
<i>klor-con sprinkle 8 meq cap er</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kp ferrous sulfate</i>	Preferred	
<i>levocarnitine 1 gm/10ml solution</i>	Preferred	
<i>levocarnitine sf</i>	Preferred	
<i>magnesium oxide (magnesium oxide 400 (240 mg) mg tab, magnesium oxide 400 mg tab)</i>	Preferred	
<i>magnesium oxide -mg supplement 400 (240 mg) mg tab</i>	Preferred	
<i>magnesium-oxide</i>	Preferred	
<i>meijer ferrous sulfate</i>	Preferred	
<i>mgo</i>	Preferred	
MONOFERRIC	Non-Preferred	
<i>nafrinse</i>	Preferred	QL 30 / 30 days
<i>nat-rul iron</i>	Preferred	
<i>oral electrolyte freezer pops</i>	Preferred	QL 1014 / 1 days
<i>oral electrolytes</i>	Preferred	QL 1014 / 1 days
<i>oralyte</i>	Preferred	QL 1014 / 1 days
<i>oralyte freezer pops</i>	Preferred	QL 1014 / 1 days
<i>ped electrolyte freeze pops</i>	Preferred	QL 1014 / 1 days
<i>ped electrolyte freezer pops</i>	Preferred	QL 1014 / 1 days
<i>pedia vance</i>	Preferred	QL 1014 / 1 days
<i>pediatric electrolyte solution</i>	Preferred	QL 1014 / 1 days
<i>pediatric electrolyte-zinc</i>	Preferred	QL 1014 / 1 days
<i>potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)</i>	Preferred	QL 1800 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>potassium chloride 20 meq packet</i>	Preferred	QL 150 / 30 days
<i>potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)</i>	Preferred	QL 150 / 30 days
<i>potassium chloride er (potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)</i>	Preferred	QL 150 / 30 days
<i>potassium chloride er 8 meq cap er</i>	Preferred	
<i>potassium citrate er (potassium citrate er 5 meq (540 mg) tab er, potassium citrate er 10 meq (1080 mg) tab er)</i>	Preferred	QL 300 / 30 days
<i>potassium citrate er 15 meq (1620 mg) tab er</i>	Preferred	
<i>qc ferrous sulfate</i>	Preferred	
<i>ra iron 325 (65 fe) mg tab</i>	Preferred	
<i>ra pediatric electrolyte</i>	Preferred	QL 1014 / 1 days
<i>rehydralyte</i>	Preferred	QL 1014 / 1 days
<i>sb pediatric electrolyte</i>	Preferred	QL 1014 / 1 days
<i>sm iron</i>	Preferred	
<i>sm pediatric electrolyte</i>	Preferred	QL 1014 / 1 days
<i>sodium chloride 0.9 % solution</i>	Preferred	
<i>sodium fluoride (sodium fluoride 0.5 mg/ml solution, sodium fluoride 1.1 (0.5 f) mg/ml solution)</i>	Preferred	QL 50 / 30 days
<i>sodium fluoride 0.55 (0.25 f) mg chew tab</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sodium fluoride 1.1 (0.5 f) mg chew tab</i>	Preferred	QL 60 / 30 days
<i>sodium fluoride 2.2 (1 f) mg chew tab</i>	Preferred	QL 30 / 30 days
<i>sv iron</i>	Preferred	
VITABEX IRON	Non-Preferred	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	Preferred	
<i>deferasirox</i>	Preferred	PA
<i>deferasirox granules</i>	Preferred	PA
<i>deferiprone</i>	Non-Preferred	
EXJADE	Non-Preferred	
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 500 MG TAB, FERRIPROX 1000 MG TAB)	Non-Preferred	
FERRIPROX TWICE-A-DAY	Non-Preferred	
JADENU	Non-Preferred	
JADENU SPRINKLE	Non-Preferred	
PHOSPHATE BINDERS		
AURYXIA	Non-Preferred	
<i>calcium acetate (phos binder)</i>	Preferred	QL 360 / 30 days
<i>calcium acetate 667 mg tab</i>	Preferred	QL 360 / 30 days
<i>calphron</i>	Preferred	QL 360 / 30 days
FOSRENOL	Non-Preferred	
<i>lanthanum carbonate</i>	Non-Preferred	
PHOSLYRA	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RENAGEL	Non-Preferred	QL 480 / 30 days
REVELA (REVELA 0.8 GM PACKET, REVELA 2.4 GM PACKET)	Non-Preferred	
REVELA 800 MG TAB	Non-Preferred	QL 510 / 30 days
<i>sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)</i>	Non-Preferred	
<i>sevelamer carbonate 800 mg tab</i>	Preferred	QL 510 / 30 days
<i>sevelamer hcl</i>	Non-Preferred	
VELPHORO	Non-Preferred	
POTASSIUM BINDERS		
<i>kionex</i>	Preferred	QL 240 / 1 days
LOKELMA	Preferred	PA
<i>sodium polystyrene sulfonate powder</i>	Preferred	QL 1800 / 30 day(s)
<i>sodium polystyrene sulfonate 15 gm/60ml suspension</i>	Preferred	QL 240 / 1 days
<i>sps</i>	Preferred	QL 240 / 1 days
VELTASSA	Preferred	PA
VITAMINS		
600+d3	Preferred	QL 90 / 30 days
a thru z advanced	Preferred	QL 30 / 30 days
a thru z advanced adult	Preferred	QL 30 / 30 days
a thru z high potency	Preferred	QL 30 / 30 days
a thru z select chew tab	Preferred	QL 60 / 30 days
a thru z select tab	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
a thru z select 50+ advanced	Preferred	QL 30 / 30 days
a thru z select 50+ mens	Preferred	QL 30 / 30 days
a thru z select advanced	Preferred	QL 30 / 30 days
a thru z select ultimate women	Preferred	QL 30 / 30 days
a thru z ultimate mens	Preferred	QL 30 / 30 days
a-10000	Preferred	QL 60 / 30 days
<i>abc plus</i>	Preferred	QL 30 / 30 days
<i>abc plus senior</i>	Preferred	QL 30 / 30 days
<i>abc plus senior adults 50+</i>	Preferred	QL 30 / 30 days
<i>acerola c-500</i>	Preferred	QL 60 / 30 days
ACTIVE FE	Non-Preferred	
<i>activite</i>	Preferred	
ADEK GUMMIES PLUS ZN	Preferred	QL 60 / 30 days
<i>adult gummy</i>	Preferred	QL 60 / 30 days
ADULT ONE DAILY GUMMIES	Preferred	QL 60 / 30 days
<i>advanced multi ea</i>	Preferred	QL 60 / 30 days
AIRBORNE CHEW TAB	Preferred	QL 60 / 30 days
<i>airborne gummies</i>	Preferred	QL 60 / 30 days
<i>airborne kids</i>	Preferred	QL 60 / 30 days
AIRBORNE+GOOD REST CHEW TAB	Preferred	QL 60 / 30 days
AIRBORNE+PROBIOTIC	Preferred	QL 60 / 30 days
<i>alive gummies for children</i>	Preferred	
ALIVE HAIR, SKIN & NAILS	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALIVE MULTI-VITAMIN CHEW TAB	Preferred	QL 60 / 30 days
<i>alive multi-vitamin childrens</i>	Preferred	
ALIVE PRENATAL	Non-Preferred	
ALIVE WOMENS 50+ CHEW TAB	Preferred	QL 60 / 30 days
ALIVE WOMENS 50+ GUMMY	Preferred	QL 60 / 30 days
ALIVE WOMENS GUMMY	Preferred	QL 60 / 30 days
<i>alph-e</i>	Preferred	QL 4 / 1 days
<i>alph-e-mixed 400 unit cap</i>	Preferred	QL 4 / 1 days
<i>anti-oxidant</i>	Preferred	QL 30 / 30 days
<i>antioxidant a/c/e/selenium</i>	Preferred	QL 30 / 30 days
<i>antioxidant formula tab</i>	Preferred	QL 30 / 30 days
<i>antioxidant protection formula</i>	Preferred	QL 30 / 30 days
<i>antioxidant vitamins</i>	Preferred	QL 30 / 30 days
AQUADEKS (AQUADEKS CHEW TAB, AQUADEKS SOLUTION)	Preferred	QL 60 / 30 days
<i>asco-tabs-1000</i>	Preferred	QL 4 / 1 days
<i>ascorbic acid 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>ascorbic acid 250 mg tab</i>	Preferred	QL 60 / 30 days
<i>ascorbic acid 500 mg tab</i>	Preferred	
AZESCHEW PRENATAL/POSTNATAL	Non-Preferred	
b complex	Preferred	
b complex (folic acid)	Preferred	
b complex (lipotropics)	Preferred	
b complex formula 1 (lipotrop)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
b complex formula 1 (w/ fa)	Preferred	
b complex plus	Preferred	
b complex vitamins	Preferred	
b complex-b12	Preferred	
b-1 100 mg tab	Preferred	
b-1 high potency	Preferred	
b-100	Preferred	
b-100 complex	Preferred	
b-12 (b-12 100 mcg tab, b-12 1000 mcg tab er, b-12 500 mcg tab)	Preferred	
b-12 tr 1000 mcg tab er	Preferred	
b-50	Preferred	
b-6 100 mg tab	Preferred	QL 60 / 30 days
b-complex (folic acid)	Preferred	
b-complex plus b-12	Preferred	
b-complex/b-12 tab	Preferred	
b-complex/electrolytes	Preferred	
b-plex plus	Preferred	QL 30 / 30 days
b6 natural	Preferred	QL 60 / 30 days
<i>balance b-100</i>	Preferred	
<i>balanced b-50 complex tab</i>	Preferred	
BARIATRIC FUSION	Preferred	QL 60 / 30 days
BENTIVITE	Non-Preferred	
<i>big 100</i>	Preferred	
<i>biocel</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>biotin plus/calcium/vit d3</i>	Preferred	QL 30 / 30 days
BP VIT 3	Non-Preferred	
<i>bprotected pedia iron</i>	Preferred	
c 1000	Preferred	QL 4 / 1 days
c 250 250 mg tab	Preferred	QL 60 / 30 days
c 500 500 mg chew tab	Preferred	QL 60 / 30 days
c 500 500 mg tab	Preferred	
c 500/rose hips	Preferred	
c-1000 1000 mg tab	Preferred	QL 4 / 1 days
c-1000/rose hips	Preferred	QL 4 / 1 days
c-250 250 mg tab	Preferred	QL 60 / 30 days
c-500 500 mg chew tab	Preferred	QL 60 / 30 days
c-500 500 mg tab	Preferred	
c-500/rose hips	Preferred	
c-chewable	Preferred	QL 60 / 30 days
C-NATE DHA	Non-Preferred	
<i>calcium + vitamin d3 (calcium + vitamin d3 500-5 mg-mcg tab, calcium + vitamin d3 600-10 mg-mcg tab, calcium + vitamin d3 600-5 mg-mcg tab)</i>	Preferred	QL 90 / 30 days
<i>calcium 500 + d 500-5 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>calcium 500 + d3 500-5 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>calcium 500 +d</i>	Preferred	QL 90 / 30 days
<i>calcium 500+d</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcium 500+d high potency</i>	Preferred	QL 90 / 30 days
<i>calcium 500+d3</i>	Preferred	QL 90 / 30 days
<i>calcium 500/d</i>	Preferred	QL 90 / 30 days
<i>calcium 600 + d</i>	Preferred	QL 90 / 30 days
<i>calcium 600+d (calcium 600+d 600-10 mg-mcg tab, calcium 600+d 600-20 mg-mcg tab)</i>	Preferred	QL 90 / 30 days
<i>calcium 600+d high potency</i>	Preferred	QL 90 / 30 days
<i>calcium 600+d3</i>	Preferred	QL 90 / 30 days
<i>calcium 600-d</i>	Preferred	QL 90 / 30 days
<i>calcium 600/vitamin d 600-10 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>calcium 600/vitamin d3</i>	Preferred	QL 90 / 30 days
<i>calcium carb-cholecalciferol (calcium carb-cholecalciferol 250-3.125 mg-mcg tab, calcium carb-cholecalciferol 500-10 mg-mcg tab, calcium carb-cholecalciferol 600-10 mg-mcg tab, calcium carb-cholecalciferol 600-20 mg-mcg tab, calcium carb-cholecalciferol 600-5 mg-mcg tab)</i>	Preferred	QL 90 / 30 days
<i>calcium carbonate-vitamin d 500-5 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>calcium high potency/vitamin d</i>	Preferred	QL 90 / 30 days
<i>calcium oyster shell 500 mg tab</i>	Preferred	
<i>calcium plus vitamin d 500-5 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>calcium plus vitamin d3 600-20 mg-mcg tab</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcium+d3 (calcium+d3 500-10 mcg tab, calcium+d3 600-20 mg-mcg tab)</i>	Preferred	QL 90 / 30 days
<i>calcium-vitamin d3 250-3.125 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>carravite</i>	Preferred	QL 30 / 30 days
CELEBRATE MULTI-COMPLETE 18 CHEW TAB	Preferred	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 36 CHEW TAB	Preferred	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 45 CHEW TAB	Preferred	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 60 CHEW TAB	Preferred	QL 60 / 30 days
<i>centavite a-z complete-mineral</i>	Preferred	QL 30 / 30 days
CENTRATEx	Non-Preferred	
<i>centravites</i>	Preferred	QL 30 / 30 days
<i>centravites 50 plus</i>	Preferred	QL 30 / 30 days
CENTRUM CHEW TAB	Preferred	QL 60 / 30 days
CENTRUM ADULTS CHEW TAB	Preferred	QL 60 / 30 days
CENTRUM FLAVOR BURST	Preferred	QL 60 / 30 days
CENTRUM FLAVOR BURST ADULT	Preferred	QL 60 / 30 days
CENTRUM FRESH/FRUITY 50+	Preferred	QL 60 / 30 days
CENTRUM FRESH/FRUITY ADULT	Preferred	QL 60 / 30 days
CENTRUM MULTI + OMEGA 3	Preferred	QL 60 / 30 days
CENTRUM MULTIGUMMIES	Preferred	QL 60 / 30 days
CENTRUM SILVER CHEW TAB	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRUM VITAMINTS	Preferred	QL 60 / 30 days
<i>century</i>	Preferred	QL 30 / 30 days
<i>century mature</i>	Preferred	QL 30 / 30 days
<i>cerovite advanced formula</i>	Preferred	QL 30 / 30 days
<i>cerovite jr</i>	Preferred	
<i>cerovite senior</i>	Preferred	QL 30 / 30 days
<i>certa plus</i>	Preferred	QL 30 / 30 days
<i>certavite/antioxidants</i>	Preferred	QL 30 / 30 days
<i>chew-c</i>	Preferred	QL 60 / 30 days
<i>childrens animal shapes</i>	Preferred	
<i>childrens gummies</i>	Preferred	
CHOICEFUL MULTIVITAMIN CHEW TAB	Preferred	QL 60 / 30 days
<i>chromagen</i>	Non-Preferred	
CITRANATAL 90 DHA	Non-Preferred	
CITRANATAL ASSURE	Non-Preferred	
CITRANATAL B-CALM	Non-Preferred	
CITRANATAL BLOOM	Non-Preferred	
CITRANATAL DHA	Non-Preferred	
CITRANATAL HARMONY	Non-Preferred	
CITRANATAL RX	Non-Preferred	
CLASSIC PRENATAL	Preferred	QL 30 / 30 days
<i>companion</i>	Preferred	QL 30 / 30 days
<i>compete</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>complete</i>	Preferred	QL 30 / 30 days
<i>complete daily/lutein</i>	Preferred	QL 30 / 30 days
<i>complete energy</i>	Preferred	QL 30 / 30 days
<i>complete multi-vitamin</i>	Preferred	
COMPLETE NATAL DHA	Preferred	
<i>complete senior</i>	Preferred	QL 30 / 30 days
<i>complete womens</i>	Preferred	QL 30 / 30 days
COMPLETENATE	Non-Preferred	
CONCEPT DHA	Non-Preferred	
CONCEPT OB	Non-Preferred	
<i>corvita 150</i>	Non-Preferred	
CORVITE 150 TAB	Non-Preferred	
CORVITE FE	Non-Preferred	
<i>corvite free</i>	Preferred	QL 30 / 30 days
CULTURELLE PROBIOTICS + MULTIV	Preferred	QL 60 / 30 days
<i>cvs airshield</i>	Preferred	QL 60 / 30 days
CVS AIRSHIELD IMMUNITY SUPPORT	Preferred	QL 60 / 30 days
<i>cvs b-1</i>	Preferred	
<i>cvs b-12 500 mcg tab</i>	Preferred	
<i>cvs b6</i>	Preferred	QL 60 / 30 days
<i>cvs balanced b50</i>	Preferred	
<i>cvs calcium + d3</i>	Preferred	QL 90 / 30 days
<i>cvs calcium 600 & vitamin d3</i>	Preferred	QL 90 / 30 days
<i>cvs calcium 600+d</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs chewable c with rose hips</i>	Preferred	QL 60 / 30 days
<i>cvs chewable childrens vitamin</i>	Preferred	
<i>cvs childrens complete</i>	Preferred	
<i>cvs daily gummies</i>	Preferred	QL 60 / 30 days
<i>cvs daily gummies adult</i>	Preferred	QL 60 / 30 days
<i>cvs daily multiple for men</i>	Preferred	QL 30 / 30 days
<i>cvs daily multiple women 50+</i>	Preferred	QL 30 / 30 days
<i>cvs eye health & lutein</i>	Preferred	QL 30 / 30 days
<i>cvs gummy dinos</i>	Preferred	
<i>cvs gummy multivitamin kids</i>	Preferred	
<i>cvs inner ear plus</i>	Preferred	
<i>cvs mens daily gummies</i>	Preferred	QL 60 / 30 days
<i>cvs one daily essential</i>	Preferred	QL 30 / 30 days
<i>cvs one daily mens formula</i>	Preferred	QL 30 / 30 days
<i>cvs one daily womens formula</i>	Preferred	QL 30 / 30 days
CVS PRENATAL GUMMY 0.18-25 MG CHEW TAB	Non-Preferred	
<i>cvs slow release iron 45 mg tab er</i>	Preferred	
CVS SPECTRAVITE ADULT 50+ CHEW TAB	Preferred	QL 60 / 30 days
<i>cvs spectravite advanced</i>	Preferred	QL 30 / 30 days
<i>cvs spectravite men</i>	Preferred	QL 30 / 30 days
<i>cvs spectravite men 50+</i>	Preferred	QL 30 / 30 days
<i>cvs spectravite senior</i>	Preferred	QL 30 / 30 days
<i>cvs spectravite ultra mens</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS SPECTRAVITE WOMEN CHEW TAB	Preferred	QL 60 / 30 days
<i>cvs spectravite women tab</i>	Preferred	QL 30 / 30 days
<i>cvs spectravite women 50+</i>	Preferred	QL 30 / 30 days
<i>cvs spectravite womens senior</i>	Preferred	QL 30 / 30 days
<i>cvs vitamin b12 1000 mcg tab er</i>	Preferred	
<i>cvs vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>cvs vitamin c 250 mg tab</i>	Preferred	QL 60 / 30 days
<i>cvs vitamin c 500 mg tab</i>	Preferred	
<i>cvs vitamin c-rose hips 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>cvs vitamin c-rose hips 500 mg tab</i>	Preferred	
<i>cvs vitamin e 450 mg (1000 ut) cap</i>	Preferred	QL 4 / 1 days
<i>cvs womens active daily</i>	Preferred	QL 30 / 30 days
<i>cvs womens daily gummies</i>	Preferred	QL 60 / 30 days
<i>cyanocobalamin 1000 mcg/ml solution</i>	Preferred	
<i>daily betic</i>	Preferred	QL 30 / 30 days
<i>daily combo multi vitamins</i>	Preferred	QL 30 / 30 days
<i>daily mens health formula</i>	Preferred	QL 30 / 30 days
<i>daily multi</i>	Preferred	QL 30 / 30 days
<i>daily multi 50+</i>	Preferred	QL 30 / 30 days
<i>daily multiple vitamins</i>	Preferred	QL 30 / 30 days
<i>daily multiple vitamins/iron</i>	Preferred	QL 30 / 30 days
<i>daily multiple vitamins/min</i>	Preferred	QL 30 / 30 days
<i>daily value multivitamin</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>daily vitamin</i>	Preferred	QL 30 / 30 days
<i>daily vitamin formula+iron</i>	Preferred	QL 30 / 30 days
<i>daily vitamin formula+minerals</i>	Preferred	QL 30 / 30 days
<i>daily vitamins</i>	Preferred	QL 30 / 30 days
<i>daily vite</i>	Preferred	QL 30 / 30 days
<i>daily vite multivitamin/iron</i>	Preferred	QL 30 / 30 days
<i>daily vites</i>	Preferred	QL 30 / 30 days
<i>daily womens health formula</i>	Preferred	QL 30 / 30 days
<i>daily-vitamin</i>	Preferred	QL 30 / 30 days
<i>daily-vitamin maximum formula</i>	Preferred	QL 30 / 30 days
<i>daily-vitamin/iron</i>	Preferred	QL 30 / 30 days
<i>daily-vite</i>	Preferred	QL 30 / 30 days
<i>daily-vite multivitamin</i>	Preferred	QL 30 / 30 days
<i>daily-vite/iron/beta-carotene</i>	Preferred	QL 30 / 30 days
<i>davite</i>	Preferred	
DEKAS BARIATRIC	Preferred	QL 60 / 30 days
DEKAS PLUS CHEW TAB	Preferred	QL 60 / 30 days
DERMACINRX PRETRATE	Non-Preferred	
DERMACINRX RIBOTIN-E	Non-Preferred	
DERMACINRX ZINTREXYL-C	Non-Preferred	
<i>diabetes health formula</i>	Preferred	QL 30 / 30 days
<i>dialyvite</i>	Preferred	
<i>dialyvite 800/ultra d</i>	Preferred	QL 30 / 30 days
<i>disney cars gummies</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>disney princess gummies</i>	Preferred	
<i>doctors choice men</i>	Preferred	QL 30 / 30 days
<i>dodex</i>	Preferred	
e 1000 450 mg (1000 ut) cap	Preferred	QL 4 / 1 days
e-1000 450 mg (1000 ut) cap	Preferred	QL 4 / 1 days
e-400 400 unit cap	Preferred	QL 4 / 1 days
<i>ear health formula</i>	Preferred	
<i>ear health plus</i>	Preferred	
<i>effe-r-k 25 meq effe-r tab</i>	Preferred	QL 4 / 1 days
<i>elite-ob</i>	Non-Preferred	
EMERGEN-C IMMUNE PLUS/VIT D	Preferred	QL 60 / 30 days
EMERGEN-C VITAMIN C CHEW TAB	Preferred	QL 60 / 30 days
ENBRACE HR	Non-Preferred	
<i>eq calcium 500+d</i>	Preferred	QL 90 / 30 days
<i>eq calcium 600+d</i>	Preferred	QL 90 / 30 days
<i>eq complete multivit adult 50+</i>	Preferred	QL 30 / 30 days
<i>eq complete multivitamin child</i>	Preferred	
<i>eq multivitamin gummies</i>	Preferred	
EQ MULTIVITAMINS ADULT GUMMY	Preferred	QL 60 / 30 days
<i>eq multivitamins gummy child</i>	Preferred	
<i>eq one daily womens health</i>	Preferred	QL 30 / 30 days
<i>eq one daily womens pro-active</i>	Preferred	QL 30 / 30 days
<i>eq1 b-6</i>	Preferred	QL 60 / 30 days
<i>eq1 calcium/vitamin d 600-10 mg-mcg tab</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eql calcium/vitamin d3</i>	Preferred	QL 90 / 30 days
<i>eql century</i>	Preferred	QL 30 / 30 days
<i>eql century mature</i>	Preferred	QL 30 / 30 days
<i>eql century mature men 50+</i>	Preferred	QL 30 / 30 days
<i>eql century mature women 50+</i>	Preferred	QL 30 / 30 days
<i>eql child multivit/minerals</i>	Preferred	
<i>eql gummies childrens</i>	Preferred	
EQL ONE DAILY ADULT GUMMIES	Preferred	QL 60 / 30 days
<i>eql one daily mens 50+ advance</i>	Preferred	QL 30 / 30 days
<i>eql one daily mens health</i>	Preferred	QL 30 / 30 days
<i>eql one daily womens 50+ adv</i>	Preferred	QL 30 / 30 days
<i>eql vision formula</i>	Preferred	QL 30 / 30 days
<i>eql vitamin b-12</i>	Preferred	
<i>eql vitamin b-12 tr</i>	Preferred	
<i>eql vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>eql vitamin c 500 mg tab</i>	Preferred	
<i>eql vitamin c/rose hips 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>eql vitamin c/rose hips 500 mg tab</i>	Preferred	
<i>eql vitamin e</i>	Preferred	QL 4 / 1 days
<i>essentia</i>	Preferred	QL 30 / 30 days
<i>essential balance</i>	Preferred	QL 30 / 30 days
<i>eye-vites</i>	Preferred	QL 30 / 30 days
<i>eyeprotect</i>	Preferred	QL 30 / 30 days
EZFE 200	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fa-vitamin b-6-vitamin b-12</i>	Preferred	
<i>fabb</i>	Non-Preferred	
<i>fe c tab</i>	Non-Preferred	
<i>fe tabs</i>	Preferred	
<i>fe-vite iron</i>	Preferred	
FEOSOL	Preferred	
FEOSOL BIFERA	Non-Preferred	
FER-IN-SOL	Preferred	
FERAHEME	Non-Preferred	
FERIVA 21/7	Non-Preferred	
FERIVAFA	Non-Preferred	
<i>ferocon</i>	Non-Preferred	
FERRALET 90	Non-Preferred	
FERRAPLUS 90	Non-Preferred	
<i>ferrex 150</i>	Preferred	
<i>ferrex 150 forte</i>	Preferred	
<i>ferric x-150</i>	Preferred	
FERRLECIT	Preferred	
<i>ferrocite</i>	Non-Preferred	
<i>ferrocite plus</i>	Non-Preferred	
<i>ferrous fumarate 324 (106 fe) mg tab</i>	Non-Preferred	
<i>ferrous sulfate (ferrous sulfate 220 (44 fe) mg/5ml solution, ferrous sulfate 300 mg/6.8ml solution)</i>	Preferred	QL 15 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ferrous sulfate (ferrous sulfate 75 (15 fe) mg/ml solution, ferrous sulfate 300 (60 fe) mg/5ml solution, ferrous sulfate 324 (65 fe) mg tab dr, ferrous sulfate 324 mg tab dr, ferrous sulfate 325 (65 fe) mg tab dr)</i>	Preferred	
<i>ferrous sulfate iron</i>	Preferred	
<i>ferumoxytol</i>	Non-Preferred	
<i>finest nutrition vitamin b-12</i>	Preferred	
<i>flintstones complete 18 mg chew tab</i>	Preferred	
<i>flintstones gummies bone build</i>	Preferred	
<i>flintstones plus extra iron</i>	Preferred	
<i>flintstones w/iron</i>	Preferred	
<i>folate</i>	Preferred	QL 30 / 30 days
<i>folbee</i>	Non-Preferred	
FOLBIC	Preferred	
<i>folic acid 1 mg tab</i>	Preferred	QL 4 / 1 days
<i>folic acid 400 mcg tab</i>	Preferred	QL 30 / 30 days
FOLIFLEX	Non-Preferred	
<i>folika-nc</i>	Preferred	
FOLITAB 500	Non-Preferred	
FOLITE	Non-Preferred	
FOLITIN-Z	Non-Preferred	
FOLIVANE-F	Preferred	
FOLIVANE-OB	Non-Preferred	
FOLIVANE-PLUS	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>folplex 2.2</i>	Preferred	
FOLTRATE	Non-Preferred	
<i>fruit c 500</i>	Preferred	QL 60 / 30 days
FUSION	Non-Preferred	
FUSION PLUS	Non-Preferred	
FUSION SPRINKLES	Non-Preferred	
<i>genicin vita-s</i>	Preferred	
<i>gerivite complete</i>	Preferred	QL 30 / 30 days
<i>gnp calcium 600 +d3</i>	Preferred	QL 90 / 30 days
<i>gnp century</i>	Preferred	QL 30 / 30 days
<i>gnp century adult formula</i>	Preferred	QL 30 / 30 days
<i>gnp century adults 50+ senior</i>	Preferred	QL 30 / 30 days
<i>gnp century cardio health</i>	Preferred	QL 30 / 30 days
<i>gnp century mature women's 50+</i>	Preferred	QL 30 / 30 days
<i>gnp century ultimate mens</i>	Preferred	QL 30 / 30 days
<i>gnp century ultimate womens</i>	Preferred	QL 30 / 30 days
<i>gnp essential one daily</i>	Preferred	QL 30 / 30 days
<i>gnp folic acid</i>	Preferred	QL 30 / 30 days
<i>gnp hair/skin/nails</i>	Preferred	QL 30 / 30 days
<i>gnp healthy eyes</i>	Preferred	QL 30 / 30 days
<i>gnp iron (gnp iron 142 (45 fe) mg tab er, gnp iron 200 (65 fe) mg tab)</i>	Preferred	
<i>gnp mega multi for men</i>	Preferred	QL 30 / 30 days
<i>gnp mega multi for women</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp one daily maximum</i>	Preferred	QL 30 / 30 days
<i>gnp one daily mens health 50+</i>	Preferred	QL 30 / 30 days
<i>gnp one daily mens/lycopene</i>	Preferred	QL 30 / 30 days
<i>gnp one daily plus iron</i>	Preferred	QL 30 / 30 days
<i>gnp one daily womens</i>	Preferred	QL 30 / 30 days
<i>gnp one daily womens 50+</i>	Preferred	QL 30 / 30 days
GNP PRENATAL	Preferred	QL 30 / 30 days
<i>gnp therapeutic-m</i>	Preferred	QL 30 / 30 days
<i>gnp vitamin a</i>	Preferred	QL 60 / 30 days
<i>gnp vitamin b-1</i>	Preferred	
<i>gnp vitamin b-12</i>	Preferred	
<i>gnp vitamin b-6</i>	Preferred	QL 60 / 30 days
<i>gnp vitamin c (gnp vitamin c 250 mg tab, gnp vitamin c 500 mg chew tab)</i>	Preferred	QL 60 / 30 days
<i>gnp vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>gnp vitamin c 500 mg tab</i>	Preferred	
<i>gnp vitamin c w/rose hips</i>	Preferred	
<i>gnp vitamin c/rose hips</i>	Preferred	QL 4 / 1 days
<i>gnp vitamin e (gnp vitamin e 400 unit cap, gnp vitamin e 450 mg (1000 ut) cap)</i>	Preferred	QL 4 / 1 days
GOOD START PRENATAL NOURISH	Non-Preferred	
<i>gummi bear multivitamin/min</i>	Preferred	
<i>hair formula extra strength</i>	Preferred	QL 30 / 30 days
<i>hair skin and nails formula</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hair vitamins</i>	Preferred	QL 30 / 30 days
<i>hair/skin/nails tab</i>	Preferred	QL 30 / 30 days
<i>healthy eyes</i>	Preferred	QL 30 / 30 days
<i>healthy eyes/lutein</i>	Preferred	QL 30 / 30 days
<i>healthy hair/skin/nails</i>	Preferred	QL 30 / 30 days
<i>healthy kids overall health</i>	Preferred	
<i>hematinic plus vit/minerals</i>	Preferred	
HEMATINIC/FOLIC ACID	Non-Preferred	
<i>hematogen</i>	Non-Preferred	
HEMATOGEN FA	Non-Preferred	
<i>hematogen forte</i>	Non-Preferred	
HEMAX EZY-DOSE	Non-Preferred	
HEMETAB	Non-Preferred	
HEMOCYTE	Non-Preferred	
HEMOCYTE PLUS	Non-Preferred	
<i>hemocyte-f</i>	Preferred	
<i>hi-kovite 2-part formula</i>	Preferred	QL 30 / 30 days
<i>hi-potency multi-vitamin</i>	Preferred	QL 30 / 30 days
<i>high potency e</i>	Preferred	QL 4 / 1 days
<i>hm animal shapes</i>	Preferred	
<i>hm antioxidant vitamins</i>	Preferred	QL 30 / 30 days
<i>hm calcium 600 & vitamin d3</i>	Preferred	QL 90 / 30 days
<i>hm calcium-vitamin d</i>	Preferred	QL 90 / 30 days
<i>hm complete 50+</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm complete women</i>	Preferred	QL 30 / 30 days
<i>hm folic acid</i>	Preferred	QL 30 / 30 days
<i>hm iron</i>	Preferred	
<i>hm mens 50+ advanced one daily</i>	Preferred	QL 30 / 30 days
<i>hm vitamin b-12</i>	Preferred	
<i>hm vitamin c</i>	Preferred	QL 60 / 30 days
<i>hm womens 50+ advanced daily</i>	Preferred	QL 30 / 30 days
i-vite	Preferred	QL 30 / 30 days
i-vite protect	Preferred	QL 30 / 30 days
<i>icaps mv</i>	Preferred	QL 30 / 30 days
ICAR-C	Non-Preferred	
<i>iferex 150</i>	Preferred	
<i>iferex 150 forte</i>	Preferred	
IMMUNE SUPPORT	Preferred	QL 60 / 30 days
INFED	Preferred	
INJECTAFER	Non-Preferred	
<i>inner ear plus</i>	Preferred	
INTEGRA	Preferred	
INTEGRA F	Non-Preferred	
INTEGRA PLUS	Non-Preferred	
<i>iron (ferrous sulfate) 75 (15 fe) mg/ml solution</i>	Preferred	
<i>iron 100/c</i>	Non-Preferred	
IRON FOLATE PLUS	Non-Preferred	
IRON FOLATE-F	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>iron high-potency 142 (45 fe) mg tab er</i>	Preferred	
<i>iron infant & toddler</i>	Preferred	
<i>iron infant/toddler</i>	Preferred	
<i>iron slow release 142 (45 fe) mg tab er</i>	Preferred	
<i>iron supplement 15 mg/ml solution</i>	Preferred	
<i>iron supplement 220 (44 fe) mg/5ml solution</i>	Preferred	QL 15 / 1 day(s)
<i>iron supplement childrens</i>	Preferred	
<i>iron-vitamin c</i>	Non-Preferred	
IROSPAN 24/6	Non-Preferred	
k-prime	Preferred	QL 4 / 1 days
<i>klor-con/ef</i>	Preferred	QL 4 / 1 days
<i>kobee</i>	Preferred	
<i>kp adults 50+ daily formula</i>	Preferred	QL 30 / 30 days
<i>kp adults daily formula</i>	Preferred	QL 30 / 30 days
<i>kp calcium 600+d (kp calcium 600+d 600-10 mg-mcg tab, kp calcium 600+d 600-20 mg-mcg tab)</i>	Preferred	QL 90 / 30 days
<i>kp folic acid 1 mg tab</i>	Preferred	QL 4 / 1 days
<i>kp mens 50+ daily formula</i>	Preferred	QL 30 / 30 days
<i>kp mens daily formula</i>	Preferred	QL 30 / 30 days
KP PRENATAL MULTIVITAMINS	Non-Preferred	QL 30 / 30 days
<i>kp vision formula</i>	Preferred	QL 30 / 30 days
<i>kp vision formula/lutein</i>	Preferred	QL 30 / 30 days
<i>kp vitamin b-6</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kp womens 50+ daily formula</i>	Preferred	QL 30 / 30 days
<i>kp womens daily formula</i>	Preferred	QL 30 / 30 days
<i>lipo flavonoid plus</i>	Preferred	
<i>lipo-key</i>	Preferred	
<i>lipoflavonoid</i>	Preferred	
<i>lipoflavovit</i>	Preferred	
<i>lorid</i>	Preferred	
<i>lysiplex plus tab</i>	Preferred	QL 30 / 30 days
M-NATAL PLUS	Preferred	QL 30 / 30 days
<i>macuvite</i>	Preferred	QL 30 / 30 days
<i>macuvite eye care</i>	Preferred	QL 30 / 30 days
<i>macuvite/lutein</i>	Preferred	QL 30 / 30 days
<i>maximum daily green</i>	Preferred	QL 30 / 30 days
<i>mediplex plus</i>	Preferred	QL 30 / 30 days
<i>mega multiple/chelated mineral</i>	Preferred	
<i>mega vm-80</i>	Preferred	QL 30 / 30 days
<i>meijer advanced formula</i>	Preferred	QL 30 / 30 days
<i>meijer c</i>	Preferred	
<i>mens hair formula ultra man</i>	Preferred	QL 30 / 30 days
<i>mens life pack</i>	Preferred	QL 30 / 30 days
MENS MULTIVITAMIN CHEW TAB	Preferred	QL 60 / 30 days
<i>milltrium advanced formula</i>	Preferred	QL 30 / 30 days
<i>milltrium cardio</i>	Preferred	QL 30 / 30 days
<i>milltrium senior</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MTX SUPPORT	Non-Preferred	
<i>multi + omega-3 adult gummies</i>	Preferred	QL 60 / 30 days
<i>multi adult gummies</i>	Preferred	QL 60 / 30 days
<i>multi complete/iron</i>	Preferred	QL 30 / 30 days
<i>multi for her tab</i>	Preferred	QL 30 / 30 days
<i>multi for her 50+ tab</i>	Preferred	QL 30 / 30 days
<i>multi for him tab</i>	Preferred	QL 30 / 30 days
<i>multi for him 50+</i>	Preferred	QL 30 / 30 days
<i>multi vitamin</i>	Preferred	QL 30 / 30 days
<i>multi vitamin daily</i>	Preferred	QL 30 / 30 days
<i>multi vitamin/minerals</i>	Preferred	QL 30 / 30 days
<i>multi-day</i>	Preferred	QL 30 / 30 days
<i>multi-day plus iron</i>	Preferred	QL 30 / 30 days
<i>multi-day plus minerals</i>	Preferred	QL 30 / 30 days
<i>multi-day weight trim</i>	Preferred	QL 30 / 30 days
<i>multi-lean</i>	Preferred	QL 30 / 30 days
MULTI-MAC	Non-Preferred	
<i>multi-vit/iron/fluoride</i>	Preferred	
<i>multi-vitamin</i>	Preferred	QL 30 / 30 days
<i>multi-vitamin daily</i>	Preferred	QL 30 / 30 days
<i>multi-vitamin gummies</i>	Preferred	QL 60 / 30 days
<i>multi-vitamin menopausal</i>	Preferred	QL 30 / 30 days
<i>multi-vitamin/fluoride/iron</i>	Preferred	
<i>multi-vitamin/iron</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multi-vitamin/minerals</i>	Preferred	QL 30 / 30 days
<i>multi-vitamins</i>	Preferred	QL 30 / 30 days
MULTIGEN	Non-Preferred	
MULTIGEN FOLIC	Non-Preferred	
MULTIGEN PLUS	Non-Preferred	
<i>multilex</i>	Preferred	QL 30 / 30 days
<i>multiple vit/minerals/no iron</i>	Preferred	QL 30 / 30 days
<i>multiple vitamin-folic acid</i>	Preferred	QL 30 / 30 days
<i>multiple vitamins</i>	Preferred	QL 30 / 30 days
<i>multiple vitamins essential</i>	Preferred	QL 30 / 30 days
<i>multiple vitamins/iron</i>	Preferred	QL 30 / 30 days
<i>multiple vitamins/womens</i>	Preferred	QL 30 / 30 days
<i>multivit-min gummies childrens</i>	Preferred	
MULTIVITAMIN ADULT CHEW TAB	Preferred	QL 60 / 30 days
<i>multivitamin adult tab</i>	Preferred	QL 30 / 30 days
MULTIVITAMIN ADULT EXTRA C	Preferred	QL 60 / 30 days
<i>multivitamin adults</i>	Preferred	QL 30 / 30 days
<i>multivitamin adults 50+</i>	Preferred	QL 30 / 30 days
<i>multivitamin gummies adult</i>	Preferred	QL 60 / 30 days
<i>multivitamin gummies mens</i>	Preferred	QL 60 / 30 days
<i>multivitamin gummies womens</i>	Preferred	QL 60 / 30 days
<i>multivitamin iron-free</i>	Preferred	QL 30 / 30 days
<i>multivitamin men 50+</i>	Preferred	QL 30 / 30 days
<i>multivitamin plus iron adult</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>multivitamin w/fluoride</i>	Preferred	QL 30 / 30 days
<i>multivitamin women</i>	Preferred	QL 30 / 30 days
<i>multivitamin women 50+</i>	Preferred	QL 30 / 30 days
<i>multivitamin womens 50+ adv</i>	Preferred	QL 30 / 30 days
<i>multivitamin/extra vitamin d3</i>	Preferred	QL 60 / 30 days
<i>multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)</i>	Preferred	QL 30 / 30 days
<i>multivitamin/fluoride/iron</i>	Preferred	
<i>multivitamins/fluoride</i>	Preferred	QL 30 / 30 days
<i>mvw complete formulation chew tab</i>	Preferred	
MVW COMPLETE FORMULATION SOLUTION	Preferred	QL 60 / 30 days
<i>mvw complete formulation d3000 chew tab</i>	Preferred	
<i>mvw complete formulation d5000 chew tab</i>	Preferred	
<i>myamulti</i>	Preferred	QL 30 / 30 days
<i>mynephron</i>	Preferred	QL 30 / 30 days
<i>na ferric gluc cplx in sucrose</i>	Preferred	
<i>nat-rul b-50</i>	Preferred	
<i>nat-rul daily-vite+iron</i>	Preferred	QL 30 / 30 days
NATAL PNV	Non-Preferred	
<i>natural c/rose hips 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>natural c/rose hips 500 mg tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>natural vitamin a</i>	Preferred	QL 60 / 30 days
<i>natural vitamin e (natural vitamin e 100 unit cap, natural vitamin e 400 unit cap)</i>	Preferred	QL 4 / 1 days
NEONATAL + DHA	Non-Preferred	
NEONATAL COMPLETE 29-1 MG TAB	Non-Preferred	
NEONATAL FE	Non-Preferred	
NEONATAL PLUS	Non-Preferred	QL 30 / 30 days
NEPHRON FA	Non-Preferred	
<i>nephronex tab</i>	Preferred	
NESTABS	Non-Preferred	
NESTABS DHA	Non-Preferred	
NESTABS ONE	Non-Preferred	
NIFEREX	Non-Preferred	
NIVA-FOL	Preferred	
NIVA-PLUS	Preferred	QL 30 / 30 days
<i>nu-iron</i>	Non-Preferred	
NUFERA	Non-Preferred	
<i>nutrifac zx</i>	Preferred	QL 30 / 30 days
OB COMPLETE	Non-Preferred	
OB COMPLETE ONE	Non-Preferred	
OB COMPLETE PETITE	Non-Preferred	
OB COMPLETE PREMIER	Non-Preferred	
OB COMPLETE/DHA	Non-Preferred	
<i>ocutabs</i>	Preferred	QL 30 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>one daily maximum</i>	Preferred	QL 30 / 30 days
<i>one daily mens</i>	Preferred	QL 30 / 30 days
<i>one daily mens 50+ multivit</i>	Preferred	QL 30 / 30 days
<i>one daily mens 50+/lycopene</i>	Preferred	QL 30 / 30 days
<i>one daily mens health</i>	Preferred	QL 30 / 30 days
<i>one daily multivit-min adult</i>	Preferred	QL 30 / 30 days
<i>one daily multivit/iron-free</i>	Preferred	QL 30 / 30 days
<i>one daily multivitamin adult</i>	Preferred	QL 30 / 30 days
<i>one daily multivitamin men</i>	Preferred	QL 30 / 30 days
<i>one daily multivitamin women</i>	Preferred	QL 30 / 30 days
<i>one daily multivitamin/iron</i>	Preferred	QL 30 / 30 days
<i>one daily womens</i>	Preferred	QL 30 / 30 days
<i>one daily womens 50 plus</i>	Preferred	QL 30 / 30 days
<i>one daily womens 50+</i>	Preferred	QL 30 / 30 days
<i>one daily/minerals</i>	Preferred	QL 30 / 30 days
<i>one vite ferrous sulfata</i>	Preferred	QL 15 / 1 day(s)
ONE-A-DAY FOR HER VITACRAVES	Preferred	QL 60 / 30 days
ONE-A-DAY FOR HIM VITACRAVES	Preferred	QL 60 / 30 days
ONE-A-DAY MENS VITACRAVES	Preferred	QL 60 / 30 days
<i>one-a-day teen advantage/her</i>	Preferred	QL 30 / 30 days
ONE-A-DAY VITACRAVES	Preferred	QL 60 / 30 days
ONE-A-DAY VITACRAVES ADULT	Preferred	QL 60 / 30 days
ONE-A-DAY VITACRAVES IMMUNITY	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE-A-DAY VITACRAVES SOUR	Preferred	QL 60 / 30 days
ONE-A-DAY WOMENS PRENATAL 1	Non-Preferred	
ONE-A-DAY WOMENS VITACRAVES	Preferred	QL 60 / 30 days
<i>one-daily multi vitamins</i>	Preferred	QL 30 / 30 days
<i>one-daily multi-vit/mineral tab</i>	Preferred	QL 30 / 30 days
<i>one-daily multi-vitamin tab</i>	Preferred	QL 30 / 30 days
<i>one-daily multi-vitamin/iron</i>	Preferred	QL 30 / 30 days
<i>one-daily/iron</i>	Preferred	QL 30 / 30 days
<i>optic-vites</i>	Preferred	QL 30 / 30 days
<i>optic-vites with lutein</i>	Preferred	QL 30 / 30 days
OPTIFAST POST BARIATRIC	Preferred	QL 60 / 30 days
OPTIMUM AIRVITES	Preferred	QL 60 / 30 days
<i>optimum pms</i>	Preferred	QL 30 / 30 days
OPTISOURCE POST BARIATRIC SURG	Preferred	QL 60 / 30 days
OPURITY BYPASS OPTIMIZED	Preferred	QL 60 / 30 days
<i>os-cal calcium + d3</i>	Preferred	QL 90 / 30 days
<i>osteoprime ultra</i>	Preferred	QL 30 / 30 days
<i>oysco 500</i>	Preferred	
<i>oysco 500+d</i>	Preferred	QL 90 / 30 days
<i>oyster calcium/d3</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium + d</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium + d3</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium 250+d</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>oyster shell calcium 500 mg tab</i>	Preferred	
<i>oyster shell calcium 500-10 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium plus d 500-5 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium w/d</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium/d (oyster shell calcium/d 500-10 mg-mcg tab, oyster shell calcium/d 500-5 mg-mcg tab)</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium/d3</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium/vit d</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium/vit d3</i>	Preferred	QL 90 / 30 days
<i>oyster shell calcium/vitamin d 500-5 mg-mcg tab</i>	Preferred	QL 90 / 30 days
<i>oystercal</i>	Preferred	
<i>oystercal-d</i>	Preferred	QL 90 / 30 days
<i>pc pediatric iron drops</i>	Preferred	
PHOS-NAK	Preferred	QL 4 / 1 days
PNV PRENATAL PLUS MULTIVIT+DHA	Non-Preferred	
PNV TABS 20-1	Non-Preferred	
PNV TABS 29-1	Preferred	QL 30 / 30 days
<i>pnv-dha</i>	Non-Preferred	
PNV-DHA+DOCUSATE	Non-Preferred	
PNV-OMEGA	Non-Preferred	
PNV-SELECT	Non-Preferred	
<i>poly-iron 150</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>poly-iron 150 forte</i>	Non-Preferred	
POLY-VI-SOL	Preferred	
<i>polysaccharide iron complex</i>	Preferred	
<i>polysaccharide-iron complex</i>	Preferred	
<i>polyvitamin/iron</i>	Preferred	
PREGEN DHA	Non-Preferred	
PRENAISSANCE	Non-Preferred	
PRENAISSANCE PLUS	Non-Preferred	
PRENATAL (PRENATAL 27-0.8 MG TAB, PRENATAL 28-0.8 MG TAB)	Non-Preferred	QL 30 / 30 days
PRENATAL (W/IRON & FA)	Non-Preferred	
PRENATAL 19 CHEW TAB	Non-Preferred	
PRENATAL 27-1 MG TAB	Preferred	QL 30 / 30 days
PRENATAL ESSENTIALS	Non-Preferred	
PRENATAL LOW IRON	Preferred	QL 30 / 30 days
PRENATAL MULTI +DHA 27-0.8-228 MG CAP	Non-Preferred	
PRENATAL PLUS VITAMIN/MINERAL	Preferred	QL 30 / 30 days
PRENATAL VITAMIN PLUS LOW IRON	Preferred	QL 30 / 30 days
PRENATAL VITAMIN/MIN +DHA	Non-Preferred	
PRENATAL VITAMINS	Preferred	QL 30 / 30 days
PRENATAL-U	Preferred	
PRENATAL/FOLIC ACID+DHA	Non-Preferred	
PRENATE	Non-Preferred	
PRENATE AM	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATE DHA	Non-Preferred	
PRENATE ELITE	Non-Preferred	
PRENATE ENHANCE	Non-Preferred	
PRENATE ESSENTIAL	Non-Preferred	
PRENATE MINI	Non-Preferred	
PRENATE PIXIE	Non-Preferred	
PRENATE RESTORE	Non-Preferred	
PRENATRIX	Non-Preferred	QL 30 / 30 days
PRENATRYL	Non-Preferred	QL 30 / 30 days
PREPLUS	Preferred	QL 30 / 30 days
PRESERVISION AREDS 2 CHEW TAB	Preferred	QL 60 / 30 days
PRETAB	Preferred	
PRIMACARE	Non-Preferred	
<i>pronutrients calcium+d3</i>	Preferred	QL 90 / 30 days
<i>prosight tab</i>	Preferred	QL 30 / 30 days
PROVIDA OB	Non-Preferred	
<i>purevit dualfe plus</i>	Non-Preferred	
<i>pureway-c</i>	Preferred	
<i>px advanced formula multivits</i>	Preferred	QL 30 / 30 days
<i>px b-50</i>	Preferred	
<i>px calcium&d</i>	Preferred	QL 90 / 30 days
<i>px childrens vitamin</i>	Preferred	
<i>px complete senior multivits</i>	Preferred	QL 30 / 30 days
<i>px folic acid</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>px iron 200 (65 fe) mg tab</i>	Preferred	
<i>px mens multivitamins</i>	Preferred	QL 30 / 30 days
<i>px vitamin c</i>	Preferred	
<i>px vitamin e</i>	Preferred	QL 4 / 1 days
<i>pyridoxine hcl 25 mg tab</i>	Preferred	
<i>qc childrens complete</i>	Preferred	
<i>qc daily multivit/multimineral</i>	Preferred	QL 30 / 30 days
<i>qc daily multivitamins/iron</i>	Preferred	QL 30 / 30 days
<i>qc essentials</i>	Preferred	QL 30 / 30 days
<i>qc hair skin & nails</i>	Preferred	QL 30 / 30 days
<i>qc mens daily multivitamin</i>	Preferred	QL 30 / 30 days
<i>qc multi-vite</i>	Preferred	QL 30 / 30 days
<i>qc multi-vite 50 & over</i>	Preferred	QL 30 / 30 days
QC PRENATAL	Preferred	QL 30 / 30 days
<i>qc therin-m</i>	Preferred	QL 30 / 30 days
<i>qc vitamin b1</i>	Preferred	
<i>qc vitamin b12 (qc vitamin b12 1000 mcg tab er, qc vitamin b12 500 mcg tab)</i>	Preferred	
<i>qc vitamin b6</i>	Preferred	QL 60 / 30 days
<i>qc vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>qc vitamin c 500 mg chew tab</i>	Preferred	QL 60 / 30 days
<i>qc vitamin c 500 mg tab</i>	Preferred	
<i>qc vitamin c with rose hips</i>	Preferred	
<i>qc womens daily multivitamin</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>quintabs-m</i>	Preferred	QL 30 / 30 days
<i>ra b-complex</i>	Preferred	
<i>ra b-complex with b-12</i>	Preferred	
<i>ra calcium 600/vitamin d-3</i>	Preferred	QL 90 / 30 days
<i>ra calcium plus vitamin d</i>	Preferred	QL 90 / 30 days
<i>ra calcium plus vitamin d3</i>	Preferred	QL 90 / 30 days
<i>ra central-vite mens mature</i>	Preferred	QL 30 / 30 days
<i>ra central-vite womens mature</i>	Preferred	QL 30 / 30 days
<i>ra folic acid 400 mcg tab</i>	Preferred	QL 30 / 30 days
<i>ra hi cal</i>	Preferred	QL 90 / 30 days
<i>ra one daily energy formula</i>	Preferred	QL 30 / 30 days
<i>ra one daily essential</i>	Preferred	QL 30 / 30 days
<i>ra one daily maximum</i>	Preferred	QL 30 / 30 days
<i>ra one daily mens 50+ w/vit d3</i>	Preferred	QL 30 / 30 days
<i>ra one daily mens multi</i>	Preferred	QL 30 / 30 days
<i>ra one daily mens/vit d-3</i>	Preferred	QL 30 / 30 days
<i>ra one daily womens</i>	Preferred	QL 30 / 30 days
<i>ra oyster shell calcium</i>	Preferred	
<i>ra slow release iron</i>	Preferred	
<i>ra vitamin a</i>	Preferred	QL 60 / 30 days
<i>ra vitamin b-12 100 mcg tab</i>	Preferred	
<i>ra vitamin b-12 tr</i>	Preferred	
<i>ra vitamin b-6 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>ra vitamin c (ra vitamin c 250 mg tab, ra vitamin c 500 mg chew tab)</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra vitamin c 500 mg tab</i>	Preferred	
<i>ra vitamin c/acerola</i>	Preferred	QL 60 / 30 days
<i>ra vitamin c/rose hips 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>ra vitamin c/rose hips 500 mg tab</i>	Preferred	
<i>ra vitamins complete childrens</i>	Preferred	
<i>rena-vite rx</i>	Preferred	
<i>renal</i>	Preferred	QL 30 / 30 days
<i>renaplex</i>	Preferred	QL 30 / 30 days
<i>reno caps</i>	Preferred	QL 30 / 30 days
<i>risanoid plus</i>	Preferred	
<i>savision tab</i>	Preferred	QL 30 / 30 days
<i>sb calcium + d</i>	Preferred	QL 90 / 30 days
<i>sb oyster shell calcium</i>	Preferred	
<i>sb vitamin c</i>	Preferred	
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	Preferred	
<i>se-tan plus</i>	Non-Preferred	
<i>sea buddies daily multiple</i>	Preferred	
SELECT-OB (SELECT-OB 29-0.6-0.4 MG CHEW TAB, SELECT-OB 29-1 MG CHEW TAB)	Non-Preferred	
SELECT-OB+DHA	Non-Preferred	
<i>senior tabs</i>	Preferred	QL 30 / 30 days
<i>sentry</i>	Preferred	QL 30 / 30 days
<i>sentry adult</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sentry senior</i>	Preferred	QL 30 / 30 days
<i>sigtab</i>	Preferred	QL 30 / 30 days
SLOW FE	Non-Preferred	
<i>slow release iron 45 mg tab er</i>	Preferred	
<i>sm animal shapes complete</i>	Preferred	
<i>sm antioxidant vitamins</i>	Preferred	QL 30 / 30 days
<i>sm balanced b-100</i>	Preferred	
<i>sm balanced b-50</i>	Preferred	
<i>sm calcium 500/vitamin d3</i>	Preferred	QL 90 / 30 days
<i>sm calcium 600+d3</i>	Preferred	QL 90 / 30 days
<i>sm calcium 600/vitamin d</i>	Preferred	QL 90 / 30 days
<i>sm calcium-vitamin d</i>	Preferred	QL 90 / 30 days
<i>sm calcium/vitamin d</i>	Preferred	QL 90 / 30 days
<i>sm chewable c</i>	Preferred	QL 60 / 30 days
<i>sm chewable vitamin c</i>	Preferred	QL 60 / 30 days
<i>sm complete</i>	Preferred	QL 30 / 30 days
<i>sm complete 50+</i>	Preferred	QL 30 / 30 days
<i>sm complete 50+ ultimate mens</i>	Preferred	QL 30 / 30 days
<i>sm complete 50+ ultimate women</i>	Preferred	QL 30 / 30 days
<i>sm complete advanced formula</i>	Preferred	QL 30 / 30 days
<i>sm complete senior formula</i>	Preferred	QL 30 / 30 days
<i>sm daily diet support</i>	Preferred	QL 30 / 30 days
<i>sm folic acid</i>	Preferred	QL 30 / 30 days
<i>sm hair/skin/nails</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm multiple vitamins essential</i>	Preferred	QL 30 / 30 days
<i>sm multiple vitamins/iron</i>	Preferred	QL 30 / 30 days
<i>sm opti-vitamins</i>	Preferred	QL 30 / 30 days
<i>sm oyster shell calcium/vit d</i>	Preferred	QL 90 / 30 days
<i>sm oyster shell calcium/vit d3</i>	Preferred	QL 90 / 30 days
SM PRENATAL VITAMINS	Preferred	QL 30 / 30 days
<i>sm slow release iron 142 (45 fe) mg tab er</i>	Preferred	
<i>sm vit c/rose hips</i>	Preferred	QL 4 / 1 days
<i>sm vitamin b-12</i>	Preferred	
<i>sm vitamin b-6</i>	Preferred	QL 60 / 30 days
<i>sm vitamin b12 tr 1000 mcg tab er</i>	Preferred	
<i>sm vitamin b6</i>	Preferred	QL 60 / 30 days
<i>sm vitamin c (sm vitamin c 250 mg tab, sm vitamin c 500 mg chew tab)</i>	Preferred	QL 60 / 30 days
<i>sm vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>sm vitamin c 500 mg tab</i>	Preferred	
<i>sm vitamin c/rose hips</i>	Preferred	
<i>sm vitamin e 450 mg (1000 ut) cap</i>	Preferred	QL 4 / 1 days
<i>smarty pants kids complete</i>	Preferred	
<i>sodium bicarbonate 8.4 % solution</i>	Preferred	
<i>spider-man complete multi-vit</i>	Preferred	
<i>spongebob squarepants gummies</i>	Preferred	
<i>stress b complex/antioxid/zinc</i>	Preferred	QL 30 / 30 days
<i>stress b complex/iron</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>stress b-complex/c/zinc</i>	Preferred	QL 30 / 30 days
<i>stress formula</i>	Preferred	QL 30 / 30 days
<i>stress formula (w/ minerals)</i>	Preferred	QL 30 / 30 days
<i>stress formula/iron</i>	Preferred	QL 30 / 30 days
<i>stress formula/iron (mvi)</i>	Preferred	QL 30 / 30 days
<i>stress formula/zinc</i>	Preferred	QL 30 / 30 days
<i>stresstabs advanced</i>	Preferred	QL 30 / 30 days
<i>stresstabs energy</i>	Preferred	QL 30 / 30 days
<i>sunkist vitamin c</i>	Preferred	QL 60 / 30 days
<i>sunvite active adult 50+</i>	Preferred	QL 30 / 30 days
<i>sunvite advanced</i>	Preferred	QL 30 / 30 days
<i>super aytinal</i>	Preferred	QL 30 / 30 days
<i>super aytinal 50 plus</i>	Preferred	QL 30 / 30 days
<i>super b complex maxi</i>	Preferred	
<i>super calcium 600 + d 400</i>	Preferred	QL 90 / 30 days
<i>super calcium 600 + d3</i>	Preferred	QL 90 / 30 days
<i>super multiple tab</i>	Preferred	QL 30 / 30 days
<i>super nu-thera tab</i>	Preferred	QL 30 / 30 days
<i>super thera vite m</i>	Preferred	QL 30 / 30 days
<i>super vita-mins</i>	Preferred	QL 30 / 30 days
<i>sv vitamin b-12 er</i>	Preferred	
SYSTANE ICAPS AREDS2 CHEW TAB	Preferred	QL 60 / 30 days
<i>tab-a-vite</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tab-a-vite/beta carotene</i>	Preferred	QL 30 / 30 days
<i>tab-a-vite/iron</i>	Preferred	QL 30 / 30 days
TANDEM	Preferred	
<i>tandem plus</i>	Non-Preferred	
TARON FORTE	Non-Preferred	
TARON-C DHA	Non-Preferred	
TARON-PREX	Non-Preferred	
<i>tgt calcium + vitamin d3</i>	Preferred	QL 90 / 30 days
<i>tgt multivitamin/multimineral</i>	Preferred	QL 30 / 30 days
<i>thera</i>	Preferred	QL 30 / 30 days
<i>thera vital m</i>	Preferred	QL 30 / 30 days
<i>thera vital-m</i>	Preferred	QL 30 / 30 days
<i>thera-m</i>	Preferred	QL 30 / 30 days
<i>thera-mill</i>	Preferred	QL 30 / 30 days
<i>thera-mill m</i>	Preferred	QL 30 / 30 days
<i>thera-tabs</i>	Preferred	QL 30 / 30 days
<i>therabasic-m</i>	Preferred	QL 30 / 30 days
<i>theradex m</i>	Preferred	QL 30 / 30 days
<i>theradex m/beta carotene</i>	Preferred	QL 30 / 30 days
<i>therapeutic formula/hematinics</i>	Preferred	QL 30 / 30 days
<i>therapeutic-m</i>	Preferred	QL 30 / 30 days
<i>therapeutic-m/lutein</i>	Preferred	QL 30 / 30 days
<i>theratrum complete</i>	Preferred	QL 30 / 30 days
<i>theratrum complete 50 plus</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>theravim-m</i>	Preferred	QL 30 / 30 days
<i>therems</i>	Preferred	QL 30 / 30 days
<i>thiamine hcl 100 mg tab</i>	Preferred	
<i>thrive for life womens</i>	Preferred	QL 30 / 30 days
THRIVITE 19	Non-Preferred	
THRIVITE RX	Preferred	QL 30 / 30 days
<i>tl gard rx</i>	Preferred	
<i>tl-hem 150</i>	Non-Preferred	
<i>tm-vite rx</i>	Preferred	
TRI-VI-SOL A/C/D	Preferred	
TRICARE	Non-Preferred	QL 30 / 30 days
<i>tricon</i>	Non-Preferred	
TRIFERIC 272 MG PACKET	Non-Preferred	
<i>trigels-f forte</i>	Preferred	
TRINATAL RX 1	Preferred	QL 30 / 30 days
<i>triphrocaps</i>	Preferred	QL 30 / 30 days
TRISTART DHA	Non-Preferred	
TRIVEEN-DUO DHA	Preferred	
<i>tronvite</i>	Preferred	
<i>ultra antioxidant formula</i>	Preferred	QL 30 / 30 days
<i>ultra b-100 complex</i>	Preferred	
<i>ultra calcium + vitamin d3</i>	Preferred	QL 90 / 30 days
<i>ultra choice multivitamin kids</i>	Preferred	
<i>ultra freeda</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ultra freeda/iron</i>	Preferred	QL 30 / 30 days
ULTRA PRENATAL + DHA	Non-Preferred	
<i>ultra vita-time</i>	Preferred	QL 30 / 30 days
<i>ultrachoice adv formula mature</i>	Preferred	QL 30 / 30 days
<i>ultrachoice advanced formula</i>	Preferred	QL 30 / 30 days
VENEXA FE	Non-Preferred	
VENOFER	Preferred	
VENTRIXYL FE	Non-Preferred	
VINATE DHA RF	Non-Preferred	
VIRT-C DHA	Preferred	
<i>virt-caps</i>	Preferred	QL 30 / 30 days
VIRT-FEFA PLUS	Non-Preferred	
<i>virt-gard</i>	Preferred	
VIRT-NATE DHA	Non-Preferred	
VIRT-PN DHA	Non-Preferred	
VIRT-PN PLUS	Non-Preferred	
<i>vision formula/lutein</i>	Preferred	QL 30 / 30 days
<i>vision vitamins</i>	Preferred	QL 30 / 30 days
<i>visivites</i>	Preferred	QL 30 / 30 days
<i>visivites/lutein</i>	Preferred	QL 30 / 30 days
<i>vit e-vit c-beta carotene</i>	Preferred	QL 30 / 30 days
<i>vita hair</i>	Preferred	QL 30 / 30 days
<i>vita s forte</i>	Preferred	QL 30 / 30 days
<i>vitabasic complete</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitabasic senior</i>	Preferred	QL 30 / 30 days
<i>vitacel</i>	Preferred	QL 30 / 30 days
VITACHEW ADULT MULTI VITAMIN	Preferred	QL 60 / 30 days
<i>vitachew multiple vitamin</i>	Preferred	
<i>vitafol</i>	Non-Preferred	
VITAFOL FE+	Non-Preferred	
VITAFOL GUMMIES	Non-Preferred	
VITAFOL ULTRA	Non-Preferred	
VITAFOL-NANO	Non-Preferred	
VITAFOL-OB	Non-Preferred	
VITAFOL-OB+DHA	Non-Preferred	
VITAFOL-ONE	Non-Preferred	
<i>vitalee</i>	Preferred	QL 30 / 30 days
VITAMEDMD ONE RX/QUATREFOLIC	Non-Preferred	
<i>vitamin a 3 mg (10000 ut) cap</i>	Preferred	QL 60 / 30 days
VITAMIN A-C-D INFANT	Preferred	
VITAMIN A/C/D/ INFANT/TODDLER	Preferred	
<i>vitamin b 12 500 mcg tab</i>	Preferred	
<i>vitamin b complex</i>	Preferred	
<i>vitamin b-12 (vitamin b-12 100 mcg tab, vitamin b-12 500 mcg tab)</i>	Preferred	
<i>vitamin b-12 er 1000 mcg tab er</i>	Preferred	
<i>vitamin b-6 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>vitamin b-6 25 mg tab</i>	Preferred	
<i>vitamin b-complex</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin b1 100 mg tab</i>	Preferred	
<i>vitamin b12 (vitamin b12 100 mcg tab, vitamin b12 1000 mcg tab er, vitamin b12 500 mcg tab)</i>	Preferred	
<i>vitamin b6 100 mg tab</i>	Preferred	QL 60 / 30 days
<i>vitamin c (vitamin c 250 mg tab, vitamin c 500 mg chew tab)</i>	Preferred	QL 60 / 30 days
<i>vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>vitamin c 500 mg tab</i>	Preferred	
<i>vitamin c immune health</i>	Preferred	QL 60 / 30 days
<i>vitamin c plus wild rose hips</i>	Preferred	QL 60 / 30 days
<i>vitamin c-acerola 500 mg chew tab</i>	Preferred	QL 60 / 30 days
<i>vitamin c-acerola 500 mg tab</i>	Preferred	
<i>vitamin c-rose hips 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>vitamin c-rose hips 500 mg chew tab</i>	Preferred	QL 60 / 30 days
<i>vitamin c-rose hips 500 mg tab</i>	Preferred	
<i>vitamin c/bioflavonoids/rosehp</i>	Preferred	
<i>vitamin c/natural rose hips</i>	Preferred	QL 4 / 1 days
<i>vitamin c/rose hips</i>	Preferred	
<i>vitamin e (vitamin e 100 unit cap, vitamin e 400 unit cap, vitamin e 450 mg (1000 ut) cap)</i>	Preferred	QL 4 / 1 days
<i>vitamin e blend 400 unit cap</i>	Preferred	QL 4 / 1 days
<i>vitamin e water soluble 450 mg (1000 ut) cap</i>	Preferred	QL 4 / 1 days
<i>vitamin-b complex</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamins a-d-e/selenium</i>	Preferred	QL 30 / 30 days
<i>vitamins/minerals</i>	Preferred	QL 30 / 30 days
VITAPEARL	Non-Preferred	
<i>vitasure</i>	Preferred	
<i>vitatum chew tab</i>	Preferred	QL 60 / 30 days
<i>vitatum complete</i>	Preferred	QL 30 / 30 days
VITRANOL FE	Non-Preferred	
VITREXATE FE	Non-Preferred	
VITREXYL + IRON	Non-Preferred	
<i>vitrum senior</i>	Preferred	QL 30 / 30 days
VOL-PLUS	Preferred	QL 30 / 30 days
VP-PNV-DHA	Preferred	
<i>vp-vite rx</i>	Preferred	
WAL-BORN VITAMIN C	Preferred	QL 60 / 30 days
WESCAP-C DHA	Non-Preferred	
WESCAP-PN DHA	Non-Preferred	
<i>wescaps</i>	Preferred	QL 30 / 30 days
WESNATAL DHA COMPLETE	Preferred	
WESNATE DHA	Non-Preferred	
<i>westab mini</i>	Non-Preferred	
<i>westab one</i>	Non-Preferred	
WESTAB PLUS	Preferred	QL 30 / 30 days
WESTGEL DHA	Non-Preferred	
<i>womens daily form/fa/ca/fe</i>	Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>womens daily formula</i>	Preferred	QL 30 / 30 days
<i>womens life pack</i>	Preferred	QL 30 / 30 days
WOMENS MULTI GUMMIES	Preferred	QL 60 / 30 days
<i>womens multivitamin</i>	Preferred	QL 30 / 30 days
WOMENS MULTIVITAMIN + COLLAGEN	Preferred	QL 60 / 30 days
<i>womens one daily</i>	Preferred	QL 30 / 30 days
<i>xcellent a 3000</i>	Preferred	QL 60 / 30 days
<i>xvite</i>	Preferred	
<i>yl folic acid</i>	Preferred	QL 30 / 30 days
<i>yl vitamin b-6</i>	Preferred	QL 60 / 30 days
<i>yl vitamin c 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>yl vitamin c 500 mg tab</i>	Preferred	
<i>yl vitamin c-rose hips 1000 mg tab</i>	Preferred	QL 4 / 1 days
<i>yl vitamin c-rose hips 500 mg tab</i>	Preferred	
YOUR LIFE MULTI ADULT GUMMIES	Preferred	QL 60 / 30 days
<i>your life multi mens 50+</i>	Preferred	QL 30 / 30 days
<i>your life multi womens 50+</i>	Preferred	QL 30 / 30 days
YOUR LIFE TEEN MULTI GUMMIES	Preferred	QL 60 / 30 days
YUMVS MULTI ZERO	Preferred	QL 60 / 30 days
YUMVS ZERO DIABETIC MULTIVITAM	Preferred	QL 60 / 30 days
ZATEAN-PN DHA	Non-Preferred	
ZATEAN-PN PLUS	Non-Preferred	
ZIPHEX	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zoo friends</i>	Preferred	
<i>zoo friends gummies (w/ min)</i>	Preferred	
<i>zoo friends gummies plus d</i>	Preferred	
<i>zoo friends multi gummies</i>	Preferred	
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
<i>alophen</i>	Preferred	QL 90 / 30 days
AMITIZA	Preferred	QL 60 / 30 days PA
<i>avedana glycerin (adult)</i>	Preferred	QL 12 / 22 days
<i>bisacodyl 10 mg suppos</i>	Preferred	QL 12 / 25 days
<i>bisacodyl 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>bisacodyl ec</i>	Preferred	QL 90 / 30 days
<i>bisacodyl laxative</i>	Preferred	QL 12 / 25 days
<i>calcium polycarbophil</i>	Preferred	QL 90 / 30 days
<i>citrate of magnesia</i>	Preferred	QL 592 / 30 days
<i>citroma</i>	Preferred	QL 592 / 30 days
<i>clearlax</i>	Preferred	QLC 18 grams/day
<i>colace 2-in-1</i>	Preferred	QL 4 / 1 days
<i>constulose</i>	Preferred	QL 120 / 1 days
<i>correct</i>	Preferred	QL 90 / 30 days
<i>correctol</i>	Preferred	QL 90 / 30 days
<i>correctol extra gentle</i>	Preferred	QL 4 / 1 days
<i>cvs bisacodyl 10 mg suppos</i>	Preferred	QL 12 / 25 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs bisacodyl 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>cvs c-lax laxative</i>	Preferred	QL 90 / 30 days
<i>cvs citrate of magnesia</i>	Preferred	QL 592 / 30 days
<i>cvs enema disposable</i>	Preferred	
<i>cvs enema ready-to-use</i>	Preferred	
<i>cvs fiber laxative</i>	Preferred	QL 90 / 30 days
<i>cvs gentle laxative 10 mg suppos</i>	Preferred	QL 12 / 25 days
<i>cvs gentle laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>cvs gentle laxative womens</i>	Preferred	QL 90 / 30 days
<i>cvs glycerin adult 2 gm suppos</i>	Preferred	QL 12 / 22 days
<i>cvs glycerin adult 2.1 gm suppos</i>	Preferred	QL 12 / 26 days
<i>cvs glycerin child</i>	Preferred	QL 12 / 22 days
<i>cvs magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>cvs mineral oil enema</i>	Preferred	
<i>cvs natural daily fiber</i>	Preferred	
<i>cvs purelax 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>cvs senna</i>	Preferred	QL 90 / 30 days
<i>cvs senna plus</i>	Preferred	QL 4 / 1 days
<i>cvs stool softener (cvs stool softener 100 mg cap, cvs stool softener 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>cvs stool softener 240 mg cap</i>	Preferred	
<i>cvs stool softener/laxative</i>	Preferred	QL 4 / 1 days
<i>daily fiber 43 % powder</i>	Preferred	
<i>diocto 50 mg/5ml liquid</i>	Preferred	QL 40 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diocto 60 mg/15ml syrup</i>	Preferred	QL 2700 / 30 days
<i>docu</i>	Preferred	QL 40 / 1 days
<i>docu liquid</i>	Preferred	QL 40 / 1 days
<i>docu soft</i>	Preferred	QL 4 / 1 days
<i>docusate calcium</i>	Preferred	
<i>docusate mini</i>	Preferred	QL 150 / 30 days
<i>docusate sodium (docusate sodium 100 mg cap, docusate sodium 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>docusate sodium (docusate sodium 50 mg/5ml liquid, docusate sodium 100 mg/10ml liquid, docusate sodium 150 mg/15ml liquid)</i>	Preferred	QL 40 / 1 days
<i>docusate sodium 100 mg tab</i>	Preferred	
<i>docusil</i>	Preferred	QL 4 / 1 days
<i>docusol mini</i>	Preferred	QL 150 / 30 days
<i>docuzen</i>	Preferred	QL 4 / 1 days
<i>dok (dok 100 mg cap, dok 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>dok 100 mg tab</i>	Preferred	
<i>dok plus</i>	Preferred	QL 4 / 1 days
<i>dss</i>	Preferred	QL 4 / 1 days
<i>ducodyl</i>	Preferred	QL 90 / 30 days
<i>dulcolax pink stool softener</i>	Preferred	QL 4 / 1 days
<i>dulcolax stool softener</i>	Preferred	QL 4 / 1 days
<i>easy-lax</i>	Preferred	QL 4 / 1 days
<i>easy-lax plus</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>enema</i>	Preferred	
<i>enema disposable</i>	Preferred	
<i>enema mineral oil</i>	Preferred	
<i>enema ready-to-use</i>	Preferred	
<i>enemeez mini</i>	Preferred	QL 150 / 30 days
<i>enulose</i>	Preferred	QL 120 / 1 days
<i>eq enema</i>	Preferred	
<i>eq fiber therapy 625 mg tab</i>	Preferred	QL 90 / 30 days
<i>eq gentle laxative</i>	Preferred	QL 90 / 30 days
<i>eq laxative</i>	Preferred	QL 60 / 30 days
<i>eq magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>eq natural laxative</i>	Preferred	QL 90 / 30 days
<i>eq natural vegetable laxative</i>	Preferred	QL 90 / 30 days
<i>eq senna-s</i>	Preferred	QL 4 / 1 days
<i>eq stool softener</i>	Preferred	QL 4 / 1 days
<i>eq stool softener/laxative</i>	Preferred	QL 4 / 1 days
<i>eq vegetable laxative</i>	Preferred	QL 90 / 30 days
<i>eql fiber laxative</i>	Preferred	QL 90 / 30 days
<i>eql fiber therapy (eql fiber therapy 28.3 % powder, eql fiber therapy 48.57 % powder)</i>	Preferred	
<i>eql gentle laxative</i>	Preferred	QL 90 / 30 days
<i>eql laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>eql magnesium citrate</i>	Preferred	QL 592 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eql natural fiber</i>	Preferred	
<i>eql ready-to-use enema</i>	Preferred	
<i>eql senna laxative</i>	Preferred	QL 90 / 30 days
<i>eql senna-s</i>	Preferred	QL 4 / 1 days
<i>eql stool softener</i>	Preferred	QL 4 / 1 days
<i>eql stool softener/stimulant</i>	Preferred	QL 4 / 1 days
<i>evac-u-gen 8.6 mg tab</i>	Preferred	QL 90 / 30 days
<i>ex-lax ultra</i>	Preferred	QL 90 / 30 days
<i>feenamint</i>	Preferred	QL 90 / 30 days
<i>fiber 28.3 % powder</i>	Preferred	
<i>fiber 625 mg tab</i>	Preferred	QL 90 / 30 days
<i>fiber laxative</i>	Preferred	QL 90 / 30 days
<i>fiber laxative + calcium</i>	Preferred	QL 90 / 30 days
<i>fiber therapy 43 % powder</i>	Preferred	
<i>fiber-lax</i>	Preferred	QL 90 / 30 days
<i>fibercon</i>	Preferred	QL 90 / 30 days
FLEET BISACODYL	Preferred	QL 148 / 24 days
FLEET ENEMA	Preferred	
FLEET PEDIATRIC	Preferred	
<i>freskaro magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>ft fiber 43 % powder</i>	Preferred	
<i>ft fiber laxative 625 mg tab</i>	Preferred	QL 90 / 30 days
<i>ft gentle laxative</i>	Preferred	QL 12 / 25 days
<i>ft laxative</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>ft senna laxatives</i>	Preferred	QL 90 / 30 days
<i>ft senna-s</i>	Preferred	QL 4 / 1 days
<i>ft stool softener (ft stool softener 50-8.6 mg tab, ft stool softener 100 mg cap, ft stool softener 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>ft stool softener 100 mg tab</i>	Preferred	
<i>gavilax</i>	Preferred	QLC 18 grams/day
<i>generlac</i>	Preferred	QL 120 / 1 days
<i>gentle laxative 10 mg suppos</i>	Preferred	QL 12 / 25 days
<i>gentle laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>geri-kot</i>	Preferred	QL 90 / 30 days
<i>glycerin (adult) 2 gm suppos</i>	Preferred	QL 12 / 22 days
<i>glycerin (adult) 2.1 gm suppos</i>	Preferred	QL 12 / 26 days
<i>glycerin (child)</i>	Preferred	QL 12 / 26 days
<i>glycerin (infants & children) 1 gm suppos</i>	Preferred	QL 12 / 22 days
<i>glycerin (infants & children) 1.2 gm suppos</i>	Preferred	QL 12 / 26 days
<i>glycerin (pediatric) 1 gm suppos</i>	Preferred	QL 12 / 22 days
<i>glycerin (pediatric) 1.2 gm suppos</i>	Preferred	QL 12 / 26 days
<i>glycerin adult</i>	Preferred	QL 12 / 22 days
<i>glycerin childrens</i>	Preferred	QL 12 / 22 days
<i>glycolax</i>	Preferred	QLC 18 grams/day
<i>gnp bisa-lax</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp clearlax 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>gnp clearlax 17 gm/scoop powder</i>	Preferred	QLC 18 grams/day
<i>gnp enema</i>	Preferred	
<i>gnp fiber</i>	Preferred	
<i>gnp fiber-caps</i>	Preferred	QL 90 / 30 days
<i>gnp gentle laxative 10 mg suppos</i>	Preferred	QL 12 / 25 days
<i>gnp gentle laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>gnp glycerin (adult)</i>	Preferred	QL 12 / 26 days
<i>gnp glycerin child</i>	Preferred	QL 12 / 26 days
<i>gnp magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>gnp mineral oil enema</i>	Preferred	
<i>gnp natural fiber 28.3 % powder</i>	Preferred	
<i>gnp senna lax</i>	Preferred	QL 90 / 30 days
<i>gnp senna plus</i>	Preferred	QL 4 / 1 days
<i>gnp stool softener (gnp stool softener 100 mg cap, gnp stool softener 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>gnp stool softener 240 mg cap</i>	Preferred	
<i>gnp stool softener 50 mg/5ml liquid</i>	Preferred	QL 40 / 1 days
<i>gnp stool softener 60 mg/15ml syrup</i>	Preferred	QL 2700 / 30 days
<i>gnp stool softener/laxative</i>	Preferred	QL 4 / 1 days
<i>gnp womens gentle laxative</i>	Preferred	QL 90 / 30 days
<i>goodsense bisacodyl ec</i>	Preferred	QL 90 / 30 days
<i>goodsense bisacodyl laxative</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>goodsense clearlax</i>	Preferred	QLC 18 grams/day
<i>goodsense enema</i>	Preferred	
<i>goodsense magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>goodsense natural fiber</i>	Preferred	
<i>goodsense senna laxative</i>	Preferred	QL 90 / 30 days
<i>goodsense stimulant laxative</i>	Preferred	QL 4 / 1 days
<i>goodsense stool softener</i>	Preferred	QL 4 / 1 days
<i>goodsense womens laxative</i>	Preferred	QL 90 / 30 days
<i>healthy mama move it along</i>	Preferred	
<i>healthylax</i>	Preferred	QL 60 / 30 days
<i>hm clearlax 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>hm clearlax 17 gm/scoop powder</i>	Preferred	QLC 18 grams/day
<i>hm enema</i>	Preferred	
<i>hm enema mineral oil</i>	Preferred	
<i>hm fiber powder 43 % powder</i>	Preferred	
<i>hm gentle laxative</i>	Preferred	QL 12 / 25 days
<i>hm laxative</i>	Preferred	QL 90 / 30 days
<i>hm magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>hm senna</i>	Preferred	QL 90 / 30 days
<i>hm senna-s</i>	Preferred	QL 4 / 1 days
<i>hm stool softener</i>	Preferred	QL 4 / 1 days
<i>hm stool softener/laxative</i>	Preferred	QL 4 / 1 days
<i>kao-tin</i>	Preferred	
<i>kls natural psyllium fiber</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kls stool softener</i>	Preferred	QL 4 / 1 days
KONSYL (KONSYL 30.9 % POWDER, KONSYL 60.3 % POWDER)	Preferred	
<i>konsyl daily fiber (konsyl daily fiber 28.3 % powder, konsyl daily fiber 60.3 % packet, konsyl daily fiber 60.3 % powder)</i>	Preferred	
<i>kp bisacodyl</i>	Preferred	QL 90 / 30 days
<i>kp senna</i>	Preferred	QL 90 / 30 days
<i>ks stool softener</i>	Preferred	QL 4 / 1 days
<i>lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)</i>	Preferred	QL 120 / 1 days
<i>lactulose encephalopathy</i>	Preferred	QL 120 / 1 days
<i>laxa basic</i>	Preferred	QL 4 / 1 days
<i>laxacin</i>	Preferred	QL 4 / 1 days
<i>laxative 10 mg suppos</i>	Preferred	QL 12 / 25 days
<i>laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
LINZESS	Preferred	QL 30 / 30 days PA
<i>lubiprostone</i>	Non-Preferred	QL 60 / 30 days
<i>magnesium citrate 1.745 gm/30ml solution</i>	Preferred	QL 592 / 30 days
<i>medi-natural</i>	Preferred	QL 90 / 30 days
<i>medi-natural plus</i>	Preferred	QL 4 / 1 days
<i>metamucil 28.3 % powder</i>	Preferred	
<i>metamucil smooth texture</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mineral oil enema</i>	Preferred	
<i>mm stool softener laxative</i>	Preferred	QL 4 / 1 days
MOTTEGRITY	Non-Preferred	QL 30 / 30 days
MOVANTIK	Preferred	QL 30 / 30 days PA
<i>natural fiber</i>	Preferred	
<i>natural fiber laxative (natural fiber laxative 28.3 % powder, natural fiber laxative 48.57 % powder, natural fiber laxative 58.6 % powder)</i>	Preferred	
<i>natural fiber therapy</i>	Preferred	
<i>natural senna laxative</i>	Preferred	QL 90 / 30 days
<i>natural vegetable fiber</i>	Preferred	
<i>onelax</i>	Preferred	QL 12 / 25 days
<i>onelax docusate sodium</i>	Preferred	QL 40 / 1 days
<i>onelax magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>onelax senna</i>	Preferred	QL 40 / 1 days
PEDIA-LAX (PEDIA-LAX 1 GM SUPPOS, PEDIA-LAX 2.8 GM SUPPOS)	Preferred	QL 12 / 22 days
<i>peg 3350 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>peg 3350 17 gm/scoop powder</i>	Preferred	QLC 18 grams/day
<i>phillips stool softener</i>	Preferred	QL 4 / 1 days
<i>polyethylene glycol 3350 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>polyethylene glycol 3350 17 gm/scoop powder</i>	Preferred	QLC 18 grams/day
<i>promolaxin</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pure & gentle enema</i>	Preferred	
<i>px docusate sodium</i>	Preferred	QL 4 / 1 days
<i>px fiber 625 mg tab</i>	Preferred	QL 90 / 30 days
<i>px glycerin</i>	Preferred	QL 12 / 26 days
<i>px laxative</i>	Preferred	QL 90 / 30 days
<i>px vegetable laxative</i>	Preferred	QL 90 / 30 days
<i>qc docusate calcium</i>	Preferred	
<i>qc enema</i>	Preferred	
<i>qc fiber</i>	Preferred	QL 90 / 30 days
<i>qc gentle laxative 10 mg suppos</i>	Preferred	QL 12 / 25 days
<i>qc gentle laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>qc gentle laxative womens</i>	Preferred	QL 90 / 30 days
<i>qc laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>qc magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>qc natura-lax</i>	Preferred	QLC 18 grams/day
<i>qc natural vegetable</i>	Preferred	
<i>qc natural vegetable laxative</i>	Preferred	QL 90 / 30 days
<i>qc senna</i>	Preferred	QL 90 / 30 days
<i>qc senna-s</i>	Preferred	QL 4 / 1 days
<i>qc stool softener</i>	Preferred	QL 4 / 1 days
<i>qc stool softener pls laxative</i>	Preferred	QL 4 / 1 days
<i>qc vegetable laxative</i>	Preferred	QL 90 / 30 days
<i>ra 2-in-1 lax/stool softener</i>	Preferred	QL 4 / 1 days
<i>ra col-rite</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra enema</i>	Preferred	
<i>ra fast relief laxative</i>	Preferred	QL 12 / 25 days
<i>ra fiber therapy 625 mg tab</i>	Preferred	QL 90 / 30 days
<i>ra laxative & stool softener</i>	Preferred	QL 4 / 1 days
<i>ra laxative 5 mg tab dr</i>	Preferred	QL 90 / 30 days
<i>ra magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>ra multihealth fiber</i>	Preferred	
<i>ra p col-rite</i>	Preferred	QL 4 / 1 days
<i>ra saline enema</i>	Preferred	
<i>ra senna</i>	Preferred	QL 90 / 30 days
<i>ra senna plus</i>	Preferred	QL 4 / 1 days
<i>ra stool softener</i>	Preferred	QL 4 / 1 days
<i>ra womens laxative</i>	Preferred	QL 90 / 30 days
<i>reguloid (reguloid 28.3 % powder, reguloid 43 % powder, reguloid 48.57 % powder, reguloid 58.6 % powder)</i>	Preferred	
RELISTOR (RELISTOR 8 MG/0.4ML SOLUTION, RELISTOR 12 MG/0.6ML SOLUTION)	Non-Preferred	
RELISTOR 150 MG TAB	Non-Preferred	QL 90 / 30 days
<i>sb bisacodyl laxative ec</i>	Preferred	QL 90 / 30 days
<i>sb docusate sodium</i>	Preferred	QL 4 / 1 days
<i>sb docusate sodium/senna</i>	Preferred	QL 4 / 1 days
<i>sb fiber laxative 48.57 % powder</i>	Preferred	
<i>sb fiber laxative 625 mg tab</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sb gentle lax-women</i>	Preferred	QL 90 / 30 days
<i>sb glycerin adult</i>	Preferred	QL 12 / 26 days
<i>sb glycerin pediatric</i>	Preferred	QL 12 / 26 days
<i>sb laxative</i>	Preferred	QL 12 / 25 days
<i>sb magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>sb polyethylene glycol 3350</i>	Preferred	QLC 18 grams/day
<i>sb senna-lax</i>	Preferred	QL 90 / 30 days
<i>sb stool softener</i>	Preferred	
<i>senexon-s</i>	Preferred	QL 4 / 1 days
SENNA (SENNA 8.8 MG/5ML LIQUID, SENNA 8.8 MG/5ML SYRUP, SENNA 176 MG/5ML SYRUP)	Preferred	QL 40 / 1 days
<i>senna 8.6 mg tab</i>	Preferred	QL 90 / 30 days
<i>senna laxative</i>	Preferred	QL 90 / 30 days
<i>senna plus 8.6-50 mg tab</i>	Preferred	QL 4 / 1 days
<i>senna s</i>	Preferred	QL 4 / 1 days
<i>senna-docusate sodium</i>	Preferred	QL 4 / 1 days
<i>senna-grx</i>	Preferred	QL 40 / 1 days
<i>senna-lax</i>	Preferred	QL 90 / 30 days
<i>senna-plus</i>	Preferred	QL 4 / 1 days
<i>senna-s</i>	Preferred	QL 4 / 1 days
<i>senna-tabs</i>	Preferred	QL 90 / 30 days
<i>senna-time</i>	Preferred	QL 90 / 30 days
<i>senna-time s</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sennazon</i>	Preferred	QL 40 / 1 days
<i>senno</i>	Preferred	QL 90 / 30 days
<i>sennosides-docusate sodium</i>	Preferred	QL 4 / 1 days
<i>silace 150 mg/15ml liquid</i>	Preferred	QL 40 / 1 days
<i>silace 60 mg/15ml syrup</i>	Preferred	QL 2700 / 30 days
<i>sm clearlax</i>	Preferred	QLC 18 grams/day
<i>sm docusate calcium</i>	Preferred	
<i>sm enema</i>	Preferred	
<i>sm fiber (sm fiber 28.3 % powder, sm fiber 48.57 % powder, sm fiber 58.6 % powder)</i>	Preferred	
<i>sm fiber 625 mg tab</i>	Preferred	QL 90 / 30 days
<i>sm gentle laxative</i>	Preferred	QL 90 / 30 days
<i>sm glycerin pediatric 1.2 gm suppos</i>	Preferred	QL 12 / 26 days
<i>sm laxative</i>	Preferred	QL 12 / 25 days
<i>sm magnesium citrate</i>	Preferred	QL 592 / 30 days
<i>sm mineral oil enema</i>	Preferred	
<i>sm natural laxative/stool soft</i>	Preferred	QL 4 / 1 days
<i>sm senna laxative</i>	Preferred	QL 90 / 30 days
<i>sm senna-s</i>	Preferred	QL 4 / 1 days
<i>sm stool softener (sm stool softener 100 mg tab, sm stool softener 240 mg cap)</i>	Preferred	
<i>sm stool softener (sm stool softener 8.6-50 mg tab, sm stool softener 100 mg cap, sm stool softener 250 mg cap)</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm stool softener/laxative</i>	Preferred	QL 4 / 1 days
<i>smooth lax 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>stimulant laxative</i>	Preferred	QL 4 / 1 days
<i>stool softener (stool softener 100 mg cap, stool softener 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>stool softener (stool softener 100 mg tab, stool softener 240 mg cap)</i>	Preferred	
<i>stool softener 50 mg/5ml liquid</i>	Preferred	QL 40 / 1 days
<i>stool softener laxative (stool softener laxative 8.6-50 mg tab, stool softener laxative 100 mg cap, stool softener laxative 250 mg cap)</i>	Preferred	QL 4 / 1 days
<i>stool softener plus laxative</i>	Preferred	QL 4 / 1 days
<i>stool softener/laxative 50-8.6 mg tab</i>	Preferred	QL 4 / 1 days
<i>surfak</i>	Preferred	
SYMPROIC	Non-Preferred	QL 30 / 30 days
<i>tgt fiber laxative</i>	Preferred	QL 90 / 30 days
<i>tgt fiber therapy</i>	Preferred	
<i>tgt gentle laxative</i>	Preferred	QL 90 / 30 days
<i>tgt powderlax 17 gm packet</i>	Preferred	QL 60 / 30 days
<i>tgt saline laxative</i>	Preferred	
<i>tgt senna</i>	Preferred	QL 90 / 30 days
<i>tgt senna laxative 8.6 mg tab</i>	Preferred	QL 90 / 30 days
<i>tgt senna laxative 8.6-50 mg tab</i>	Preferred	QL 4 / 1 days
<i>tgt stool softener & stimulant</i>	Preferred	QL 4 / 1 days
<i>tgt womens laxative</i>	Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>the magic bullet</i>	Preferred	QL 12 / 25 days
TRULANCE	Non-Preferred	QL 30 / 30 days
<i>vegetable lax+stool softener</i>	Preferred	QL 4 / 1 days
<i>veracolate</i>	Preferred	QL 90 / 30 days
<i>wal-mucil (wal-mucil 28.3 % powder, wal-mucil 43 % powder, wal-mucil 48.57 % powder, wal-mucil 58.6 % powder)</i>	Preferred	
<i>womans laxative</i>	Preferred	QL 90 / 30 days
<i>womens laxative</i>	Preferred	QL 90 / 30 days
ANTI-DIARRHEAL AGENTS		
<i>alosetron hcl</i>	Non-Preferred	
<i>anti-diarrheal (anti-diarrheal 2 mg cap, anti-diarrheal 2 mg tab)</i>	Preferred	QL 8 / 1 days
<i>cvs anti-diarrheal (cvs anti-diarrheal 2 mg cap, cvs anti-diarrheal 2 mg tab)</i>	Preferred	QL 8 / 1 days
<i>diamode</i>	Preferred	QL 8 / 1 days
<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>eq anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>eql anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>ft anti-diarrheal (ft anti-diarrheal 2 mg cap, ft anti-diarrheal 2 mg tab)</i>	Preferred	QL 8 / 1 days
<i>gnp anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>hm anti-diarrheal (hm anti-diarrheal 2 mg cap, hm anti-diarrheal 2 mg tab)</i>	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm loperamide hcl</i>	Preferred	QL 8 / 1 days
<i>kls anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>loperamide hcl (loperamide hcl 2 mg cap, loperamide hcl 2 mg tab)</i>	Preferred	QL 8 / 1 days
LOTRONEX	Non-Preferred	
<i>meijer anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>mm anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>px anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>qc anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>ra anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>sb anti-diarrhea</i>	Preferred	QL 8 / 1 days
<i>sm anti-diarrheal (sm anti-diarrheal 2 mg cap, sm anti-diarrheal 2 mg tab)</i>	Preferred	QL 8 / 1 days
<i>tgt anti-diarrheal</i>	Preferred	QL 8 / 1 days
<i>tgt loperamide hcl</i>	Preferred	QL 8 / 1 days
VIBERZI	Non-Preferred	QL 60 / 30 days
ZELNORM	Non-Preferred	

ANTISPASMODICS, GASTROINTESTINAL

<i>dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)</i>	Preferred	QL 240 / 30 days
<i>glycopyrrolate 1 mg tab</i>	Preferred	QL 180 / 30 days
<i>glycopyrrolate 2 mg tab</i>	Preferred	QL 4 / 1 days
<i>propantheline bromide 15 mg tab</i>	Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS, OTHER		
ACTIGALL	Non-Preferred	QL 90 / 30 days
<i>almacone</i>	Preferred	QL 30 / 1 days
<i>almacone double strength</i>	Preferred	QL 30 / 1 days
<i>alum & mag hydroxide-simeth</i>	Preferred	QL 30 / 1 days
<i>alumina-magnesia-simethicone</i>	Preferred	QL 30 / 1 days
ALUMINUM HYDROXIDE GEL 320 MG/5ML SUSPENSION	Preferred	QL 30 / 1 days
<i>amoxicill-clarithro-lansopraz</i>	Non-Preferred	
<i>antacid & antigas</i>	Preferred	QL 30 / 1 days
<i>antacid (antacid 200-200-20 mg/5ml suspension, antacid 400-400-40 mg/10ml suspension, antacid 400-400-40 mg/5ml suspension)</i>	Preferred	QL 30 / 1 days
<i>antacid 500 mg chew tab</i>	Preferred	
<i>antacid advanced</i>	Preferred	QL 30 / 1 days
<i>antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>antacid anti-gas max strength</i>	Preferred	QL 30 / 1 days
<i>antacid anti-gas reg strength</i>	Preferred	QL 30 / 1 days
<i>antacid calcium</i>	Preferred	
<i>antacid calcium rich</i>	Preferred	
<i>antacid extra strength 400-400-40 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>antacid fast relief</i>	Preferred	QL 30 / 1 days
<i>antacid i</i>	Preferred	QL 30 / 1 days
<i>antacid iii</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>antacid liquid</i>	Preferred	QL 30 / 1 days
<i>antacid m</i>	Preferred	QL 30 / 1 days
<i>antacid maximum strength</i>	Preferred	QL 30 / 1 days
<i>antacid plus anti-gas fast act</i>	Preferred	QL 30 / 1 days
<i>antacid plus anti-gas relief</i>	Preferred	QL 30 / 1 days
<i>antacid regular strength 200-200-20 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>antacid regular strength 500 mg chew tab</i>	Preferred	
<i>antacid/anti-gas</i>	Preferred	QL 30 / 1 days
<i>antacid/antigas</i>	Preferred	QL 30 / 1 days
<i>antacid/simethicone ds</i>	Preferred	QL 30 / 1 days
<i>bis subcit-metronid-tetracyc</i>	Non-Preferred	
<i>bismatrol 262 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>bismatrol 262 mg/15ml suspension</i>	Preferred	QL 240 / 24 days
<i>bismatrol maximum strength</i>	Preferred	QL 240 / 24 days
<i>bismuth</i>	Preferred	QL 8 / 1 days
<i>bismuth subsalicylate 262 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>bismuth subsalicylate 525 mg/30ml suspension</i>	Preferred	QL 240 / 24 days
<i>bismuth/metronidaz/tetracyclin</i>	Non-Preferred	
<i>cal-gest antacid</i>	Preferred	
<i>calcium antacid</i>	Preferred	
<i>calcium carbonate 500 mg chew tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcium carbonate antacid 500 mg chew tab</i>	Preferred	
CHENODAL	Non-Preferred	
<i>comfort gel</i>	Preferred	QL 30 / 1 days
<i>comfort gel antacid & anti-gas</i>	Preferred	QL 30 / 1 days
<i>comfort gel antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>cvs antacid & anti-gas 1000-60 mg chew tab</i>	Preferred	
<i>cvs antacid plus antigas</i>	Preferred	QL 30 / 1 days
<i>cvs antacid/anti-gas</i>	Preferred	QL 30 / 1 days
<i>cvs anti-diarrheal 262 mg/15ml suspension</i>	Preferred	QL 240 / 24 days
<i>cvs bismuth</i>	Preferred	QL 8 / 1 days
<i>cvs gas relief 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>cvs gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>cvs gas relief infants</i>	Preferred	QL 2.4 / 1 days
<i>cvs infants gas relief</i>	Preferred	QL 2.4 / 1 days
<i>cvs stomach relief (cvs stomach relief 262 mg chew tab, cvs stomach relief 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>cvs stomach relief (cvs stomach relief 525 mg/15ml suspension, cvs stomach relief 525 mg/30ml suspension)</i>	Preferred	QL 240 / 24 days
<i>cvs stomach relief max st</i>	Preferred	QL 240 / 24 days
<i>diarrhea</i>	Preferred	QL 240 / 24 days
<i>diotame</i>	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diotame instydose</i>	Preferred	QL 240 / 24 days
<i>drxchoice gas relief</i>	Preferred	QL 6 / 1 days
<i>eq antacid 200-200-20 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>eq antacid 500 mg chew tab</i>	Preferred	
<i>eq antacid maximum strength</i>	Preferred	QL 30 / 1 days
<i>eq antacid/anti-gas</i>	Preferred	QL 30 / 1 days
<i>eq gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>eq infants gas relief</i>	Preferred	QL 2.4 / 1 days
<i>eq pink-bismuth</i>	Preferred	QL 8 / 1 days
<i>eq stomach relief</i>	Preferred	QL 240 / 24 days
<i>eql antacid</i>	Preferred	
<i>eql antacid advanced max st</i>	Preferred	QL 30 / 1 days
<i>eql antacid/anti-gas</i>	Preferred	QL 30 / 1 days
<i>eql gas gone</i>	Preferred	
<i>eql infants gas relief</i>	Preferred	QL 2.4 / 1 days
<i>eql stomach relief (eql stomach relief 262 mg chew tab, eql stomach relief 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>eql stomach relief (eql stomach relief 262 mg/15ml suspension, eql stomach relief 525 mg/30ml suspension)</i>	Preferred	QL 240 / 24 days
<i>eql stomach relief max st</i>	Preferred	QL 240 / 24 days
<i>fast acting antacid/anti-gas</i>	Preferred	QL 30 / 1 days
<i>ft antacid & antigas</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft antacid regular strength</i>	Preferred	
<i>ft gas relief</i>	Preferred	QL 6 / 1 days
<i>ft gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>ft gas relief infants</i>	Preferred	QL 2.4 / 1 days
<i>ft stomach relief 262 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>ft stomach relief 525 mg/30ml suspension</i>	Preferred	QL 240 / 24 days
<i>gas relief 20 mg/0.3ml suspension</i>	Preferred	QL 2.4 / 1 days
<i>gas relief 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>gas relief drops infants</i>	Preferred	QL 2.4 / 1 days
<i>gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>gas relief infants 20 mg/0.3ml suspension</i>	Preferred	QL 2.4 / 1 days
<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
GAVISCON 80-14.2 MG CHEW TAB	Preferred	QL 480 / 30 days
<i>geri-lanta</i>	Preferred	QL 30 / 1 days
<i>geri-lanta maximum strength</i>	Preferred	QL 30 / 1 days
<i>geri-mox</i>	Preferred	QL 30 / 1 days
<i>geri-pectate</i>	Preferred	QL 240 / 24 days
<i>gnp antacid</i>	Preferred	
<i>gnp antacid & anti-gas (gnp antacid & anti-gas 200-200-20 mg/5ml suspension, gnp antacid & anti-gas 400-400-40 mg/5ml suspension)</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp antacid & anti-gas 1000-60 mg chew tab</i>	Preferred	
<i>gnp antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>gnp antacid regular strength</i>	Preferred	QL 30 / 1 days
<i>gnp gas relief</i>	Preferred	QL 6 / 1 days
<i>gnp gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>gnp infant gas relief</i>	Preferred	QL 2.4 / 1 days
<i>gnp pink bismuth</i>	Preferred	QL 8 / 1 days
<i>gnp pink bismuth ultra str</i>	Preferred	QL 240 / 24 days
<i>gnp stomach relief</i>	Preferred	QL 240 / 24 days
<i>gnp stomach relief max st</i>	Preferred	QL 240 / 24 days
<i>gnp stomach relief ultra</i>	Preferred	QL 240 / 24 days
<i>goodsense advanced antacid</i>	Preferred	QL 30 / 1 days
<i>goodsense antacid & gas relief</i>	Preferred	QL 30 / 1 days
<i>goodsense antacid 500 mg chew tab</i>	Preferred	
<i>goodsense gas relief</i>	Preferred	
<i>goodsense stomach relief (goodsense stomach relief 525 mg/30ml suspension, goodsense stomach relief 1050 mg/30ml suspension)</i>	Preferred	QL 240 / 24 days
<i>goodsense stomach relief 262 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>healthy mama tame the flame</i>	Preferred	
<i>heartland gas relief</i>	Preferred	QL 6 / 1 days
HELIDAC THERAPY	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm advanced antacid max st</i>	Preferred	QL 30 / 1 days
<i>hm antacid 200-200-20 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>hm antacid 500 mg chew tab</i>	Preferred	
<i>hm antacid anti-gas ex st</i>	Preferred	QL 30 / 1 days
<i>hm antacid regular strength</i>	Preferred	
<i>hm antacid/antigas</i>	Preferred	QL 30 / 1 days
<i>hm calcium antacid 500 mg chew tab</i>	Preferred	
<i>hm gas relief 125 mg chew tab</i>	Preferred	
<i>hm gas relief 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>hm gas relief infants drops</i>	Preferred	QL 2.4 / 1 days
<i>hm stomach relief 262 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>hm stomach relief 525 mg/30ml suspension</i>	Preferred	QL 240 / 24 days
<i>hm stomach relief max strength</i>	Preferred	QL 240 / 24 days
<i>hm stomach relief ultra</i>	Preferred	QL 240 / 24 days
IBSRELA	Non-Preferred	
<i>infants gas relief</i>	Preferred	QL 2.4 / 1 days
<i>infants simethicone</i>	Preferred	QL 2.4 / 1 days
<i>kaopectate 262 mg tab</i>	Preferred	QL 8 / 1 days
<i>kaopectate 262 mg/15ml suspension</i>	Preferred	QL 240 / 24 days
<i>kaopectate extra strength</i>	Preferred	QL 240 / 24 days
<i>little remedies for tummys 20 mg/0.3ml suspension</i>	Preferred	QL 2.4 / 1 days
<i>little remedies gas relief</i>	Preferred	QL 2.4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>little tummys gas relief</i>	Preferred	QL 2.4 / 1 days
<i>long lasting antacid</i>	Preferred	
MAALOX ADVANCED MAX ST	Preferred	
MAALOX MAX 1000-60 MG CHEW TAB	Preferred	
<i>maalox max 400-400-40 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>maalox multi symptom max st</i>	Preferred	QL 30 / 1 days
<i>mag-al plus</i>	Preferred	QL 30 / 1 days
<i>mag-al plus xs</i>	Preferred	QL 30 / 1 days
<i>magnesium-aluminum-simethicone</i>	Preferred	QL 30 / 1 days
<i>medi-bismuth</i>	Preferred	QL 8 / 1 days
<i>meijer antacid</i>	Preferred	QL 30 / 1 days
<i>meijer antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>mi-acid</i>	Preferred	QL 30 / 1 days
<i>mi-acid gas relief</i>	Preferred	QL 6 / 1 days
<i>mi-acid maximum strength</i>	Preferred	QL 30 / 1 days
<i>milantex</i>	Preferred	QL 30 / 1 days
<i>milantex extra strength</i>	Preferred	QL 30 / 1 days
<i>mintox maximum strength</i>	Preferred	QL 30 / 1 days
<i>mintox plus</i>	Preferred	
<i>mintox regular strength</i>	Preferred	QL 30 / 1 days
<i>mommy's bliss gas relief drops</i>	Preferred	QL 2.4 / 1 days
MOVIPREP	Preferred	
<i>mylanta maximum strength</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OCALIVA	Non-Preferred	
OMECLAMOX-PAK	Non-Preferred	
<i>pediacare infants gas relief</i>	Preferred	QL 2.4 / 1 days
<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/ascorbat</i>	Preferred	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	Preferred	
<i>peptic relief</i>	Preferred	QL 8 / 1 days
<i>phazyme 125 mg chew tab</i>	Preferred	
<i>pink bismuth</i>	Preferred	QL 240 / 24 days
<i>pink bismuth maximum strength</i>	Preferred	QL 240 / 24 days
<i>px antacid maximum strength 400-400-40 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>px antacid regular strength</i>	Preferred	QL 30 / 1 days
<i>px calcium antacid</i>	Preferred	
<i>px gas relief infants</i>	Preferred	QL 2.4 / 1 days
<i>px stomach relief 262 mg chew tab</i>	Preferred	QL 8 / 1 days
<i>px stomach relief 262 mg/15ml suspension</i>	Preferred	QL 240 / 24 days
<i>px stomach relief max st</i>	Preferred	QL 240 / 24 days
PYLERA	Non-Preferred	
<i>qc antacid 200-200-20 mg/5ml suspension</i>	Preferred	QL 30 / 1 days
<i>qc antacid 500 mg chew tab</i>	Preferred	
<i>qc antacid/anti-gas</i>	Preferred	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc diarrhea relief</i>	Preferred	QL 240 / 24 days
<i>qc gas relief 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>qc gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>qc gas relief infants</i>	Preferred	QL 2.4 / 1 days
<i>qc pink bismuth (qc pink bismuth 262 mg chew tab, qc pink bismuth 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>qc pink bismuth (qc pink bismuth 262 mg/15ml suspension, qc pink bismuth 525 mg/15ml suspension)</i>	Preferred	QL 240 / 24 days
<i>qc stomach relief (qc stomach relief 262 mg chew tab, qc stomach relief 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>qc stomach relief 525 mg/30ml suspension</i>	Preferred	QL 240 / 24 days
<i>qc stomach relief ultra</i>	Preferred	QL 240 / 24 days
<i>ra allergy relief 10 mg cap</i>	Preferred	
<i>ra antacid</i>	Preferred	
<i>ra antacid/anti-gas</i>	Preferred	QL 30 / 1 days
<i>ra antacid/anti-gas max st</i>	Preferred	QL 30 / 1 days
<i>ra antacid/gas relief max st</i>	Preferred	QL 30 / 1 days
<i>ra gas relief 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>ra gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>ra pink bismuth</i>	Preferred	QL 8 / 1 days
<i>ra stomach relief</i>	Preferred	QL 240 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra stomach relief max st</i>	Preferred	QL 240 / 24 days
RELTONE	Non-Preferred	
<i>sb antacid</i>	Preferred	
<i>sb antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>sb bismuth</i>	Preferred	QL 8 / 1 days
<i>sb gas relief 125 mg chew tab</i>	Preferred	
<i>sb gas relief 40 mg/0.6ml suspension</i>	Preferred	QL 2.4 / 1 days
<i>simeped</i>	Preferred	QL 2.4 / 1 days
<i>simethicone 125 mg chew tab</i>	Preferred	
<i>simethicone 40 mg/0.6ml suspension</i>	Preferred	QL 2.4 / 1 days
<i>simethicone 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>simethicone drops infants</i>	Preferred	QL 2.4 / 1 days
SKYRIZI 180 MG/1.2ML SOLN CART	Non-Preferred	
<i>sm antacid 400-400-40 mg/10ml suspension</i>	Preferred	QL 30 / 1 days
<i>sm antacid 500 mg chew tab</i>	Preferred	
<i>sm antacid advanced</i>	Preferred	QL 30 / 1 days
<i>sm antacid advanced max st</i>	Preferred	QL 30 / 1 days
<i>sm antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>sm antacid maximum strength</i>	Preferred	QL 30 / 1 days
<i>sm antacid/antigas</i>	Preferred	QL 30 / 1 days
<i>sm calcium antacid</i>	Preferred	
SM FOAMING ANTACID	Preferred	
<i>sm gas relief 125 mg chew tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm gas relief 80 mg chew tab</i>	Preferred	QL 6 / 1 days
<i>sm gas relief infants</i>	Preferred	QL 2.4 / 1 days
<i>sm gas relief infants drops</i>	Preferred	QL 2.4 / 1 days
<i>sm stomach relief (sm stomach relief 262 mg chew tab, sm stomach relief 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>sm stomach relief (sm stomach relief 262 mg/15ml suspension, sm stomach relief 525 mg/30ml suspension)</i>	Preferred	QL 240 / 24 days
<i>sodium bicarbonate (sodium bicarbonate 325 mg tab, sodium bicarbonate 650 mg tab)</i>	Preferred	
<i>soothe (soothe 262 mg chew tab, soothe 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>soothe (soothe 262 mg/15ml suspension, soothe 525 mg/30ml suspension)</i>	Preferred	QL 240 / 24 days
<i>soothe maximum strength</i>	Preferred	QL 240 / 24 days
<i>stomach relief (stomach relief 262 mg chew tab, stomach relief 262 mg tab)</i>	Preferred	QL 8 / 1 days
<i>stomach relief (stomach relief 262 mg/15ml suspension, stomach relief 525 mg/15ml suspension, stomach relief 525 mg/30ml suspension, stomach relief 527 mg/30ml suspension)</i>	Preferred	QL 240 / 24 days
<i>stomach relief extra strength</i>	Preferred	QL 240 / 24 days
<i>stomach relief max st</i>	Preferred	QL 240 / 24 days
<i>stomach relief plus</i>	Preferred	QL 240 / 24 days
<i>stomach relief ultra</i>	Preferred	QL 240 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TALICIA	Non-Preferred	
<i>teeny tummy gas relief drops</i>	Preferred	QL 2.4 / 1 days
<i>tgt antacid anti-gas</i>	Preferred	QL 30 / 1 days
<i>tgt gas relief extra strength 125 mg chew tab</i>	Preferred	
<i>tgt stomach relief</i>	Preferred	QL 8 / 1 days
<i>trilyte</i>	Preferred	QL 4000 / 30 days
URSO 250	Non-Preferred	
URSO FORTE	Non-Preferred	
<i>ursodiol (ursodiol 200 mg cap, ursodiol 250 mg tab, ursodiol 400 mg cap, ursodiol 500 mg tab)</i>	Preferred	
<i>ursodiol 300 mg cap</i>	Preferred	QL 90 / 30 days
VOQUEZNA	Non-Preferred	
VOQUEZNA DUAL PAK	Non-Preferred	
VOQUEZNA TRIPLE PAK	Non-Preferred	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
<i>acid control maximum strength 150 mg tab</i>	Preferred	QL 120 / 30 days
<i>acid controller complete</i>	Preferred	
<i>acid reducer 10 mg tab</i>	Preferred	
<i>acid reducer 75 mg tab</i>	Preferred	QL 60 / 30 days
<i>acid reducer complete</i>	Preferred	
<i>acid reducer maximum strength 20 mg tab</i>	Preferred	QL 120 / 30 days
<i>cimetidine 200 mg tab</i>	Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cimetidine 300 mg tab</i>	Preferred	QL 240 / 30 days
<i>cimetidine 400 mg tab</i>	Preferred	QL 180 / 30 days
<i>cimetidine 800 mg tab</i>	Preferred	QL 90 / 30 days
<i>cimetidine hcl</i>	Preferred	QL 40 / 1 days
<i>cvs acid controller</i>	Preferred	
<i>cvs dual action complete</i>	Preferred	
<i>cvs heartburn relief 200 mg tab</i>	Preferred	QL 120 / 30 days
<i>eq acid reducer complete</i>	Preferred	
<i>eq famotidine max st</i>	Preferred	QL 120 / 30 days
<i>eql dual action complete</i>	Preferred	
<i>famotidine (famotidine 10 mg tab, famotidine 40 mg/4ml solution, famotidine 40 mg/5ml recon susp, famotidine 200 mg/20ml solution)</i>	Preferred	
<i>famotidine (pf)</i>	Preferred	
<i>famotidine 20 mg tab</i>	Preferred	QL 120 / 30 days
<i>famotidine 40 mg tab</i>	Preferred	QL 60 / 30 days
<i>famotidine maximum strength</i>	Preferred	QL 120 / 30 days
<i>famotidine orig st</i>	Preferred	
<i>famotidine premixed</i>	Preferred	
<i>ft acid reducer + antacid</i>	Preferred	
<i>ft acid reducer 10 mg tab</i>	Preferred	
<i>ft acid reducer max strength</i>	Preferred	QL 120 / 30 days
<i>gnp acid control 150 max st</i>	Preferred	QL 120 / 30 days
<i>gnp acid reducer 10 mg tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp acid reducer 75 mg tab</i>	Preferred	QL 60 / 30 days
<i>gnp acid reducer max st</i>	Preferred	QL 120 / 30 days
<i>gnp heartburn relief</i>	Preferred	QL 120 / 30 days
<i>goodsense acid reducer 150 mg tab</i>	Preferred	QL 120 / 30 days
<i>goodsense acid reducer 75 mg tab</i>	Preferred	QL 60 / 30 days
<i>heartburn relief 10 mg tab</i>	Preferred	
<i>heartburn relief 200 mg tab</i>	Preferred	QL 120 / 30 days
<i>heartburn relief max st (heartburn relief max st 20 mg tab, heartburn relief max st 150 mg tab)</i>	Preferred	QL 120 / 30 days
<i>hm acid reducer 75 mg tab</i>	Preferred	QL 60 / 30 days
<i>hm dual action complete</i>	Preferred	
<i>hm famotidine 10 mg tab</i>	Preferred	
<i>hm famotidine 20 mg tab</i>	Preferred	QL 120 / 30 days
<i>mm acid-pep maximum strength</i>	Preferred	QL 120 / 30 days
NIZATIDINE (NIZATIDINE 15 MG/ML SOLUTION, NIZATIDINE 150 MG CAP, NIZATIDINE 300 MG CAP)	Preferred	
PEPCID 20 MG TAB	Non-Preferred	
PEPCID 40 MG TAB	Non-Preferred	QL 60 / 30 days
<i>px dual action</i>	Preferred	
<i>qc acid controller</i>	Preferred	
<i>qc acid controller max st</i>	Preferred	QL 120 / 30 days
<i>ra dual action complete</i>	Preferred	
<i>ranitidine hcl (ranitidine hcl 15 mg/ml syrup, ranitidine hcl 75 mg/5ml syrup, ranitidine hcl 150 mg/10ml syrup)</i>	Preferred	QL 40 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ranitidine hcl (ranitidine hcl 50 mg/2ml solution, ranitidine hcl 150 mg/6ml solution, ranitidine hcl 1000 mg/40ml solution)</i>	Preferred	
<i>ranitidine hcl (ranitidine hcl 75 mg tab, ranitidine hcl 300 mg tab)</i>	Preferred	QL 60 / 30 days
<i>ranitidine hcl 150 mg cap</i>	Non-Preferred	QL 4 / 1 days
<i>ranitidine hcl 150 mg tab</i>	Preferred	QL 120 / 30 days
<i>ranitidine hcl 300 mg cap</i>	Non-Preferred	QL 60 / 30 days
<i>sm acid reducer 10 mg tab</i>	Preferred	
<i>sm acid reducer 200 mg tab</i>	Preferred	QL 120 / 30 days
<i>sm acid reducer 75 mg tab</i>	Preferred	QL 60 / 30 days
<i>sm acid reducer max st (sm acid reducer max st 20 mg tab, sm acid reducer max st 150 mg tab)</i>	Preferred	QL 120 / 30 days
TAGAMET HB	Non-Preferred	
ZANTAC	Non-Preferred	
<i>zantac 360 10 mg tab</i>	Non-Preferred	
<i>zantac 360 20 mg tab</i>	Non-Preferred	QL 120 / 30 days
PROTECTANTS		
<i>misoprostol 100 mcg tab</i>	Preferred	QL 240 / 30 days
<i>misoprostol 200 mcg tab</i>	Preferred	QL 4 / 1 days
<i>sucralfate 1 gm tab</i>	Preferred	QL 4 / 1 days
<i>sucralfate 1 gm/10ml suspension</i>	Preferred	QL 40 / 1 days
PROTON PUMP INHIBITORS		
<i>acid reducer 20.6 (20 base) mg cap dr</i>	Non-Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACIPHEX	Non-Preferred	QL 60 / 30 days
ACIPHEX SPRINKLE	Non-Preferred	
<i>cvs esomeprazole magnesium</i>	Preferred	<div style="background-color: #333; color: white; padding: 5px; display: inline-block;">c</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>cvs lansoprazole 15 mg tab dr disp</i>	Non-Preferred	QL 30 / 30 days
<i>cvs omeprazole 20 mg tab dr disp</i>	Non-Preferred	
<i>cvs omeprazole magnesium</i>	Non-Preferred	QL 60 / 30 days
DEXILANT	Non-Preferred	
<i>dexlansoprazole</i>	Non-Preferred	
<i>eq omeprazole 20 mg tab dr</i>	Non-Preferred	QL 60 / 30 days
<i>eq omeprazole 20 mg tab dr disp</i>	Non-Preferred	
<i>eq lansoprazole</i>	Preferred	QL 60 / 30 days AL1 At least 6 yrs old <div style="background-color: #333; color: white; padding: 5px; display: inline-block;">c</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
<i>esomeprazole magnesium (esomeprazole magnesium 10 mg packet, esomeprazole magnesium 20 mg packet, esomeprazole magnesium 20 mg tab dr, esomeprazole magnesium 40 mg packet)</i>	Non-Preferred	
<i>esomeprazole magnesium 20 mg cap dr</i>	Preferred	<div style="background-color: #333; color: white; padding: 5px; display: inline-block;">c</div> PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>esomeprazole magnesium 40 mg cap dr</i>	Preferred	<p>AL1 At least 6 yrs old</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>
ESOMEPRAZOLE STRONTIUM	Non-Preferred	
<i>ft acid reducer 15 mg cap dr</i>	Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</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>gnp esomeprazole magnesium</i>	Preferred	<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>gnp lansoprazole</i>	Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</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>gnp omeprazole (gnp omeprazole 20 mg tab dr, gnp omeprazole 20.6 (20 base) mg cap dr)</i>	Non-Preferred	<p>QL 60 / 30 days</p>
<i>gnp omeprazole 20 mg tab dr disp</i>	Non-Preferred	
<i>goodsense esomeprazole</i>	Preferred	<p>C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days</p>

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>goodsense lansoprazole 15 mg cap dr</i>	Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</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>goodsense lansoprazole 15 mg tab dr disp</i>	Non-Preferred	<p>QL 30 / 30 days</p>
<i>goodsense omeprazole sod bicarb</i>	Non-Preferred	
<i>heartburn treatment 24 hour</i>	Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</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>hm esomeprazole magnesium dr</i>	Preferred	<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>hm lansoprazole</i>	Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</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>hm omeprazole</i>	Non-Preferred	<p>QL 60 / 30 days</p>
<i>kls lansoprazole</i>	Preferred	<p>QL 60 / 30 days</p> <p>AL1 At least 6 yrs old</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>

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sm omeprazole</i>	Non-Preferred	QL 60 / 30 days
ZEGERID	Non-Preferred	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
BUPHENYL (BUPHENYL 3 GM/TSP POWDER, BUPHENYL 500 MG TAB)	Preferred	
CERDELGA	Preferred	PA
CEREZYME	Preferred	PA
CHOLBAM	Preferred	PA
CREON	Preferred	
<i>cvs dairy relief 3000 unit tab</i>	Preferred	QL 270 / 30 days
<i>cvs lactase</i>	Preferred	QL 270 / 30 days
<i>dairy relief</i>	Preferred	QL 270 / 30 days
ELELYSO	Preferred	PA
ENDARI	Non-Preferred	QL 180 / 30 days
<i>gnp dairy relief</i>	Preferred	QL 270 / 30 days
<i>lac-dose</i>	Preferred	QL 270 / 30 days
<i>lactase</i>	Preferred	QL 270 / 30 days
<i>lactase enzyme 3000 unit tab</i>	Preferred	QL 270 / 30 days
<i>miglustat</i>	Preferred	PA
OLPRUVA (2 GM DOSE)	Non-Preferred	
OLPRUVA (3 GM DOSE)	Non-Preferred	
OLPRUVA (4 GM DOSE)	Non-Preferred	
OLPRUVA (5 GM DOSE)	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OLPRUVA (6 GM DOSE)	Non-Preferred	
OLPRUVA (6.67 GM DOSE)	Non-Preferred	
PANCREAZE	Non-Preferred	
PERTZYE (PERTZYE 4000 UNIT CP DR PART, PERTZYE 8000 UNIT CP DR PART, PERTZYE 16000 UNIT CP DR PART, PERTZYE 24000-86250 UNIT CP DR PART)	Non-Preferred	
PHEBURANE	Non-Preferred	
<i>ra dairy aid</i>	Preferred	QL 270 / 30 days
RAVICTI	Non-Preferred	
<i>sb lactase</i>	Preferred	QL 270 / 30 days
<i>sodium phenylbutyrate (sodium phenylbutyrate 3 gm/tsp powder, sodium phenylbutyrate 500 mg tab)</i>	Preferred	
<i>surelac</i>	Preferred	QL 270 / 30 days
VIOKACE	Non-Preferred	
VPRIV	Preferred	PA
<i>yargesa</i>	Non-Preferred	PA
ZAVESCA	Preferred	PA
ZENPEP (ZENPEP 3000-10000 UNIT CP DR PART, ZENPEP 5000-24000 UNIT CP DR PART, ZENPEP 10000-32000 UNIT CP DR PART, ZENPEP 15000-47000 UNIT CP DR PART, ZENPEP 20000-63000 UNIT CP DR PART, ZENPEP 25000-79000 UNIT CP DR PART, ZENPEP 40000-126000 UNIT CP DR PART)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>darifenacin hydrobromide er</i>	Non-Preferred	
DETROL	Non-Preferred	QL 60 / 30 days
DETROL LA	Non-Preferred	QL 30 / 30 days
DITROPAN XL	Non-Preferred	QL 30 / 30 days
ENABLEX	Non-Preferred	
<i>fesoterodine fumarate er</i>	Non-Preferred	
<i>flavoxate hcl</i>	Non-Preferred	
GELNIQUE	Non-Preferred	
GEMTESA	Non-Preferred	QL 30 / 30 days
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	Preferred	
MYRBETRIQ 8 MG/ML SRER	Non-Preferred	
OXYBUTYNIN CHLORIDE 2.5 MG TAB	Non-Preferred	
<i>oxybutynin chloride 5 mg tab</i>	Preferred	QL 4 / 1 days
<i>oxybutynin chloride 5 mg/5ml solution</i>	Preferred	QL 600 / 30 days
<i>oxybutynin chloride er</i>	Preferred	QL 30 / 30 days
OXYTROL	Non-Preferred	
OXYTROL FOR WOMEN	Preferred	
<i>solifenacin succinate</i>	Preferred	
<i>tolterodine tartrate</i>	Preferred	QL 60 / 30 days
<i>tolterodine tartrate er</i>	Preferred	QL 30 / 30 days
TOVIAZ	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>trosipium chloride</i>	Preferred	QL 60 / 30 days
<i>trosipium chloride er</i>	Non-Preferred	QL 30 / 30 days
VESICARE	Non-Preferred	
VESICARE LS	Non-Preferred	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	Preferred	QL 30 / 30 days
AVODART	Non-Preferred	QL 30 / 30 days
CARDURA XL	Non-Preferred	
CIALIS (CIALIS 10 MG TAB, CIALIS 20 MG TAB)	Non-Preferred	
CIALIS (CIALIS 2.5 MG TAB, CIALIS 5 MG TAB)	Non-Preferred	QL 30 / 30 days
<i>dutasteride 0.5 mg cap</i>	Preferred	QL 30 / 30 days
<i>dutasteride-tamsulosin hcl</i>	Non-Preferred	
ENTADFI	Non-Preferred	
<i>finasteride 5 mg tab</i>	Preferred	QL 30 / 30 days
FLOMAX	Non-Preferred	QL 60 / 30 days
JALYN	Non-Preferred	
PROSCAR	Non-Preferred	
RAPAFLO	Non-Preferred	
<i>silodosin</i>	Non-Preferred	
<i>tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)</i>	Non-Preferred	
<i>tadalafil (tadalafil 2.5 mg tab, tadalafil 5 mg tab)</i>	Non-Preferred	QL 30 / 30 days
<i>tamsulosin hcl</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENITOURINARY AGENTS, OTHER		
<i>bethanechol chloride (bethanechol chloride 5 mg tab, bethanechol chloride 10 mg tab, bethanechol chloride 25 mg tab, bethanechol chloride 50 mg tab)</i>	Preferred	QL 4 / 1 days
<i>cytra-2</i>	Preferred	QL 120 / 1 days
ELMIRON	Preferred	QL 90 / 30 days
ORACIT	Preferred	QL 120 / 1 days
<i>phospha 250 neutral</i>	Preferred	
<i>phospho-trin 250 neutral</i>	Preferred	
<i>phosphorous</i>	Preferred	
<i>sod citrate-citric acid</i>	Preferred	QL 120 / 1 days
<i>virt-phos 250 neutral</i>	Preferred	
<i>wes-phos 250 neutral</i>	Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
BESER 0.05 % KIT	Non-Preferred	
<i>betamethasone dipropionate aug 0.05 % lotion</i>	Non-Preferred	
<i>clocortolone pivalate</i>	Non-Preferred	
CLODAN 0.05 % KIT	Non-Preferred	
CLODERM	Non-Preferred	
<i>cortisone acetate 25 mg tab</i>	Non-Preferred	QL 12 / 1 days
CORTISONE ACETATE 25 MG TAB	Non-Preferred	
<i>decadron</i>	Non-Preferred	
DEPO-MEDROL 20 MG/ML SUSPENSION	Preferred	QL 8 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXABLISS	Non-Preferred	
<i>dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.5 mg/5ml solution, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)</i>	Preferred	
<i>dexamethasone (dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg (35) tab thpk, dexamethasone 1.5 mg (51) tab thpk)</i>	Non-Preferred	
DEXAMETHASONE INTENSOL	Preferred	
<i>dexamethasone sodium phosphate (dexamethasone sodium phosphate 4 mg/ml solution, dexamethasone sodium phosphate 20 mg/5ml solution, dexamethasone sodium phosphate 120 mg/30ml solution)</i>	Preferred	
<i>dexpak 10 day</i>	Non-Preferred	
<i>dexpak 13 day</i>	Non-Preferred	
<i>dexpak 6 day</i>	Non-Preferred	
DXEVO 11-DAY	Non-Preferred	
ELOCON	Non-Preferred	
EMFLAZA (EMFLAZA 6 MG TAB, EMFLAZA 18 MG TAB, EMFLAZA 22.75 MG/ML SUSPENSION, EMFLAZA 30 MG TAB, EMFLAZA 36 MG TAB)	Non-Preferred	
<i>fludrocortisone acetate 0.1 mg tab</i>	Preferred	QL 2 / 1 days
HEMADY	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE ACETATE (HYDROCORTISONE ACETATE 1 % CREAM, HYDROCORTISONE ACETATE 1 % OINTMENT)	Preferred	
HYDROXYM	Non-Preferred	
KENALOG (KENALOG 10 MG/ML SUSPENSION, KENALOG 40 MG/ML SUSPENSION)	Preferred	
MEDROL (MEDROL 4 MG TAB, MEDROL 4 MG TAB THPK, MEDROL 8 MG TAB, MEDROL 16 MG TAB)	Non-Preferred	
MEDROL 2 MG TAB	Non-Preferred	QL 4 / 1 days
MEDROL 32 MG TAB	Non-Preferred	QL 2 / 1 days
<i>methylprednisolone</i> (<i>methylprednisolone 4 mg tab,</i> <i>methylprednisolone 8 mg tab,</i> <i>methylprednisolone 16 mg tab</i>)	Preferred	QL 4 / 1 days
<i>methylprednisolone 32 mg tab</i>	Preferred	QL 2 / 1 days
<i>methylprednisolone 4 mg tab thpk</i>	Preferred	
<i>methylprednisolone acetate 40 mg/ml</i> <i>suspension</i>	Preferred	QL 4 / 1 days
<i>methylprednisolone acetate 80 mg/ml</i> <i>suspension</i>	Preferred	QL 2 / 1 days
<i>methylprednisolone sodium succ</i> (<i>methylprednisolone sodium succ 40</i> <i>mg recon soln, methylprednisolone</i> <i>sodium succ 500 mg recon soln,</i> <i>methylprednisolone sodium succ 1000</i> <i>mg recon soln</i>)	Preferred	
MILLIPRED	Non-Preferred	QL 12 / 1 days
<i>millipred</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MILLIPRED DP	Non-Preferred	
MOMETACURE	Non-Preferred	
ORAPRED ODT	Non-Preferred	
PEDIAPRED	Non-Preferred	
<i>prednicarbate</i>	Non-Preferred	
<i>prednisolone 15 mg/5ml solution</i>	Preferred	QL 20 / 1 days
<i>prednisolone 5 mg tab</i>	Non-Preferred	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 10 mg tab disp, prednisolone sodium phosphate 15 mg tab disp, prednisolone sodium phosphate 30 mg tab disp)</i>	Non-Preferred	
<i>prednisolone sodium phosphate (prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)</i>	Preferred	
<i>prednisolone sodium phosphate 15 mg/5ml solution</i>	Preferred	QL 20 / 1 days
<i>prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab)</i>	Preferred	QL 8 / 1 days
<i>prednisone (prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)</i>	Preferred	
<i>prednisone 10 mg tab</i>	Preferred	QL 6 / 1 days
<i>prednisone 20 mg tab</i>	Preferred	QL 3 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>prednisone 5 mg/5ml solution</i>	Preferred	QL 60 / 1 day(s)
<i>prednisone 50 mg tab</i>	Preferred	QL 1 / 1 days
PREDNISONE INTENSOL	Preferred	QL 12 / 1 days
RAYOS	Non-Preferred	
<i>scalpicin maximum strength</i>	Preferred	
SERNIVO	Non-Preferred	
SOLU-CORTEF 100 MG RECON SOLN	Preferred	
SOLU-MEDROL (PF) 40 MG RECON SOLN	Preferred	
SYNALAR (CREAM)	Non-Preferred	
SYNALAR (OINTMENT)	Non-Preferred	
SYNALAR TS	Non-Preferred	
TAPERDEX 12-DAY	Non-Preferred	
<i>taperdex 6-day</i>	Non-Preferred	
TAPERDEX 7-DAY	Non-Preferred	
TOVET 0.05 % KIT	Non-Preferred	
<i>triamcinolone acetate 40 mg/ml suspension</i>	Preferred	
TRIASIL	Non-Preferred	
ZCORT 7-DAY	Non-Preferred	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin ace spray refrig</i>	Preferred	QL 15 / 26 days
<i>desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)</i>	Preferred	QL 180 / 30 days
<i>desmopressin acetate spray</i>	Preferred	QL 15 / 26 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GENOTROPIN	Preferred	PA
GENOTROPIN MINIQUICK	Preferred	PA
HUMATROPE (HUMATROPE 6 MG CARTRIDGE, HUMATROPE 12 MG CARTRIDGE, HUMATROPE 24 MG CARTRIDGE)	Non-Preferred	
MYFEMBREE	Preferred	QL 30 / 30 days PA
NGENLA	Non-Preferred	
NORDITROPIN FLEXPRO	Preferred	PA
NUTROPIN AQ NUSPIN 10	Non-Preferred	
NUTROPIN AQ NUSPIN 20	Non-Preferred	
NUTROPIN AQ NUSPIN 5	Non-Preferred	
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	Non-Preferred	PA
ORIAHNN	Non-Preferred	QL 56 / 28 days PA
SAIZEN	Non-Preferred	
SAIZENPREP	Non-Preferred	
SEROSTIM	Non-Preferred	
SKYTROFA	Non-Preferred	
SOGROYA	Non-Preferred	
ZOMACTON	Non-Preferred	
ZOMACTON (FOR ZOMA-JET 10)	Non-Preferred	
ZORBTIVE	Non-Preferred	

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

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>aviane</i>	Preferred	QL 1 / 1 days
<i>ayuna</i>	Preferred	QL 1 / 1 days
<i>azurette</i>	Preferred	QL 1 / 1 days
BALCOLTRA	Non-Preferred	
<i>balziva</i>	Preferred	QL 1 / 1 days
<i>bekyree</i>	Preferred	QL 1 / 1 days
BEYAZ	Non-Preferred	
BIJUVA 1-100 MG CAP	Non-Preferred	
<i>blisovi 24 fe</i>	Preferred	
<i>blisovi fe 1.5/30</i>	Preferred	QL 1 / 1 days
<i>blisovi fe 1/20</i>	Preferred	QL 1 / 1 days
<i>briellyn</i>	Preferred	QL 1 / 1 days
<i>camrese</i>	Preferred	
<i>camrese lo</i>	Preferred	
<i>caziant</i>	Preferred	QL 1 / 1 days
<i>charlotte 24 fe</i>	Preferred	
<i>chateal</i>	Preferred	QL 1 / 1 days
<i>chateal eq</i>	Preferred	QL 1 / 1 days
CLIMARA	Non-Preferred	
CLIMARA PRO	Preferred	
COMBIPATCH	Preferred	
<i>covaryx</i>	Non-Preferred	
<i>covaryx hs</i>	Non-Preferred	
<i>cryselle-28</i>	Preferred	QL 1 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>emoquette</i>	Preferred	QL 1 / 1 days
<i>enilloring</i>	Non-Preferred	QL 1 / 28 days
<i>enpresse-28</i>	Preferred	QL 1 / 1 days
<i>enskyce</i>	Preferred	QL 1 / 1 days
<i>est estrogens-methyltest</i>	Non-Preferred	
<i>est estrogens-methyltest ds</i>	Non-Preferred	
<i>est estrogens-methyltest hs</i>	Non-Preferred	
<i>estarylla</i>	Preferred	QL 1 / 1 days
ESTRACE (ESTRACE 1 MG TAB, ESTRACE 2 MG TAB)	Non-Preferred	QL 90 / 30 days
ESTRACE 0.1 MG/GM CREAM	Non-Preferred	QLC 42.5 grams/30 days
ESTRACE 0.5 MG TAB	Non-Preferred	
<i>estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch tw, estradiol 0.05 mg/24hr patch tw, estradiol 0.075 mg/24hr patch tw, estradiol 0.1 mg/24hr patch tw)</i>	Preferred	QL 8 / 28 days
<i>estradiol (estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch wk)</i>	Preferred	QL 4 / 28 days
<i>estradiol (estradiol 0.25 mg/0.25gm gel, estradiol 0.5 mg/0.5gm gel, estradiol 0.75 mg/0.75gm gel, estradiol 1 mg/gm gel, estradiol 1.25 mg/1.25gm gel)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>estradiol (estradiol 0.5 mg tab, estradiol 10 mcg tab)</i>	Preferred	
<i>estradiol (estradiol 1 mg tab, estradiol 2 mg tab)</i>	Preferred	QL 90 / 30 days
<i>estradiol 0.1 mg/gm cream</i>	Preferred	QLC 42.5 grams/30 days
<i>estradiol valerate (estradiol valerate 10 mg/ml oil, estradiol valerate 20 mg/ml oil, estradiol valerate 40 mg/ml oil)</i>	Preferred	
<i>estradiol-norethindrone acet</i>	Non-Preferred	
ESTRING	Preferred	
ESTROGEL	Non-Preferred	
ESTROSTEP FE	Non-Preferred	QL 1 / 1 days
<i>ethynodiol diac-eth estradiol</i>	Preferred	QL 1 / 1 days
<i>etonogestrel-ethinyl estradiol</i>	Non-Preferred	QL 1 / 28 days
EVAMIST	Non-Preferred	
<i>falmina</i>	Preferred	QL 1 / 1 days
<i>fayosim</i>	Non-Preferred	
FEMHRT	Non-Preferred	
FEMRING	Preferred	
<i>femynor</i>	Preferred	QL 1 / 1 days
<i>finzala</i>	Preferred	
<i>fyavolv</i>	Preferred	
<i>gemmily</i>	Non-Preferred	
GENERESS FE	Non-Preferred	
<i>hailey 1.5/30</i>	Preferred	QL 1 / 1 days

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

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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	Non-Preferred	
<i>low-ogestrel</i>	Preferred	QL 1 / 1 days
<i>lutera</i>	Preferred	QL 1 / 1 days
<i>lyllana</i>	Non-Preferred	QL 8 / 28 days
<i>marlissa</i>	Preferred	QL 1 / 1 days
<i>melodetta 24 fe</i>	Non-Preferred	
MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB)	Non-Preferred	QL 30 / 30 days
MENEST 2.5 MG TAB	Non-Preferred	
MENOSTAR	Non-Preferred	
<i>merzee</i>	Non-Preferred	
<i>mibelas 24 fe</i>	Non-Preferred	
<i>microgestin 1.5/30</i>	Preferred	QL 1 / 1 days
<i>microgestin 1/20</i>	Preferred	QL 1 / 1 days
<i>microgestin 24 fe</i>	Preferred	
<i>microgestin fe 1.5/30</i>	Preferred	QL 1 / 1 days
<i>microgestin fe 1/20</i>	Preferred	QL 1 / 1 days
<i>mili</i>	Preferred	QL 1 / 1 days
<i>mimvey</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MINASTRIN 24 FE	Non-Preferred	
MINIVELLE	Non-Preferred	QL 8 / 28 days
MIRCETTE	Non-Preferred	QL 1 / 1 days
<i>mono-linyah</i>	Preferred	QL 1 / 1 days
NATAZIA	Non-Preferred	
<i>necon 0.5/35 (28)</i>	Preferred	QL 1 / 1 days
NEXTSTELLIS	Non-Preferred	
<i>nikki</i>	Preferred	QL 1 / 1 days
<i>norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg tab, norethin ace-eth estrad-fe 1.5-30 mg-mcg tab)</i>	Preferred	QL 1 / 1 days
<i>norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap, norethin ace-eth estrad-fe 1-20 mg-mcg(24) tab)</i>	Non-Preferred	
<i>norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab</i>	Preferred	
<i>norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab</i>	Preferred	QL 1 / 1 days
<i>norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab</i>	Non-Preferred	
<i>norethindron-ethinyl estrad-fe</i>	Non-Preferred	QL 1 / 1 days
<i>norethindrone acet-ethinyl est</i>	Preferred	QL 1 / 1 days
<i>norethindrone-eth estradiol</i>	Preferred	
<i>norgestim-eth estrad triphasic</i>	Preferred	QL 1 / 1 days
<i>norgestimate-eth estradiol</i>	Preferred	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nortrel 0.5/35 (28)</i>	Preferred	QL 1 / 1 days
<i>nortrel 1/35 (21)</i>	Preferred	QL 1 / 1 days
<i>nortrel 1/35 (28)</i>	Preferred	QL 1 / 1 days
<i>nortrel 7/7/7</i>	Preferred	QL 28 / 28 days
NUVARING	Preferred	QL 1 / 28 days
<i>nylia 1/35</i>	Preferred	QL 1 / 1 days
<i>nylia 7/7/7</i>	Preferred	QL 28 / 28 days
<i>nymyo</i>	Preferred	QL 1 / 1 days
<i>ocella</i>	Preferred	QL 1 / 1 days
<i>ogestrel</i>	Non-Preferred	QL 1 / 1 days
<i>orsythia</i>	Preferred	QL 1 / 1 days
ORTHO TRI-CYCLEN LO	Non-Preferred	QL 1 / 1 days
ORTHO-NOVUM 1/35 (28)	Non-Preferred	QL 1 / 1 days
ORTHO-NOVUM 7/7/7 (28)	Non-Preferred	QL 28 / 28 days
<i>philith</i>	Preferred	QL 1 / 1 days
<i>pimtrea</i>	Preferred	QL 1 / 1 days
<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
PREFEST	Non-Preferred	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB)	Preferred	QL 30 / 30 days
PREMARIN (PREMARIN 0.625 MG/GM CREAM, PREMARIN 1.25 MG TAB)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN 25 MG RECON SOLN	Non-Preferred	
PREMPHASE	Preferred	QL 1 / 1 days
PREMPRO	Preferred	QL 1 / 1 days
<i>previfem</i>	Preferred	QL 1 / 1 days
QUARTETTE	Non-Preferred	
<i>reclipsen</i>	Preferred	QL 1 / 1 days
<i>rivelsa</i>	Non-Preferred	
SAFYRAL	Non-Preferred	
SEASONIQUE	Non-Preferred	
<i>setlakin</i>	Preferred	
<i>simliya</i>	Preferred	QL 1 / 1 days
<i>simpesse</i>	Preferred	
<i>sprintec 28</i>	Preferred	QL 1 / 1 days
<i>sronyx</i>	Preferred	QL 1 / 1 days
<i>syeda</i>	Preferred	QL 1 / 1 days
<i>tarina 24 fe</i>	Preferred	
<i>tarina fe 1/20</i>	Preferred	QL 1 / 1 days
<i>tarina fe 1/20 eq</i>	Preferred	QL 1 / 1 days
<i>taysofy</i>	Non-Preferred	
TAYTULLA	Non-Preferred	
<i>tilia fe</i>	Non-Preferred	QL 1 / 1 days
<i>tri femynor</i>	Preferred	QL 1 / 1 days
<i>tri-estarylla</i>	Preferred	QL 1 / 1 days
<i>tri-legest fe</i>	Non-Preferred	QL 1 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<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	Preferred	QL 1 / 1 days
YAZ	Non-Preferred	QL 1 / 1 days
<i>yuvafem</i>	Preferred	
<i>zafemy</i>	Non-Preferred	QL 3 / 28 days
<i>zarah</i>	Preferred	QL 1 / 1 days
<i>zovia 1/35 (28)</i>	Preferred	QL 1 / 1 days
<i>zovia 1/35e (28)</i>	Preferred	QL 1 / 1 days
<i>zumandimine</i>	Preferred	QL 1 / 1 days
PROGESTINS		
<i>aftera</i>	Preferred	QL 1 / 1 fill
<i>afterpill</i>	Preferred	QL 1 / 1 fill
AYGESTIN	Non-Preferred	QL 90 / 30 days
<i>camila</i>	Preferred	QL 1 / 1 days
CRINONE	Non-Preferred	
<i>curae</i>	Preferred	QL 1 / 1 fill
<i>deblitane</i>	Preferred	QL 1 / 1 days
DEPO-PROVERA (DEPO-PROVERA 150 MG/ML SUSPENSION, DEPO-PROVERA 400 MG/ML SUSPENSION)	Preferred	
DEPO-PROVERA 150 MG/ML SUSP PRSYR	Non-Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>medroxyprogesterone acetate 2.5 mg tab</i>	Preferred	QL 1 / 1 days
<i>megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)</i>	Preferred	QL 240 / 30 days
<i>megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)</i>	Preferred	
MIRENA (52 MG)	Preferred	
<i>my choice</i>	Preferred	QL 1 / 1 fill
<i>my way</i>	Preferred	QL 1 / 1 fill
<i>new day</i>	Preferred	QL 1 / 1 fill
NEXPLANON	Preferred	
<i>nora-be</i>	Preferred	QL 1 / 1 days
<i>norethindrone 0.35 mg tab</i>	Preferred	QL 1 / 1 days
<i>norethindrone acetate 5 mg tab</i>	Preferred	QL 90 / 30 days
<i>norlyda</i>	Preferred	QL 1 / 1 days
<i>opcicon one-step</i>	Preferred	QL 1 / 1 fill
<i>option 2</i>	Preferred	QL 1 / 1 fill
ORTHO MICRONOR	Preferred	QL 1 / 1 days
<i>progesterone (progesterone 100 mg cap, progesterone 200 mg cap)</i>	Preferred	QL 60 / 30 days
<i>progesterone 50 mg/ml oil</i>	Preferred	
PROMETRIUM	Non-Preferred	QL 60 / 30 days
PROVERA (PROVERA 5 MG TAB, PROVERA 10 MG TAB)	Non-Preferred	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROVERA 2.5 MG TAB	Non-Preferred	
<i>react</i>	Preferred	QL 1 / 1 fill
<i>sharobel</i>	Preferred	QL 1 / 1 days
SKYLA	Preferred	
SLYND	Non-Preferred	
<i>take action</i>	Preferred	QL 1 / 1 fill
<i>tulana</i>	Preferred	QL 1 / 1 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	Non-Preferred	
EVISTA	Non-Preferred	
<i>raloxifene hcl</i>	Non-Preferred	QL 30 / 30 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA (ADTHYZA 16.25 MG TAB, ADTHYZA 32.5 MG TAB, ADTHYZA 65 MG TAB, ADTHYZA 97.5 MG TAB, ADTHYZA 130 MG TAB)	Non-Preferred	
ARMOUR THYROID	Preferred	
CYTOMEL 25 MCG TAB	Preferred	QL 90 / 30 days
CYTOMEL 5 MCG TAB	Preferred	QL 4 / 1 days
CYTOMEL 50 MCG TAB	Preferred	QL 60 / 30 days
ERMEZA	Preferred	
<i>euthyrox</i>	Non-Preferred	
<i>levo-t</i>	Preferred	

DRUG DESCRIPTION (RX)**TIER****LIMITS &
RESTRICTIONS**

LEVOTHYROXINE SODIUM
(LEVOTHYROXINE SODIUM 13 MCG
CAP, LEVOTHYROXINE SODIUM 25
MCG CAP, LEVOTHYROXINE SODIUM
50 MCG CAP, LEVOTHYROXINE
SODIUM 75 MCG CAP,
LEVOTHYROXINE SODIUM 88 MCG
CAP, LEVOTHYROXINE SODIUM 100
MCG CAP, LEVOTHYROXINE SODIUM
100 MCG RECON SOLN,
LEVOTHYROXINE SODIUM 100
MCG/5ML SOLUTION,
LEVOTHYROXINE SODIUM 100
MCG/ML SOLUTION, LEVOTHYROXINE
SODIUM 112 MCG CAP,
LEVOTHYROXINE SODIUM 125 MCG
CAP, LEVOTHYROXINE SODIUM 137
MCG CAP, LEVOTHYROXINE SODIUM
150 MCG CAP, LEVOTHYROXINE
SODIUM 175 MCG CAP,
LEVOTHYROXINE SODIUM 200 MCG
CAP, LEVOTHYROXINE SODIUM 200
MCG RECON SOLN, LEVOTHYROXINE
SODIUM 500 MCG RECON SOLN)

Non-Preferred

*levothyroxine sodium (levothyroxine
sodium 25 mcg tab, levothyroxine
sodium 50 mcg tab, levothyroxine
sodium 75 mcg tab, levothyroxine
sodium 88 mcg tab, levothyroxine
sodium 100 mcg tab, levothyroxine
sodium 112 mcg tab, levothyroxine
sodium 125 mcg tab, levothyroxine
sodium 137 mcg tab, levothyroxine
sodium 150 mcg tab, levothyroxine
sodium 175 mcg tab, levothyroxine
sodium 200 mcg tab, levothyroxine
sodium 300 mcg tab)*

Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levoxy/</i>	Preferred	
LIOETHYRONINE SODIUM 10 MCG/ML SOLUTION	Non-Preferred	
<i>liothyronine sodium 25 mcg tab</i>	Preferred	QL 90 / 30 days
<i>liothyronine sodium 5 mcg tab</i>	Preferred	QL 4 / 1 days
<i>liothyronine sodium 50 mcg tab</i>	Preferred	QL 60 / 30 days
NIVA THYROID	Preferred	
NP THYROID	Preferred	
SYNTHROID	Non-Preferred	
THYQUIDITY	Non-Preferred	
<i>thyroid (thyroid 15 mg tab, thyroid 30 mg tab, thyroid 60 mg tab, thyroid 90 mg tab, thyroid 120 mg tab)</i>	Preferred	
TIROSINT	Non-Preferred	
TIROSINT-SOL	Non-Preferred	
TRIOSTAT	Non-Preferred	
<i>unithroid</i>	Non-Preferred	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN	Preferred	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline</i>	Preferred	QL 16 / 30 days
ELIGARD 22.5 MG KIT	Preferred	QL 1 / 90 days PA
ELIGARD 30 MG KIT	Preferred	QL 1 / 120 days PA
ELIGARD 45 MG KIT	Preferred	QL 1 / 180 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIGARD 7.5 MG KIT	Preferred	QL 1 / 30 days PA
FENSOLVI (6 MONTH)	Preferred	QL 1 / 180 days PA
FIRMAGON	Preferred	PA
FIRMAGON (240 MG DOSE)	Preferred	PA
LEUPROLIDE ACETATE (3 MONTH)	Preferred	PA
<i>leuprolide acetate 1 mg/0.2ml kit</i>	Preferred	QL 2 / 28 days PA
LUPANETA PACK 11.25 & 5 MG KIT	Preferred	QL 1 / 90 days PA
LUPANETA PACK 3.75 & 5 MG KIT	Preferred	QL 1 / 30 days PA
LUPRON DEPOT (1-MONTH)	Preferred	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH)	Preferred	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH)	Preferred	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH)	Preferred	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH)	Preferred	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH)	Preferred	QL 1 / 90 days PA
LUPRON DEPOT-PED (6-MONTH)	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORGOVYX	Non-Preferred	QL 90 / 30 days
ORILISSA 150 MG TAB	Preferred	QL 30 / 30 days PA
ORILISSA 200 MG TAB	Preferred	QL 60 / 30 days PA
SUPPRELIN LA	Non-Preferred	
SYNAREL	Non-Preferred	PA
TRELSTAR MIXJECT 11.25 MG RECON SUSP	Non-Preferred	QL 1 / 84 days
TRELSTAR MIXJECT 22.5 MG RECON SUSP	Non-Preferred	QL 1 / 168 days
TRELSTAR MIXJECT 3.75 MG RECON SUSP	Non-Preferred	QL 1 / 28 days
TRIPTODUR	Preferred	QL 1 / 168 days PA
VANTAS	Preferred	QL 1 / 365 days PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

ANTITHYROID AGENTS

<i>methimazole 10 mg tab</i>	Preferred	QL 180 / 30 days
<i>methimazole 5 mg tab</i>	Preferred	QL 270 / 30 days
<i>propylthiouracil 50 mg tab</i>	Preferred	QL 270 / 30 days

IMMUNOLOGICAL AGENTS

ANGIOEDEMA AGENTS

BERINERT	Preferred	PA
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DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CINRYZE	Preferred	PA
FIRAZYR	Non-Preferred	
HAEGARDA	Preferred	PA
<i>icatibant acetate</i>	Preferred	PA
KALBITOR	Preferred	PA
ORLADEYO	Preferred	PA
RUCONEST	Preferred	PA
<i>sajazir</i>	Preferred	PA
TAKHZYRO	Preferred	PA
IMMUNOGLOBULINS		
HYPERRHO S/D 1500 UNIT SOLN PRSYR	Preferred	
RHOGAM ULTRA-FILTERED PLUS	Preferred	
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA (ACTEMRA 80 MG/4ML SOLUTION, ACTEMRA 200 MG/10ML SOLUTION, ACTEMRA 400 MG/20ML SOLUTION)	Preferred	PA QLC 40 mL/28 days
ACTEMRA 162 MG/0.9ML SOLN PRSYR	Preferred	QL 3.6 / 28 days PA
ACTEMRA ACTPEN	Non-Preferred	QL 3.6 / 28 days PA
ADBRY	Preferred	PA
ARCALYST	Non-Preferred	QLC 8 vials/28 days
BIMZELX	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COSENTYX (300 MG DOSE)	Non-Preferred	
COSENTYX (COSENTYX 125 MG/5ML SOLUTION, COSENTYX 150 MG/ML SOLN PRSYR, COSENTYX 300 MG/2ML SOLN A-INJ)	Non-Preferred	
COSENTYX 75 MG/0.5ML SOLN PRSYR	Non-Preferred	QLC 2 mL/28 days
COSENTYX SENSOREADY (300 MG)	Non-Preferred	
COSENTYX SENSOREADY PEN	Non-Preferred	
<i>diclofex dc</i>	Non-Preferred	
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN PEN, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	Preferred	QL 4.56 / 28 days PA
DUPIXENT (DUPIXENT 300 MG/2ML SOLN PEN, DUPIXENT 300 MG/2ML SOLN PRSYR)	Preferred	QL 8 / 28 days PA
DUPIXENT 100 MG/0.67ML SOLN PRSYR	Preferred	QL 1.34 / 28 days PA
<i>iclofenac cp</i>	Non-Preferred	
ILARIS	Non-Preferred	
ILUMYA	Non-Preferred	
KEVZARA	Non-Preferred	
KINERET	Preferred	PA
OLUMIANT	Non-Preferred	
ORENCIA 125 MG/ML SOLN PRSYR	Non-Preferred	QL 4 / 28 days
ORENCIA 50 MG/0.4ML SOLN PRSYR	Non-Preferred	QL 1.6 / 28 days
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	Non-Preferred	QL 2.8 / 28 days
ORENCIA CLICKJECT	Preferred	QL 4 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTEZLA 10 & 20 & 30 MG TAB THPK	Preferred	PA
OTEZLA 30 MG TAB	Preferred	QL 60 / 30 days PA
SILIQ	Non-Preferred	
SKYRIZI (150 MG DOSE)	Non-Preferred	
SKYRIZI (SKYRIZI 360 MG/2.4ML SOLN CART, SKYRIZI 600 MG/10ML SOLUTION)	Non-Preferred	
SKYRIZI 150 MG/ML SOLN PRSYR	Non-Preferred	QLC 1 mL/28 days
SKYRIZI PEN	Non-Preferred	QLC 1 mL/28 days
SOTYKTU	Non-Preferred	
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	Non-Preferred	QLC 0.5 mL/28 days
STELARA 130 MG/26ML SOLUTION	Non-Preferred	QLC 104 mL/56 days
STELARA 90 MG/ML SOLN PRSYR	Non-Preferred	QLC 1 mL/28 days
TALTZ	Preferred	PA
TEZSPIRE 210 MG/1.91ML SOLN A-INJ	Preferred	PA
TEZSPIRE 210 MG/1.91ML SOLN PRSYR	Non-Preferred	
TREMIFYA	Non-Preferred	
VELSIPITY	Non-Preferred	
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	Preferred	QL 60 / 30 days PA
XELJANZ 1 MG/ML SOLUTION	Non-Preferred	QLC 10 mL/day
XELJANZ XR	Preferred	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOLAIR (XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN PRSYR)	Preferred	PA
<i>zicopro</i>	Non-Preferred	
IMMUNOSTIMULANTS		
PEGASYS	Non-Preferred	
PEGASYS PROCLICK	Non-Preferred	
IMMUNOSUPPRESSANTS		
ABRILADA	Non-Preferred	
ADALIMUMAB-AACF	Non-Preferred	
ADALIMUMAB-ADAZ	Non-Preferred	
ADALIMUMAB-ADBM	Non-Preferred	
ADALIMUMAB-FKJP	Preferred	PA
AMJEVITA	Non-Preferred	
ASTAGRAF XL	Non-Preferred	
AVSOLA	Preferred	PA
<i>azasan</i>	Non-Preferred	
<i>azathioprine (azathioprine 75 mg tab, azathioprine 100 mg tab)</i>	Non-Preferred	
<i>azathioprine 50 mg tab</i>	Preferred	
CELLCEPT (CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	Non-Preferred	
CELLCEPT 200 MG/ML RECON SUSP	Preferred	
CIMZIA	Non-Preferred	
CIMZIA STARTER KIT	Non-Preferred	QLC 1 starter pack/lifetime

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)</i>	Preferred	
<i>cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)</i>	Preferred	
CYLTEZO	Non-Preferred	
CYLTEZO-CD/UC/HS STARTER	Non-Preferred	
CYLTEZO-PSORIASIS STARTER	Non-Preferred	
ENBREL (ENBREL 25 MG/0.5ML SOLN PRSYR, ENBREL 25 MG/0.5ML SOLUTION, ENBREL 50 MG/ML SOLN PRSYR)	Preferred	PA
ENBREL 25 MG RECON SOLN	Preferred	QL 8 / 28 days PA
ENBREL MINI	Preferred	QL 8 / 28 days PA
ENBREL SURECLICK	Preferred	PA
ENTYVIO (ENTYVIO 108 MG/0.68ML SOLN PEN, ENTYVIO 300 MG RECON SOLN)	Non-Preferred	
ENVARUSUS XR	Non-Preferred	
<i>everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)</i>	Non-Preferred	
<i>gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)</i>	Non-Preferred	
HADLIMA	Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HADLIMA PUSHTOUCH	Preferred	PA
HULIO	Non-Preferred	PA
HUMIRA	Preferred	QL 2 / 28 days PA
HUMIRA (2 PEN)	Preferred	QL 2 / 28 days PA
HUMIRA (2 SYRINGE)	Preferred	QL 2 / 28 days PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	Preferred	QL 2 / 28 days PA
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	Preferred	QL 3 / 28 days PA
HUMIRA PEN 40 MG/0.4ML PEN KIT	Preferred	QL 2 / 28 days PA
HUMIRA PEN 80 MG/0.8ML PEN KIT	Preferred	QL 3 / 28 days PA
HUMIRA PEN-CD/UC/HS STARTER 40 MG/0.8ML PEN KIT	Preferred	QL 2 / 28 days PA
HUMIRA PEN-CD/UC/HS STARTER 80 MG/0.8ML PEN KIT	Preferred	QL 3 / 28 days PA
HUMIRA PEN-PEDIATRIC UC START	Preferred	QL 3 / 28 days PA
HUMIRA PEN-PS/UV/ADOL HS START	Preferred	QL 2 / 28 days PA
HUMIRA PEN-PSOR/UVEIT STARTER	Preferred	QL 3 / 28 days PA

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mycophenolate sodium 360 mg tab dr</i>	Preferred	QL 120 / 30 days
MYFORTIC 180 MG TAB DR	Non-Preferred	QL 240 / 30 days
MYFORTIC 360 MG TAB DR	Non-Preferred	QL 120 / 30 days
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	Non-Preferred	
ORENCIA 250 MG RECON SOLN	Preferred	PA
OTREXUP	Non-Preferred	QLC 1.6 mL/28 days
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	Non-Preferred	
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	Preferred	
RASUVO 10 MG/0.2ML SOLN A-INJ	Non-Preferred	QLC 0.8 mL/28 days
RASUVO 12.5 MG/0.25ML SOLN A-INJ	Non-Preferred	QLC 1 mL/28 days
RASUVO 15 MG/0.3ML SOLN A-INJ	Non-Preferred	QLC 1.2 mL/28 days
RASUVO 17.5 MG/0.35ML SOLN A-INJ	Non-Preferred	QLC 1.4 mL/28 days
RASUVO 20 MG/0.4ML SOLN A-INJ	Non-Preferred	QLC 1.6 mL/28 days
RASUVO 22.5 MG/0.45ML SOLN A-INJ	Non-Preferred	QLC 1.8 mL/28 days
RASUVO 25 MG/0.5ML SOLN A-INJ	Non-Preferred	QLC 2 mL/28 days
RASUVO 30 MG/0.6ML SOLN A-INJ	Non-Preferred	QLC 2.4 mL/28 days
RASUVO 7.5 MG/0.15ML SOLN A-INJ	Non-Preferred	QLC 0.6 mL/28 days
REDITREX	Non-Preferred	
REMICADE	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RENFLEXIS	Non-Preferred	
REZUROCK	Non-Preferred	QL 30 / 30 days
RINVOQ (RINVOQ 30 MG TAB ER 24H, RINVOQ 45 MG TAB ER 24H)	Non-Preferred	
RINVOQ 15 MG TAB ER 24H	Non-Preferred	QL 30 / 30 days
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP)	Non-Preferred	
SANDIMMUNE 100 MG/ML SOLUTION	Preferred	
SIMPONI	Preferred	PA
SIMPONI ARIA	Non-Preferred	
<i>sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 2 mg tab)</i>	Preferred	
<i>sirolimus 1 mg/ml solution</i>	Non-Preferred	
SPEVIGO	Non-Preferred	
<i>tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)</i>	Preferred	
TREXALL	Non-Preferred	
XATMEP	Non-Preferred	
YUFLYMA (1 PEN)	Non-Preferred	
YUFLYMA 1-PEN KIT	Non-Preferred	
YUFLYMA 2-PEN KIT	Non-Preferred	
YUFLYMA 2-SYRINGE KIT	Non-Preferred	
YUFLYMA-CD/UC/HS STARTER	Non-Preferred	
YUSIMRY	Preferred	PA
ZORTRESS	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VACCINES		
ADACEL	Preferred	
AFLURIA QUADRIVALENT	Preferred	
BOOSTRIX	Preferred	
ENGERIX-B	Preferred	
FLUAD	Preferred	
FLUARIX QUADRIVALENT	Preferred	
FLUBLOK QUADRIVALENT	Preferred	
FLUCELVAX QUADRIVALENT	Preferred	
FLULAVAL QUADRIVALENT	Preferred	
FLUZONE HIGH-DOSE	Preferred	
FLUZONE QUADRIVALENT	Preferred	
HAVRIX	Preferred	
PNEUMOVAX 23	Preferred	
PREVNAR 13	Preferred	QL 1 / lifetime
RECOMBIVAX HB	Preferred	
SHINGRIX	Preferred	QL 2 / lifetime
TWINRIX	Preferred	
VAQTA	Preferred	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
APRISO	Preferred	QL 120 / 30 days
ASACOL HD	Non-Preferred	QL 180 / 30 days
AZULFIDINE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZULFIDINE EN-TABS	Non-Preferred	
<i>balsalazide disodium</i>	Preferred	QL 270 / 30 days
CANASA	Non-Preferred	QL 30 / 30 days
COLAZAL	Non-Preferred	
DELZICOL	Preferred	QL 180 / 30 days
DIPENTUM	Non-Preferred	
LIALDA	Non-Preferred	QL 4 / 1 days
<i>mesalamine 1.2 gm tab dr</i>	Preferred	QL 4 / 1 days
<i>mesalamine 1000 mg suppos</i>	Preferred	QL 30 / 30 days
<i>mesalamine 4 gm enema</i>	Preferred	QL 1800 / 30 day(s)
<i>mesalamine 400 mg cap dr</i>	Preferred	QL 180 / 30 days
<i>mesalamine 800 mg tab dr</i>	Non-Preferred	QL 180 / 30 days
<i>mesalamine er 0.375 gm cap er 24h</i>	Preferred	QL 120 / 30 days
<i>mesalamine er 500 mg cap er</i>	Non-Preferred	
<i>mesalamine-cleanser</i>	Non-Preferred	
PENTASA	Preferred	QL 240 / 30 days
ROWASA	Non-Preferred	
SFROWASA	Non-Preferred	
<i>sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)</i>	Preferred	QL 360 / 30 days
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	Non-Preferred	
<i>budesonide 2 mg foam</i>	Non-Preferred	
<i>budesonide 3 mg cp dr part</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>budesonide er</i>	Preferred	
<i>colocort</i>	Preferred	QL 240 / 1 days
CORTEF	Non-Preferred	
ENTOCORT EC	Non-Preferred	
<i>hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)</i>	Preferred	QL 12 / 1 days
<i>hydrocortisone 100 mg/60ml enema</i>	Preferred	QL 240 / 1 days
ORTIKOS	Non-Preferred	
TARPEYO	Non-Preferred	QL 120 / 30 days
UCERIS (UCERIS 2 MG/ACT FOAM, UCERIS 9 MG TAB ER 24H)	Non-Preferred	

METABOLIC BONE DISEASE AGENTS

ACTONEL 150 MG TAB	Non-Preferred	QL 1 / 28 days
ACTONEL 35 MG TAB	Non-Preferred	QL 4 / 28 days
<i>alendronate sodium (alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)</i>	Preferred	QL 4 / 28 days
<i>alendronate sodium 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>alendronate sodium 70 mg/75ml solution</i>	Non-Preferred	QL 10.7 / 1 days
<i>aqueous vitamin d</i>	Preferred	QL 150 / 30 days
AELVIA	Non-Preferred	
BINOSTO	Non-Preferred	
BONIVA (BONIVA 3 MG/3ML SOLUTION, BONIVA 150 MG TAB)	Non-Preferred	
<i>bprotected pedia d-vite</i>	Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>calcitol</i>	Preferred	QL 60 / 30 days
<i>calciferol</i>	Preferred	QL 60 / 30 days
<i>calcitonin (salmon)</i>	Non-Preferred	
<i>calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)</i>	Preferred	QL 4 / 1 days
<i>calcitriol 1 mcg/ml solution</i>	Non-Preferred	QL 60 / 30 days
CALCITRIOL INJ 1 MCG/ML	Non-Preferred	
<i>calcitriol oral soln 1 mcg/ml</i>	Non-Preferred	QL 60 / 30 days
<i>cinacalcet hcl</i>	Preferred	QL 60 / 30 days
<i>cvs d3 25 mcg (1000 ut) cap</i>	Preferred	
d 1000 25 mcg (1000 ut) cap	Preferred	
d 400 10 mcg (400 unit) tab	Preferred	QL 150 / 30 days
d-1000	Preferred	
d-1000 extra strength	Preferred	
d-400	Preferred	QL 150 / 30 days
D-VI-SOL	Preferred	QL 150 / 30 days
d-vite pediatric	Preferred	QL 150 / 30 days
d3 50 mcg (2000 ut) tab	Preferred	
d3 high potency 10 mcg (400 unit) tab	Preferred	QL 150 / 30 days
d3 high potency 25 mcg (1000 ut) cap	Preferred	
d3-1000	Preferred	
d3-50	Preferred	QL 4 / 28 days
<i>decara 1.25 mg (50000 ut) cap</i>	Preferred	QL 4 / 28 days
<i>delta d3</i>	Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)</i>	Non-Preferred	
<i>doxercalciferol 4 mcg/2ml solution</i>	Preferred	
<i>eql vitamin d3 25 mcg (1000 ut) cap</i>	Preferred	
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	Preferred	QL 8 / 30 days
<i>ergocalciferol 200 mcg/ml solution</i>	Preferred	QL 60 / 30 days
EVENITY	Non-Preferred	
<i>finest nutrition vitamin d3</i>	Preferred	
FORTEO	Non-Preferred	
FOSAMAX	Non-Preferred	
FOSAMAX PLUS D	Non-Preferred	
<i>gnp d 1000</i>	Preferred	
<i>gnp vitamin d 25 mcg (1000 ut) tab</i>	Preferred	
<i>gnp vitamin d maximum strength</i>	Preferred	
<i>gnp vitamin d3</i>	Preferred	QL 150 / 30 days
<i>gnp vitamin d3 extra strength</i>	Preferred	
HECTOROL	Preferred	
<i>hm vitamin d3 25 mcg (1000 ut) tab</i>	Preferred	
<i>ibandronate sodium 150 mg tab</i>	Preferred	QL 1 / 30 days
<i>ibandronate sodium 3 mg/3ml solution</i>	Non-Preferred	
<i>just d</i>	Preferred	QL 150 / 30 days
<i>kp vitamin d 25 mcg (1000 ut) cap</i>	Preferred	
<i>kp vitamin d3 25 mcg (1000 ut) cap</i>	Preferred	
MIACALCIN	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>nat-rul vitamin d (nat-rul vitamin d 25 mcg (1000 ut) tab, nat-rul vitamin d 50 mcg (2000 ut) tab)</i>	Preferred	
<i>optimal d3</i>	Preferred	QL 4 / 28 days
PAMIDRONATE DISODIUM (PAMIDRONATE DISODIUM 6 MG/ML SOLUTION, PAMIDRONATE DISODIUM 90 MG/10ML SOLUTION)	Preferred	QLC 10 mL/fill
PAMIDRONATE DISODIUM 30 MG RECON SOLN	Preferred	QLC 3 vials/fill
<i>pamidronate disodium 30 mg/10ml solution</i>	Preferred	QLC 30 mL/fill
PAMIDRONATE DISODIUM 90 MG RECON SOLN	Preferred	QLC 1 vial/fill
<i>paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)</i>	Non-Preferred	
<i>paricalcitol (paricalcitol 2 mcg/ml solution, paricalcitol 5 mcg/ml solution)</i>	Preferred	
<i>pharmacist choice d-vitamin</i>	Preferred	QL 150 / 30 days
PROLIA	Non-Preferred	QL 1 / 180 days
<i>pronutrients vitamin d3</i>	Preferred	
<i>qc vitamin d3 (qc vitamin d3 25 mcg (1000 ut) cap, qc vitamin d3 25 mcg (1000 ut) tab, qc vitamin d3 50 mcg (2000 ut) tab)</i>	Preferred	
<i>qc vitamin d3 10 mcg (400 unit) tab</i>	Preferred	QL 150 / 30 days
<i>ra vitamin d-3 25 mcg (1000 ut) tab</i>	Preferred	
RAYALDEE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RECLAST	Non-Preferred	QLC 100 mL/365 days
<i>risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab)</i>	Non-Preferred	QL 30 / 30 days
<i>risedronate sodium 150 mg tab</i>	Non-Preferred	QL 1 / 28 days
<i>risedronate sodium 35 mg tab</i>	Non-Preferred	QL 4 / 28 days
<i>risedronate sodium 35 mg tab dr</i>	Non-Preferred	
ROCALTROL (ROCALTROL 0.25 MCG CAP, ROCALTROL 0.5 MCG CAP)	Non-Preferred	
ROCALTROL 1 MCG/ML SOLUTION	Non-Preferred	QL 60 / 30 days
<i>sm vitamin d</i>	Preferred	QL 150 / 30 days
<i>sm vitamin d3 25 mcg (1000 ut) tab</i>	Preferred	
<i>teriparatide</i>	Non-Preferred	
TERIPARATIDE (RECOMBINANT) (TERIPARATIDE (RECOMBINANT) 600 MCG/2.4ML SOLN PEN, TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN)	Non-Preferred	
<i>thera-d 2000</i>	Preferred	
<i>thera-d rapid repletion</i>	Preferred	
TYMLOS	Non-Preferred	
<i>vitamin d (cholecalciferol) (vitamin d (cholecalciferol) 25 mcg (1000 ut) cap, vitamin d (cholecalciferol) 25 mcg (1000 ut) tab)</i>	Preferred	
<i>vitamin d (cholecalciferol) 10 mcg (400 unit) tab</i>	Preferred	QL 150 / 30 days
<i>vitamin d (ergocalciferol) (vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, vitamin d (ergocalciferol) 50000 unit cap)</i>	Preferred	QL 8 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>vitamin d (vitamin d 25 mcg (1000 ut) tab, vitamin d 50 mcg (2000 ut) tab)</i>	Preferred	
<i>vitamin d 10 mcg/ml liquid</i>	Preferred	QL 150 / 30 days
<i>vitamin d high potency</i>	Preferred	
<i>vitamin d infant</i>	Preferred	QL 150 / 30 days
<i>vitamin d-1000 max st</i>	Preferred	
<i>vitamin d-3 25 mcg (1000 ut) cap</i>	Preferred	
<i>vitamin d-400</i>	Preferred	QL 150 / 30 days
<i>vitamin d3 (vitamin d3 10 mcg (400 unit) tab, vitamin d3 10 mcg/ml liquid)</i>	Preferred	QL 150 / 30 days
<i>vitamin d3 (vitamin d3 25 mcg (1000 ut) cap, vitamin d3 25 mcg (1000 ut) tab, vitamin d3 25 mcg tab, vitamin d3 50 mcg (2000 ut) tab)</i>	Preferred	
<i>vitamin d3 1.25 mg (50000 ut) cap</i>	Preferred	QL 4 / 28 days
<i>weekly-d</i>	Preferred	QL 4 / 28 days
XGEVA	Non-Preferred	QLC 5.1 mL/28 days
ZEMPLAR (ZEMPLAR 1 MCG CAP, ZEMPLAR 2 MCG CAP, ZEMPLAR 2 MCG/ML SOLUTION, ZEMPLAR 5 MCG/ML SOLUTION)	Non-Preferred	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	Preferred	QLC 400 mL/28 days
<i>zoledronic acid 4 mg/5ml conc</i>	Preferred	QLC 20 mL/28 days
<i>zoledronic acid 5 mg/100ml solution</i>	Preferred	QLC 100 mL/365 days
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNILET COMFORTOUCH	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
4-way fast acting	Preferred	QL 30 / 30 days
4-way menthol	Preferred	QL 30 / 30 days
ACCU-CHEK AVIVA PLUS STRIP	Non-Preferred	QL 150 / 30 days
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
ACCU-CHEK COMPACT PLUS	Non-Preferred	QL 150 / 30 days
ACCU-CHEK FASTCLIX LANCETS	Preferred	QL 200 / 30 days
ACCU-CHEK GUIDE STRIP	Non-Preferred	QL 150 / 30 days
ACCU-CHEK GUIDE ME	Non-Preferred	QL 1 / 365 days
ACCU-CHEK GUIDE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
ACCU-CHEK MULTICLIX LANCETS	Preferred	QL 200 / 30 days
ACCU-CHEK SAFE-T PRO LANCETS	Preferred	QL 200 / 30 days
ACCU-CHEK SMARTVIEW	Non-Preferred	QL 150 / 30 days
ACCU-CHEK SOFTCLIX LANCETS	Preferred	QL 200 / 30 days
ACCU-TREND GLUCOSE	Non-Preferred	QL 150 / 30 days
ACTI-LANCE 28G	Preferred	QL 200 / 30 days
ACTI-LANCE LITE LANCETS 28G	Preferred	QL 200 / 30 days
ACTI-LANCE SPECIAL LANCETS 17G	Preferred	QL 200 / 30 days
ACTI-LANCE UNIVERSAL 23G	Preferred	QL 200 / 30 days
ADVANCED MOBILE LANCET	Preferred	QL 200 / 30 days
ADVOCATE ALCOHOL PREP PADS	Preferred	
ADVOCATE BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
ADVOCATE BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVOCATE INSULIN SYRINGE (ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
ADVOCATE LANCETS	Preferred	QL 200 / 30 days
ADVOCATE LANCETS 30G	Preferred	QL 200 / 30 days
ADVOCATE REDI-CODE STRIP	Non-Preferred	QL 150 / 30 days
ADVOCATE REDI-CODE (ADVOCATE REDI-CODE DEVICE, ADVOCATE REDI-CODE W/DEVICE KIT)	Non-Preferred	QL 1 / 365 days
ADVOCATE REDI-CODE+	Non-Preferred	QL 1 / 365 days
ADVOCATE REDI-CODE+ TEST	Non-Preferred	QL 150 / 30 days
ADVOCATE SAFETY LANCETS	Preferred	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
ADVOCATE TEST	Non-Preferred	QL 150 / 30 days
AERIVA CONCENTRATOR NEBULIZER	Preferred	
AEROCHAMBER HOLDING CHAMBER	Preferred	
AEROCHAMBER MINI CHAMBER	Preferred	
AEROCHAMBER MV	Preferred	
AEROCHAMBER PLS FLOVU MTHPIECE	Preferred	
AEROCHAMBER PLUS FLO-VU	Preferred	
AEROCHAMBER PLUS FLO-VU LARGE	Preferred	
AEROCHAMBER PLUS FLO-VU MEDIUM	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AEROCHAMBER PLUS FLO-VU SMALL	Preferred	
AEROCHAMBER PLUS FLO-VU W/MASK	Preferred	
AEROCHAMBER PLUS FLOW VU	Preferred	
AEROCHAMBER W/FLOWSIGNAL	Preferred	
AEROCHAMBER Z-STAT PLUS	Preferred	
AEROCHAMBER Z-STAT PLUS CHAMBR	Preferred	
AEROCHAMBER Z-STAT PLUS/LARGE	Preferred	
AEROCHAMBER Z-STAT PLUS/MEDIUM	Preferred	
AEROCHAMBER Z-STAT PLUS/SMALL	Preferred	
AEROECLIPSE II NEBULIZER	Preferred	
AEROECLIPSE II W/ELBOW ADAPTER	Preferred	
AEROECLIPSE II W/UNIV TUBING	Preferred	
AEROECLIPSE XL NEBULIZER	Preferred	
AERONEB GO COMPLETE SYSTEM	Preferred	
AERONEB GO CONVENIENCE UNIT	Preferred	
AERONEB GO HANDSET/CABLE	Preferred	
AERONEB GO NEBULIZER HANDSET	Preferred	
AEROVENT PLUS	Preferred	
<i>afrin saline nasal mist</i>	Preferred	
AGAMATRIX AMP	Non-Preferred	QL 1 / 365 days
AGAMATRIX AMP TEST	Non-Preferred	QL 150 / 30 days
AGAMATRIX JAZZ TEST	Non-Preferred	QL 150 / 30 days
AGAMATRIX JAZZ WIRELESS 2	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AGAMATRIX PRESTO	Non-Preferred	QL 1 / 365 days
AGAMATRIX PRESTO PRO METER	Non-Preferred	QL 1 / 365 days
AGAMATRIX PRESTO TEST	Non-Preferred	QL 150 / 30 days
AGAMATRIX ULTRA-THIN LANCETS	Preferred	QL 200 / 30 days
AIMSCO LUBRICATED	Preferred	
AIMSCO TWIST LANCETS 32G	Preferred	QL 200 / 30 days
AIMSCO TWIST LANCETS 33G	Preferred	QL 200 / 30 days
AIRIAL CHAMBER	Preferred	
AIRIAL COMPACT COMPRESSOR NEB	Preferred	
AIRIAL COMPACT MINI NEBULIZER	Preferred	
AIRIAL COMPRESS PED NEBULIZER	Preferred	
AIRIAL PEDIATRIC NEBULIZER	Preferred	
AIRIAL VOYAGER NEBULIZER	Preferred	
AIRS DISPOSABLE NEBULIZER MISC	Preferred	
AKEEGA	Non-Preferred	
ALCOH-GLOVE CONTOURED WIPE	Preferred	
ALCOHOL PADS	Preferred	
ALCOHOL PREP	Preferred	
ALCOHOL PREP PADS	Preferred	
ALCOHOL SWABS	Preferred	
ALCOHOL SWABSTICK	Preferred	
<i>alcohol wipes</i>	Preferred	
ALL-IN-ONE NEBULIZER SYSTEM	Preferred	
<i>altamist spray</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
APLICARE ALCOHOL SWABSTICK	Preferred	
AQ INSULIN SYRINGE	Preferred	
AQUALANCE LANCETS 30G	Preferred	QL 200 / 30 days
<i>argyle sterile water</i>	Preferred	
ASSURE 4 TEST	Non-Preferred	QL 150 / 30 days
ASSURE COMFORT LANCETS 28G	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS HIGH	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS LOW	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS MICRO	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS NORMAL	Preferred	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS PED	Preferred	QL 200 / 30 days
ASSURE ID INSULIN SAFETY SYR (ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC)	Preferred	
ASSURE LANCE LANCETS	Preferred	QL 200 / 30 days
ASSURE LANCE LANCETS 21G	Preferred	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 25G	Preferred	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 30G	Preferred	QL 200 / 30 days
ASSURE LANCE SAFETY LANCET 28G	Preferred	QL 200 / 30 days
ASSURE LANCETS	Preferred	QL 200 / 30 days
ASSURE PLATINUM	Non-Preferred	QL 150 / 30 days
ASSURE PLATINUM METER	Non-Preferred	QL 1 / 365 days
ASSURE PRISM MULTI METER	Non-Preferred	QL 1 / 365 days
ASSURE PRISM MULTI TEST	Non-Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AURA PORTANEB	Preferred	
AURORA LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
AURORA LANCET THIN 23G	Preferred	QL 200 / 30 days
<i>ayr</i>	Preferred	
<i>baby ayr saline</i>	Preferred	
<i>baclofen 25 mg/5ml suspension</i>	Non-Preferred	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	
BD HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
BD INSULIN SYRINGE (BD INSULIN SYRINGE 25G X 5/8" 1 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	Preferred	
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC	Preferred	
BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML MISC)	Preferred	
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	Preferred	
BD LANCET ULTRAFINE 30G	Preferred	QL 200 / 30 days
BD LANCET ULTRAFINE 33G	Preferred	QL 200 / 30 days
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	Preferred	
BD MICROTAINER LANCETS	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD SAFETY-LOK INSULIN SYRINGE	Preferred	
BD SAFETYGLIDE INSULIN SYRINGE (BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC)	Preferred	
BD SWAB SINGLE USE REGULAR	Preferred	
BD SWABS SINGLE USE BUTTERFLY	Preferred	
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	
BENTLEY THE BEAR PED NEBULIZER	Preferred	
BIOTEL CARE BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
BIOTEL CARE TEST STRIPS	Non-Preferred	QL 150 / 30 days
BLOOD GLUCOSE MONITOR SYSTEM	Non-Preferred	QL 1 / 365 days
BLOOD GLUCOSE MONITORING 333	Non-Preferred	QL 1 / 365 days
BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
BLOOD GLUCOSE TEST STRIPS 333	Non-Preferred	QL 150 / 30 days
BLULINK GLUCOSE MONITORING SYS	Non-Preferred	QL 1 / 365 days
BLULINK GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
BREATHE COMFORT CHAMBER/ADULT	Preferred	
BREATHE COMFORT CHAMBER/CHILD	Preferred	
BREATHE COMFORT HUMIDIFIER	Preferred	QL 1 / 365 days
BREATHE EASE HUMIDIFIER	Preferred	QL 1 / 365 days
BREATHE EASE LARGE	Preferred	
BREATHE EASE MEDIUM	Preferred	
BREATHE EASE SMALL	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BREATHERITE	Preferred	
BREATHERITE COLL SPACER ADULT	Preferred	
BREATHERITE COLL SPACER CHILD	Preferred	
BREATHERITE COLL SPACER INFANT	Preferred	
BREATHERITE RIGID SPACER/MASK	Preferred	
BREATHERITE SPACER NEONATE	Preferred	
BREATHERITE SPACER SMALL CHILD	Preferred	
BREATHERITE VALVED MDI CHAMBER	Preferred	
BREATHERITE/LARGE MASK	Preferred	
BREATHERITE/MEDIUM MASK	Preferred	
BREATHERITE/SMALL MASK	Preferred	
BULLSEYE MINI SAFETY LANCETS	Preferred	QL 200 / 30 days
BULLSEYE SAFETY LANCETS	Preferred	QL 200 / 30 days
CAPTAIN EAGLE PED NEBULIZER	Preferred	
CAREONE BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
CAREONE BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
CAREONE LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
CAREONE LANCET THIN 23G	Preferred	QL 200 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	Preferred	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	Preferred	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARESENS LANCETS	Preferred	QL 200 / 30 days
CARESENS LANCETS 30G	Preferred	QL 200 / 30 days
CARESENS N FELIZ	Non-Preferred	QL 1 / 365 days
CARESENS N GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
CARESENS N GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
CARETOUCH ALCOHOL PREP	Preferred	
CARETOUCH INSULIN SYRINGE (CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	Preferred	
CARETOUCH MONITOR SYSTEM	Non-Preferred	QL 1 / 365 days
CARETOUCH SAFETY LANCETS	Preferred	QL 200 / 30 days
CARETOUCH SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
CARETOUCH TEST	Non-Preferred	QL 150 / 30 days
CARETOUCH TWIST LANCETS 28G	Preferred	QL 200 / 30 days
CARETOUCH TWIST LANCETS 30G	Preferred	QL 200 / 30 days
CARETOUCH TWIST LANCETS 33G	Preferred	QL 200 / 30 days
CARETOUCH TWIST MC LANCETS 30G	Preferred	QL 200 / 30 days
CEQUR SIMPLICITY 2U	Preferred	
CEQUR SIMPLICITY INSERTER	Preferred	
CHEMSTRIP UGK	Preferred	
CLEANLET LANCETS 28G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHEK AUTO-CODE	Non-Preferred	
CLEVER CHEK AUTO-CODE SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHEK AUTO-CODE TEST	Non-Preferred	QL 150 / 30 days
CLEVER CHEK AUTO-CODE VOICE DEVICE	Non-Preferred	QL 1 / 365 days
CLEVER CHEK AUTO-CODE VOICE STRIP	Non-Preferred	QL 150 / 30 days
CLEVER CHEK LANCETS	Preferred	QL 200 / 30 days
CLEVER CHEK SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHEK TEST	Non-Preferred	QL 150 / 30 days
CLEVER CHOICE AUTO-CODE SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHOICE AUTO-CODE TEST	Non-Preferred	QL 150 / 30 days
CLEVER CHOICE COMFORT EZ MISC	Preferred	QL 200 / 30 days
CLEVER CHOICE HOLDING CHAMBER	Preferred	
CLEVER CHOICE HUMIDIFIER	Preferred	QL 1 / 365 days
CLEVER CHOICE LANCETS 21G	Preferred	QL 200 / 30 days
CLEVER CHOICE LANCETS 23G	Preferred	QL 200 / 30 days
CLEVER CHOICE LANCETS 28G	Preferred	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHOICE MICRO TEST	Non-Preferred	QL 150 / 30 days
CLEVER CHOICE MINI SYSTEM	Non-Preferred	QL 1 / 365 days
CLEVER CHOICE NEBULIZER	Preferred	
CLEVER CHOICE NO CODING	Non-Preferred	QL 150 / 30 days
CLEVER CHOICE TALK SYSTEM DEVICE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE TALK SYSTEM STRIP	Non-Preferred	QL 150 / 30 days
CLEVER CHOICE WHIS AIR PED NEB	Preferred	
CLEVER CHOICE WHISPER AIRE NEB	Preferred	
CLEVER CHOICE WHISPER AIRE PED	Preferred	
COAGUCHEK LANCETS	Preferred	QL 200 / 30 days
COMFORT ASSURED LANCETS 28G	Preferred	QL 200 / 30 days
COMFORT ASSURED LANCETS 33G	Preferred	QL 200 / 30 days
COMFORT EZ INSULIN SYRINGE (COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
COMFORT LANCETS	Preferred	QL 200 / 30 days
COMFORT TOUCH ALCOHOL PREP	Preferred	
COMFORT TOUCH LANCETS 31G	Preferred	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 28G	Preferred	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 30G	Preferred	QL 200 / 30 days
COMP A-I-R NEBULIZER	Preferred	
COMP AIR COMPRESSOR NEBULIZER	Preferred	
COMP AIR ELITE COMPACT NEB	Preferred	
COMP-AIR ELITE COMPACT NEB	Preferred	
COMPACT SPACE CHAMBER	Preferred	
COMPACT SPACE CHAMBER/LG MASK	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPACT SPACE CHAMBER/MED MASK	Preferred	
COMPACT SPACE CHAMBER/SM MASK	Preferred	
COMPAIR NEBULIZER	Preferred	
COMPAIR XL NEBULIZER	Preferred	
COMPAIR XLT NEBULIZER	Preferred	
COMPMIST COMPRESSOR NEBULIZER	Preferred	
COMPRESSOR NEBULIZER	Preferred	
COMPRESSOR/NEBULIZER	Preferred	
CONTOUR BLOOD GLUCOSE SYSTEM	Preferred	QL 1 / 365 days
CONTOUR MONITOR	Preferred	QL 1 / 365 days
CONTOUR NEXT EZ	Preferred	QL 1 / 365 days
CONTOUR NEXT GEN MONITOR	Preferred	QL 1 / 365 days
CONTOUR NEXT LINK	Non-Preferred	QL 1 / 365 days
CONTOUR NEXT MONITOR	Preferred	QL 1 / 365 days
CONTOUR NEXT ONE	Preferred	QL 1 / 365 days
CONTOUR NEXT TEST	Preferred	QL 150 / 30 days
CONTOUR TEST	Preferred	QL 150 / 30 days
COOL BLOOD GLUCOSE TEST STRIPS	Non-Preferred	QL 150 / 30 days
COOL MIST HUMIDIFIER	Preferred	QL 1 / 365 days
COOL MIST HUMIDIFIER 0.8 GAL	Preferred	QL 1 / 365 days
COOL MIST HUMIDIFIER 1 GALLON	Preferred	QL 1 / 365 days
COOL MIST HUMIDIFIER 1.2 GAL	Preferred	QL 1 / 365 days
COOL MIST HUMIDIFIER 1.3 GAL	Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COOL MIST HUMIDIFIER 2 GALLON	Preferred	QL 1 / 365 days
COOL MONITOR	Non-Preferred	QL 1 / 365 days
COOL MONITOR KIT	Non-Preferred	QL 1 / 365 days
<i>cromolyn sodium 5.2 mg/act aero soln</i>	Preferred	QL 30 / 30 days
CURITY ALCOHOL PREPS	Preferred	
CURITY ALCOHOL SWABS	Preferred	
CVS ADVANCED GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
CVS ALCOHOL PREP PADS	Preferred	
CVS BLOOD GLUCOSE METER	Non-Preferred	QL 1 / 365 days
CVS COOL MIST HUMIDIFER	Preferred	QL 1 / 365 days
CVS GLUCOSE METER TEST STRIPS	Non-Preferred	QL 150 / 30 days
<i>cvs isopropyl alcohol wipes</i>	Preferred	
CVS KETONE CARE	Preferred	
CVS LANCETS 21G	Preferred	QL 200 / 30 days
CVS LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days
CVS LANCETS ORIGINAL	Preferred	QL 200 / 30 days
CVS LANCETS THIN 26G	Preferred	QL 200 / 30 days
CVS LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
CVS LANCETS ULTRA-THIN 30G	Preferred	QL 200 / 30 days
<i>cvs melatonin 3 mg tab</i>	Preferred	QL 30 / 30 days
<i>cvs mineral oil</i>	Preferred	QL 45 / 1 days
<i>cvs nasal spray 1 % solution</i>	Preferred	QL 30 / 30 days
<i>cvs nose drops</i>	Preferred	QL 30 / 30 days
CVS PREP	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs saline nasal spray</i>	Preferred	
<i>cvs sinus relief ext st</i>	Preferred	QL 30 / 30 days
CVS ULTRA THIN LANCETS	Preferred	QL 200 / 30 days
<i>deep sea nasal spray</i>	Preferred	
DEXCOM G6 RECEIVER	Preferred	PA
DEXCOM G6 SENSOR	Preferred	PA
DEXCOM G6 TRANSMITTER	Preferred	PA
DEXCOM G7 RECEIVER	Preferred	PA
DEXCOM G7 SENSOR	Preferred	PA
DIATHRIVE LANCET ULTRA THIN 30	Preferred	QL 200 / 30 days
DIATHRIVE LANCETS	Preferred	QL 200 / 30 days
DIATRUE PLUS BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
DIATRUE PLUS TEST	Non-Preferred	QL 150 / 30 days
DROPLET INSULIN SYRINGE (DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
DROPLET LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
DROPLET PERSONAL LANCETS 30G	Preferred	QL 200 / 30 days
DROPSAFE ALCOHOL PREP	Preferred	
DROPSAFE SAFETY SYRINGE/NEEDLE (DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DRUG MART LANCETS THIN 26G	Preferred	QL 200 / 30 days
DRUG MART ON-THE-GO LANCET 30G	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 28G	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 30G	Preferred	QL 200 / 30 days
DRUG MART UNILET LANCETS 33G	Preferred	QL 200 / 30 days
DUAL ULTRASONIC HUMIDIFIER	Preferred	QL 1 / 365 days
DUREX EXTRA SENSITIVE THIN	Preferred	
DUROLANE	Preferred	QL 6 / 180 days PA
E-Z JECT LANCET MICRO-THIN 33G	Preferred	QL 200 / 30 days
E-Z JECT LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
E-Z JECT LANCETS	Preferred	QL 200 / 30 days
E-Z JECT LANCETS 21G	Preferred	QL 200 / 30 days
E-Z JECT LANCETS THIN 26G	Preferred	QL 200 / 30 days
EASIVENT	Preferred	
EASIVENT MASK LARGE	Preferred	
EASIVENT MASK MEDIUM	Preferred	
EASIVENT MASK SMALL	Preferred	
EASY AIR COMPRESSOR NEBULIZER	Preferred	
EASY COMFORT ALCOHOL PADS	Preferred	
EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY COMFORT LANCETS	Preferred	QL 200 / 30 days
EASY COMFORT LANCETS TWIST TOP	Preferred	QL 200 / 30 days
EASY NEB	Preferred	
EASY PLUS II GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY PLUS II GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EASY STEP GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
EASY STEP TEST	Non-Preferred	QL 150 / 30 days
EASY TALK BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY TALK BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EASY TALK PLUS II TEST STRIPS	Non-Preferred	QL 150 / 30 days
EASY TOUCH ALCOHOL PREP MEDIUM	Preferred	
EASY TOUCH FLIPLOCK INSULIN SYR (EASY TOUCH FLIPLOCK INSULIN SYR 29G X 1/2" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SYR 30G X 5/16" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SYR 31G X 5/16" 1 ML MISC)	Preferred	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	Preferred	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	Preferred	
EASY TOUCH GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
EASY TOUCH INSULIN SAFETY SYR (EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)**TIER****LIMITS &
RESTRICTIONS**

EASY TOUCH INSULIN SYRINGE (EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)

Preferred

EASY TOUCH LANCETS 21G

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 23G

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 26G

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 28G

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 28G/TWIST

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 30G

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 30G/TWIST

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 32G

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 32G/TWIST

Preferred

QL 200 / 30 days

EASY TOUCH LANCETS 33G/TWIST

Preferred

QL 200 / 30 days

EASY TOUCH SAFETY LANCETS 21G

Preferred

QL 200 / 30 days

EASY TOUCH SAFETY LANCETS 23G

Preferred

QL 200 / 30 days

EASY TOUCH SAFETY LANCETS 26G

Preferred

QL 200 / 30 days

EASY TOUCH SAFETY LANCETS 28G

Preferred

QL 200 / 30 days

EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC

Preferred

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
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EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
EASY TOUCH TEST	Non-Preferred	QL 150 / 30 days
EASY TRAK BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
EASY TRAK BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EASY TRAK II BLOOD GLUCOSE SYS	Non-Preferred	QL 1 / 365 days
EASY TRAK II GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EASY TWIST & CAP LANCETS	Preferred	QL 200 / 30 days
EASYGLUCO KIT	Non-Preferred	QL 1 / 365 days
EASYGLUCO STRIP	Non-Preferred	QL 150 / 30 days
EASYGLUCO PLUS	Non-Preferred	QL 150 / 30 days
EASYMAX 15 TEST	Non-Preferred	QL 150 / 30 days
EASYMAX NG BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
EASYMAX TEST	Non-Preferred	QL 150 / 30 days
EASYMAX V BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
EASYPOINT NEEDLE 18G X 1" MISC	Preferred	
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	Preferred	
EFLOW SCF ELECTRONIC NEBULIZER	Preferred	
EFLOW SCF NEBULIZER HANDSET	Preferred	
ELEMENT COMPACT GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEMENT COMPACT TEST	Non-Preferred	QL 150 / 30 days
ELEMENT COMPACT V GLUCOSE SYS	Non-Preferred	QL 1 / 365 days
ELEMENT PLUS	Non-Preferred	QL 1 / 365 days
ELEMENT TEST	Non-Preferred	QL 150 / 30 days
ELITE COMPRESSOR NEBULIZER	Preferred	
ELITE NEBULIZER SYSTEM	Preferred	
ELITE-THIN INSULIN SYRINGE (ELITE-THIN INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ELITE-THIN INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ELITE-THIN INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ELITE-THIN INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ELITE-THIN INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
EMBRACE BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
EMBRACE BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EMBRACE EVO BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EMBRACE EVO GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
EMBRACE EVO GLUCOSE MONITORING	Non-Preferred	QL 1 / 365 days
EMBRACE LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 21G	Preferred	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 28G	Preferred	QL 200 / 30 days
EMBRACE PRO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
EMBRACE PRO GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EMBRACE TALK BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBRACE TALK GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EMBRACE TALK MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
EMBRACE WAVE GLUCOSE METER	Non-Preferred	QL 1 / 365 days
<i>ephrine nose drops</i>	Preferred	QL 30 / 30 days
EQ BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
<i>eq mineral oil</i>	Preferred	QL 45 / 1 days
<i>eq nasal spray fast acting</i>	Preferred	QL 30 / 30 days
<i>eq saline nasal spray</i>	Preferred	
EQ SPACE CHAMBER ANTI-STATIC	Preferred	
EQ SPACE CHAMBER ANTI-STATIC L	Preferred	
EQ SPACE CHAMBER ANTI-STATIC M	Preferred	
EQ SPACE CHAMBER ANTI-STATIC S	Preferred	
EQL ALCOHOL SWABS	Preferred	
EQL COLOR LANCETS 21G	Preferred	QL 200 / 30 days
EQL COLOR LANCETS MICRO 33G	Preferred	QL 200 / 30 days
EQL INSULIN SYRINGE (EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
<i>eql nasal spray fast acting</i>	Preferred	QL 30 / 30 days
<i>eql saline nasal spray</i>	Preferred	
EQL SUPER THIN LANCETS 30G	Preferred	QL 200 / 30 days
EQL THIN LANCETS 26G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EUFLEXXA	Preferred	QL 12 / 180 days PA
EVENCARE G2 MONITOR	Non-Preferred	QL 1 / 365 days
EVENCARE G2 TEST	Non-Preferred	QL 150 / 30 days
EVENCARE G3 MONITOR	Non-Preferred	QL 1 / 365 days
EVENCARE G3 TEST	Non-Preferred	QL 150 / 30 days
EVENCARE MINI GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EVENCARE MINI MONITOR	Non-Preferred	QL 1 / 365 days
EVENCARE PROVIEW GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
EVERSENSE E3 SMART TRANSMITTER	Non-Preferred	
EVERSENSE SMART TRANSMITTER	Non-Preferred	
EVOLUTION AUTOCODE DEVICE	Non-Preferred	QL 1 / 365 days
EVOLUTION AUTOCODE STRIP	Non-Preferred	QL 150 / 30 days
EXEL COMFORT POINT INSULIN SYR (EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC)	Preferred	
EZ-LETS LANCETS 21G	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 26G	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 28G	Preferred	QL 200 / 30 days
EZ-LETS LANCETS 30G	Preferred	QL 200 / 30 days
FANTASY LUBRICATED	Preferred	
FANTASY LUBRICATED/SPERMICIDE	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIFTY50 ALCOHOL PREP	Preferred	
FIFTY50 GLUCOSE METER 2.0	Non-Preferred	QL 1 / 365 days
FIFTY50 GLUCOSE TEST 2.0	Non-Preferred	QL 150 / 30 days
FIFTY50 SAFETY SEAL LANCETS	Preferred	QL 200 / 30 days
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	Preferred	
FIFTY50 UNILET LANCETS 33G	Preferred	QL 200 / 30 days
FINE 30	Preferred	QL 200 / 30 days
FINGERSTIX LANCETS	Preferred	QL 200 / 30 days
FLAVOR PLUS	Preferred	
FLAVOR SWEET	Preferred	
FLAVOR SWEET-SF	Preferred	
FLEXICHAMBER	Preferred	
FLYP NEBULIZER	Preferred	
FORA 6 CONNECT	Non-Preferred	QL 150 / 30 days
FORA 6 CONNECT/GTEL TEST	Non-Preferred	QL 150 / 30 days
FORA BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA D15G BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA D20 2-IN-1 MONITOR	Non-Preferred	
FORA D20 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA D40/G31 BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
FORA G20 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA G20 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA G30/PREM V10 GLUCOSE TEST	Non-Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA G30A BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA GD20 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA GD20 TEST	Non-Preferred	QL 150 / 30 days
FORA GD50 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA GD50 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA GTEL BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA GTEL BLOOD KETONE TEST	Preferred	
FORA LANCETS	Preferred	QL 200 / 30 days
FORA PREMIUM V10 BLE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA TEST N' GO MONITOR	Non-Preferred	QL 1 / 365 days
FORA TEST N'GO ADV-VOICE-6 CON	Preferred	
FORA TN'G ADVANCE PRO STRIP	Non-Preferred	QL 150 / 30 days
FORA TN'G VOICE	Non-Preferred	QL 1 / 365 days
FORA TN'G/TN'G VOICE	Non-Preferred	QL 150 / 30 days
FORA V10 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V10 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA V12 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V12 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA V20 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V20 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORA V30A BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORA V30A BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
FORACARE GD40 MONITOR	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORACARE GD40 TEST	Non-Preferred	QL 150 / 30 days
FORACARE PREMIUM V10	Non-Preferred	QL 1 / 365 days
FORACARE PREMIUM V10 TEST	Non-Preferred	QL 150 / 30 days
FORACARE TEST N GO MONITOR	Non-Preferred	QL 1 / 365 days
FORACARE TEST N GO TEST	Non-Preferred	QL 150 / 30 days
FORTISCARE G1 TEST STRIP	Non-Preferred	QL 150 / 30 days
FORTISCARE T1 GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
FORTISCARE TEST	Non-Preferred	QL 150 / 30 days
FREDS PHARMACY UNILET LANC 28G	Preferred	QL 200 / 30 days
FREDS PHARMACY UNILET LANC 30G	Preferred	QL 200 / 30 days
FREESTYLE FREEDOM	Non-Preferred	QL 1 / 365 days
FREESTYLE FREEDOM LITE	Non-Preferred	QL 1 / 365 days
FREESTYLE INSULINX SYSTEM	Non-Preferred	QL 1 / 365 days
FREESTYLE INSULINX TEST	Non-Preferred	QL 150 / 30 days
FREESTYLE LANCETS	Preferred	QL 200 / 30 days
FREESTYLE LIBRE 14 DAY READER	Preferred	PA
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	QL 2 / 28 day(s) PA
FREESTYLE LIBRE 2 READER	Preferred	PA
FREESTYLE LIBRE 2 SENSOR	Preferred	QL 2 / 28 day(s) PA
FREESTYLE LIBRE 3 SENSOR	Preferred	QL 2 / 28 day(s) PA
FREESTYLE LITE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FREESTYLE LITE TEST	Non-Preferred	QL 150 / 30 days
FREESTYLE PRECISION INS SYR (FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML MISC, FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML MISC, FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML MISC)	Preferred	
FREESTYLE PRECISION NEO SYSTEM	Non-Preferred	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST	Non-Preferred	QL 150 / 30 days
FREESTYLE SIDEKICK II	Non-Preferred	QL 1 / 365 days
FREESTYLE TEST	Non-Preferred	QL 150 / 30 days
FREESTYLE UNISTICK II LANCETS	Preferred	QL 200 / 30 days
<i>ft mineral oil</i>	Preferred	QL 45 / 1 days
GABAPAL	Non-Preferred	
GE100 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
GE100 BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
GEL-ONE	Non-Preferred	
GELSYN-3	Preferred	QL 12 / 180 days PA
GENTEEL BUTTERFLY TOUCH LANCET	Preferred	QL 200 / 30 days
GENTLE-LET GP LANCETS	Preferred	QL 200 / 30 days
GENTLE-LET LANCETS	Preferred	QL 200 / 30 days
GENVISC 850	Non-Preferred	QL 15 / 180 days PA
GHT BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
GHT TEST	Non-Preferred	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLOBAL ALCOHOL PREP EASE	Preferred	
GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC)	Preferred	
GLOBAL INJECT EASE LANCETS 28G	Preferred	QL 200 / 30 days
GLOBAL INJECT EASE LANCETS 30G	Preferred	QL 200 / 30 days
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
GLUCOCARD 01 SENSOR PLUS	Non-Preferred	QL 150 / 30 days
GLUCOCARD EXPRESSION MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCARD EXPRESSION TEST	Non-Preferred	QL 150 / 30 days
GLUCOCARD SHINE	Non-Preferred	QL 1 / 365 days
GLUCOCARD SHINE CONNEX	Non-Preferred	QL 1 / 365 days
GLUCOCARD SHINE EXPRESS	Non-Preferred	QL 1 / 365 days
GLUCOCARD SHINE TEST	Non-Preferred	QL 150 / 30 days
GLUCOCARD SHINE XL	Non-Preferred	QL 1 / 365 days
GLUCOCARD VITAL MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCARD VITAL TEST	Non-Preferred	QL 150 / 30 days
GLUCOCOM BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCOM LANCETS 28G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCOM LANCETS 30G	Preferred	QL 200 / 30 days
GLUCOCOM LANCETS 33G	Preferred	QL 200 / 30 days
GLUCOCOM MONITOR	Non-Preferred	QL 1 / 365 days
GLUCOCOM TEST	Non-Preferred	QL 150 / 30 days
GLUCONAVII BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
GLUCOPRO INSULIN SYRINGE (GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
GLUCOSE METER TEST	Non-Preferred	QL 150 / 30 days
GNP ALCOHOL SWABS	Preferred	
GNP COOL MIST HUMIDIFIER	Preferred	QL 1 / 365 days
GNP EASY TOUCH GLUCOSE METER	Non-Preferred	QL 1 / 365 days
GNP EASY TOUCH GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
GNP INSULIN SYRINGE (GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
GNP INSULIN SYRINGES	Preferred	
GNP INSULIN SYRINGES 29GX1/2"	Preferred	
GNP LANCETS 21G	Preferred	QL 200 / 30 days
GNP LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP LANCETS SUPER THIN 30G	Preferred	QL 200 / 30 days
GNP LANCETS THIN	Preferred	QL 200 / 30 days
GNP LANCETS THIN 26G	Preferred	QL 200 / 30 days
<i>gnp mineral oil oil</i>	Preferred	QL 45 / 1 days
<i>gnp nasal four spray</i>	Preferred	QL 30 / 30 days
<i>gnp nasal moisturizing</i>	Preferred	
<i>gnp nasal spray fast acting</i>	Preferred	QL 30 / 30 days
<i>gnp nose drops extra strength</i>	Preferred	QL 30 / 30 days
GNP STERILE LANCETS 28G	Preferred	QL 200 / 30 days
GNP STERILE LANCETS 30G	Preferred	QL 200 / 30 days
GNP STERILE LANCETS 33G	Preferred	QL 200 / 30 days
GNP TRUE METRIX GLUCOSE STRIPS	Non-Preferred	QL 150 / 30 days
GNP TRUETRACK TEST STRIPS	Non-Preferred	QL 150 / 30 days
GNP ULTRA COM INSULIN SYRINGE (GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	Preferred	
GOJJI BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
GOJJI BLOOD KETONE TEST	Preferred	
GOJJI BLOOD TEST STRIP/LANCETS	Non-Preferred	QL 150 / 30 days
GOJJI STERILE LANCETS	Preferred	QL 200 / 30 days
GOODSENSE BLOOD GLUCOSE STRIP	Non-Preferred	QL 150 / 30 days
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
GOODSENSE COLOR LANCETS 33G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GOODSENSE LANCETS 26G UNIV	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 30G	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 30G UNIV	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 33G	Preferred	QL 200 / 30 days
GOODSENSE LANCETS 33G UNIV	Preferred	QL 200 / 30 days
<i>goodsense mineral oil</i>	Preferred	QL 45 / 1 days
GRAPE SYRUP	Preferred	
GUARDIAN 4 GLUCOSE SENSOR	Non-Preferred	
GUARDIAN 4 TRANSMITTER	Non-Preferred	
GUARDIAN CONNECT TRANSMITTER	Non-Preferred	
GUARDIAN LINK 3 TRANSMITTER	Non-Preferred	
GUARDIAN SENSOR (3)	Non-Preferred	
GUARDIAN SENSOR 3	Non-Preferred	
H-E-B INCONTROL ALCOHOL	Preferred	
H-E-B INCONTROL LANCETS 28G	Preferred	QL 200 / 30 days
H-E-B INCONTROL LANCETS 30G	Preferred	QL 200 / 30 days
H-E-B INCONTROL LANCETS 33G	Preferred	QL 200 / 30 days
HAEMOLANCE	Preferred	QL 200 / 30 days
HAEMOLANCE LOW FLOW LANCETS	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS HIGH FLOW	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS LOW FLOW	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS MAX FLOW	Preferred	QL 200 / 30 days
HAEMOLANCE PLUS PEDIATRIC FLOW	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HANKSCRAFT HUMIDIFIER	Preferred	QL 1 / 365 days
HARMONY BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
HEALTHPRO BLOOD GLUCOSE MONITO	Non-Preferred	QL 1 / 365 days
HEALTHWISE INSULIN SYR/NEEDLE (HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC)	Preferred	
HEALTHY ACCENTS UNILET LANCETS	Preferred	QL 200 / 30 days
HEMATEX IRON COMPLEX	Non-Preferred	
HM EMBRACE TALK SYSTEM	Non-Preferred	QL 1 / 365 days
<i>hm melatonin 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>hm mineral oil</i>	Preferred	QL 45 / 1 days
<i>hm nose drops</i>	Preferred	QL 30 / 30 days
<i>hm saline nasal spray</i>	Preferred	
HM STERILE ALCOHOL PREP	Preferred	
HOMENEB WITH SIDESTREAM	Preferred	
HUMIDIFIER	Preferred	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
HW EMBRACE TALK BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
HW EMBRACE TALK GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
HY-VEE LANCETS	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HY-VEE THIN LANCETS	Preferred	QL 200 / 30 days
HYALGAN 20 MG/2ML SOLN PRSYR	Preferred	QL 12 / 180 days PA
HYALGAN 20 MG/2ML SOLUTION	Preferred	QL 20 / 180 days PA
HYDROCORT LOTION COMPLETE KIT	Non-Preferred	
HYDROCORTISONE COMPLETE KIT	Non-Preferred	
HYMOVIS	Non-Preferred	
HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
IGALMI	Non-Preferred	
IGLUCOSE MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
IGLUCOSE TEST STRIPS	Non-Preferred	QL 150 / 30 days
IN TOUCH STERILE LANCETS 30G	Preferred	QL 200 / 30 days
INFINITY BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
INFINITY BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
INFINITY VOICE STRIP	Non-Preferred	QL 150 / 30 days
INFINITY VOICE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
INNOSPIRE DELUXE NEBULIZER	Preferred	
INNOSPIRE ELEGANCE NEBULIZER	Preferred	
INNOSPIRE ESSENCE NEBULIZER	Preferred	
INNOSPIRE GO PORTABLE MESH NEB	Preferred	
INNOSPIRE MINI COMPRESSOR NEB	Preferred	
INSPIRACHAMBER/LARGE	Preferred	
INSPIRACHAMBER/MEDIUM	Preferred	
INSPIRACHAMBER/MOUTHPIECE	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSPIRACHAMBER/SMALL	Preferred	
INSPIRATION ELITE COMPRESS/NEB	Preferred	
INSPIRATION ELITE NEBULIZER	Preferred	
INSPIRATION NEBULIZER SYSTEM	Preferred	
INSPIREASE	Preferred	
INSULIN SYRINGE (INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE 29G X 1/2" 1 ML MISC, INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE 30G X 5/16" 1 ML MISC, INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
INSULIN SYRINGE-NEEDLE U-100 (INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC)	Preferred	
<i>isopropyl alcohol 70 % misc</i>	Preferred	
<i>isopropyl alcohol wipes</i>	Preferred	
K-Y ME & YOU EXTRA LUBRICATED	Preferred	
K-Y ME & YOU INTENSE	Preferred	
KAMELEON LUBRICATED	Preferred	
KAZ HEALTHMIST HUMIDIFIER	Preferred	QL 1 / 365 days
KAZ HUMIDIFIER EVAPORATIV 3000	Preferred	QL 1 / 365 days
KAZ HUMIDIFIER EVAPORATIV 3300	Preferred	QL 1 / 365 days
KAZ HUMIDIFIER EVAPORATIV 3400	Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KAZ ULTRASONIC HUMIDIFIER	Preferred	QL 1 / 365 days
KETO-DIASTIX	Preferred	
KIMONO	Preferred	
KIMONO COLORS	Preferred	
KIMONO MICRO THIN PLUS	Preferred	
KIMONO PLUS	Preferred	
KIMONO PS	Preferred	
KIMONO PS PLUS	Preferred	
KIMONO SENSATION	Preferred	
KIMONO SENSATION PLUS	Preferred	
KIMONO SPECIAL	Preferred	
KINNEY LANCETS	Preferred	QL 200 / 30 days
KINNEY THIN LANCETS	Preferred	QL 200 / 30 days
KINRAY INSULIN SYRINGE (KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
KROGER BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
KROGER HEALTHPRO GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
KROGER HEALTHPRO LANCET 26G	Preferred	QL 200 / 30 days
KROGER INSULIN SYRINGE (KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KROGER LANCETS	Preferred	QL 200 / 30 days
KROGER LANCETS 21G	Preferred	QL 200 / 30 days
KROGER LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days
KROGER LANCETS SUPER THIN	Preferred	QL 200 / 30 days
KROGER LANCETS THIN	Preferred	QL 200 / 30 days
KROGER LANCETS THIN 26G	Preferred	QL 200 / 30 days
KROGER LANCETS ULTRATHIN 30G	Preferred	QL 200 / 30 days
KROGER PREMIUM BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
KROGER PREMIUM GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
KROGER TEST	Non-Preferred	QL 150 / 30 days
LANCETS	Preferred	QL 200 / 30 days
LANCETS 28G	Preferred	QL 200 / 30 days
LANCETS 30G	Preferred	QL 200 / 30 days
LANCETS 33G	Preferred	QL 200 / 30 days
LANCETS MICRO THIN 33G	Preferred	QL 200 / 30 days
LANCETS SUPER THIN 28G	Preferred	QL 200 / 30 days
LANCETS THIN	Preferred	QL 200 / 30 days
LANCETS ULTRA FINE	Preferred	QL 200 / 30 days
LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEADER INSULIN SYRINGE (LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
LIBERTY MEDICAL LANCETS	Preferred	QL 200 / 30 days
LIDOTIN	Non-Preferred	
LIFESCAN UNISTIK 2	Preferred	QL 200 / 30 days
LIFESCAN UNISTIK II LANCETS	Preferred	QL 200 / 30 days
LIPRITIN	Non-Preferred	
LIPRITIN II	Non-Preferred	
LITE TOUCH LANCETS	Preferred	QL 200 / 30 days
LITEAIRE	Preferred	
LITETOUCH INSULIN SYRINGE (LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
LITETOUCH LANCETS	Preferred	QL 200 / 30 days
<i>little noses stuffy nose kit</i>	Preferred	
LIVE BETTER LANCET SUPER THIN	Preferred	QL 200 / 30 days
LIVE BETTER LANCET ULTRA THIN	Preferred	QL 200 / 30 days
LONGS LANCETS STANDARD	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LONGS LANCETS THIN	Preferred	QL 200 / 30 days
LONGS LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	Preferred	
LUMINEB II PISTON NEBULIZER	Preferred	
MABIS COMPXP NEBULIZER	Preferred	
MABIS COSMOCOMP NEBULIZER	Preferred	
MAGELLAN INSULIN SAFETY SYR (MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC)	Preferred	
MARGO MOO COMPRESSOR NEBULIZER	Preferred	
MAXX	Preferred	
MAXX PLUS	Preferred	
MC 300 W/UNIVERSAL TUBING	Preferred	
MC 300-MOUTHPIECE	Preferred	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	Preferred	
MEDICHOICE SAFETY LANCET	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET EXTRA	Preferred	QL 200 / 30 days
MEDICHOICE SAFETY LANCET NORM	Preferred	QL 200 / 30 days
MEDISENSE THIN LANCETS	Preferred	QL 200 / 30 days
MEDLANCE EXTRA 21G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEDLANCE LITE 25G	Preferred	QL 200 / 30 days
MEDLANCE PLUS EXTRA 21G	Preferred	QL 200 / 30 days
MEDLANCE PLUS LANCETS	Preferred	QL 200 / 30 days
MEDLANCE PLUS LITE 25G	Preferred	QL 200 / 30 days
MEDLANCE PLUS SPECIAL 0.8MM	Preferred	QL 200 / 30 days
MEDLANCE PLUS SUPERLITE 30G	Preferred	QL 200 / 30 days
MEDLANCE PLUS UNIVERSAL 21G	Preferred	QL 200 / 30 days
MEDLANCE UNIVERSAL 21G	Preferred	QL 200 / 30 days
MEDNEB NEB-WITH DISPO NEB KIT	Preferred	
MEDNEB NEBULIZ-REUSE-DISP KIT	Preferred	
MEDNEB NEBULIZ-REUSE-DISP-BAG	Preferred	
<i>medpura alcohol pads</i>	Preferred	
MEIJER ALCOHOL SWABS	Preferred	
MEIJER BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
MEIJER BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
MEIJER LANCETS	Preferred	QL 200 / 30 days
MEIJER LANCETS THIN	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 21G	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 30G	Preferred	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 33G	Preferred	QL 200 / 30 days
MEIJER PREMIUM BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
MEIJER PREMIUM GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
<i>meijer saline nasal spray</i>	Preferred	
MEIJER SUPER THIN LANCETS	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>melatonin (melatonin 3 mg tab, melatonin 5 mg tab)</i>	Preferred	QL 30 / 30 days
MICRO AIR NEBULIZER	Preferred	
MICRO PLUS NEBULIZER	Preferred	
MICROAIR VIBRATING MESH NEBUL	Preferred	
MICROCHAMBER	Preferred	
MICRODOT BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
MICRODOT TEST	Non-Preferred	QL 150 / 30 days
MICROELITE COMPRESSOR NEB SYS	Preferred	
MICROLET LANCETS	Preferred	QL 200 / 30 days
MICRONEB	Preferred	
MICROSPACER	Preferred	
<i>mineral oil oil</i>	Preferred	QL 45 / 1 days
<i>mineral oil heavy</i>	Preferred	QL 45 / 1 days
MINI COMPRESSOR	Preferred	
MINI PLUS NEBULIZER	Preferred	
MINIBREEZE ULTRASONIC NEBULIZE	Preferred	
MINIELITE COMPRESSOR NEB SYS	Preferred	
MISTERNEB COMPRESSOR NEBULIZER	Preferred	
MM EASY TOUCH GLUCOSE	Non-Preferred	QL 150 / 30 days
MM EASY TOUCH GLUCOSE METER	Non-Preferred	QL 1 / 365 days
MM INSULIN SYRINGE/NEEDLE (MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC, MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC, MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MM TWIST LANCETS	Preferred	QL 200 / 30 days
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	Preferred	
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	Preferred	
MONOJECT SYRINGE 23G X 1" 3 ML MISC	Preferred	
MONOJECT ULTRA COMFORT SYRINGE (MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC)	Preferred	
MONOLET LANCETS	Preferred	QL 200 / 30 days
MONOLET OPD LANCETS	Preferred	QL 200 / 30 days
MONOLETTOR SAFETY LANCETS	Preferred	QL 200 / 30 days
MONOVISC	Non-Preferred	
MPD SAFETY LANCET 21G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MPD SAFETY LANCET 23G	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 28G	Preferred	QL 200 / 30 days
MPD SAFETY LANCET 30G	Preferred	QL 200 / 30 days
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	Preferred	
MX-SOL	Preferred	
MX-SOL SF	Preferred	
MY MDI PORTABLE NEBULISER	Preferred	
MYGLUCOHEALTH BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
MYGLUCOHEALTH LANCETS 30G	Preferred	QL 200 / 30 days
MYGLUCOHEALTH TEST	Non-Preferred	QL 150 / 30 days
<i>nasal four</i>	Preferred	QL 30 / 30 days
<i>nasal moist 0.65 % solution</i>	Preferred	
<i>nasal moisturizing spray</i>	Preferred	
NEB-RITE4	Preferred	
NEBULIZER	Preferred	
NEBULIZER PED FROG	Preferred	
NEBULIZER PED FROG KIT	Preferred	
NEBULIZER SYSTEM ALL-IN-ONE	Preferred	
NEUTEK 2TEK TEST	Non-Preferred	QL 150 / 30 days
NOKOR VENTED NEEDLE	Preferred	
NOVA MAX BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
NOVA MAX GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
NOVA MAX PLUS KETONE TEST	Preferred	
NOVA SAFETY LANCETS 23G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVA SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
NOVA SUREFLEX LANCETS	Preferred	QL 200 / 30 days
<i>ocean for kids</i>	Preferred	
OMNIPOD 5 G6 INTRO (GEN 5)	Preferred	
OMNIPOD 5 G6 POD (GEN 5)	Preferred	
OMNIPOD 5 PACK	Preferred	
OMNIPOD DASH INTRO (GEN 4)	Preferred	
OMNIPOD DASH PDM (GEN 4)	Preferred	
OMNIPOD DASH PODS (GEN 4)	Preferred	
OMNIPOD GO	Preferred	
ON CALL EXPRESS BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
ON CALL EXPRESS GLUCOSE METER	Non-Preferred	QL 1 / 365 days
ON CALL EXPRESS MONITORING SYS	Non-Preferred	QL 1 / 365 days
ON CALL LANCETS	Preferred	QL 200 / 30 days
ON CALL PLUS BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
ON CALL PLUS LANCETS	Preferred	QL 200 / 30 days
ON CALL PLUS METER	Non-Preferred	QL 1 / 365 days
ON CALL PLUS MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
ON CALL VIVID BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
ON CALL VIVID GLUCOSE METER	Non-Preferred	QL 1 / 365 days
ON CALL VIVID METER	Non-Preferred	QL 1 / 365 days
ON CALL VIVID MONITORING	Non-Preferred	QL 1 / 365 days
ON CALL VIVID PAL METER	Non-Preferred	QL 1 / 365 days
ONETOUCH CLUB LANCETS FINE PT	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH DELICA LANCETS 30G	Preferred	QL 200 / 30 days
ONETOUCH DELICA LANCETS 33G	Preferred	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET30G	Preferred	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET33G	Preferred	QL 200 / 30 days
ONETOUCH FINEPOINT LANCETS	Preferred	QL 200 / 30 days
ONETOUCH SOLUTIONS STARTER KIT	Non-Preferred	
ONETOUCH ULTRA STRIP	Preferred	QL 150 / 30 days
ONETOUCH ULTRA 2	Preferred	QL 1 / 365 days
ONETOUCH ULTRA MINI	Non-Preferred	QL 1 / 365 days
ONETOUCH ULTRAMINI METER (NDC 53885-0208-01)	Preferred	QL 1 / 365 days
ONETOUCH ULTRASOFT 2 LANCETS	Preferred	QL 200 / 30 days
ONETOUCH ULTRASOFT LANCETS	Preferred	QL 200 / 30 days
ONETOUCH VERIO STRIP	Preferred	QL 150 / 30 days
ONETOUCH VERIO FLEX METER	Preferred	QL 1 / 365 days
ONETOUCH VERIO FLEX STARTR KIT	Non-Preferred	QL 1 / 365 days
ONETOUCH VERIO IQ SYSTEM	Non-Preferred	QL 1 / 365 days
ONETOUCH VERIO REFLECT METER	Preferred	QL 1 / 365 days
ONETOUCH VERIO REFLECT STR KIT	Non-Preferred	QL 1 / 365 days
ONETOUCH VERIO STRIP (NDC 53885-0061-50)	Non-Preferred	QL 150 / 30 days
ONETOUCH VERIO W/DEVICE KIT	Preferred	QL 1 / 365 days
OPTICHAMBER ADVANTAGE-LG MASK	Preferred	
OPTICHAMBER ADVANTAGE-MED MASK	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPTICHAMBER ADVANTAGE-SM MASK	Preferred	
OPTICHAMBER DIAMOND	Preferred	
OPTICHAMBER DIAMOND-LG MASK	Preferred	
OPTICHAMBER DIAMOND-MD MASK	Preferred	
OPTICHAMBER DIAMOND-SM MASK	Preferred	
OPTICHAMBER FACE MASK-LARGE	Preferred	
OPTICHAMBER FACE MASK-MEDIUM	Preferred	
OPTICHAMBER FACE MASK-SMALL	Preferred	
OPTIHALER	Preferred	
OPTIONHOME NEBULIZER SYSTEM	Preferred	
OPTIUM TEST	Non-Preferred	QL 150 / 30 days
OPTIUMEZ TEST	Non-Preferred	QL 150 / 30 days
OPTUMRX BLOOD GLUCOSE METER	Non-Preferred	QL 1 / 365 days
OPTUMRX BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
OPTUMRX BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
OPVEE	Preferred	
ORA-PLUS	Preferred	
ORA-SWEET	Preferred	
ORA-SWEET SF	Preferred	
ORAL SUSPEND	Preferred	
ORAL SYRUP	Preferred	
ORAL SYRUP SF	Preferred	
ORAPENN SD ANHYD SWEETENED	Preferred	
ORAPENN SD ANYHYD UNSWEETEN	Preferred	
ORTHOVISC	Non-Preferred	

DRUG DESCRIPTION (RX)**TIER****LIMITS &
RESTRICTIONS**

OSMOLEX ER 129 & 193 MG TB24 THPK	Non-Preferred	
PARAGARD INTRAUTERINE COPPER	Preferred	
PARI ALTERA NEBULIZER SYSTEM	Preferred	
PARI BABY	Preferred	
PARI BABY NEBULIZER SET	Preferred	
PARI BABY SIZE 1/PARI LC PLUS	Preferred	
PARI ERAPID NEBULIZER SYSTEM	Preferred	
PARI LC D NEBULIZER	Preferred	
PARI LC PLUS	Preferred	
PARI LC PLUS NEB SET PED MASK	Preferred	
PARI LC PLUS NEBULIZER	Preferred	
PARI LC PLUS VIOS PRO NEB	Preferred	
PARI LC SPRINT NEBULIZER SET	Preferred	
PARI LC STAR	Preferred	
PARI LC STAR NEBULIZER	Preferred	
PARI PRONEB MAX LC PLUS	Preferred	
PARI PRONEB MAX LC SPRINT	Preferred	
PARI PRONEB ULTRA II	Preferred	
PARI SINUS AEROSOL SYSTEM	Preferred	
PARI TREK S W/12V DC ADAPTOR	Preferred	
PARI VIOS PRO LC PLUS SYSTEM	Preferred	
PARI VIOS PRO LC SPRINT SYSTEM	Preferred	
PC LANCETS SUPER THIN 30G	Preferred	QL 200 / 30 days
PCCA SWEET-SF	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PCCA SYRUP VEHICLE	Preferred	
PEDIATRIC COMPRESSOR NEBULIZER	Preferred	
PENTICAN	Non-Preferred	
PERFECT LANCETS 28G	Preferred	QL 200 / 30 days
PERFECT LANCETS 30G	Preferred	QL 200 / 30 days
PERSONAL ULTRASONIC HUMIDIFIER	Preferred	QL 1 / 365 days
PHARMACIST CHOICE ALCOHOL	Preferred	
PHARMACIST CHOICE AUTOCODE	Non-Preferred	QL 150 / 30 days
PHARMACIST CHOICE AUTOCODE SYS	Non-Preferred	QL 1 / 365 days
PHARMACIST CHOICE LANCETS	Preferred	QL 200 / 30 days
PHARMACIST CHOICE MINI SYSTEM	Non-Preferred	QL 1 / 365 days
PHARMACIST CHOICE NO CODING	Non-Preferred	QL 150 / 30 days
PHARMACY COUNTER LANCETS	Preferred	QL 200 / 30 days
PHILLIPS WILLIS THE WHALE NEB	Preferred	
PIP BLOOD GLUCOSE MONITORING	Non-Preferred	QL 1 / 365 days
PIP BLOOD GLUCOSE TEST STRIP	Non-Preferred	QL 150 / 30 days
PIP LANCETS 28G	Preferred	QL 200 / 30 days
PIP LANCETS 30G	Preferred	QL 200 / 30 days
POCKET CHAMBER	Preferred	
POCKET SPACER	Preferred	
POGO AUTOMATIC BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
POGO AUTOMATIC TEST CARTRIDGES	Non-Preferred	
POLY HUB NEEDLE 18G X 1" MISC	Preferred	
PORTABLE COMPRESSOR NEBULIZER	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRECISION PCX	Non-Preferred	QL 150 / 30 days
PRECISION PCX PLUS TEST	Non-Preferred	QL 150 / 30 days
PRECISION POINT OF CARE TEST	Non-Preferred	QL 150 / 30 days
PRECISION QID TEST	Non-Preferred	QL 150 / 30 days
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML MISC	Preferred	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML MISC	Preferred	
PRECISION THINS GP LANCETS	Preferred	QL 200 / 30 days
PRECISION XTRA DEVICE	Non-Preferred	QL 1 / 365 days
PRECISION XTRA BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
PRECISION XTRA KETONE	Preferred	
PREFERRED PLUS INSULIN SYRINGE (PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	Preferred	
PREFERRED PLUS LANCETS COLORED	Preferred	QL 200 / 30 days
PREFERRED PLUS LANCETS THIN	Preferred	QL 200 / 30 days
PREMIUM BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
PREMIUM CONDOMS LUBRICATED	Preferred	
PRESSURE ACTIVAT SAFETY LANCET	Preferred	QL 200 / 30 days
PRIMEAIRE HOLDING CHAMBER	Preferred	
PRO COMFORT ALCOHOL	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRO COMFORT INSULIN SYRINGE (PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
PRO COMFORT LANCETS 30G	Preferred	QL 200 / 30 days
PRO COMFORT LANCETS 31G	Preferred	QL 200 / 30 days
PRO COMFORT SAFETY LANCETS 30G	Preferred	QL 200 / 30 days
PRO COMFORT SPACER ADULT	Preferred	
PRO COMFORT SPACER CHILD	Preferred	
PRO COMFORT SPACER INFANT	Preferred	
PRO VOICE V8 GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
PRO VOICE V8/V9 GLUCOSE	Non-Preferred	QL 150 / 30 days
PRO VOICE V9 GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
PROCARE COMPRESSOR NEBULIZER	Preferred	
PROCARE HUMIDIFIER	Preferred	QL 1 / 365 days
PROCARE SPACER/ADULT MASK	Preferred	
PROCARE SPACER/CHILD MASK	Preferred	
PROCHAMBER VHC	Preferred	
PRODIGY AUTOCODE BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
PRODIGY LANCETS 28G	Preferred	QL 200 / 30 days
PRODIGY MINI-MIST NEBULIZER	Preferred	
PRODIGY NO CODING BLOOD GLUC STRIP	Non-Preferred	QL 150 / 30 days
PRODIGY POCKET BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRODIGY SAFETY LANCETS 26G	Preferred	QL 200 / 30 days
PRODIGY TWIST TOP LANCETS 28G	Preferred	QL 200 / 30 days
PRODIGY VOICE BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
PROGESTERONE MICRONIZED POWDER	Preferred	
PROGESTERONE ULTRA MICRONIZED	Preferred	
PRONEB ULTRA II DELUXE/LC STAR	Preferred	
PRONEB ULTRA II DELUXE/LCD	Preferred	
PRONEB ULTRA II DELX/LC SPRINT	Preferred	
PRONEB ULTRA II PEDIATRIC	Preferred	
PRONEB ULTRA II/LC PLUS	Preferred	
PRONEB ULTRA II/LC SPRINT	Preferred	
PSS SELECT GP LANCETS	Preferred	QL 200 / 30 days
PSS SELECT SAFETY LANCETS	Preferred	QL 200 / 30 days
PTS PANELS KETONE TEST	Preferred	
PULMONEB LT	Preferred	
PURE AIR MINI NEBULIZER	Preferred	
PURE COMFORT ALCOHOL PREP	Preferred	
PURE COMFORT HUMIDIFIER	Preferred	QL 1 / 365 days
PURE COMFORT LANCETS 30G	Preferred	QL 200 / 30 days
PURE COMFORT SPACER CHAMBER	Preferred	
PUSH BUTTON SAFETY LANCETS	Preferred	QL 200 / 30 days
PUSH BUTTON SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
PX LANCETS MICROTHIN 33G	Preferred	QL 200 / 30 days
PX LANCETS ULTRA THIN	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PX LANCETS ULTRA THIN 28G	Preferred	QL 200 / 30 days
<i>px nasal four</i>	Preferred	QL 30 / 30 days
<i>px saline nasal spray</i>	Preferred	
<i>qc alcohol</i>	Preferred	
QC ALCOHOL SWABS	Preferred	
QC LANCETS SUPER THIN 30G	Preferred	QL 200 / 30 days
QC LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
<i>qc mineral oil heavy</i>	Preferred	QL 45 / 1 days
<i>qc nasal spray 1 % solution</i>	Preferred	QL 30 / 30 days
<i>qc saline nasal relief</i>	Preferred	
<i>qc saline nasal spray</i>	Preferred	
QC UNILET LANCETS 28G	Preferred	QL 200 / 30 days
QC UNILET LANCETS MICRO THIN	Preferred	QL 200 / 30 days
QUINTET AC BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
QUINTET AC BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
QUINTET BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
QUINTET BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
RA ALCOHOL SWABS	Preferred	
RA E-ZJECT LANCETS 28G	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 26G	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 28G	Preferred	QL 200 / 30 days
RA E-ZJECT LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
RA INSULIN SYRINGE	Preferred	
<i>ra isopropyl alcohol wipes</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra mineral oil</i>	Preferred	QL 45 / 1 days
<i>ra nose drops extra strength</i>	Preferred	QL 30 / 30 days
<i>ra saline nasal spray</i>	Preferred	
READYLANCE SAFETY LANCETS	Preferred	QL 200 / 30 days
REALITY INSULIN SYRINGE (REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	Preferred	
REALITY LANCETS	Preferred	QL 200 / 30 days
REALITY LATEX CONDOMS	Preferred	
REALITY LATEX/ULTRA TEXTURED	Preferred	
REALITY LATEX/ULTRA THIN	Preferred	
REALITY SWABS	Preferred	
REALITY TRIGGER LANCETS	Preferred	QL 200 / 30 days
REFUAH PLUS BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
REFUAH PLUS MONITORING SYSTEM	Non-Preferred	QL 1 / 365 days
RELION ALCOHOL SWABS	Preferred	
RELION ALL-IN-ONE	Non-Preferred	
RELION BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
RELION CONFIRM GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
RELION CONFIRM/MICRO TEST	Non-Preferred	QL 150 / 30 days
RELION INSULIN SYRINGE (RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
RELION LANCETS MICRO-THIN 33G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION LANCETS THIN 26G	Preferred	QL 200 / 30 days
RELION LANCETS ULTRA-THIN 30G	Preferred	QL 200 / 30 days
RELION MICRO	Non-Preferred	QL 1 / 365 days
RELION PREMIER BLU MONITOR	Non-Preferred	QL 1 / 365 days
RELION PREMIER CLASSIC	Non-Preferred	QL 1 / 365 days
RELION PREMIER TEST	Non-Preferred	QL 150 / 30 days
RELION PREMIER VOICE MONITOR	Non-Preferred	QL 1 / 365 days
RELION PRIME MONITOR	Non-Preferred	QL 1 / 365 days
RELION PRIME TEST	Non-Preferred	QL 150 / 30 days
RELION TRUE MET AIR GLUC METER	Non-Preferred	QL 1 / 365 days
RELION TRUE METRIX TEST STRIPS	Non-Preferred	QL 150 / 30 days
RELION ULTIMA GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
RELION ULTIMA TEST	Non-Preferred	QL 150 / 30 days
RELION ULTRA THIN LANCETS 30G	Preferred	QL 200 / 30 days
RELION ULTRA THIN PLUS LANCETS	Preferred	QL 200 / 30 days
REVEAL BLOOD GLUCOSE MONITOR	Non-Preferred	QL 1 / 365 days
REVEAL BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
REXALL BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
REXALL BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
REXALL LANCETS ULTRA THIN 30G	Preferred	QL 200 / 30 days
RIGHTEST GL300 LANCETS	Preferred	QL 200 / 30 days
RIGHTEST GM100 BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
RIGHTEST GM300 BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIGHTEST GM550 BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
RIGHTEST GS100 BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
RIGHTEST GS300 BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
RIGHTEST GS550 BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	Non-Preferred	QL 1 / 365 days
RIGHTEST GT333 BLOOD GLUCOSE STRIP	Non-Preferred	QL 150 / 30 days
RIGHTEST GT333 GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
RITEFLO	Preferred	
SAFE-T-LANCE	Preferred	QL 200 / 30 days
SAFE-T-LANCE PLUS	Preferred	QL 200 / 30 days
SAFESNAP INSULIN SYRINGE (SAFESNAP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SAFESNAP INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SAFESNAP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC)	Preferred	
SAFESNAP SYRINGE 23G X 1" 3 ML MISC	Preferred	
SAFETY INSULIN SYRINGES (SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC, SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC, SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC)	Preferred	
SAFETY LANCET 21G/PRESSURE ACT	Preferred	QL 200 / 30 days
SAFETY LANCET 23G/PRESSURE ACT	Preferred	QL 200 / 30 days
SAFETY LANCET 28G/PRESSURE ACT	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAFETY LANCET 30G/PRESSURE ACT	Preferred	QL 200 / 30 days
SAFETY LANCETS	Preferred	QL 200 / 30 days
SAFETY LANCETS 21G	Preferred	QL 200 / 30 days
SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
SAFETY LET LANCETS	Preferred	QL 200 / 30 days
SAFETY SEAL LANCETS	Preferred	QL 200 / 30 days
SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	
<i>saline mist spray</i>	Preferred	
<i>saline nasal spray</i>	Preferred	
SAPS CARE ALCOHOL PREP	Preferred	
SAPS HEALTH ALCOHOL PREP (SAPS HEALTH ALCOHOL PREP PAD, SAPS HEALTH ALCOHOL PREP 70 % PAD)	Preferred	
SAPS HEALTH CARE ALCOHOL PREP	Preferred	
SAPS HEALTH PLUS LANCETS	Preferred	QL 200 / 30 days
SAPS HEALTH TWIST TOP LANCETS	Preferred	QL 200 / 30 days
SAPS TWIST TOP LANCETS	Preferred	QL 200 / 30 days
SAPSCARE TWIST TOP LANCETS	Preferred	QL 200 / 30 days
SB ALCOHOL PREP	Preferred	
SB INSULIN SYRINGE	Preferred	
SB LANCETS THIN	Preferred	QL 200 / 30 days
SB LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
<i>sb saline nose</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SECURESAFE HYPODERMIC NEEDLE 18G X 1" MISC	Preferred	
SECURESAFE INSULIN SYRINGE	Preferred	
SECURESAFE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	Preferred	
SHOPKO ALCOHOL SWABS	Preferred	
SHOPKO ON-THE-GO LANCETS 30G	Preferred	QL 200 / 30 days
SHOPKO UNILET LANCETS 28G	Preferred	QL 200 / 30 days
SHOPKO UNILET LANCETS 30G	Preferred	QL 200 / 30 days
SIDE BUTTON SAFETY LANCET	Preferred	QL 200 / 30 days
SIDESTREAM NEBULIZER-DISP	Preferred	
SIDESTREAM NEBULIZER-REUSABLE	Preferred	
SIDESTREAM PLUS NEBULIZER	Preferred	
SINGLE-LET	Preferred	QL 200 / 30 days
<i>sinus relief extra strength</i>	Preferred	QL 30 / 30 days
SM ALCOHOL PREP (SM ALCOHOL PREP PAD, SM ALCOHOL PREP 70 % PAD)	Preferred	
SM HUMIDIFIER/COOL MIST	Preferred	QL 1 / 365 days
SM LANCETS 33G	Preferred	QL 200 / 30 days
<i>sm mineral oil oil</i>	Preferred	QL 45 / 1 days
<i>sm nasal spray saline</i>	Preferred	
<i>sm nose drops nasal decongest</i>	Preferred	QL 30 / 30 days
SMART NEB COMPRESSOR NEBULIZER	Preferred	
SMART SENSE COLOR LANCETS 33G	Preferred	QL 200 / 30 days
SMART SENSE PREMIUM SYSTEM	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMART SENSE PREMIUM TEST	Non-Preferred	QL 150 / 30 days
SMART SENSE STANDARD LANCETS	Preferred	QL 200 / 30 days
SMART SENSE SUPER THIN LANCETS	Preferred	QL 200 / 30 days
SMART SENSE THIN LANCETS 26G	Preferred	QL 200 / 30 days
SMART SENSE VALUE GLUCOSE SYS	Non-Preferred	QL 1 / 365 days
SMART SENSE VALUE TEST	Non-Preferred	QL 150 / 30 days
SMARTEST BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
SMARTEST EJECT	Non-Preferred	QL 1 / 365 days
SMARTEST EJECT STARTER	Non-Preferred	QL 1 / 365 days
SMARTEST LANCETS 28G	Preferred	QL 200 / 30 days
SMARTEST PERSONA STARTER	Non-Preferred	QL 1 / 365 days
SMARTEST PRONTO STARTER	Non-Preferred	QL 1 / 365 days
SMARTEST PROTEGE	Non-Preferred	QL 1 / 365 days
SMARTEST PROTEGE STARTER	Non-Preferred	QL 1 / 365 days
SODIUM HYALURONATE 20 MG/2ML SOLN PRSYR	Preferred	QL 12 / 180 days PA
SOLUS V2 BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
SOLUS V2 LANCETS 28G	Preferred	QL 200 / 30 days
SOLUS V2 TEST	Non-Preferred	QL 150 / 30 days
SOLUS V2 TWIST LANCETS 30G	Preferred	QL 200 / 30 days
SOOTHE NEB MESH NEBULIZER	Preferred	
SOOTHENEB COMPRESSOR NEBULIZER	Preferred	
SORBITOL (SORBITOL SOLUTION, SORBITOL 70 % SOLUTION)	Preferred	QL 480 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOSWEET	Preferred	
SPARKY THE DOG PED NEBULIZER	Preferred	
STERILANCE TL	Preferred	QL 200 / 30 days
<i>sterile water for irrigation</i>	Preferred	
SUNBEAM COOL SPRAY HUMIDIFIER	Preferred	QL 1 / 365 days
SUNBEAM EVAP HUMIDIFIER	Preferred	QL 1 / 365 days
SUNBEAM HUMIDIFIER	Preferred	QL 1 / 365 days
SUNBEAM ULTRA-SONIC HUMIDIFIER	Preferred	QL 1 / 365 days
SUPARTZ FX	Non-Preferred	QL 15 / 180 days PA
SUPER THIN LANCETS	Preferred	QL 200 / 30 days
SURE COMFORT ALCOHOL PREP	Preferred	
SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
SURE COMFORT LANCETS 18G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 21G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 23G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 28G	Preferred	QL 200 / 30 days
SURE COMFORT LANCETS 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)
TIER
**LIMITS &
RESTRICTIONS**

SURE-JECT INSULIN SYRINGE (SURE-JECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE-JECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE-JECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE-JECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
SURE-LANCE FLAT LANCETS	Preferred	QL 200 / 30 days
SURE-LANCE LANCETS 26G	Preferred	QL 200 / 30 days
SURE-LANCE THIN LANCETS 28G	Preferred	QL 200 / 30 days
SURE-LANCE ULTRA THIN LANCETS	Preferred	QL 200 / 30 days
SURE-PREP ALCOHOL PREP	Preferred	
SURE-TEST EASYPLUS MINI METER	Non-Preferred	QL 1 / 365 days
SURE-TEST EASYPLUS MINI TEST	Non-Preferred	QL 150 / 30 days
SURE-TOUCH LANCETS UNIVERSAL	Preferred	QL 200 / 30 days
SURELITE LANCETS	Preferred	QL 200 / 30 days
<i>sv melatonin 5 mg tab</i>	Preferred	QL 30 / 30 days
SWEETENING SUSPENDING COMPOUND	Preferred	
SYNOJOYNT	Non-Preferred	QL 12 / 180 days PA
SYNVISC	Non-Preferred	
SYNVISC ONE	Non-Preferred	
SYRINGE 23G X 1" 3 ML MISC	Preferred	
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYRPALTA SYRUP	Preferred	
SYRPALTA (RED)	Preferred	
SYRSPEND SF LIQUID	Preferred	
SYRUP VEHICLE	Preferred	
SYRUP VEHICLE SF	Preferred	
TECHLITE AST LANCETS	Preferred	QL 200 / 30 days
TECHLITE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
TECHLITE LANCETS	Preferred	QL 200 / 30 days
TECHLITE LANCETS 30G	Preferred	QL 200 / 30 days
TELCARE BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
TGT ALCOHOL SWABS	Preferred	
TGT BLOOD GLUCOSE MONITORING	Non-Preferred	QL 1 / 365 days
TGT BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
TGT LANCET MICRO THIN 33G	Preferred	QL 200 / 30 days
TGT LANCET THIN 26G	Preferred	QL 200 / 30 days
TGT LANCET ULTRA THIN 30G	Preferred	QL 200 / 30 days
<i>tgt nasal spray</i>	Preferred	
<i>tgt saline nasal spray</i>	Preferred	
THINLETS GP LANCETS	Preferred	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 28G	Preferred	QL 200 / 30 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUE COMFORT PRO INSULIN SYR (TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC, TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC, TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC)	Preferred	
TRUE COMFORT SAFETY LANCETS	Preferred	QL 200 / 30 days
TRUE COMFORT TWIST TOP LANCETS	Preferred	QL 200 / 30 days
TRUE METRIX AIR GLUCOSE METER	Non-Preferred	QL 1 / 365 days
TRUE METRIX BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
TRUE METRIX GO GLUCOSE METER	Non-Preferred	QL 1 / 365 days
TRUE METRIX METER	Non-Preferred	QL 1 / 365 days
TRUE METRIX PRO BLOOD GLUCOSE	Non-Preferred	QL 150 / 30 days
TRUEPLUS INSULIN SYRINGE (TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
TRUEPLUS LANCETS 26G	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 28G	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 30G	Preferred	QL 200 / 30 days
TRUEPLUS LANCETS 33G	Preferred	QL 200 / 30 days
TRUEPLUS SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
TRUERESULT BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUETEST TEST	Non-Preferred	QL 150 / 30 days
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	Non-Preferred	QL 1 / 365 days
TRUETRACK SMART SYSTEM	Non-Preferred	QL 1 / 365 days
TRUETRACK TEST	Non-Preferred	QL 150 / 30 days
TRUSTEX COLOR CONDOMS + LUBE	Preferred	
TRUSTEX LUB/RIBBED/STUDDDED	Preferred	
TRUSTEX LUB/SPERMICIDE EX ST	Preferred	
TRUSTEX LUB/SPERMICIDE XL	Preferred	
TRUSTEX LUBRICATED	Preferred	
TRUSTEX LUBRICATED EX LARGE	Preferred	
TRUSTEX LUBRICATED EXTRA ST	Preferred	
TRUSTEX LUBRICATED/SPERMICIDE	Preferred	
TRUSTEX NATURAL CONDOMS + LUBE	Preferred	
TRUSTEX RIA LUB/SPERMICIDE	Preferred	
TRUSTEX RIA LUBRICATED	Preferred	
TRUSTEX-NONOXYNOL-9/RIB/STUD	Preferred	
TWIST TOP LANCETS 30G	Preferred	QL 200 / 30 days
ULTICARE ALCOHOL SWABS	Preferred	
ULTICARE INSULIN SAFETY SYR	Preferred	
ULTICARE INSULIN SYRINGE (ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	Preferred	
ULTILET ALCOHOL SWABS	Preferred	
ULTILET CLASSIC LANCETS	Preferred	QL 200 / 30 days
ULTILET INSULIN SYRINGE (ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
ULTILET INSULIN SYRINGE SHORT (ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML MISC, ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML MISC, ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML MISC)	Preferred	
ULTILET LANCETS	Preferred	QL 200 / 30 days
ULTILET SAFETY LANCETS	Preferred	QL 200 / 30 days
ULTILET SAFETY LANCETS 23G	Preferred	QL 200 / 30 days
ULTRA FLO INSULIN SYRINGE (ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
ULTRA THIN LANCETS 31G	Preferred	QL 200 / 30 days
ULTRA TRAK PRO BLOOD GLUCOSE	Non-Preferred	QL 1 / 365 days
ULTRA-CARE ALCOHOL PREP PADS	Preferred	
ULTRA-CARE LANCETS 30G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTRA-THIN II AUTO LANCET	Preferred	QL 200 / 30 days
ULTRA-THIN II INS SYR SHORT (ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC, ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC, ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC)	Preferred	
ULTRA-THIN II INSULIN SYRINGE	Preferred	
ULTRA-THIN II LANCETS	Preferred	QL 200 / 30 days
ULTRACARE INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
ULTRASONIC COOL MIST HUMIDIF	Preferred	QL 1 / 365 days
ULTRASONIC HUMIDIFIER	Preferred	QL 1 / 365 days
ULTRASONIC MINI NEBULIZER	Preferred	
ULTRATRAK ACTIVE	Non-Preferred	QL 1 / 365 days
ULTRATRAK PRO	Non-Preferred	QL 1 / 365 days
ULTRATRAK PRO TEST	Non-Preferred	QL 150 / 30 days
ULTRATRAK ULTIMATE MONITOR	Non-Preferred	QL 1 / 365 days
ULTRATRAK ULTIMATE TEST	Non-Preferred	QL 150 / 30 days
UNILET COMFORTOUCH LANCET	Preferred	QL 200 / 30 days
UNILET EXCELITE	Preferred	QL 200 / 30 days
UNILET EXCELITE II	Preferred	QL 200 / 30 days
UNILET G.P. LANCET	Preferred	QL 200 / 30 days
UNILET G.P. SUPERLITE LANCET	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNILET GP 28 ULTRA THIN	Preferred	QL 200 / 30 days
UNILET LANCET	Preferred	QL 200 / 30 days
UNILET MICRO-THIN 33G	Preferred	QL 200 / 30 days
UNILET SUPER-THIN 30G	Preferred	QL 200 / 30 days
UNILET SUPERLITE LANCET	Preferred	QL 200 / 30 days
UNILET ULTRA-THIN 28G	Preferred	QL 200 / 30 days
UNISTIK 3 GENTLE	Preferred	QL 200 / 30 days
UNISTIK PRO SAFETY LANCET	Preferred	QL 200 / 30 days
UNISTIK SAFETY LANCETS 28G	Preferred	QL 200 / 30 days
UNISTIK SAFETY LANCETS 30G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 21G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 23G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 28G	Preferred	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 30G	Preferred	QL 200 / 30 days
UNISTRIP1 GENERIC	Non-Preferred	QL 150 / 30 days
UNIVERSAL 1 LANCETS THIN 26G	Preferred	QL 200 / 30 days
UNIVERSAL 1 LANCETS THIN 33G	Preferred	QL 200 / 30 days
UNIVERSAL 1 LANCETS ULTRA THIN	Preferred	QL 200 / 30 days
V-GO 20	Preferred	
V-GO 30	Preferred	
V-GO 40	Preferred	
VALUE HEALTH INSULIN SYRINGE	Preferred	
VALUE PLUS LANCET STANDARD 21G	Preferred	QL 200 / 30 days
VALUE PLUS LANCETS SUPER THIN	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALUE PLUS LANCETS THIN 26G	Preferred	QL 200 / 30 days
VALUMARK LANCET SUPER THIN 30G	Preferred	QL 200 / 30 days
VALUMARK LANCET ULTRA THIN 28G	Preferred	QL 200 / 30 days
VANISHPOINT INSULIN SYRINGE (VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	Preferred	
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	Preferred	
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	Preferred	
VERASENS BLOOD GLUCOSE METER	Non-Preferred	QL 1 / 365 days
VERASENS BLOOD GLUCOSE SYSTEM	Non-Preferred	QL 1 / 365 days
VERASENS BLOOD GLUCOSE TEST	Non-Preferred	QL 150 / 30 days
VERIFINE INSULIN SYRINGE (VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	Preferred	
VERIFINE SAFE LANCET MINI 21G	Preferred	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 23G	Preferred	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 28G	Preferred	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 30G	Preferred	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 28G	Preferred	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 30G	Preferred	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 33G	Preferred	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERSA-NEB COMPRESSOR/NEBULIZER	Preferred	
VERSAFREE	Preferred	
VERSAPLUS	Preferred	
VICKS COOL MIST HUMIDIFIER	Preferred	QL 1 / 365 days
VICKS GERMFREE HUMIDIFIER	Preferred	QL 1 / 365 days
VICKS HUMIDIFIER	Preferred	QL 1 / 365 days
VICKS MINI COOLMIST HUMIDIFIER	Preferred	QL 1 / 365 days
VICKS PUREMIST HUMIDIFIER	Preferred	QL 1 / 365 days
VICKS ULTRASONIC HUMIDIFIER	Preferred	QL 1 / 365 days
VICKS WARM MIST HUMIDIFIER	Preferred	QL 1 / 365 days
VIDA MIA UNILET LANCETS 28G	Preferred	QL 200 / 30 days
VIDA MIA UNILET LANCETS 30G	Preferred	QL 200 / 30 days
VIOS AEROSOL DELIVERY SYSTEM	Preferred	
VIOS LC PLUS	Preferred	
VIOS LC PLUS DELUXE	Preferred	
VIOS LC PLUS PEDIATRIC	Preferred	
VIOS LC SPRINT	Preferred	
VIOS LC SPRINT DELUXE	Preferred	
VIOS LC SPRINT PEDIATRIC	Preferred	
VISCO-3	Preferred	QL 15 / 180 days PA
VITALET PRO LANCETS	Preferred	QL 200 / 30 days
VITALET PRO PLUS LANCETS	Preferred	QL 200 / 30 days
VIVAGUARD INO GLUCOSE METER	Non-Preferred	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIVAGUARD INO SMART GLUC METER	Non-Preferred	QL 1 / 365 days
VIVAGUARD INO TEST STRIPS	Non-Preferred	QL 150 / 30 days
VIVAGUARD LANCETS	Preferred	QL 200 / 30 days
VORTEX HOLD CHMBR/MASK/CHILD	Preferred	
VORTEX HOLD CHMBR/MASK/TODDLER	Preferred	
VORTEX HOLDING CHAMBER/MASK	Preferred	
VORTEX VALVED HOLDING CHAMBER	Preferred	
<i>wal-four</i>	Preferred	QL 30 / 30 days
WALGREENS ADV TRAVEL LANCETS	Preferred	QL 200 / 30 days
WALGREENS LANCETS	Preferred	QL 200 / 30 days
WALGREENS LANCETS MICRO THIN	Preferred	QL 200 / 30 days
WALGREENS LANCETS SUPER THIN	Preferred	QL 200 / 30 days
WALGREENS THIN LANCETS	Preferred	QL 200 / 30 days
WALGREENS ULTRA THIN LANCETS	Preferred	QL 200 / 30 days
WATCHHALER	Preferred	
<i>water for irrigation, sterile</i>	Preferred	
WAVESENSE AMP	Non-Preferred	QL 1 / 365 days
WAVESENSE PRESTO	Non-Preferred	QL 150 / 30 days
WEBCOL ALCOHOL PREP LARGE	Preferred	
WEBCOL ALCOHOL PREP MEDIUM	Preferred	
XPHOZAH	Non-Preferred	
ZEV RX INSULIN SYRINGE (ZEV RX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ZEV RX INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEVRX STERILE ALCOHOL PREP PAD	Preferred	
ZEVRX TWIST TOP LANCETS 30G	Preferred	QL 200 / 30 days
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
<i>ak-poly-bac</i>	Preferred	QL 7 / 18 days
<i>altachlore 5 % solution</i>	Preferred	
<i>altafrin 2.5 % solution</i>	Preferred	
<i>altalube</i>	Preferred	QL 3.5 / 15 days
<i>artificial eye</i>	Preferred	QL 3.5 / 15 days
<i>artificial tears (artificial tears 0.1-0.3 % solution, artificial tears 1.4 % solution)</i>	Preferred	QL 15 / 15 days
<i>artificial tears 83-15 % ointment</i>	Preferred	QL 3.5 / 15 days
<i>artificial tears pf</i>	Preferred	
ATROPINE SULFATE 1 % SOLUTION	Preferred	QL 5 / 18 days
<i>bacitra-neomycin-polymyxin-hc</i>	Preferred	
<i>bacitracin-polymyxin b</i>	Preferred	QL 7 / 18 days
BEOVU	Non-Preferred	
<i>biolle tears</i>	Preferred	QL 30 / 15 days
<i>bion tears pf</i>	Preferred	
BLEPHAMIDE	Non-Preferred	QL 30 / 30 days
BLEPHAMIDE S.O.P.	Non-Preferred	QL 7 / 18 days
<i>brimonidine tartrate-timolol</i>	Non-Preferred	
BYOOVIZ	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>carboxymethylcellulose sodium 0.5 % solution</i>	Preferred	QL 15 / 7 days
CEQUA	Non-Preferred	
CIMERLI	Preferred	PA
COMBIGAN	Preferred	
COSOPT	Non-Preferred	
COSOPT PF	Non-Preferred	
<i>cvs dry-eye relief nighttime</i>	Preferred	QL 3.5 / 15 days
<i>cvs eye lubricant</i>	Preferred	QL 3.5 / 15 days
<i>cvs lubricant eye drops (pf) 0.5 % solution</i>	Preferred	QL 30 / 15 days
<i>cvs lubricant eye drops 0.5 % solution</i>	Preferred	QL 15 / 7 days
<i>cvs lubricant eye drops pf</i>	Preferred	QL 30 / 15 days
<i>cvs lubricating eye/overnight</i>	Preferred	QL 3.5 / 15 days
<i>cvs natural tears pf</i>	Preferred	
<i>cvs nighttime dry-eye relief</i>	Preferred	QL 3.5 / 15 days
<i>cvs sodium chloride 5 % solution</i>	Preferred	
<i>cyclopentolate hcl (cyclopentolate hcl 0.5 % solution, cyclopentolate hcl 2 % solution)</i>	Preferred	QL 15 / 30 days
<i>cyclopentolate hcl 1 % solution</i>	Preferred	QL 5 / 25 days
<i>cyclosporine 0.05 % emulsion</i>	Non-Preferred	QL 60 / 30 days
<i>dorzolamide hcl-timolol mal</i>	Preferred	QL 10 / 18 days
<i>dorzolamide hcl-timolol mal pf</i>	Non-Preferred	
<i>eq restore plus lubricant eye</i>	Preferred	QL 30 / 15 days
<i>eq restore pm</i>	Preferred	QL 3.5 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq restore tears</i>	Preferred	QL 15 / 7 days
<i>eye lubricant</i>	Preferred	QL 3.5 / 15 days
EYLEA	Preferred	PA
EYLEA HD	Non-Preferred	
<i>for sty relief</i>	Preferred	QL 3.5 / 15 days
<i>gentel tears 0.1-0.3 % solution</i>	Preferred	QL 15 / 15 days
GENTEAL TEARS MODERATE PF	Preferred	
<i>gentel tears night-time</i>	Preferred	QL 3.5 / 15 days
GENTEAL TEARS PF	Preferred	
<i>gnp eye drops 0.5 % solution</i>	Preferred	QL 15 / 7 days
<i>gnp lubricant eye drops (pf)</i>	Preferred	QL 30 / 15 days
<i>gnp lubricant pm</i>	Preferred	QL 3.5 / 15 days
<i>gnp lubricating plus eye drops</i>	Preferred	QL 30 / 15 days
<i>gnp nighttime relief lub eye</i>	Preferred	QL 3.5 / 15 days
<i>goodsense lubricating eye drop</i>	Preferred	QL 30 / 15 days
<i>hm lubricating plus</i>	Preferred	QL 30 / 15 days
<i>hypotears</i>	Preferred	QL 3.5 / 15 days
ISOPTO ATROPINE	Preferred	QL 5 / 18 days
IZERVAY	Non-Preferred	
LACRISERT	Non-Preferred	
<i>lubricant eye</i>	Preferred	QL 3.5 / 15 days
<i>lubricant eye drops (pf) 0.1-0.3 % solution</i>	Preferred	
<i>lubricant eye drops 0.5 % solution</i>	Preferred	QL 15 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>lubricant eye drops pf</i>	Preferred	QL 30 / 15 days
<i>lubricant eye fast acting</i>	Preferred	QL 3.5 / 15 days
<i>lubricant eye nighttime</i>	Preferred	QL 3.5 / 15 days
<i>lubricant eye pm</i>	Preferred	QL 3.5 / 15 days
<i>lubricant pm</i>	Preferred	QL 3.5 / 15 days
<i>lubricating plus eye drops</i>	Preferred	QL 30 / 15 days
<i>lubricating tears eye drops</i>	Preferred	QL 15 / 15 days
<i>lubrifresh p.m.</i>	Preferred	QL 3.5 / 15 days
LUCENTIS	Preferred	PA
MACUGEN	Preferred	PA
MAXITROL (MAXITROL 0.1 % SUSPENSION, MAXITROL 3.5-10000- 0.1 OINTMENT, MAXITROL 3.5-10000- 0.1 SUSPENSION)	Non-Preferred	
MIEBO	Non-Preferred	
MURO 128 2 % SOLUTION	Preferred	
NAPHCON-A	Preferred	QL 15 / 18 days
<i>neo-polycin</i>	Non-Preferred	
<i>neo-polycin hc</i>	Preferred	
<i>neomycin-bacitracin zn-polymyx</i>	Non-Preferred	
<i>neomycin-polymyxin-dexameth 3.5- 10000-0.1 ointment</i>	Preferred	
<i>neomycin-polymyxin-dexameth 3.5- 10000-0.1 suspension</i>	Preferred	QL 5 / 18 days
<i>neomycin-polymyxin-gramicidin</i>	Non-Preferred	QL 10 / 15 days
<i>neomycin-polymyxin-hc 3.5-10000-1 ophth suspension</i>	Non-Preferred	QL 10 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>phenylephrine hcl 2.5 % solution</i>	Preferred	
<i>polycin</i>	Preferred	QL 7 / 18 days
<i>polyvinyl alcohol 1.4 % solution</i>	Preferred	QL 15 / 15 days
PRED-G	Preferred	
PRED-G S.O.P.	Preferred	
<i>purulube</i>	Preferred	QL 3.5 / 15 days
<i>ra lubricant eye drops 0.5 % solution</i>	Preferred	QL 15 / 7 days
REFRESH	Preferred	QL 30 / 7 days
<i>refresh lacri-lube</i>	Preferred	QL 3.5 / 15 days
REFRESH LIQUIGEL	Preferred	QL 15 / 7 days
<i>refresh p.m.</i>	Preferred	QL 3.5 / 15 days
REFRESH PLUS	Preferred	QL 30 / 15 days
REFRESH TEARS	Preferred	QL 15 / 7 days
RESTASIS	Preferred	QL 60 / 30 days
RESTASIS MULTIDOSE	Non-Preferred	QL 5.5 / 28 days
<i>retaine cmc</i>	Preferred	QL 30 / 15 days
<i>retaine pm</i>	Preferred	QL 3.5 / 15 days
ROCKLATAN	Non-Preferred	
<i>sm lubricating plus</i>	Preferred	QL 30 / 15 days
<i>sochlor</i>	Preferred	
<i>sodium chloride (hypertonic) 5 % solution</i>	Preferred	
<i>soothe nighttime</i>	Preferred	QL 3.5 / 15 days
<i>stye 31.9-57.7 % ointment</i>	Preferred	QL 3.5 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide-prednisolone</i>	Preferred	QL 30 / 30 days
SUSVIMO (IMPLANT 1ST FILL)	Non-Preferred	
SUSVIMO (IMPLANT REFILL)	Non-Preferred	
SYFOVRE	Preferred	PA
<i>systane nighttime</i>	Preferred	QL 3.5 / 15 days
<i>tears again</i>	Preferred	QL 15 / 15 days
<i>tears pure</i>	Preferred	QL 15 / 15 days
<i>tgt lubricant eye nighttime</i>	Preferred	QL 3.5 / 15 days
TOBRADEX 0.3-0.1 % OINTMENT	Preferred	QL 3.5 / 18 days
TOBRADEX 0.3-0.1 % SUSPENSION	Preferred	QL 5 / 18 days
TOBRADEX ST	Non-Preferred	
<i>tobramycin-dexamethasone</i>	Non-Preferred	QL 5 / 18 days
<i>tropicamide (tropicamide 0.5 % solution, tropicamide 1 % solution)</i>	Preferred	QL 15 / 18 days
TYRVAYA	Non-Preferred	
<i>ultra fresh</i>	Preferred	QL 15 / 7 days
<i>ultra fresh pm</i>	Preferred	QL 3.5 / 15 days
VABYSMO	Preferred	PA
VISUDYNE	Preferred	PA
XIIDRA	Non-Preferred	
ZYLET	Non-Preferred	
OPHTHALMIC ANTI-ALLERGY AGENTS		
<i>alaway</i>	Preferred	QL 10 / 18 days
<i>alaway childrens allergy</i>	Preferred	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALOCRIIL	Non-Preferred	QL 5 / 18 days
ALOMIDE	Non-Preferred	QL 10 / 18 days
<i>azelastine hcl 0.05 % solution</i>	Preferred	
<i>bepotastine besilate</i>	Non-Preferred	
BEPREVE	Non-Preferred	
<i>cromolyn sodium 4 % solution</i>	Preferred	QL 10 / 18 days
<i>cvs eye itch relief</i>	Preferred	QL 10 / 18 days
<i>cvs olopatadine hcl 0.1 % solution</i>	Preferred	QL 5 / 25 days
<i>cvs olopatadine hcl 0.2 % solution</i>	Preferred	QL 2.5 / 30 days
<i>epinastine hcl</i>	Non-Preferred	
<i>eye allergy itch relief</i>	Preferred	QL 2.5 / 30 days
<i>eye allergy itch/redness rel</i>	Preferred	QL 5 / 25 days
<i>eye itch relief</i>	Preferred	QL 10 / 18 days
<i>gnp olopatadine hcl 0.1 % solution</i>	Preferred	QL 5 / 25 days
<i>gnp olopatadine hcl 0.2 % solution</i>	Preferred	QL 2.5 / 30 days
<i>hm eye allergy itch relief</i>	Preferred	QL 2.5 / 30 days
<i>hm eye allergy itch/red relief</i>	Preferred	QL 5 / 25 days
KETOTIFEN FUMARATE 0.025 % SOLUTION	Preferred	
<i>ketotifen fumarate 0.035 % solution</i>	Preferred	QL 10 / 18 days
LASTACRAFT	Non-Preferred	
<i>olopatadine hcl 0.1 % solution</i>	Preferred	QL 5 / 25 days
<i>olopatadine hcl 0.2 % solution</i>	Preferred	QL 2.5 / 30 days
PATADAY	Non-Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sulfacetamide sodium 10 % ointment</i>	Non-Preferred	
<i>sulfacetamide sodium 10 % solution</i>	Non-Preferred	QL 15 / 18 days
<i>tobramycin 0.3 % solution</i>	Preferred	QL 5 / 18 days
TOBREX 0.3 % OINTMENT	Non-Preferred	QL 3.5 / 18 days
TOBREX 0.3 % SOLUTION	Non-Preferred	
VIGAMOX	Non-Preferred	
ZYMAXID	Non-Preferred	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	Non-Preferred	
ACULAR LS	Non-Preferred	
ACUVAIL	Non-Preferred	
ALREX	Non-Preferred	QL 5 / 18 days
<i>bromfenac sodium (once-daily)</i>	Non-Preferred	
BROMSITE	Non-Preferred	
<i>dexamethasone sodium phosphate 0.1 % solution</i>	Preferred	QL 5 / 10 days
DEXTENZA	Non-Preferred	
DEXYCU	Non-Preferred	
<i>diclofenac sodium 0.1 % solution</i>	Non-Preferred	
<i>difluprednate</i>	Preferred	
DUREZOL	Preferred	
EYSUVIS	Non-Preferred	
FLAREX	Preferred	QL 5 / 18 days
<i>fluorometholone</i>	Preferred	QL 5 / 18 days
<i>flurbiprofen sodium</i>	Preferred	QL 5 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FML	Preferred	QL 3.5 / 18 days
FML FORTE	Preferred	QL 10 / 30 days
FML LIQUIFILM	Non-Preferred	
ILEVRO	Preferred	
ILUVIEN	Non-Preferred	
INVELTYS	Non-Preferred	
<i>ketorolac tromethamine 0.4 % solution</i>	Preferred	
<i>ketorolac tromethamine 0.5 % solution</i>	Preferred	QL 5 / 18 days
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % SUSPENSION)	Non-Preferred	
LOTEMAX 0.5 % OINTMENT	Preferred	
LOTEMAX SM	Non-Preferred	
<i>loteprednol etabonate (loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)</i>	Non-Preferred	
MAXIDEX	Preferred	
NEVANAC	Preferred	
OZURDEX	Non-Preferred	
PRED FORTE	Non-Preferred	
PRED MILD	Preferred	QL 5 / 18 days
<i>prednisolone acetate 1 % suspension</i>	Preferred	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	Preferred	QL 10 / 18 days
PROLENSA	Non-Preferred	
RETISERT	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIESENCE	Non-Preferred	
XIPERE	Non-Preferred	
YUTIQ	Non-Preferred	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
<i>betaxolol hcl 0.5 % solution</i>	Non-Preferred	
BETIMOL	Non-Preferred	
BETOPTIC-S	Non-Preferred	
<i>carteolol hcl</i>	Preferred	
ISTALOL	Non-Preferred	
<i>levobunolol hcl</i>	Preferred	QL 5 / 18 days
<i>timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.5 % (daily) solution, timolol maleate 0.5 % gel f soln)</i>	Non-Preferred	QL 5 / 18 days
<i>timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)</i>	Preferred	QL 5 / 18 days
<i>timolol maleate ocudose</i>	Non-Preferred	
<i>timolol maleate pf</i>	Non-Preferred	
TIMOPTIC	Non-Preferred	
TIMOPTIC OCUDOSE	Non-Preferred	
TIMOPTIC-XE	Non-Preferred	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
<i>acetazolamide er</i>	Preferred	QL 60 / 30 days
ALPHAGAN P 0.1 % SOLUTION	Preferred	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>apraclonidine hcl</i>	Non-Preferred	
AZOPT	Non-Preferred	QL 10 / 24 days
<i>brimonidine tartrate 0.1 % solution</i>	Non-Preferred	
<i>brimonidine tartrate 0.15 % solution</i>	Non-Preferred	QL 15 / 26 days
<i>brimonidine tartrate 0.2 % solution</i>	Preferred	QL 5 / 18 days
<i>brinzolamide</i>	Non-Preferred	
<i>dorzolamide hcl 2 % solution</i>	Preferred	QL 10 / 18 days
IOPIDINE	Non-Preferred	
ISOPTO CARPINE	Non-Preferred	
<i>methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)</i>	Preferred	QL 4 / 1 days
PHOSPHOLINE IODIDE	Non-Preferred	
<i>pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)</i>	Non-Preferred	QL 15 / 18 days
RHOPRESSA	Non-Preferred	
SIMBRINZA	Preferred	QL 8 / 25 days
TRUSOPT	Non-Preferred	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
<i>bimatoprost 0.03 % solution</i>	Non-Preferred	
DURYSTA	Non-Preferred	
IYUZEH	Non-Preferred	
<i>latanoprost 0.005 % solution</i>	Preferred	QL 2.5 / 18 days
LUMIGAN	Non-Preferred	
<i>tafluprost (pf)</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRAVATAN Z	Non-Preferred	QL 5 / 18 days
<i>travoprost (bak free)</i>	Non-Preferred	
VYZULTA	Non-Preferred	
XALATAN	Non-Preferred	
XELPROS	Non-Preferred	
ZIOPTAN	Non-Preferred	
OTIC AGENTS		
CIPRO HC	Preferred	
CIPRODEX	Preferred	
<i>ciprofloxacin hcl 0.2 % solution</i>	Non-Preferred	
<i>ciprofloxacin-dexamethasone</i>	Non-Preferred	
<i>ciprofloxacin-fluocinolone pf</i>	Non-Preferred	
<i>clearcanal earwax softener</i>	Preferred	QL 15 / 15 days
<i>clinere earwax removal kit 6.5 % solution</i>	Preferred	QL 15 / 15 days
COLY-MYCIN S	Preferred	
CORTISPORIN-TC	Non-Preferred	
<i>cvs ear drops</i>	Preferred	QL 15 / 15 days
<i>cvs ear wax removal system</i>	Preferred	QL 15 / 15 days
<i>cvs earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>ear drops</i>	Preferred	QL 15 / 15 days
<i>ear drops earwax aid</i>	Preferred	QL 15 / 15 days
<i>ear wax removal drops</i>	Preferred	QL 15 / 15 days
<i>ear wax removal kit</i>	Preferred	QL 15 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ear wax removal system 6.5 % solution</i>	Preferred	QL 15 / 15 days
<i>earwax removal</i>	Preferred	QL 15 / 15 days
<i>earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>eq ear drops</i>	Preferred	QL 15 / 15 days
<i>eq ear wax removal aid</i>	Preferred	QL 15 / 15 days
<i>ft earwax removal</i>	Preferred	QL 15 / 15 days
<i>ft earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>gnp ear drops</i>	Preferred	QL 15 / 15 days
<i>gnp earwax removal drops</i>	Preferred	QL 15 / 15 days
<i>gnp earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>goodsense ear wax kit</i>	Preferred	QL 15 / 15 days
<i>goodsense ear wax removal</i>	Preferred	QL 15 / 15 days
<i>hm earwax removal</i>	Preferred	QL 15 / 15 days
<i>hm earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>hydrocortisone-acetic acid</i>	Preferred	
<i>murine ear</i>	Preferred	QL 15 / 15 days
<i>murine ear wax removal system</i>	Preferred	QL 15 / 15 days
<i>neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)</i>	Preferred	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred	
<i>otix</i>	Preferred	QL 15 / 15 days
OTOVEL	Non-Preferred	
<i>qc ear wax removal</i>	Preferred	QL 15 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc earwax removal</i>	Preferred	QL 15 / 15 days
<i>qc earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>ra ear drops</i>	Preferred	QL 15 / 15 days
<i>ra earwax removal kit</i>	Preferred	QL 15 / 15 days
<i>sm ear drops</i>	Preferred	QL 15 / 15 days

RESPIRATORY TRACT/PULMONARY AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

<i>allergy relief 50 mcg/act suspension</i>	Non-Preferred	QL 16 / 20 days
ALVESCO	Non-Preferred	
ARMONAIR DIGIHALER	Non-Preferred	
ARNUITY ELLIPTA	Preferred	QL 30 / 30 days
ASMANEX (120 METERED DOSES)	Preferred	
ASMANEX (14 METERED DOSES)	Preferred	
ASMANEX (30 METERED DOSES)	Preferred	
ASMANEX (60 METERED DOSES)	Preferred	
ASMANEX HFA	Preferred	
BECONASE AQ	Non-Preferred	
<i>budesonide 0.25 mg/2ml suspension</i>	Preferred	QL 240 / 30 days
<i>budesonide 0.5 mg/2ml suspension</i>	Preferred	QL 4 / 1 days
<i>budesonide 1 mg/2ml suspension</i>	Non-Preferred	QL 60 / 30 days
<i>budesonide 32 mcg/act suspension</i>	Non-Preferred	QL 8.43 / 30 days
FLOMASE ALLERGY RELIEF	Non-Preferred	
FLOMASE SENSIMIST	Non-Preferred	
FLOVENT DISKUS	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT HFA (FLOVENT HFA 110 MCG/ACT AEROSOL, FLOVENT HFA 220 MCG/ACT AEROSOL)	Preferred	QL 12 / 30 days
FLOVENT HFA 44 MCG/ACT AEROSOL	Preferred	QL 10.6 / 30 days
<i>flunisolide 25 mcg/act (0.025%) solution</i>	Non-Preferred	QL 0.84 / 1 days
<i>fluticasone propionate 50 mcg/act suspension</i>	Preferred	QL 16 / 20 days
<i>fluticasone propionate diskus</i>	Non-Preferred	
<i>fluticasone propionate hfa</i>	Non-Preferred	
<i>gnp 24 hour nasal allergy</i>	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>gnp budesonide nasal spray</i>	Non-Preferred	QL 8.43 / 30 days
<i>gnp fluticasone propionate</i>	Non-Preferred	QL 16 / 20 days
<i>gnp fluticasone propionate chl</i>	Non-Preferred	QL 16 / 20 days
<i>goodsense 24-hr allergy nasal</i>	Non-Preferred	QL 16 / 20 days
<i>goodsense nasal allergy spray</i>	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>hm 24 hour nasal allergy</i>	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
<i>hm allergy relief 50 mcg/act suspension</i>	Non-Preferred	QL 16 / 20 days
<i>kls aller-cort</i>	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kls aller-flo</i>	Non-Preferred	QL 16 / 20 days
<i>mometasone furoate 50 mcg/act suspension</i>	Non-Preferred	
<i>nasal allergy 24 hour</i>	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
NASONEX	Non-Preferred	
NASONEX 24HR	Non-Preferred	
OMNARIS	Non-Preferred	
PULMICORT (PULMICORT 0.25 MG/2ML SUSPENSION, PULMICORT 0.5 MG/2ML SUSPENSION)	Non-Preferred	
PULMICORT 1 MG/2ML SUSPENSION	Non-Preferred	QL 60 / 30 days
PULMICORT FLEXHALER	Preferred	QL 1 / 30 days
<i>qc allergy relief 50 mcg/act suspension</i>	Non-Preferred	QL 16 / 20 days
QNASL	Non-Preferred	
QNASL CHILDRENS	Non-Preferred	
QVAR REDHALER	Preferred	QL 10.6 / 30 days
RYALTRIS	Non-Preferred	
SINUVA	Non-Preferred	
<i>sm allergy relief 50 mcg/act suspension</i>	Non-Preferred	QL 16 / 20 days
<i>triamcinolone acetonide 55 mcg/act aerosol</i>	Non-Preferred	QL 16.9 / 16 days C No PA required for children under 4 years old
XHANCE	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZETONNA	Non-Preferred	
ANTIHISTAMINES		
12hr allergy relief	Preferred	QL 60 / 30 days
24hr allergy relief	Preferred	QL 30 / 30 days
<i>alavert</i>	Non-Preferred	
<i>aler-cap</i>	Preferred	QL 6 / 1 days
<i>alertab</i>	Preferred	QL 6 / 1 days
<i>alka-seltzer plus allergy</i>	Preferred	QL 6 / 1 days
<i>all day allergy</i>	Preferred	QL 120 / 30 days
<i>all day allergy childrens 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>all-day allergy childrens</i>	Preferred	QL 300 / 30 days
ALLEGRA ALLERGY 180 MG TAB	Non-Preferred	
<i>allegra hives 24hr</i>	Non-Preferred	QL 30 / 30 days
<i>aller-chlor</i>	Preferred	QL 6 / 1 days
<i>aller-ease</i>	Preferred	QL 60 / 30 days
<i>allergy (allergy 4 mg tab, allergy 25 mg cap, allergy 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>allergy (cetirizine)</i>	Preferred	QL 120 / 30 days
<i>allergy 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>allergy 24-hr</i>	Preferred	QL 30 / 30 days
<i>allergy childrens 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>allergy childrens 30 mg/5ml suspension</i>	Preferred	
<i>allergy childrens 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>allergy rel child (loratadine)</i>	Preferred	QL 300 / 30 days
<i>allergy relief (allergy relief 4 mg tab, allergy relief 25 mg cap, allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>allergy relief (allergy relief 5 mg tab, allergy relief 10 mg tab, allergy relief 180 mg tab)</i>	Preferred	QL 30 / 30 days
<i>allergy relief (cetirizine) 10 mg cap</i>	Preferred	
<i>allergy relief (cetirizine) 10 mg tab</i>	Preferred	QL 120 / 30 days
<i>allergy relief (loratadine) 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>allergy relief 25 mg/10ml liquid</i>	Preferred	QL 30 / 1 days
<i>allergy relief 60 mg tab</i>	Preferred	QL 60 / 30 days
<i>allergy relief ceterizine</i>	Preferred	QL 30 / 30 days
<i>allergy relief cetirizine</i>	Preferred	QL 120 / 30 days
<i>allergy relief childrens 1 mg/ml solution</i>	Preferred	QL 300 / 30 days
<i>allergy relief childrens 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>allergy relief/indoor/outdoor 10 mg tab</i>	Preferred	QL 120 / 30 days
<i>allergy-time</i>	Preferred	QL 6 / 1 days
<i>anti-hist allergy</i>	Preferred	QL 6 / 1 days
<i>aurodryl allergy childrens</i>	Preferred	QL 30 / 1 days
<i>azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)</i>	Preferred	QL 30 / 24 days
<i>azelastine hcl 0.15 % solution</i>	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>azelastine-fluticasone</i>	Non-Preferred	
<i>banophen (banophen 25 mg cap, banophen 25 mg tab, banophen 50 mg cap)</i>	Preferred	QL 6 / 1 days
<i>cetirizine hcl (cetirizine hcl 5 mg chew tab, cetirizine hcl 10 mg chew tab)</i>	Non-Preferred	QL 30 / 30 days
<i>cetirizine hcl 1 mg/ml solution</i>	Preferred	QL 300 / 30 days
<i>cetirizine hcl 10 mg tab</i>	Preferred	QL 120 / 30 days
<i>cetirizine hcl 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>cetirizine hcl allergy child</i>	Preferred	QL 300 / 30 days
<i>cetirizine hcl childrens</i>	Non-Preferred	QL 30 / 30 days
<i>cetirizine hcl childrens alrgy</i>	Preferred	QL 300 / 30 days
<i>childrens 24 hour allergy</i>	Preferred	QL 300 / 30 days
<i>childrens loratadine</i>	Preferred	QL 300 / 30 days
<i>chlorhist</i>	Preferred	QL 6 / 1 days
<i>chlorphen</i>	Preferred	QL 6 / 1 days
<i>chlorpheniramine maleate 4 mg tab</i>	Preferred	QL 6 / 1 days
CLARINEX	Non-Preferred	
CLARITIN (CLARITIN 10 MG CHEW TAB, CLARITIN 10 MG TAB)	Non-Preferred	
CLARITIN ALLERGY CHILDRENS	Non-Preferred	
CLARITIN CHILDRENS	Non-Preferred	
CLARITIN REDITABS 10 MG TAB DISP	Non-Preferred	
<i>complete allergy medicine</i>	Preferred	QL 6 / 1 days
<i>complete allergy relief</i>	Preferred	QL 6 / 1 days

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>diabetic tussin allergy</i>	Preferred	QL 30 / 1 days
<i>diphen 12.5 mg/5ml elixir</i>	Preferred	QL 30 / 1 days
<i>diphen 25 mg tab</i>	Preferred	QL 6 / 1 days
<i>diphenhist</i>	Preferred	QL 6 / 1 days
<i>diphenhydramine hcl (diphenhydramine hcl 12.5 mg/5ml elixir, diphenhydramine hcl 12.5 mg/5ml liquid)</i>	Preferred	QL 30 / 1 days
<i>diphenhydramine hcl (diphenhydramine hcl 25 mg cap, diphenhydramine hcl 25 mg tab, diphenhydramine hcl 50 mg cap)</i>	Preferred	QL 6 / 1 days
<i>diphenhydramine hcl 50 mg/ml solution</i>	Preferred	
<i>diphenhydramine hcl childrens</i>	Preferred	QL 30 / 1 days
<i>dye-free allergy relief</i>	Preferred	QL 30 / 1 days
DYMISTA	Non-Preferred	
<i>ed chlorped jr</i>	Preferred	QL 30 / 1 days
<i>eq allergy relief (cetirizine) 10 mg tab</i>	Preferred	QL 120 / 30 days
<i>eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>eq allergy relief childrens 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>eq chlortabs</i>	Preferred	QL 6 / 1 days
<i>eq loratadine 10 mg tab disp</i>	Preferred	
<i>eq1 allergy (eq1 allergy 4 mg tab, eq1 allergy 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>eq1 allergy relief (eq1 allergy relief 25 mg cap, eq1 allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>eq1 allergy relief 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>eq1 childrens allergy</i>	Preferred	QL 30 / 1 days
<i>fexofenadine hcl 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>fexofenadine hcl 60 mg tab</i>	Preferred	QL 60 / 30 days
<i>ft all day allergy</i>	Preferred	QL 120 / 30 days
<i>ft all day allergy 24 hour</i>	Preferred	QL 120 / 30 days
<i>ft all day allergy relief</i>	Preferred	QL 30 / 30 days
<i>ft allergy relief (ft allergy relief 4 mg tab, ft allergy relief 25 mg cap, ft allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>ft allergy relief 12 hour</i>	Preferred	QL 60 / 30 days
<i>ft allergy relief 24 hour</i>	Preferred	QL 30 / 30 days
<i>ft allergy relief childrens 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>ft allergy relief childrens 5 mg chew tab</i>	Preferred	
<i>ft allergy relief childrens 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>ft nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>geri-dryl 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>geri-dryl 25 mg tab</i>	Preferred	QL 6 / 1 days
<i>gnp all day allergy</i>	Preferred	QL 120 / 30 days
<i>gnp all day allergy childrens</i>	Preferred	QL 300 / 30 days
<i>gnp all day allergy relief</i>	Preferred	
<i>gnp allergy (gnp allergy 4 mg tab, gnp allergy 25 mg cap, gnp allergy 25 mg tab)</i>	Preferred	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp allergy antihistamine</i>	Preferred	QL 30 / 1 days
<i>gnp allergy childrens</i>	Preferred	QL 30 / 1 days
<i>gnp allergy relief (gnp allergy relief 4 mg tab, gnp allergy relief 25 mg cap, gnp allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>gnp allergy relief 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>gnp allergy relief 24 hr</i>	Preferred	QL 30 / 30 days
<i>gnp allergy relief max st</i>	Preferred	QL 30 / 1 days
<i>gnp childrens allergy</i>	Preferred	QL 30 / 1 days
<i>gnp loratadine 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>gnp loratadine 10 mg tab disp</i>	Preferred	
<i>gnp loratadine 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>gnp loratadine childrens</i>	Preferred	QL 300 / 30 days
<i>goodsense all day allergy 10 mg tab</i>	Preferred	QL 120 / 30 days
<i>goodsense all day allergy 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>goodsense aller-ease</i>	Preferred	QL 30 / 30 days
<i>goodsense allergy relief (goodsense allergy relief 4 mg tab, goodsense allergy relief 25 mg cap)</i>	Preferred	QL 6 / 1 days
<i>goodsense allergy relief 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>goodsense allergy relief child</i>	Preferred	QL 300 / 30 days
<i>h-e-b childrens allergy</i>	Preferred	QL 30 / 1 days
<i>hm all day allergy 10 mg tab</i>	Preferred	QL 120 / 30 days
<i>hm all day allergy 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>hm all day allergy childrens</i>	Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>hm allergy</i>	Preferred	QL 6 / 1 days
<i>hm allergy multi symptom</i>	Preferred	QL 6 / 1 days
<i>hm allergy relief (cetirizine)</i>	Preferred	QL 120 / 30 days
<i>hm allergy relief (hm allergy relief 4 mg tab, hm allergy relief 25 mg cap, hm allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>hm allergy relief 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>hm allergy relief 60 mg tab</i>	Preferred	QL 60 / 30 days
<i>hm allergy relief childrens</i>	Preferred	QL 30 / 1 days
<i>hm cetirizine hcl</i>	Preferred	QL 120 / 30 days
<i>hm cetirizine hcl childrens</i>	Preferred	QL 300 / 30 days
<i>hm fexofenadine hcl 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>hm fexofenadine hcl 60 mg tab</i>	Preferred	QL 60 / 30 days
<i>hm loratadine</i>	Preferred	QL 30 / 30 days
<i>hm loratadine childrens</i>	Preferred	QL 300 / 30 days
<i>hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)</i>	Preferred	QL 180 / 30 days
<i>hydroxyzine hcl 10 mg/5ml syrup</i>	Preferred	QL 30 / 1 days
<i>kindermed kids allergy</i>	Preferred	QL 30 / 1 days
<i>kls aller-fex</i>	Preferred	QL 30 / 30 days
<i>kls aller-tec childrens</i>	Preferred	QL 300 / 30 days
<i>kls allergy medicine</i>	Preferred	QL 6 / 1 days
<i>kp diphenhydramine hcl</i>	Preferred	QL 6 / 1 days
<i>levocetirizine dihydrochloride 2.5 mg/5ml solution</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>levocetirizine dihydrochloride 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>liquid allergy relief</i>	Preferred	QL 30 / 1 days
<i>loratadine 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>loratadine 10 mg tab disp</i>	Preferred	
<i>loratadine 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>loratadine childrens 5 mg chew tab</i>	Preferred	
<i>loratadine childrens 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
m-dryl	Preferred	QL 30 / 1 days
<i>medi-phedryl</i>	Preferred	QL 6 / 1 days
<i>meijer antihistamine allergy</i>	Preferred	QL 6 / 1 days
<i>mm aller-ben</i>	Preferred	QL 6 / 1 days
<i>mm fexofenadine hcl</i>	Preferred	QL 30 / 30 days
<i>naramin</i>	Preferred	QL 30 / 1 days
<i>olopatadine hcl 0.6 % solution</i>	Non-Preferred	
PATANASE	Non-Preferred	
<i>pediacare childrens allergy</i>	Preferred	QL 30 / 1 days
<i>pharbechlor</i>	Preferred	QL 6 / 1 days
<i>pharbedryl</i>	Preferred	QL 6 / 1 days
PHENERGAN	Non-Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl (promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)</i>	Preferred	AL1 At least 6 yrs old C Age restriction, clinical PA required
<i>promethazine hcl (promethazine hcl 6.25 mg/5ml solution, 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>px allergy (px allergy 25 mg cap, px allergy 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>px allergy 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>qc all day allergy</i>	Preferred	QL 120 / 30 days
<i>qc allergy childrens</i>	Preferred	QL 30 / 1 days
<i>qc allergy relief (qc allergy relief 4 mg tab, qc allergy relief 25 mg cap, qc allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>qc allergy relief 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>qc allergy relief 4-hour</i>	Preferred	QL 6 / 1 days
<i>qc childrens allergy</i>	Preferred	QL 300 / 30 days
<i>qc chlor-pheniramine</i>	Preferred	QL 6 / 1 days
<i>qc complete allergy medicine</i>	Preferred	QL 6 / 1 days
<i>qc fexofenadine hydrochloride</i>	Preferred	QL 30 / 30 days
<i>qc loratadine allergy relief</i>	Preferred	QL 30 / 30 days
<i>ra allergy 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>ra allergy 25 mg tab</i>	Preferred	QL 6 / 1 days
<i>ra allergy medication (ra allergy medication 25 mg cap, ra allergy medication 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>ra allergy medication 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>ra allergy relief (ra allergy relief 4 mg tab, ra allergy relief 25 mg cap)</i>	Preferred	QL 6 / 1 days
<i>ra allergy relief childrens 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>ra allergy relief childrens 5 mg chew tab</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra chlorpheniramine maleate</i>	Preferred	QL 6 / 1 days
<i>ra complete allergy</i>	Preferred	QL 6 / 1 days
<i>ra diphenhydramine allergy</i>	Preferred	QL 30 / 1 days
<i>sb allergy 25 mg cap</i>	Preferred	QL 6 / 1 days
<i>sb allergy medicine 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>sb allergy medicine 25 mg tab</i>	Preferred	QL 6 / 1 days
<i>sb chlorpheniramine</i>	Preferred	QL 6 / 1 days
<i>siladryl allergy</i>	Preferred	QL 30 / 1 days
<i>sm all day allergy</i>	Preferred	QL 120 / 30 days
<i>sm all day allergy childrens</i>	Preferred	QL 300 / 30 days
<i>sm all day allergy relief</i>	Preferred	QL 30 / 30 days
<i>sm allergy 4 hour</i>	Preferred	QL 6 / 1 days
<i>sm allergy childrens</i>	Preferred	QL 300 / 30 days
<i>sm allergy relief (sm allergy relief 25 mg cap, sm allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>sm allergy relief 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>sm allergy relief 60 mg tab</i>	Preferred	QL 60 / 30 days
<i>sm allergy relief childrens</i>	Preferred	QL 30 / 1 days
<i>sm childrens loratadine</i>	Preferred	QL 300 / 30 days
<i>sm fexofenadine hcl 180 mg tab</i>	Preferred	QL 30 / 30 days
<i>sm fexofenadine hcl 60 mg tab</i>	Preferred	QL 60 / 30 days
<i>sm loratadine 10 mg tab</i>	Preferred	QL 30 / 30 days
<i>sm loratadine 5 mg/5ml solution</i>	Preferred	QL 300 / 30 days
<i>sominex nighttime sleep-aid</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tgt allergy relief (tgt allergy relief 25 mg cap, tgt allergy relief 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>tgt allergy relief childrens</i>	Preferred	QL 30 / 1 days
<i>total allergy</i>	Preferred	QL 6 / 1 days
<i>total allergy medicine</i>	Preferred	QL 30 / 1 days
VISTARIL	Non-Preferred	
<i>wal-dryl allergy (wal-dryl allergy 25 mg cap, wal-dryl allergy 25 mg tab)</i>	Preferred	QL 6 / 1 days
<i>wal-dryl allergy 12.5 mg/5ml liquid</i>	Preferred	QL 30 / 1 days
<i>wal-dryl allergy childrens</i>	Preferred	QL 30 / 1 days
<i>wal-finate</i>	Preferred	QL 6 / 1 days
<i>wal-zyr 10 mg cap</i>	Preferred	
ZERVIAE	Non-Preferred	
ZYRTEC ALLERGY (ZYRTEC ALLERGY 10 MG CAP, ZYRTEC ALLERGY 10 MG TAB)	Non-Preferred	
ANTILEUKOTRIENES		
ACCOLATE	Non-Preferred	
<i>montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)</i>	Preferred	QL 30 / 30 days
<i>montelukast sodium 4 mg packet</i>	Non-Preferred	QL 30 / 30 days
SINGULAIR	Non-Preferred	QL 30 / 30 days
<i>zafirlukast 10 mg tab</i>	Non-Preferred	QL 4 / 1 days
<i>zafirlukast 20 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>zileuton er</i>	Non-Preferred	

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

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)</i>	Non-Preferred	QL 4 / 1 days
<i>albuterol sulfate 2 mg/5ml syrup</i>	Preferred	QL 40 / 1 days
<i>albuterol sulfate er</i>	Non-Preferred	QL 4 / 1 days
<i>albuterol sulfate hfa</i>	Preferred	QLC 2 inhalers/month
ARCAPTA NEOHALER	Non-Preferred	
<i>arformoterol tartrate</i>	Non-Preferred	QL 120 / 30 days
AUVI-Q	Non-Preferred	
BROVANA	Non-Preferred	QL 120 / 30 days
<i>cvs 12 hour nasal decongestant</i>	Preferred	QL 60 / 30 days
<i>cvs nasal decongestant 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>decongestant</i>	Preferred	QL 4 / 1 days
<i>epinephrine (epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj)</i>	Non-Preferred	
<i>epinephrine 0.15 mg/0.3ml soln a-inj</i>	Preferred	
<i>epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)</i>	Preferred	
<i>epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)</i>	Preferred	
EPIPEN 2-PAK	Non-Preferred	
EPIPEN JR 2-PAK	Non-Preferred	
<i>eq sinus 12-hour</i>	Preferred	QL 60 / 30 days
<i>eq nasal decongestant</i>	Preferred	QL 4 / 1 days
<i>formoterol fumarate 20 mcg/2ml nebu soln</i>	Non-Preferred	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ft nasal decongestant max str 120 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>ft nasal decongestant max str 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>gnp nasal decongestant</i>	Preferred	QL 4 / 1 days
<i>gnp pseudoephedrine hcl 12 hr</i>	Preferred	QL 60 / 30 days
<i>gnp suphedrin</i>	Preferred	
<i>hm nasal decongestant</i>	Preferred	QL 4 / 1 days
<i>hm nasal decongestant 12 hour</i>	Preferred	QL 60 / 30 days
<i>kp pseudoephedrine hcl 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)</i>	Preferred	
<i>levalbuterol hcl 1.25 mg/0.5ml nebu soln</i>	Non-Preferred	
<i>levalbuterol tartrate</i>	Preferred	QL 30 / 30 days
<i>meijer nasal decongestant</i>	Preferred	QL 4 / 1 days
<i>nasal decongestant</i>	Preferred	QL 4 / 1 days
<i>nasal decongestant 12hr</i>	Preferred	QL 60 / 30 days
<i>nasal decongestant max st</i>	Preferred	QL 4 / 1 days
PERFOROMIST	Non-Preferred	QL 120 / 30 days
PROAIR DIGIHALER	Non-Preferred	
PROAIR HFA	Preferred	QLC 2 inhalers/month
PROAIR RESPICLICK	Preferred	
PROVENTIL HFA	Preferred	QLC 2 inhalers/month

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>pseudoephedrine hcl 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>pseudoephedrine hcl er</i>	Preferred	QL 60 / 30 days
<i>px nasal decongestant 120 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>px nasal decongestant 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>qc nasal decongestant pe 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>qc suphedrine</i>	Preferred	QL 4 / 1 days
<i>qc suphedrine maximum strength</i>	Preferred	QL 60 / 30 days
<i>ra sinus/congestion relief 120 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>ra sinus/congestion relief 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>ra suphedrine 120 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>ra suphedrine 30 mg tab</i>	Preferred	QL 4 / 1 days
SEREVENT DISKUS	Preferred	QL 60 / 30 days
<i>shopko nasal decongestant</i>	Preferred	QL 60 / 30 days
<i>shopko nasal decongestant max</i>	Preferred	QL 4 / 1 days
<i>sinus 12 hour</i>	Preferred	QL 60 / 30 days
<i>sinus congestion max strength</i>	Preferred	QL 4 / 1 days
<i>sm nasal decongestant</i>	Preferred	QL 60 / 30 days
<i>sm nasal decongestant max st</i>	Preferred	QL 4 / 1 days
STRIVERDI RESPIMAT	Preferred	QL 4 / 30 days
<i>sudafed 12 hour</i>	Preferred	QL 60 / 30 days
<i>sudafed sinus congestion 12hr</i>	Preferred	QL 60 / 30 days
<i>sudogest 12 hour</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sudogest 30 mg tab</i>	Preferred	QL 4 / 1 days
<i>sudogest maximum strength</i>	Preferred	QL 4 / 1 days
<i>suphedrine 12hour</i>	Preferred	QL 60 / 30 days
SYMJEPI	Non-Preferred	
<i>terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)</i>	Non-Preferred	QL 90 / 30 days
VENTOLIN HFA	Preferred	QLC 2 inhalers/month
<i>wal-phed 12 hour</i>	Preferred	QL 60 / 30 days
<i>wal-phed d 120 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>wal-phed d 30 mg tab</i>	Preferred	QL 4 / 1 days
XOPENEX	Non-Preferred	
XOPENEX CONCENTRATE	Non-Preferred	
XOPENEX HFA	Preferred	QL 30 / 30 days
CYSTIC FIBROSIS AGENTS		
BETHKIS	Non-Preferred	
CAYSTON	Non-Preferred	
KITABIS PAK	Non-Preferred	
TOBI	Non-Preferred	
TOBI PODHALER	Non-Preferred	
<i>tobramycin 300 mg/4ml nebu soln</i>	Non-Preferred	
<i>tobramycin 300 mg/5ml nebu soln</i>	Preferred	
MAST CELL STABILIZERS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	Preferred	QL 240 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
<i>caffeine citrate</i>	Preferred	
DALIRESP	Non-Preferred	
<i>elixophyllin</i>	Preferred	QL 2250 / 30 days
<i>roflumilast</i>	Non-Preferred	
THEO-24	Preferred	
<i>theophylline</i>	Preferred	QL 2250 / 30 days
<i>theophylline er (theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)</i>	Preferred	QL 30 / 30 days
<i>theophylline er 300 mg tab er 12h</i>	Preferred	QL 60 / 30 days
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	Non-Preferred	QL 60 / 30 days PA
ADEMPAS	Non-Preferred	
<i>alyq</i>	Non-Preferred	QL 60 / 30 days PA
<i>ambrisentan</i>	Preferred	PA
<i>bosentan</i>	Non-Preferred	
LETAIRIS	Non-Preferred	
LIQREV	Non-Preferred	
OPSUMIT	Non-Preferred	
ORENITRAM	Non-Preferred	
ORENITRAM MONTH 1	Non-Preferred	
ORENITRAM MONTH 2	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENITRAM MONTH 3	Non-Preferred	
REVATIO 10 MG/ML RECON SUSP	Preferred	PA
REVATIO 20 MG TAB	Non-Preferred	QL 90 / 30 days
<i>sildenafil citrate 10 mg/ml recon susp</i>	Preferred	
<i>sildenafil citrate 20 mg tab</i>	Preferred	QL 90 / 30 days PA
<i>tadalafil (pah)</i>	Preferred	QL 60 / 30 days PA
TADLIQ	Non-Preferred	
TRACLEER (TRACLEER 62.5 MG TAB, TRACLEER 125 MG TAB)	Preferred	PA
TRACLEER 32 MG TAB SOL	Non-Preferred	
TYVASO	Preferred	PA
TYVASO DPI MAINTENANCE KIT	Non-Preferred	
TYVASO DPI TITRATION KIT	Non-Preferred	
TYVASO REFILL	Preferred	PA
TYVASO STARTER	Preferred	PA
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	Non-Preferred	
VENTAVIS	Preferred	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET	Non-Preferred	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OFEV	Preferred	PA
<i>pirfenidone (pirfenidone 267 mg tab, pirfenidone 534 mg tab, pirfenidone 801 mg tab)</i>	Non-Preferred	PA
<i>pirfenidone 267 mg cap</i>	Non-Preferred	
RESPIRATORY TRACT AGENTS, OTHER		
12 hour allergy-d	Preferred	
12 hour decongestant 0.05 % solution	Preferred	QL 30 / 15 days
12 hour nasal decongestant 0.05 % solution	Preferred	QL 30 / 15 days
12 hour nasal relief spray	Preferred	QL 30 / 15 days
12 hour nasal spray	Preferred	QL 30 / 15 days
12 hr mucus relief max	Preferred	QL 60 / 30 days
12hr allergy & congestion	Preferred	
24hr allergy & congestion reli	Preferred	
<i>acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)</i>	Preferred	
ADVAIR DISKUS	Preferred	QL 60 / 30 days
ADVAIR HFA	Preferred	QL 12 / 30 days
AIRDUO DIGIHALER	Non-Preferred	
AIRDUO RESPICLICK 113/14	Non-Preferred	
AIRDUO RESPICLICK 232/14	Non-Preferred	
AIRDUO RESPICLICK 55/14	Non-Preferred	
AIRSUPRA	Non-Preferred	
<i>alavert d-12 hour allergy/cong</i>	Non-Preferred	
<i>all day allergy d</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>all day allergy-d</i>	Preferred	
<i>allergy relief d 5-120 mg tab er 12h</i>	Non-Preferred	
<i>allergy relief d-12</i>	Preferred	
<i>allergy relief d-24</i>	Preferred	
<i>allergy relief d12 5-120 mg tab er 12h</i>	Preferred	
<i>allergy relief-d 10-240 mg tab er 24h</i>	Preferred	
<i>allergy relief/nasal decongest (allergy relief/nasal decongest 5-120 mg tab er 12h, allergy relief/nasal decongest 10-240 mg tab er 24h)</i>	Preferred	
<i>allergy/congestion relief</i>	Preferred	
<i>altarussin</i>	Preferred	QL 240 / 14 days
<i>altarussin dm</i>	Preferred	QL 240 / 14 days
<i>anefrin spray</i>	Preferred	QL 30 / 15 days
ANORO ELLIPTA	Preferred	QL 60 / 30 days
<i>antihistamine & nasal deconges</i>	Preferred	
<i>benzonatate 100 mg cap</i>	Preferred	
<i>benzonatate 200 mg cap</i>	Preferred	QL 90 / 30 days
BEVESPI AEROSPHERE	Preferred	
<i>biocotron</i>	Preferred	QL 240 / 14 days
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	Non-Preferred	QL 60 / 30 days
BREO ELLIPTA 50-25 MCG/INH AER POW BA	Non-Preferred	
<i>breynga</i>	Non-Preferred	QL 10.2 / 30 days
BREZTRI AEROSPHERE	Non-Preferred	QL 10.7 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>bromfed dm</i>	Preferred	
<i>buckleys chest congestion</i>	Preferred	QL 240 / 14 days
<i>budesonide-formoterol fumarate</i>	Non-Preferred	QL 10.2 / 30 days
<i>cetirizine-pseudoephedrine er</i>	Non-Preferred	
<i>chest congestion childrens</i>	Preferred	QL 240 / 14 days
<i>chest congestion relief 100 mg/5ml liquid</i>	Preferred	QL 240 / 14 days
<i>chest congestion relief child</i>	Preferred	QL 240 / 14 days
<i>chest congestion relief dm 10-100 mg/5ml syrup</i>	Preferred	QL 240 / 14 days
<i>childrens mucus relief expect</i>	Preferred	QL 240 / 14 days
CINQAIR	Non-Preferred	
CLARINEX-D 12 HOUR	Non-Preferred	
CLARITIN-D 24 HOUR	Non-Preferred	
COMBIVENT RESPIMAT	Preferred	QL 4 / 20 days
<i>cough/chest congestion dm</i>	Preferred	QL 240 / 14 days
<i>coughtab</i>	Preferred	QL 12 / 1 days
<i>cvs allergy nasal mist no drip</i>	Preferred	QL 30 / 15 days
<i>cvs allergy relief d (cvs allergy relief d 5-120 mg tab er 12h, cvs allergy relief d 60-120 mg tab er 12h)</i>	Preferred	
<i>cvs allergy relief d24</i>	Preferred	
<i>cvs allergy relief-d 5-120 mg tab er 12h</i>	Preferred	
<i>cvs allergy relief-d12</i>	Preferred	
<i>cvs chest congestion childrens</i>	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs mucus d extended release</i>	Preferred	QL 4 / 1 days
<i>cvs mucus d max st er</i>	Preferred	
<i>cvs mucus extended release 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>cvs mucus extended release 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>cvs nasal mist 0.05 % solution</i>	Preferred	QL 30 / 15 days
<i>cvs nasal spray 0.05 % solution</i>	Preferred	QL 30 / 15 days
<i>cvs sinus nasal spray</i>	Preferred	QL 30 / 15 days
<i>cvs tussin adult chest congest</i>	Preferred	QL 240 / 14 days
<i>cvs tussin dm (cvs tussin dm 10-100 mg/5ml liquid, cvs tussin dm 20-200 mg/10ml liquid, cvs tussin dm 200-20 mg/10ml liquid)</i>	Preferred	QL 240 / 14 days
<i>dextromethorphan-guaifenesin (dextromethorphan-guaifenesin 10-100 mg/5ml liquid, dextromethorphan-guaifenesin 10-100 mg/5ml syrup, dextromethorphan-guaifenesin 20-200 mg/10ml liquid, dextromethorphan-guaifenesin 20-200 mg/10ml syrup)</i>	Preferred	QL 240 / 14 days
<i>diabetic tussin</i>	Preferred	QL 240 / 14 days
<i>diabetic tussin chest/congest</i>	Preferred	QL 240 / 14 days
<i>diabetic tussin dm</i>	Preferred	QL 240 / 14 days
<i>diabetic tussin ex</i>	Preferred	QL 240 / 14 days
<i>dm-guaifenesin er</i>	Preferred	
<i>dristan</i>	Preferred	QL 30 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUAKLIR PRESSAIR	Non-Preferred	
DULERA	Preferred	QLC 1 inhaler/month
<i>eq 12 hour mucus relief</i>	Preferred	QL 120 / 30 days
<i>eq mucus er 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>eq mucus er 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>eq mucus relief 12 hour max st</i>	Preferred	QL 60 / 30 days
<i>eq mucus-d</i>	Preferred	QL 4 / 1 days
<i>eq nasal spray</i>	Preferred	QL 30 / 15 days
<i>eq tussin dm cough/chest</i>	Preferred	QL 240 / 14 days
<i>eq nasal spray 12 hour</i>	Preferred	QL 30 / 15 days
<i>eq nasal spray no drip</i>	Preferred	QL 30 / 15 days
<i>eq tussin dm cough/chest cong</i>	Preferred	QL 240 / 14 days
<i>eq tussin mucus/chest congest</i>	Preferred	QL 240 / 14 days
<i>extra action cough</i>	Preferred	QL 240 / 14 days
FASENRA	Preferred	PA
FASENRA PEN	Preferred	PA
<i>fexofenadine-pseudoephed er</i>	Preferred	
<i>fluticasone furoate-vilanterol</i>	Non-Preferred	
<i>fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)</i>	Non-Preferred	
<i>fluticasone-salmeterol (fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 232-14 mcg/act aer pow ba)</i>	Preferred	QL 1 / 30 days
<i>ft all day allergy-d</i>	Preferred	
<i>ft allergy & congestion-d 12hr</i>	Preferred	
<i>ft allergy relief-d</i>	Preferred	
<i>ft mucus relief 12hr 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>ft mucus relief 12hr 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>ft mucus relief d 12 hour</i>	Preferred	QL 4 / 1 days
<i>ft nasal spray</i>	Preferred	QL 30 / 15 days
<i>ft tussin adult</i>	Preferred	QL 240 / 14 days
<i>geri-tussin 100 mg/5ml liquid</i>	Preferred	QL 240 / 14 days
<i>geri-tussin dm</i>	Preferred	QL 240 / 14 days
<i>giltuss cough & chest</i>	Preferred	QL 240 / 14 days
<i>giltuss cough & chest children</i>	Preferred	QL 240 / 14 days
<i>giltuss diabetic cough & cold</i>	Preferred	QL 240 / 14 days
<i>giltuss honey cgh/chest conges</i>	Preferred	QL 240 / 14 days
<i>giltuss honey cgh/chst child</i>	Preferred	QL 240 / 14 days
<i>giltuss severe sinus</i>	Preferred	QL 30 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>gnp all day allergy-d</i>	Preferred	
<i>gnp allergy & congestion</i>	Preferred	
<i>gnp allergy/congestion relief</i>	Preferred	
<i>gnp fexofenadine/pse er</i>	Preferred	
<i>gnp mucus dm max strength</i>	Preferred	
<i>gnp mucus er 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>gnp mucus er 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>gnp mucus relief 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>gnp nasal spray</i>	Preferred	QL 30 / 15 days
<i>gnp nasal spray extra moist</i>	Preferred	QL 30 / 15 days
<i>gnp no drip nasal spray</i>	Preferred	QL 30 / 15 days
<i>gnp tussin dm 20-200 mg/10ml liquid</i>	Preferred	QL 240 / 14 days
<i>gnp tussin dm cough</i>	Preferred	QL 240 / 14 days
<i>gnp tussin mucus & chest cong</i>	Preferred	QL 240 / 14 days
<i>goodsense all day allergy-d</i>	Preferred	
<i>goodsense mucus er</i>	Preferred	QL 120 / 30 days
<i>goodsense mucus er maximum str</i>	Preferred	QL 60 / 30 days
<i>guaiasorb dm</i>	Preferred	QL 240 / 14 days
<i>guaicon dms</i>	Preferred	QL 240 / 14 days
<i>guaifenesin (guaifenesin 100 mg/5ml liquid, guaifenesin 200 mg/10ml liquid, guaifenesin 300 mg/15ml liquid)</i>	Preferred	QL 240 / 14 days
<i>guaifenesin 200 mg tab</i>	Preferred	QL 12 / 1 days
<i>guaifenesin er 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>guaifenesin er 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>guaifenesin-dm</i>	Preferred	QL 240 / 14 days
<i>hm allergy & congestion</i>	Preferred	
<i>hm allergy complete-d</i>	Non-Preferred	
<i>hm allergy relief/nasal decong</i>	Preferred	
<i>hm mucus er</i>	Preferred	QL 60 / 30 days
<i>hm mucus relief</i>	Preferred	QL 120 / 30 days
<i>hm mucus relief d</i>	Preferred	QL 4 / 1 days
<i>hm mucus relief dm max st</i>	Preferred	
<i>hm mucus relief max st</i>	Preferred	QL 60 / 30 days
<i>hm nasal spray</i>	Preferred	QL 30 / 15 days
<i>hm sinus nasal spray</i>	Preferred	QL 30 / 15 days
<i>hm tussin adult</i>	Preferred	QL 240 / 14 days
<i>hm tussin adult dm 100-10 mg/5ml liquid</i>	Preferred	QL 240 / 14 days
<i>ipratropium-albuterol</i>	Preferred	
<i>kls aller-tec d</i>	Preferred	
<i>kls allerclear d-12hr</i>	Preferred	
<i>kls nasal decongestant spray</i>	Preferred	QL 30 / 15 days
<i>long acting nasal spray</i>	Preferred	QL 30 / 15 days
<i>long lasting nasal spray</i>	Preferred	QL 30 / 15 days
<i>loratadine-d 12hr</i>	Preferred	
<i>loratadine-d 24hr</i>	Preferred	
<i>max tussin dm cough&chest cong</i>	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>max tussin mucus & chest cong</i>	Preferred	QL 240 / 14 days
<i>maxi-tuss g</i>	Preferred	QL 240 / 14 days
<i>medi-tussin dm</i>	Preferred	QL 240 / 14 days
<i>meijer allergy relief-d</i>	Preferred	
<i>mucinex childrens stuffy nose</i>	Preferred	QL 30 / 15 days
MUCINEX D MAX STRENGTH	Preferred	
MUCINEX DM	Preferred	QL 120 / 30 days
MUCINEX DM MAXIMUM STRENGTH	Preferred	
<i>mucinex fast-max chest cong ms</i>	Preferred	QL 240 / 14 days
<i>mucinex sinus-max clear & cool</i>	Preferred	QL 30 / 15 days
<i>mucinex sinus-max sinus/allrgy</i>	Preferred	QL 30 / 15 days
<i>mucus & chest congestion</i>	Preferred	QL 240 / 14 days
<i>mucus d 120-1200 mg tab er 12h</i>	Preferred	
<i>mucus d 60-600 mg tab er 12h</i>	Preferred	QL 4 / 1 days
<i>mucus dm</i>	Preferred	QL 120 / 30 days
<i>mucus relief 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>mucus relief chest congestion 200 mg tab</i>	Preferred	QL 12 / 1 days
<i>mucus relief chest congestion 400 mg/20ml liquid</i>	Preferred	QL 240 / 14 days
<i>mucus relief d 120-1200 mg tab er 12h</i>	Preferred	
<i>mucus relief d 12hr er</i>	Preferred	QL 4 / 1 days
<i>mucus relief d 60-600 mg tab er 12h</i>	Preferred	QL 4 / 1 days
<i>mucus relief dm 30-600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>mucus relief dm max 60-1200 mg tab er 12h</i>	Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>mucus relief er 1200 mg tab er 12h</i>	Preferred	QL 60 / 30 days
<i>mucus relief er 600 mg tab er 12h</i>	Preferred	QL 120 / 30 days
<i>mucus relief max st</i>	Preferred	QL 60 / 30 days
<i>mucus+chest congestion</i>	Preferred	QL 240 / 14 days
<i>mucus-d</i>	Preferred	QL 4 / 1 days
<i>mucus-dm</i>	Preferred	QL 120 / 30 days
<i>mucus-dm max</i>	Preferred	
<i>mucus-dm maximum strength</i>	Preferred	
<i>mucus-er max</i>	Preferred	QL 60 / 30 days
<i>nasal decongestant spray</i>	Preferred	QL 30 / 15 days
<i>nasal relief</i>	Preferred	QL 30 / 15 days
<i>nasal spray</i>	Preferred	QL 30 / 15 days
<i>nasal spray 12 hour</i>	Preferred	QL 30 / 15 days
<i>nasal spray anti-drip</i>	Preferred	QL 30 / 15 days
<i>nasal spray extra moisturizing</i>	Preferred	QL 30 / 15 days
<i>nasal spray max strength</i>	Preferred	QL 30 / 15 days
<i>nasal spray moisturizing 12 hr</i>	Preferred	QL 30 / 15 days
<i>nasal spray no drip</i>	Preferred	QL 30 / 15 days
<i>nasal spray sinus</i>	Preferred	QL 30 / 15 days
<i>nebusal 3 % nebu soln</i>	Preferred	
<i>no drip nasal spray</i>	Preferred	QL 30 / 15 days
<i>nostrilla</i>	Preferred	QL 30 / 15 days
NUCALA (NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN PRSYR)	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG/ML SOLN A-INJ)	Preferred	PA
<i>promethazine-dm</i>	Preferred	
<i>promethazine-phenylephrine</i>	Preferred	QL 6 / 1 days
<i>pseudoeph-bromphen-dm</i>	Preferred	
<i>pseudoephedrine-guaifenesin er 120-1200 mg tab er 12h</i>	Preferred	
<i>pseudoephedrine-guaifenesin er 60-600 mg tab er 12h</i>	Preferred	QL 4 / 1 days
<i>pulmosal</i>	Preferred	QL 480 / 30 days
<i>px allergy relief d (loratid)</i>	Preferred	
<i>px nasal spray moisturizing</i>	Preferred	QL 30 / 15 days
<i>px no drip nasal spray</i>	Preferred	QL 30 / 15 days
<i>px original nasal spray</i>	Preferred	QL 30 / 15 days
<i>px tussin</i>	Preferred	QL 240 / 14 days
<i>px tussin dm</i>	Preferred	QL 240 / 14 days
<i>qc loratadine-d</i>	Preferred	
<i>qc medifin mucus relief child</i>	Preferred	QL 240 / 14 days
<i>qc mucus relief</i>	Preferred	QL 120 / 30 days
<i>qc mucus relief childrens</i>	Preferred	QL 240 / 14 days
<i>qc mucus relief er</i>	Preferred	QL 60 / 30 days
<i>qc mucus relief max st</i>	Preferred	QL 60 / 30 days
<i>qc nasal mist no drip</i>	Preferred	QL 30 / 15 days
<i>qc nasal relief moisturizing</i>	Preferred	QL 30 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>qc nasal spray 0.05 % solution</i>	Preferred	QL 30 / 15 days
<i>qc no drip extra moisturizing</i>	Preferred	QL 30 / 15 days
<i>qc no drip nasal relief</i>	Preferred	QL 30 / 15 days
<i>qc no drip original 12 hours</i>	Preferred	QL 30 / 15 days
<i>qc tussin dm cough/congestion</i>	Preferred	QL 240 / 14 days
<i>qc tussin expectorant adult</i>	Preferred	QL 240 / 14 days
<i>qc tussin mucus/congestion</i>	Preferred	QL 240 / 14 days
<i>qlearquil</i>	Preferred	QL 30 / 15 days
<i>ra 12 hour nasal spray</i>	Preferred	QL 30 / 15 days
<i>ra allergy/congestion</i>	Preferred	
<i>ra allergy/congestion relief</i>	Preferred	
<i>ra mucus relief</i>	Preferred	QL 120 / 30 days
<i>ra mucus relief d</i>	Preferred	QL 4 / 1 days
<i>ra mucus relief d max strength</i>	Preferred	
<i>ra mucus relief max st</i>	Preferred	QL 60 / 30 days
<i>ra nasal spray</i>	Preferred	QL 30 / 15 days
<i>ra nasal spray max st</i>	Preferred	QL 30 / 15 days
<i>ra severe congestion spray</i>	Preferred	QL 30 / 15 days
<i>ra tussin</i>	Preferred	QL 240 / 14 days
<i>ra tussin cgh/chest congest dm</i>	Preferred	QL 240 / 14 days
<i>ra tussin chest congestion</i>	Preferred	QL 240 / 14 days
<i>ra tussin cough</i>	Preferred	QL 240 / 14 days
<i>ra tussin cough dm sugar free</i>	Preferred	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>ra tussin dm</i>	Preferred	QL 240 / 14 days
<i>robafen</i>	Preferred	QL 240 / 14 days
<i>robafen dm cgh/chest congest</i>	Preferred	QL 240 / 14 days
<i>robafen dm cough</i>	Preferred	QL 240 / 14 days
<i>robafen dm peak cold cgh/cong</i>	Preferred	QL 240 / 14 days
<i>robafen mucus/chest congestion</i>	Preferred	QL 240 / 14 days
<i>robitussin cold cough+ chest</i>	Preferred	QL 240 / 14 days
<i>robitussin mucus+chest congest</i>	Preferred	QL 240 / 14 days
<i>safe tussin dm</i>	Preferred	QL 240 / 14 days
<i>safetussin dm cough/chest cong</i>	Preferred	QL 240 / 14 days
<i>sb 12hr nasal spray</i>	Preferred	QL 30 / 15 days
<i>sb cough control</i>	Preferred	QL 240 / 14 days
<i>sb cougtab</i>	Preferred	QL 12 / 1 days
<i>sb nasal spray no-drip</i>	Preferred	QL 30 / 15 days
<i>sb sinus relief</i>	Preferred	QL 30 / 15 days
<i>scot-tussin expectorant</i>	Preferred	QL 240 / 14 days
SEMPREX-D	Non-Preferred	
<i>siltussin dm das</i>	Preferred	QL 240 / 14 days
<i>siltussin sa</i>	Preferred	QL 240 / 14 days
<i>siltussin-dm alcohol free</i>	Preferred	QL 240 / 14 days
<i>sinus nasal spray</i>	Preferred	QL 30 / 15 days
<i>sinus nasal spray 12 hour</i>	Preferred	QL 30 / 15 days
<i>sinus relief 0.05 % solution</i>	Preferred	QL 30 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>sinus relief mist</i>	Preferred	QL 30 / 15 days
<i>sm all day allergy-d</i>	Preferred	
<i>sm guaifenesin/pseudoephedrine</i>	Preferred	QL 4 / 1 days
<i>sm lorata-dine d</i>	Preferred	
<i>sm loratadine d 12hr</i>	Preferred	
<i>sm mucus relief</i>	Preferred	QL 120 / 30 days
<i>sm mucus relief childrens</i>	Preferred	QL 240 / 14 days
<i>sm mucus relief d</i>	Preferred	QL 4 / 1 days
<i>sm mucus relief max strength</i>	Preferred	QL 60 / 30 days
<i>sm nasal spray</i>	Preferred	QL 30 / 15 days
<i>sm nasal spray 12 hour</i>	Preferred	QL 30 / 15 days
<i>sm nasal spray moisturizing</i>	Preferred	QL 30 / 15 days
<i>sm nasal spray sinus</i>	Preferred	QL 30 / 15 days
<i>sm tussin cough/chest congest (sm tussin cough/chest congest 20-200 mg/10ml liquid, sm tussin cough/chest congest 100-10 mg/5ml syrup)</i>	Preferred	QL 240 / 14 days
<i>sm tussin dm</i>	Preferred	QL 240 / 14 days
<i>sm tussin mucus+chest congest</i>	Preferred	QL 240 / 14 days
<i>sodium chloride 3 % nebu soln</i>	Preferred	
<i>sodium chloride 7 % nebu soln</i>	Preferred	QL 480 / 30 days
<i>sorbugen nr</i>	Preferred	QL 240 / 14 days
<i>sorbutuss nr</i>	Preferred	QL 240 / 14 days
STIOLTO RESPIMAT	Preferred	QL 4 / 30 days
SYMBICORT	Preferred	QL 10.2 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>tgt cough formula dm</i>	Preferred	QL 240 / 14 days
<i>tgt nasal decongestant 12-hour</i>	Preferred	QL 30 / 15 days
TRELEGY ELLIPTA	Preferred	QL 60 / 30 days
<i>tusnel diabetic</i>	Preferred	QL 240 / 14 days
<i>tusnel-ex</i>	Preferred	QL 240 / 14 days
<i>tussin cough+chest cong dm sf</i>	Preferred	QL 240 / 14 days
<i>tussin cough+chest congest dm</i>	Preferred	QL 240 / 14 days
<i>tussin dm</i>	Preferred	QL 240 / 14 days
<i>tussin dm cough + chest 10-100 mg/5ml liquid</i>	Preferred	QL 240 / 14 days
<i>tussin mucus & chest congest</i>	Preferred	QL 240 / 14 days
<i>tussin mucus+chest congest sf</i>	Preferred	QL 240 / 14 days
<i>tussin mucus+chest congestion</i>	Preferred	QL 240 / 14 days
UTIBRON NEOHALER	Non-Preferred	
<i>wal-fex d allergy & congestion 180-240 mg tab er 24h</i>	Preferred	
<i>wal-itin d</i>	Preferred	
<i>wal-tussin</i>	Preferred	QL 240 / 14 days
<i>wal-tussin chest congestion</i>	Preferred	QL 240 / 14 days
<i>wal-tussin cough/chest dm</i>	Preferred	QL 240 / 14 days
<i>wal-tussin dm</i>	Preferred	QL 240 / 14 days
<i>wal-tussin dm cgh/chest cong</i>	Preferred	QL 240 / 14 days
<i>wixela inhub</i>	Non-Preferred	QL 60 / 30 days
ZYRTEC-D ALLERGY & SINUS	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
AMRIX	Non-Preferred	
BACLOFEN (BACLOFEN 5 MG/5ML SOLUTION, BACLOFEN 10 MG/5ML SOLUTION)	Non-Preferred	
BOTOX	Preferred	PA
BOTOX COSMETIC	Preferred	
<i>carisoprodol 250 mg tab</i>	Non-Preferred	
<i>carisoprodol 350 mg tab</i>	Non-Preferred	QL 4 / 1 days
CARISOPRODOL-ASPIRIN	Non-Preferred	QL 90 / 30 days
<i>chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 375 mg tab, chlorzoxazone 750 mg tab)</i>	Non-Preferred	
<i>chlorzoxazone 500 mg tab</i>	Non-Preferred	QL 180 / 30 days
<i>cyclobenzaprine hcl 10 mg tab</i>	Preferred	QL 90 / 30 days
<i>cyclobenzaprine hcl 5 mg tab</i>	Preferred	QL 180 / 30 days
<i>cyclobenzaprine hcl 7.5 mg tab</i>	Preferred	
<i>cyclobenzaprine hcl er</i>	Non-Preferred	
DYSPORT	Preferred	PA
<i>fexmid</i>	Non-Preferred	
<i>lorzone</i>	Non-Preferred	
<i>metaxalone</i>	Non-Preferred	
METHOCARBAMOL 1000 MG TAB	Preferred	
<i>methocarbamol 500 mg tab</i>	Preferred	QL 480 / 30 day(s)
<i>methocarbamol 750 mg tab</i>	Preferred	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYOBLOC	Non-Preferred	
<i>norgesic</i>	Non-Preferred	
NORGESIC FORTE	Non-Preferred	
<i>orphenadrine citrate er</i>	Non-Preferred	QL 60 / 30 days
<i>orphenadrine-asa-caffeine</i>	Non-Preferred	
<i>orphenadrine-aspirin-caffeine 25-385-30 mg tab</i>	Non-Preferred	
<i>orphengesic forte 50-770-60 mg tab</i>	Non-Preferred	
OZOBAX DS	Non-Preferred	
ROBAXIN-750	Non-Preferred	
SKELAXIN	Non-Preferred	
SOMA	Non-Preferred	
<i>vanadom</i>	Non-Preferred	QL 4 / 1 days
XEOMIN	Non-Preferred	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
AMBIEN	Non-Preferred	QL 30 / 30 days
AMBIEN CR	Non-Preferred	QL 30 / 30 days
BELSOMRA	Non-Preferred	QL 30 / 30 days
BUTISOL SODIUM	Non-Preferred	
<i>cvs melatonin 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>cvs sleep aid</i>	Preferred	QL 4 / 1 days
<i>cvs sleep aid nighttime 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>cvs sleep-aid (doxylamine)</i>	Preferred	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>cvs sleepaid (diphenhydramine)</i>	Preferred	QL 4 / 1 days
<i>cvs ultra sleep</i>	Preferred	QL 4 / 1 days
DAYVIGO	Non-Preferred	
DORAL	Non-Preferred	
<i>doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)</i>	Non-Preferred	
EDLUAR	Non-Preferred	QL 30 / 30 days
<i>eq1 nighttime sleep aid 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>eq1 sleep aid 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>estazolam</i>	Non-Preferred	QL 30 / 30 days
<i>eszopiclone</i>	Preferred	QL 30 / 30 days
FLURAZEPAM HCL	Non-Preferred	QL 30 / 30 days
<i>ft sleep aid (doxylamine)</i>	Preferred	QL 4 / 1 days
<i>gnp melatonin 3 mg tab</i>	Preferred	QL 30 / 30 days
<i>gnp melatonin maximum strength</i>	Preferred	QL 30 / 30 days
<i>gnp nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>gnp sleep aid 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>gnp sleep aid nighttime</i>	Preferred	QL 4 / 1 days
HALCION	Non-Preferred	
HETLIOZ	Non-Preferred	QL 30 / 30 days
HETLIOZ LQ	Non-Preferred	
<i>hm nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>hm sleep aid</i>	Preferred	QL 4 / 1 days
INTERMEZZO	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>kls sleep aid</i>	Preferred	QL 4 / 1 days
<i>kp melatonin</i>	Preferred	QL 30 / 30 days
LUNESTA	Non-Preferred	QL 30 / 30 days
<i>melatonin maximum strength 5 mg tab</i>	Preferred	QL 30 / 30 days
<i>night time sleep aid</i>	Preferred	QL 4 / 1 days
<i>nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>nytol</i>	Preferred	QL 4 / 1 days
<i>nytol quickcaps</i>	Preferred	QL 4 / 1 days
<i>qc melatonin max st</i>	Preferred	QL 30 / 30 days
<i>qc rest simply</i>	Preferred	QL 4 / 1 days
QUAZEPAM	Non-Preferred	
QUVIVIQ	Non-Preferred	
<i>ra melatonin (ra melatonin 3 mg tab, ra melatonin 5 mg tab)</i>	Preferred	QL 30 / 30 days
<i>ra night sleep aid</i>	Preferred	QL 4 / 1 days
<i>ra nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>ra sleep aid (diphenhydramine)</i>	Preferred	QL 4 / 1 days
<i>ra sleep aid 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>ramelteon</i>	Non-Preferred	
RESTORIL	Non-Preferred	QL 30 / 30 days
ROZEREM	Non-Preferred	
<i>sb sleep</i>	Preferred	QL 4 / 1 days
SECONAL	Non-Preferred	
SILENOR	Non-Preferred	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>simply sleep</i>	Preferred	QL 4 / 1 days
<i>sleep aid (diphenhydramine)</i>	Preferred	QL 4 / 1 days
<i>sleep aid (doxylamine)</i>	Preferred	QL 4 / 1 days
<i>sleep aid 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>sleep ii</i>	Preferred	QL 4 / 1 days
<i>sleep tabs</i>	Preferred	QL 4 / 1 days
<i>sleep-aid 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>sleep-tabs</i>	Preferred	QL 4 / 1 days
<i>sm melatonin 3 mg tab</i>	Preferred	QL 30 / 30 days
<i>sm nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>sm sleep aid</i>	Preferred	QL 4 / 1 days
<i>tasimelteon</i>	Non-Preferred	
<i>temazepam (temazepam 15 mg cap, temazepam 30 mg cap)</i>	Preferred	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
<i>temazepam (temazepam 7.5 mg cap, temazepam 22.5 mg cap)</i>	Non-Preferred	QL 30 / 30 days
<i>tgt nighttime sleep aid</i>	Preferred	QL 4 / 1 days
<i>triazolam 0.125 mg tab</i>	Non-Preferred	QL 60 / 30 days
<i>triazolam 0.25 mg tab</i>	Non-Preferred	QL 30 / 30 days
<i>wal-som 25 mg tab</i>	Preferred	QL 4 / 1 days
<i>zaleplon</i>	Preferred	QL 60 / 30 days
<i>zolpidem tartrate (zolpidem tartrate 1.75 mg sl tab, zolpidem tartrate 3.5 mg sl tab)</i>	Non-Preferred	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
<i>zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)</i>	Preferred	QL 30 / 30 days
ZOLPIDEM TARTRATE 7.5 MG CAP	Non-Preferred	
<i>zolpidem tartrate er</i>	Non-Preferred	QL 30 / 30 days
ZOLPIMIST	Non-Preferred	
WAKEFULNESS PROMOTING AGENTS		
<i>armodafinil</i>	Preferred	PA
<i>modafinil (modafinil 100 mg tab, modafinil 200 mg tab)</i>	Preferred	PA
NUVIGIL	Non-Preferred	
PROVIGIL	Non-Preferred	
SUNOSI	Non-Preferred	
WAKIX	Non-Preferred	
Uncategorized		
Unclassified		
IWILFIN	Non-Preferred	

Appendix

1

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KETOROLAC TROMETHAMINE	12	kl aller-tec d	469
KETOTIFEN FUMARATE	432	kl allerclear d-12hr	469
ketotifen fumarate	432	kl allergy medicine	450
KEVZARA	343	kl anti-diarrheal	287
KHEDEZLA	63	kl arthritis pain relief	12
KIMONO	391	kl aspirin ec	13
KIMONO COLORS	391	kl diclofenac sodium	13
KIMONO MICRO THIN PLUS	391	kl lansoprazole	306
KIMONO PLUS	391	kl nasal decongestant spray	469
KIMONO PS	391	kl natural psyllium fiber	278
KIMONO PS PLUS	391	kl quit2	35
KIMONO SENSATION	391	kl quit4	35
KIMONO SENSATION PLUS	391	kl rapid release pain	187
KIMONO SPECIAL	391	kl sleep aid	480
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