

2024

FORMULARY LIST OF COVERED DRUGS

ALOHACARE QUEST INTEGRATION

The AlohaCare QUEST Integration Formulary is a list of drugs that AlohaCare covers if the drug restriction(s) (or limits) are met. The formulary is reviewed every 3 months or as needed. The formulary is approved by a group of doctors and pharmacists on the Pharmacy & Therapeutics (P&T) Committee. This formulary is for drugs that a member can get with a prescription at a pharmacy. It does not apply to drugs used in the hospital or drugs given at a doctor's office.

The drugs or products listed in this formulary may not include all drugs and may change. Some drugs may reject at the pharmacy because of other edits such as drug interactions and therapeutic duplication. A drug interaction may happen when 2 or more drugs may work against each other. A therapeutic duplication may happen when 2 or more drugs are the same or works the same way as another. Drugs that are not listed on this formulary are either not covered by AlohaCare QUEST Integration or are non-formulary.



Drugs That Are Not Covered by AlohaCare QUEST Integration

The following drugs are not covered under the Med-QUEST program:

1. Drugs used for cosmetic purposes
2. Drugs used for erectile dysfunction
3. Drugs used for fertility
4. Experimental drugs or drugs used in an experimental manner
5. Drugs not approved by the Food & Drug Administration (FDA)
6. Bulk powder drugs

Generic and Brand Name Medications

AlohaCare QUEST Integration requires that the member must use a generic drug when a generic drug is available.

Drug for Behavioral Health

For members with Community Care Services (CCS), certain drugs must be billed to CCS. These drugs include:

- Drugs used for behavior issues
- Drugs used for drug or alcohol addiction.

Drug for Hansen's Disease

Drugs used for Hansen's Disease (or Leprosy) should be referred to the Department of Health's Hansen's Disease Program. These drugs are given free of charge to the member.

Drugs for Tuberculosis

Drugs used for tuberculosis (or a type of lung infection) should be referred to the Department of Health's Lanakila Health Center or Leahi Hospital on Oahu or local health department tuberculosis clinics on neighbor islands. These drugs are given free of charge to the member.

Specialty Drugs

Specialty drugs are high cost drugs and/or are drugs used to treat complex or rare conditions like multiple sclerosis, rheumatoid arthritis, and hepatitis c.

AlohaCare Medicaid QUEST

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ADHD/ANTI-NARCOLEPSY/ANXIETY/OBESITY/ANOREXIANTS					
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS***					
<i>clonidine hcl er oral tablet extended release 12 hour</i>	Preferred	AL; C; QL (4 tablets per 1 day)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	Preferred	AL; C; QL (1 capsule per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	Preferred	PA; C; QL (1 tablet per 1 day)	<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Preferred	AL; C; QL (4 capsules per 1 day)
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR***					
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Preferred	AL; C; QL (2 capsules per 1 day)	<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Preferred	AL; C; QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Preferred	AL; C; QL (1 capsule per 1 day)	<i>caffeine citrate oral solution</i>	Preferred	PA; C; QL (6 tablets per 1 day)
*AMPHETAMINE MIXTURES***					
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Preferred	AL; C; QL (1 capsule per 1 day)	*ANALEPTICS***		
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	Preferred	AL; C; QL (3 tablets per 1 day)	*STIMULANTS - MISC.***		
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Preferred	AL; C; QL (2 tablets per 1 day)	<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Preferred	AL; C; QL (1 capsule per 1 day)
			<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg</i>	Preferred	AL; C; QL (2 tablets per 1 day)
			<i>dexmethylphenidate hcl oral tablet 5 mg</i>	Preferred	PA; C; QL (2 tablets per 1 day)
			<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Preferred	AL; C; QL (1 capsule per 1 day)
			<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	Preferred	AL; C; QL (1 capsule per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	Preferred	AL; C; QL (2 capsules per 1 day)	*ANALGESICS - ANTI-INFLAMMATORY *		
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Preferred	AL; C; QL (1 tablet per 1 day)	*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES***		
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Preferred	AL; C; QL (2 tablets per 1 day)	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-Injector	Preferred	PA; SP; QL (2 auto-injectors per 28 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	Preferred	AL; C; QL (1 tablet per 1 day)	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Preferred	PA; SP; QL (2 auto-injectors per 28 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Preferred	AL; C; QL (2 tablets per 1 day)	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringe per 28 days)
methylphenidate hcl oral solution 10 mg/5ml	Preferred	AL; C; QL (30 mL per 1 day)	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Preferred	PA; SP; QL (2 auto-injectors per 28 days)
methylphenidate hcl oral solution 5 mg/5ml	Preferred	AL; C; QL (60 mL per 1 day)	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	Preferred	PA; SP; QL (2 syringes per 28 days)
methylphenidate hcl oral tablet	Preferred	AL; C; QL (3 tablets per 1 day)	HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-Injector	Preferred	PA; SP; QL (2 auto-injectors per 28 days)
AMINOGLYCOSIDES			HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringes per 28 days)
*AMINOGLYCOSIDES***					
neomycin sulfate oral tablet	Preferred				
tobramycin inhalation nebulization solution 300 mg/4ml	Preferred	SP; QL (224 mL per 28 days)			
tobramycin inhalation nebulization solution 300 mg/5ml	Preferred	SP; QL (280 mL per 28 days)			

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YUSIMRY SUBCUTANEOUS SOLUTION PEN- INJECTOR	Preferred	PA; SP; QL (2 pens per 28 days)	<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	Preferred	QL (2 tablets per 1 day)
*CYCLOOXYGEN ASE 2 (COX-2) INHIBITORS***			<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	Preferred	QL (1 tablet per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Preferred	QL (2 capsules per 1 day)	<i>etodolac oral capsule 300 mg</i>	Preferred	QL (3 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Preferred	QL (1 capsule per 1 day)	<i>etodolac oral tablet</i>	Preferred	QL (2 tablets per 1 day)
*GOLD COMPOUNDS***			<i>fenoprofen calcium oral capsule 400 mg</i>	Preferred	QL (4 capsules per 1 day)
RIDAURA ORAL CAPSULE	Preferred		<i>flurbiprofen oral tablet 100 mg</i>	Preferred	QL (3 tablets per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)***			<i>flurbiprofen oral tablet 50 mg</i>	Preferred	QL (4 tablets per 1 day)
CHILDRENS ADVIL ORAL SUSPENSION	Preferred	PA; AL; OTC; QL (120 mL per 30 days)	<i>ibuprofen oral capsule</i>	Preferred	OTC; QL (100 capsules per 30 days)
CHILDRENS MOTRIN ORAL SUSPENSION	Preferred	PA; AL; OTC; QL (120 mL per 30 days)	<i>ibuprofen oral suspension</i>	Preferred	PA; AL; QL (120 mL per 30 days)
<i>cvs ibuprofen childrens oral tablet chewable</i>	Preferred	OTC; QL (100 tablets per 90 days)	<i>ibuprofen oral tablet 200 mg</i>	Preferred	OTC; QL (100 tablets per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Preferred	QL (4 tablets per 1 day)	<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Preferred	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Preferred	QL (2 tablets per 1 day)	<i>indomethacin er oral capsule extended release</i>	Preferred	QL (2 capsules per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Preferred	QL (5 tablets per 1 day)	<i>indomethacin oral capsule 25 mg</i>	Preferred	QL (3 capsules per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Preferred	QL (4 tablets per 1 day)	<i>indomethacin oral capsule 50 mg</i>	Preferred	QL (4 capsules per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Preferred	QL (2 tablets per 1 day)	INFANTS ADVIL ORAL SUSPENSION	Preferred	OTC; QL (30 mL per 30 days)
			<i>ketoprofen er oral capsule extended release 24 hour</i>	Preferred	QL (1 capsule per 1 day)
			<i>ketoprofen oral capsule 25 mg</i>	Preferred	QL (8 capsules per 1 day)
			<i>ketorolac tromethamine oral tablet</i>	Preferred	QL (20 tablets per 30 days)
			<i>meclofenamate sodium oral capsule</i>	Preferred	QL (4 capsules per 1 day)

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MEDI-FIRST IBUPROFEN ORAL TABLET	Preferred	OTC; QL (100 tablets per 30 days)	OTEZLA ORAL TABLET THERAPY PACK	Preferred	PA; SP; QL (1 pack per 1 year)
<i>meloxicam oral tablet</i>	Preferred	QL (1 tablet per 1 day)	*PYRIMIDINE SYNTHESIS INHIBITORS***		
MOTRIN CHILDRENS ORAL TABLET CHEWABLE	Preferred	OTC; QL (100 tablets per 90 days)	<i>leflunomide oral tablet</i>	Preferred	QL (1 tablet per 1 day)
MOTRIN INFANTS DROPS ORAL SUSPENSION	Preferred	OTC; QL (30 mL per 30 days)	*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS***		
<i>nabumetone oral tablet 500 mg</i>	Preferred	QL (4 tablets per 1 day)	ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	PA; SP; QL (4 syringes per 28 days)
<i>nabumetone oral tablet 750 mg</i>	Preferred	QL (2 tablets per 1 day)	ENBREL SUBCUTANEOUS SOLUTION	Preferred	PA; SP; QL (8 injections per 28 days)
<i>naproxen oral tablet 250 mg, 375 mg</i>	Preferred	QL (4 tablets per 1 day)	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	Preferred	PA; SP; QL (8 syringes per 28 days)
<i>naproxen oral tablet 500 mg</i>	Preferred	QL (2 tablets per 1 day)	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	Preferred	PA; SP; QL (4 syringes per 28 days)
<i>naproxen sodium oral capsule</i>	Preferred	OTC; QL (100 capsules per 90 days)	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; SP; QL (4 pens per 28 days)
<i>naproxen sodium oral tablet 220 mg</i>	Preferred	OTC; QL (100 tablets per 90 days)	*ANALGESICS - NONNARCOTIC*		
<i>naproxen sodium oral tablet 275 mg</i>	Preferred	QL (4 tablets per 1 day)	*ANALGESIC COMBINATIONS*		
<i>naproxen sodium oral tablet 550 mg</i>	Preferred	QL (2 tablets per 1 day)	**		
<i>oxaprozin oral tablet</i>	Preferred	QL (2 tablets per 1 day)	<i>kls migraine headache relief oral tablet</i>	Preferred	OTC
<i>piroxicam oral capsule</i>	Preferred	QL (1 capsule per 1 day)			
<i>sulindac oral tablet</i>	Preferred	QL (2 tablets per 1 day)			
*PHOSPHODIEST ERASE 4 (PDE4) INHIBITORS***					
OTEZLA ORAL TABLET	Preferred	PA; SP; QL (2 tablets per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
*ANALGESICS OTHER***					
<i>8 hour arthritis pain oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)	<i>qc 8 hour pain relief oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)
<i>acetaminophen childrens oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)	<i>qc acetaminophen infants oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen childrens oral tablet chewable</i>	Preferred	OTC	<i>qc pain relief extra strength oral liquid</i>	Preferred	OTC
<i>acetaminophen er oral tablet extended release</i>	Preferred	OTC; QL (100 tablets per 90 days)	TRIAMINIC FEVER REDUCER ORAL SYRUP	Preferred	OTC
<i>acetaminophen infants oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)	TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE	Preferred	OTC
<i>acetaminophen oral liquid</i>	Preferred	OTC; QL (120 mL per 30 days)	TYLENOL CHILDRENS ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral solution 160 mg/5ml</i>	Preferred	OTC; QL (100 mL per 25 days)	TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml</i>	Preferred	OTC; QL (480 mL per 30 days)	TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	Preferred	OTC	TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION	Preferred	OTC; QL (480 mL per 30 days)
<i>acetaminophen oral tablet 500 mg</i>	Preferred	OTC; QL (100 tablets per 30 days)	*ANALGESICS- SEDATIVES***		
<i>acetaminophen oral tablet chewable 160 mg</i>	Preferred	OTC	<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Preferred	QL (6 tablets per 1 day)
<i>acetaminophen rectal suppository</i>	Preferred	OTC	<i>butalbital-apap-caffeine oral tablet</i>	Preferred	QL (6 tablets per 1 day)
FEVERALL INFANTS RECTAL SUPPOSITORY	Preferred	OTC	<i>butalbital-aspirin-caffeine oral capsule</i>	Preferred	QL (6 capsules per 1 day)
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY	Preferred	OTC	<i>qc menstrual pain relief oral tablet</i>	Preferred	OTC
MM ACETAMINOPHEN EX STR ORAL TABLET	Preferred	OTC; QL (100 tablets per 30 days)	TENCON ORAL TABLET	Preferred	QL (6 tablets per 1 day)
<i>pain & fever kids oral suspension</i>	Preferred	OTC; QL (480 mL per 30 days)			

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*SALICYLATES***		
aspirin 81 oral tablet delayed release	Preferred	EDS; OTC; QL (1 tablet per 1 day)
aspirin oral tablet	Preferred	EDS; OTC
aspirin oral tablet chewable	Preferred	EDS; OTC; QL (1 tablet per 1 day)
aspirin oral tablet delayed release 325 mg	Preferred	EDS; OTC; QL (100 tablets per 25 days)
aspirin oral tablet delayed release 81 mg	Preferred	EDS; OTC; QL (1 tablet per 1 day)
aspirin rectal suppository	Preferred	OTC
aspirin regimen oral tablet delayed release	Preferred	EDS; OTC; QL (1 tablet per 1 day)
cvs genuine aspirin oral tablet	Preferred	EDS; OTC
diflunisal oral tablet	Preferred	EDS
goodsense aspirin adults oral tablet	Preferred	EDS; OTC
MEDI-FIRST ASPIRIN ORAL TABLET	Preferred	EDS; OTC
MEDIQUE ASPIRIN ORAL TABLET	Preferred	EDS; OTC
mm aspirin oral tablet delayed release	Preferred	EDS; OTC; QL (1 tablet per 1 day)
ANALGESICS - OPIOID		
CODEINE COMBINATIONS		
**		
acetaminophen-codeine oral solution	Preferred	AL; QL (30 mL per 1 day)
acetaminophen-codeine oral tablet	Preferred	AL; QL (6 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
ASCOMP-CODEINE ORAL CAPSULE	Preferred	AL; QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	Preferred	AL; QL (6 capsules per 1 day)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Preferred	AL; QL (6 capsule per 1 day)
butalbital-asa-caff-codeine oral capsule	Preferred	AL; QL (6 capsules per 1 day)
HYDROCODONE COMBINATIONS		
**		
hydrocodone-acetaminophen oral solution	Preferred	QL (90 mL per 1 day)
hydrocodone-acetaminophen oral tablet	Preferred	QL (6 tablets per 1 day)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Preferred	QL (5 tablets per 1 day)
*OPIOID AGONISTS***		
**		
codeine sulfate oral tablet	Preferred	AL; QL (6 tablets per 1 day)
fentanyl citrate buccal lozenge on a handle	Preferred	PA; QL (4 lozenges per 1 day)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Preferred	PA; QL (15 patches per 30 days)
hydromorphone hcl oral liquid	Preferred	QL (24 mL per 1 day)
hydromorphone hcl oral tablet	Preferred	QL (6 tablets per 1 day)
meperidine hcl oral solution	Preferred	QL (30 mL per 1 day)
meperidine hcl oral tablet	Preferred	QL (6 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
METHADONE HCL INTENSOL ORAL CONCENTRATE	Preferred	PA; C; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Preferred	PA; C; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Preferred	PA; C; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Preferred	PA; C; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Preferred	PA; C; QL (1 tablet per 1 day)
METHADOSE ORAL TABLET SOLUBLE	Preferred	PA; C; QL (1 tablet per 1 day)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	Preferred	QL (6 mL per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Preferred	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Preferred	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution</i>	Preferred	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Preferred	QL (6 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	Preferred	QL (6 tablets per 1 day)
<i>oxycodone hcl oral concentrate</i>	Preferred	
<i>oxycodone hcl oral solution</i>	Preferred	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	Preferred	QL (12 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	QL (6 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	Preferred	AL; QL (8 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
*OPIOID COMBINATIONS**		
*OPIOID PARTIAL AGONISTS***		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Preferred	C; QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Preferred	C; QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	Preferred	C; QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	Preferred	C; QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	Preferred	C; QL (8 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	Preferred	C; QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Preferred	C; QL (16 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Preferred	C; QL (4 tablets per 1 day)
<i>butorphanol tartrate nasal solution</i>	Preferred	QL (2 bottles per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	Preferred	QL (6 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
TRAMADOL COMBINATIONS		
**		
tramadol-acetaminophen oral tablet	Preferred	AL; QL (8 tablets per 1 day)
ANDROGENS-ANABOLIC		
*ANDROGENS***		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	Preferred	PA
testosterone cypionate intramuscular solution	Preferred	PA
testosterone enanthate intramuscular solution	Preferred	PA
testosterone transdermal gel 12.5 mg/act (1%)	Preferred	PA; QL (2 bottles per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%)	Preferred	PA; QL (2 packets per 1 day)
testosterone transdermal gel 50 mg/5gm (1%)	Preferred	PA; QL (1 packet per 1 day)
ANORECTAL AND RELATED PRODUCTS		
*INTRARECTAL STEROIDS***		
hydrocortisone rectal enema	Preferred	
*RECTAL COMBINATIONS - MISC.***		
gnp hemorrhoidal rectal ointment	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
*RECTAL LOCAL ANESTHETICS***		
LUBRICAINE EXTERNAL GEL 5 %	Preferred	OTC
TOPICAINE 5 EXTERNAL GEL	Preferred	OTC
*RECTAL STEROIDS***		
hydrocortisone (perianal) external cream 2.5 %	Preferred	QL (180 gm per 30 days)
PROCTOSOL HC EXTERNAL CREAM	Preferred	QL (180 gm per 30 days)
ANTACIDS		
*ANTACID & SIMETHICONE***		
antacid & antigas oral suspension 200-200-20 mg/5ml	Preferred	OTC
goodsense advanced antacid oral suspension	Preferred	OTC
goodsense antacid & gas relief oral suspension 400-400-40 mg/5ml	Preferred	OTC
*ANTACIDS - ALUMINUM SALTS***		
aluminum hydroxide gel oral suspension	Preferred	OTC
*ANTACIDS - BICARBONATE***		
sodium bicarbonate oral tablet	Preferred	OTC
*ANTACIDS - CALCIUM SALTS***		
calcium carbonate antacid oral suspension	Preferred	OTC
calcium carbonate antacid oral tablet	Preferred	OTC; QL (4 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>calcium carbonate antacid oral tablet chewable</i>	Preferred	OTC; QL (5 tablets per 1 day)
*ANTACIDS - MAGNESIUM SALTS***		
<i>magnesium oxide (antacid) oral capsule</i>	Preferred	OTC
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Preferred	OTC
<i>magnesium oxide oral tablet 400 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
ANTHELMINTIC S		
*ANTHELMINTIC S***		
<i>ivermectin oral tablet</i>	Preferred	PA; QL (9 tablets per 1 fill)
<i>pin-away oral suspension</i>	Preferred	OTC
<i>pinworm medicine oral suspension</i>	Preferred	OTC
<i>praziquantel oral tablet</i>	Preferred	
<i>reeses pinworm medicine oral suspension</i>	Preferred	OTC
ANTIANGINAL AGENTS		
*NITRATES***		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Preferred	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Preferred	EDS
<i>isosorbide mononitrate oral tablet</i>	Preferred	EDS
NITRO-BID TRANSDERMAL OINTMENT	Preferred	
<i>nitroglycerin sublingual tablet sublingual</i>	Preferred	

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin transdermal patch 24 hour</i>	Preferred	EDS
ANTIANXIETY AGENTS		
*ANTIANXIETY AGENTS - MISC.***		
<i>buspirone hcl oral tablet</i>	Preferred	C
<i>hydroxyzine hcl oral syrup</i>	Preferred	C
<i>hydroxyzine hcl oral tablet</i>	Preferred	C
<i>hydroxyzine pamoate oral capsule</i>	Preferred	C
<i>meprobamate oral tablet</i>	Preferred	C
*BENZODIAZEPINES***		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	Preferred	C; QL (1 tablet per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	Preferred	C; QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	Preferred	C; QL (4 mL per 1 day)
<i>alprazolam oral tablet</i>	Preferred	C; QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	Preferred	C; QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	Preferred	C; QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	Preferred	C; QL (4 tablets per 1 day)
DIAZEPAM INTENSOL ORAL CONCENTRATE	Preferred	C; QL (8 mL per 1 day)
<i>diazepam oral concentrate</i>	Preferred	C; QL (8 mL per 1 day)
<i>diazepam oral solution</i>	Preferred	C

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral tablet</i>	Preferred	C; QL (4 tablets per 1 day)
<i>lorazepam oral tablet</i>	Preferred	C; QL (3 tablets per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG	Preferred	PA; C; QL (1 capsule per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG	Preferred	PA; C; QL (2 capsules per 1 day)
<i>oxazepam oral capsule</i>	Preferred	C; QL (4 capsules per 1 day)
ANTIARRHYTH MICS		
*ANTIARRHYTH MICS TYPE I-A***		
<i>disopyramide phosphate oral capsule</i>	Preferred	EDS
<i>quinidine gluconate er oral tablet extended release</i>	Preferred	EDS
<i>quinidine sulfate oral tablet</i>	Preferred	EDS
*ANTIARRHYTH MICS TYPE I-B***		
<i>mexiletine hcl oral capsule</i>	Preferred	EDS
*ANTIARRHYTH MICS TYPE I-C***		
<i>flecainide acetate oral tablet 100 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Preferred	
<i>propafenone hcl oral tablet</i>	Preferred	EDS
*ANTIARRHYTH MICS TYPE III***		
<i>amiodarone hcl oral tablet 200 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
<i>amiodarone hcl oral tablet 400 mg</i>	Preferred	EDS
PACERONE ORAL TABLET 200 MG	Preferred	EDS; QL (3 tablets per 1 day)
PACERONE ORAL TABLET 400 MG	Preferred	EDS
ANTIASTHMATI C AND BRONCHODILATOR AGENTS		
ADRENERGIC COMBINATIONS		
**		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL (1 inhaler per 30 days)
BREYNA INHALATION AEROSOL	Preferred	QL (3 inhalers per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Preferred	QL (3 inhalers per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL (2 inhalers per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act</i>	Preferred	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	Preferred	QL (1 inhaler per 30 days)	<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Preferred	QL (60 mL per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Preferred	QL (540 mL per 30 days)	<i>albuterol sulfate oral syrup</i>	Preferred	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL (1 inhaler per 30 days)	<i>albuterol sulfate oral tablet</i>	Preferred	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL (1 inhaler per 30 days)	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL (1 inhaler per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES***			<i>terbutaline sulfate oral tablet</i>	Preferred	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	Preferred	PA; SP	*BRONCHODILATORS - ANTICHOLINERG ICS***		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	PA; SP	ATROVENT HFA INHALATION AEROSOL SOLUTION	Preferred	QL (2 inhalers per 30 days)
*ANTI-INFLAMMATORY AGENTS***			<i>ipratropium bromide inhalation solution</i>	Preferred	QL (300 mL per 30 days)
<i>cromolyn sodium inhalation nebulization solution</i>	Preferred		SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	Preferred	QL (1 inhaler per 30 days)
*BETA ADRENERGICS***			*LEUKOTRIENE RECEPTOR ANTAGONISTS***		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Preferred	QL (2 inhalers per 30 days)	<i>montelukast sodium oral packet</i>	Preferred	EDS; QL (1 packet per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	Preferred	QL (360 mL per 30 days)	<i>montelukast sodium oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)
			<i>montelukast sodium oral tablet chewable</i>	Preferred	EDS; QL (1 tablet per 1 day)
			<i>zafirlukast oral tablet</i>	Preferred	EDS; QL (2 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
*STEROID INHALANTS***					
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	Preferred	QL (1 inhaler per 30 days)	*ANTICOAGULANT TS*		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Preferred	QL (120 mL per 30 days)	*COUMARIN ANTICOAGULANT TS***		
budesonide inhalation suspension 1 mg/2ml	Preferred	QL (60 mL per 30 days)	JANTOVEN ORAL TABLET	Preferred	EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act	Preferred	QL (1 inhaler per 30 days)	<i>warfarin sodium oral tablet</i>	Preferred	EDS
fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act	Preferred	QL (4 inhalers per 30 days)	*DIRECT FACTOR XA INHIBITORS***		
fluticasone propionate hfa inhalation aerosol	Preferred	QL (1 inhaler per 30 days)	ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	Preferred	QL (1 pack per 1 year)
*XANTHINES***					
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg	Preferred		ELIQUIS ORAL TABLET 2.5 MG	Preferred	QL (2 tablets per 1 day)
theophylline er oral tablet extended release 12 hour 300 mg	Preferred	QL (2 capsules per 1 day)	ELIQUIS ORAL TABLET 5 MG	Preferred	QL (74 tablets per 30 days)
theophylline er oral tablet extended release 12 hour 450 mg	Preferred	QL (1 tablet per 1 day)	*LOW MOLECULAR WEIGHT HEPARINS***		
theophylline er oral tablet extended release 24 hour	Preferred	QL (1 tablet per 1 day)	<i>enoxaparin sodium injection solution</i>	Preferred	QL (90 vials per 30 days)
theophylline oral elixir	Preferred	QL (112.5 mL per 1 day)	<i>enoxaparin sodium injection solution prefilled syringe</i>	Preferred	QL (2 syringes per 1 day)
theophylline oral solution	Preferred	QL (112.5 mL per 1 day)	*ANTICONVULSA NTS*		
*ANTICONVULSA NTS - BENZODIAZEPIN ES***					
<i>clobazam oral suspension</i>			<i>clobazam oral suspension</i>	Preferred	PA; QL (16 mL per 1 day)
<i>clobazam oral tablet</i>			<i>clobazam oral tablet</i>	Preferred	PA; QL (2 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet</i>	Preferred	C; QL (3 tablets per 1 day)	<i>carbamazepine oral tablet chewable</i>	Preferred	C; EDS; QL (10 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	Preferred	C; QL (3 tablets per 1 day)	CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	Preferred	PA; C; QL (2 capsules per 1 day)
<i>diazepam rectal gel</i>	Preferred	PA; QL (1 package per 1 fill)	CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	Preferred	PA; C; QL (5 capsules per 1 day)
KLONOPIN ORAL TABLET	Preferred	PA; C; QL (3 tablets per 1 day)	<i>gabapentin oral capsule 100 mg, 400 mg</i>	Preferred	C; EDS; QL (6 capsules per 1 day)
ONFI ORAL SUSPENSION	Preferred	PA; QL (16 mL per 1 day)	<i>gabapentin oral capsule 300 mg</i>	Preferred	C; EDS; QL (9 capsules per 1 day)
ONFI ORAL TABLET	Preferred	PA; AL; QL (2 tablets per 1 day)	<i>gabapentin oral solution</i>	Preferred	C; EDS; QL (72 mL per 1 day)
*ANTICONVULSA NTS - MISC.***			<i>gabapentin oral tablet 600 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)
BANZEL ORAL SUSPENSION	Preferred	PA; AL; QL (80 mL per 1 day)	<i>gabapentin oral tablet 800 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
BANZEL ORAL TABLET 200 MG	Preferred	PA; AL; QL (6 tablets per 1 day)	KEPPRA INTRAVENOUS SOLUTION	Preferred	PA; C
BANZEL ORAL TABLET 400 MG	Preferred	PA; AL; QL (8 tablets per 1 day)	KEPPRA ORAL SOLUTION	Preferred	PA; C; QL (30 mL per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)	KEPPRA ORAL TABLET 1000 MG	Preferred	PA; C; QL (3 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	Preferred	C; EDS; QL (5 capsules per 1 day)	KEPPRA ORAL TABLET 250 MG	Preferred	PA; C; QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)	KEPPRA ORAL TABLET 500 MG	Preferred	PA; C; QL (6 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	KEPPRA ORAL TABLET 750 MG	Preferred	PA; C; QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	Preferred	C; EDS; QL (50 mL per 1 day)			
<i>carbamazepine oral tablet</i>	Preferred	C; EDS; QL (8 tablets per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	Preferred	PA; AL; C; QL (6 tablets per 1 day)	LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG	Preferred	PA; AL; C; QL (49 tablets per 28 days)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	Preferred	PA; AL; C; QL (4 tablets per 1 day)	LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	Preferred	PA; AL; C; QL (98 tablets per 35 days)
<i>lacosamide intravenous solution</i>	Preferred	PA	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	Preferred	PA; AL; C; QL (4 tablets per 1 day)
<i>lacosamide oral solution</i>	Preferred	PA; QL (40 mL per 1 day)	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG	Preferred	PA; AL; C; QL (3 tablets per 1 day)
<i>lacosamide oral tablet</i>	Preferred	PA; QL (2 tablets per 1 day)	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG	Preferred	PA; AL; C; QL (2 tablets per 1 day)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	Preferred	PA; AL; C; QL (35 tablets per 35 days)	<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG	Preferred	PA; AL; C; QL (2 tablets per 1 day)	<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG	Preferred	PA; AL; C; QL (3 tablets per 1 day)	<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG	Preferred	PA; AL; C; QL (4 tablets per 1 day)	<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg</i>	Preferred	C; QL (28 tablets per 28 days)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG	Preferred	PA; AL; C; QL (3 tablets per 1 day)	<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	Preferred	C; QL (35 tablets per 35 days)
LAMICTAL ORAL TABLET 25 MG	Preferred	PA; AL; C; QL (6 tablets per 1 day)	<i>lamotrigine oral kit 42 x 50 mg & 14x100 mg</i>	Preferred	C; QL (56 units per 28 days)
LAMICTAL ORAL TABLET CHEWABLE 25 MG	Preferred	PA; AL; C; QL (3 tablets per 1 day)	<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE 5 MG	Preferred	PA; AL; C; QL (4 tablets per 1 day)	<i>lamotrigine oral tablet 25 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)
LAMICTAL STARTER ORAL KIT 35 X 25 MG	Preferred	PA; AL; C; QL (1 kit per 28 days)	<i>lamotrigine oral tablet chewable 25 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet chewable 5 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	<i>levetiracetam oral tablet 750 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)	MYSOLINE ORAL TABLET 250 MG	Preferred	PA; QL (8 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 25 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)	MYSOLINE ORAL TABLET 50 MG	Preferred	PA; QL (4 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 50 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	NEURONTIN ORAL CAPSULE 100 MG, 400 MG	Preferred	PA; C; QL (6 capsules per 1 day)
<i>lamotrigine starter kit-blue oral kit</i>	Preferred	C; QL (1 kit per 28 days)	NEURONTIN ORAL CAPSULE 300 MG	Preferred	PA; C; QL (9 capsules per 1 day)
<i>lamotrigine starter kit-green oral kit</i>	Preferred	C; QL (98 tablets per 35 days)	NEURONTIN ORAL SOLUTION	Preferred	PA; C; QL (72 mL per 1 day)
<i>lamotrigine starter kit-orange oral kit</i>	Preferred	C; QL (49 tablets per 28 days)	NEURONTIN ORAL TABLET 600 MG	Preferred	PA; C; QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)	NEURONTIN ORAL TABLET 800 MG	Preferred	PA; C; QL (4 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	<i>oxcarbazepine oral suspension</i>	Preferred	C; EDS; QL (40 mL per 1 day)
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	Preferred		<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)
<i>levetiracetam intravenous solution</i>	Preferred	C	<i>oxcarbazepine oral tablet 600 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
<i>levetiracetam oral solution</i>	Preferred	C; EDS; QL (30 mL per 1 day)	<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	EDS; QL (3 capsules per 1 day)
<i>levetiracetam oral tablet 1000 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)	<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	Preferred	EDS; QL (2 capsules per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)	<i>pregabalin oral solution</i>	Preferred	EDS; QL (30 mL per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)	<i>primidone oral tablet 125 mg</i>	Preferred	QL (3 tablets per 1 day)
			<i>primidone oral tablet 250 mg</i>	Preferred	EDS; QL (8 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>primidone oral tablet 50 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)	TEGRETOL ORAL TABLET	Preferred	PA; C; QL (8 tablets per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 50 MG	Preferred	PA; AL; C; QL (1 capsule per 1 day)	TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	Preferred	PA; C; QL (2 tablets per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG	Preferred	PA; AL; C; QL (2 capsules per 1 day)	TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG	Preferred	PA; C; QL (4 tablets per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG	Preferred	PA; AL; C; QL (3 capsules per 1 day)	TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG	Preferred	PA; AL; C; QL (3 tablets per 1 day)
ROWEEPRA ORAL TABLET	Preferred	C; EDS; QL (6 tablets per 1 day)	TOPAMAX ORAL TABLET 200 MG	Preferred	PA; AL; C; QL (2 tablets per 1 day)
<i>rufinamide oral suspension</i>	Preferred	PA; QL (80 mL per 1 day)	TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	Preferred	PA; AL; C; QL (2 capsules per 1 day)
<i>rufinamide oral tablet 200 mg</i>	Preferred	PA; QL (6 tablets per 1 day)	<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg</i>	Preferred	PA; C; QL (1 capsule per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Preferred	PA; QL (8 tablets per 1 day)	<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	Preferred	PA; C; QL (2 capsules per 1 day)
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG	Preferred	C; EDS; QL (3 tablets per 1 day)	<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	Preferred	PA; C; QL (3 capsules per 1 day)
SUBVENITE ORAL TABLET 25 MG	Preferred	C; EDS; QL (6 tablets per 1 day)	<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	Preferred	PA; C; QL (1 capsule per 1 day)
SUBVENITE STARTER KIT-BLUE ORAL KIT	Preferred	C; QL (1 kit per 28 days)	<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	Preferred	PA; C; QL (2 capsules per 1 day)
SUBVENITE STARTER KIT-GREEN ORAL KIT	Preferred	C; QL (98 tablets per 35 days)	<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	Preferred	PA; C; QL (3 capsules per 1 day)
SUBVENITE STARTER KIT-ORANGE ORAL KIT	Preferred	C; QL (49 tablets per 28 days)	<i>topiramate oral capsule sprinkle</i>	Preferred	C; EDS; QL (2 capsules per 1 day)
TEGRETOL ORAL SUSPENSION	Preferred	PA; C; QL (50 mL per 1 day)	<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)

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<i>topiramate oral tablet 200 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)	<i>felbamate oral tablet</i>	Preferred	EDS; QL (6 tablets per 1 day)
TRILEPTAL ORAL SUSPENSION	Preferred	PA; C; QL (40 mL per 1 day)	FELBATOL ORAL TABLET	Preferred	PA; QL (6 tablets per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG	Preferred	PA; C; QL (2 tablets per 1 day)	*GABA MODULATORS***		
TRILEPTAL ORAL TABLET 600 MG	Preferred	PA; C; QL (4 tablets per 1 day)	SABRIL ORAL PACKET	Preferred	PA; SP; AL; QL (6 packets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	Preferred	PA; C; QL (1 capsule per 1 day)	SABRIL ORAL TABLET	Preferred	PA; SP; AL; QL (6 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	Preferred	PA; C; QL (2 capsules per 1 day)	<i>tiagabine hcl oral tablet</i>	Preferred	C; EDS; QL (2 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG	Preferred	PA; C; QL (3 capsules per 1 day)	<i>vigabatrin oral packet</i>	Preferred	PA; SP; LD; AL; QL (6 packets per 1 day)
VIMPAT INTRAVENOUS SOLUTION	Preferred	PA	<i>vigabatrin oral tablet</i>	Preferred	PA; SP; LD; AL; QL (6 tablets per 1 day)
VIMPAT ORAL SOLUTION	Preferred	PA; QL (40 mL per 1 day)	VIGADRONE ORAL TABLET	Preferred	PA; SP; AL; QL (6 tablets per 1 day)
VIMPAT ORAL TABLET	Preferred	PA; QL (2 tablets per 1 day)	VIGPODER ORAL PACKET	Preferred	PA; SP; AL; QL (6 packets per 1 day)
ZONEGRAN ORAL CAPSULE	Preferred	PA; QL (6 capsules per 1 day)	*HYDANTOINS***		
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Preferred	EDS; QL (6 capsules per 1 day)	CEREBYX INJECTION SOLUTION	Preferred	PA
<i>zonisamide oral capsule 50 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)	DILANTIN INFATABS ORAL TABLET CHEWABLE	Preferred	PA
*CARBAMATES**			DILANTIN ORAL CAPSULE 100 MG	Preferred	PA
*			DILANTIN ORAL SUSPENSION	Preferred	PA
<i>felbamate oral suspension</i>	Preferred	EDS; QL (30 mL per 1 day)	<i>fosphenytoin sodium injection solution</i>	Preferred	

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PHENYTEK ORAL CAPSULE	Preferred	PA; EDS	DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG	Preferred	PA; C; QL (7 tablets per 1 day)
<i>phenytoin oral suspension</i>	Preferred	EDS	DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	Preferred	PA; C; QL (8 capsules per 1 day)
<i>phenytoin oral tablet chewable</i>	Preferred	EDS	<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)
<i>phenytoin sodium extended oral capsule</i>	Preferred	EDS	<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Preferred	C; EDS; QL (7 tablets per 1 day)
SUCCINIMIDES			<i>divalproex sodium oral capsule delayed release sprinkle</i>	Preferred	C; EDS; QL (8 capsules per 1 day)
**			<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)
CELONTIN ORAL CAPSULE	Preferred	PA; QL (4 capsules per 1 day)	<i>divalproex sodium oral tablet delayed release 500 mg</i>	Preferred	C; EDS; QL (7 tablets per 1 day)
<i>ethosuximide oral capsule</i>	Preferred	EDS; QL (6 tablets per 1 day)	<i>valproate sodium intravenous solution</i>	Preferred	C
<i>ethosuximide oral solution</i>	Preferred	EDS; QL (30 mL per 1 day)	<i>valproic acid oral capsule</i>	Preferred	C; EDS; QL (4 capsules per 1 day)
<i>methsuximide oral capsule</i>	Preferred	PA; QL (4 capsules per 1 day)	<i>valproic acid oral solution</i>	Preferred	C; EDS
ZARONTIN ORAL CAPSULE	Preferred	PA; QL (6 tablets per 1 day)	*ANTIDEPRESSA NTS*		
ZARONTIN ORAL SOLUTION	Preferred	PA; QL (30 mL per 1 day)	*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*		
*VALPROIC ACID***			**		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG	Preferred	PA; C; QL (2 tablets per 1 day)	<i>mirtazapine oral tablet</i>	Preferred	C; EDS
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	Preferred	PA; C; QL (7 tablets per 1 day)	<i>mirtazapine oral tablet dispersible</i>	Preferred	C; EDS
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG	Preferred	PA; C; QL (2 tablets per 1 day)			

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*ANTIDEPRESSA					
NT - MISCELLANEOUS COMBINATIONS**					
**					
AUVELITY ORAL TABLET EXTENDED RELEASE	Preferred	ST; QL (2 tablet per 1 day)	EMSAM TRANSDERMAL PATCH 24 HOUR	Preferred	ST; C; QL (1 patch per 1 day)
*ANTIDEPRESSA					
NTS - MISC.***					
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	ST; C; QL (1 tablet per 1 day)	MARPLAN ORAL TABLET	Preferred	ST; C; QL (6 tablets per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour	Preferred	C; EDS; QL (2 tablets per 1 day)	<i>phenelzine sulfate oral tablet</i>	Preferred	C; EDS; QL (6 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred	C; EDS; QL (1 tablet per 1 day)	<i>tranylcypromine sulfate oral tablet</i>	Preferred	C; EDS; QL (6 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Preferred	C; QL (1 tablet per 1 day)	*N-METHYL-D- ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS***		
bupropion hcl oral tablet 100 mg	Preferred	C; EDS; QL (4.5 tablets per 1 day)	SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	Preferred	ST; C; QL (8 units per 28 days)
bupropion hcl oral tablet 75 mg	Preferred	C; EDS; QL (3 tablets per 1 day)	SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	Preferred	ST; C; QL (4 kits per 28 days)
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID***					
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	Preferred	SP; QL (28 capsules per 1 fill)	*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)***		
ZURZUVAE ORAL CAPSULE 30 MG	Preferred	SP; QL (14 capsules per 1 fill)	<i>citalopram hydrobromide oral capsule</i>	Preferred	C
			<i>citalopram hydrobromide oral solution</i>	Preferred	C; EDS
			<i>citalopram hydrobromide oral tablet</i>	Preferred	C; EDS
			<i>escitalopram oxalate oral solution</i>	Preferred	C; EDS

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<i>escitalopram oxalate oral tablet</i>	Preferred	C; EDS	* SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)***		
<i>fluoxetine hcl oral capsule</i>	Preferred	C; EDS	<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Preferred	ST; C; QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Preferred	C; EDS	<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	Preferred	C; QL (1 tablet per 1 day)
<i>fluoxetine hcl oral solution</i>	Preferred	C; EDS	<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Preferred	C; QL (6 capsules per 1 day)
<i>fluoxetine hcl oral tablet</i>	Preferred	C	<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Preferred	C; QL (4 capsules per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Preferred	C	<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Preferred	C; QL (3 capsules per 1 day)
<i>fluvoxamine maleate oral tablet</i>	Preferred	C; EDS	<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Preferred	C; QL (2 capsules per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	Preferred	C; EDS	FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	ST; C; QL (1 capsule per 1 day)
<i>paroxetine hcl oral suspension</i>	Preferred	C	FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	Preferred	ST; C; QL (1 pack per 1 year)
<i>paroxetine hcl oral tablet</i>	Preferred	C; EDS	<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	Preferred	ST; C
<i>sertraline hcl oral capsule</i>	Preferred	ST; C	<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Preferred	C; EDS; QL (1 capsule per 1 day)
<i>sertraline hcl oral concentrate</i>	Preferred	C; EDS	<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	Preferred	C; EDS; QL (6 capsules per 1 day)
<i>sertraline hcl oral tablet</i>	Preferred	C; EDS	<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Preferred	C; EDS; QL (3 capsules per 1 day)
*SEROTONIN MODULATORS***					
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)			
<i>nefazodone hcl oral tablet 200 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)			
<i>trazodone hcl oral tablet 100 mg, 150 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)			
<i>trazodone hcl oral tablet 300 mg, 50 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)			
TRINTELLIX ORAL TABLET	Preferred	ST; C; QL (1 tablet per 1 day)			
<i>vilazodone hcl oral tablet</i>	Preferred	C; QL (1 tablet per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	Preferred	C; QL (1 tablet per 1 day)	<i>desipramine hcl oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	Preferred	C; QL (6 tablets per 1 day)	<i>desipramine hcl oral tablet 150 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	Preferred	C; QL (3 tablets per 1 day)	<i>doxepin hcl oral capsule 10 mg</i>	Preferred	C; EDS; QL (4 capsules per 1 day)
<i>venlafaxine hcl oral tablet</i>	Preferred	C; EDS; QL (3 tablets per 1 day)	<i>doxepin hcl oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	C; EDS; QL (3 capsules per 1 day)
*TRICYCLIC AGENTS***			<i>doxepin hcl oral capsule 150 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)
<i>amitriptyline hcl oral tablet 10 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	<i>doxepin hcl oral concentrate</i>	Preferred	C; QL (30 mL per 1 day)
<i>amitriptyline hcl oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)	<i>imipramine hcl oral tablet 10 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
<i>amitriptyline hcl oral tablet 150 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)	<i>imipramine hcl oral tablet 25 mg</i>	Preferred	C; EDS; QL (3 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	<i>imipramine hcl oral tablet 50 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	Preferred	C; EDS; QL (2 tablets per 1 day)	<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	Preferred	C; EDS; QL (1 tablet per 1 day)	<i>imipramine pamoate oral capsule 75 mg</i>	Preferred	C; EDS; QL (1 capsule per 1 day)
<i>clomipramine hcl oral capsule 25 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)	<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Preferred	C; EDS; QL (4 capsules per 1 day)
<i>clomipramine hcl oral capsule 50 mg</i>	Preferred	C; EDS; QL (5 capsules per 1 day)	<i>nortriptyline hcl oral capsule 50 mg</i>	Preferred	C; EDS; QL (3 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Preferred	C; EDS; QL (3 capsules per 1 day)	<i>nortriptyline hcl oral capsule 75 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	<i>nortriptyline hcl oral solution</i>	Preferred	C; QL (75 mL per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>protriptyline hcl oral tablet 10 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)
<i>protriptyline hcl oral tablet 5 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
<i>trimipramine maleate oral capsule 100 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	Preferred	C; EDS; QL (3 capsules per 1 day)
* ANTIDIABETICS*		
*ALPHA-GLUCOSIDASE INHIBITORS***		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
*ANTIDIABETIC - AMYLIN ANALOGS***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-Injector	Preferred	PA; QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-Injector	Preferred	PA; QL (2 boxes per 30 days)
*BIGUANIDES***		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Preferred	EDS; QL (5 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin hcl oral tablet 850 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
DIABETIC OTHER - COMBINATIONS		
**		
DEX4 GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC
DEX4 NATURALS ORAL TABLET CHEWABLE	Preferred	OTC
DEX4 ORAL TABLET CHEWABLE	Preferred	OTC
DEX4 POUCH PACK ORAL TABLET CHEWABLE	Preferred	OTC
<i>glucose instant energy oral tablet chewable</i>	Preferred	OTC
<i>glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>gnp glucose oral tablet chewable 4-6 gm-mg</i>	Preferred	OTC
<i>goodsense glucose oral tablet chewable</i>	Preferred	OTC
<i>leader glucose oral tablet chewable</i>	Preferred	OTC
<i>longs glucose oral tablet chewable</i>	Preferred	OTC
RELION GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC
<i>up & up glucose oral tablet chewable</i>	Preferred	OTC

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*DIABETIC OTHER***					
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE	Preferred	OTC	JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	Preferred	ST; QL (2 tablets per 1 day)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	Preferred	QL (2 injection per 30 days)	*HUMAN INSULIN***		
<i>glucagon emergency injection kit</i>	Preferred	QL (2 kits per 30 days)	ADMELOG INJECTION SOLUTION	Preferred	QL (1 ML per 1 day)
<i>glucose oral gel 40 %</i>	Preferred	OTC	ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL (1 ML per 1 day)
<i>glucose oral tablet chewable 4 gm</i>	Preferred	OTC	HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL (1 mL per 1 day)
<i>gnp glucose oral tablet chewable 4 gm</i>	Preferred	OTC	HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	Preferred	QL (1 mL per 1 day)
<i>gnp quick dissolve glucose oral tablet chewable</i>	Preferred	OTC	HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	Preferred	QL (1 mL per 1 day)
<i>leader quick dissolve glucose oral tablet chewable</i>	Preferred	OTC	HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL (1 mL per 1 day)
*Dipeptidyl Peptidase-4 (DPP-4) Inhibitors***					
JANUVIA ORAL TABLET	Preferred	ST; QL (1 tablet per 1 day)	HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL (1 mL per 1 day)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations					
JANUMET ORAL TABLET	Preferred	ST; QL (2 tablets per 1 day)	HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL (1 mL per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	Preferred	ST; QL (1 tablet per 1 day)	HUMULIN N SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL (1 mL per 1 day)
			HUMULIN R INJECTION SOLUTION	Preferred	OTC; QL (1 mL per 1 day)

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HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	Preferred	PA; QL (0.7 mL per 1 day)	NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL (1 mL per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	PA; QL (18 mL per 30 days)	NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector</i>	Preferred	QL (1 mL per 1 day)	NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin aspart prot & aspart subcutaneous suspension</i>	Preferred	QL (1 mL per 1 day)	NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	Preferred	QL (12 mL per 30 days)	NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Preferred	QL (13.5 mL per 30 days)	NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	Preferred	QL (1 mL per 1 day)
<i>insulin glargine-yfgn subcutaneous solution</i>	Preferred	QL (1 mL per 1 day)	NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	Preferred	QL (1 mL per 1 day)	NOVOLIN N SUBCUTANEOUS SUSPENSION	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Preferred	QL (1 ML per 1 day)	NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	Preferred	OTC; QL (30 mL per 30 days)
<i>insulin lispro injection solution</i>	Preferred	QL (1 ML per 1 day)	NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	Preferred	OTC; QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Preferred	QL (1 ML per 1 day)	NOVOLIN R INJECTION SOLUTION	Preferred	OTC; QL (1 mL per 1 day)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Preferred	QL (1 ML per 1 day)			
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	QL (1 mL per 1 day)			
LANTUS SUBCUTANEOUS SOLUTION	Preferred	QL (1 mL per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R RELION INJECTION SOLUTION	Preferred	OTC; QL (1 mL per 1 day)	*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS***		
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)***					
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	ST; QL (3 mL per 28 days)	dapagliflozin propanediol oral tablet	Preferred	ST; QL (1 tablet per 1 day)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	ST; QL (1 pen per 28 days)	JARDIANCE ORAL TABLET	Preferred	ST; QL (1 tablet per 1 day)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	Preferred	ST; QL (1 pen per 28 days)	*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB***		
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	Preferred	ST; QL (4 pens per 28 days)	dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg	Preferred	ST; QL (1 tablet per 1 day)
*MEGLITINIDE ANALOGUES***					
nateglinide oral tablet	Preferred	PA; QL (3 tablets per 1 day)	dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg	Preferred	ST; QL (2 tablets per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg	Preferred	PA; QL (4 tablets per 1 day)	SYNJARDY ORAL TABLET	Preferred	ST; QL (2 tablets per 1 day)
repaglinide oral tablet 2 mg	Preferred	PA; QL (8 tablets per 1 day)	SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	Preferred	ST; QL (2 tablets per 1 day)
SULFONYLUREA -BIGUANIDE COMBINATIONS					
**					
glipizide-metformin hcl oral tablet 2.5-250 mg			Preferred	ST; EDS; QL (8 tablets per 1 day)	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)	<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)	<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)	<i>glyburide micronized oral tablet 1.5 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Preferred	ST; EDS; QL (4 tablet per 1 day)	<i>glyburide micronized oral tablet 3 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)
*SULFONYLUREA			<i>glyburide micronized oral tablet 6 mg</i>	Preferred	ST; EDS; QL (2 tablets per 1 day)
S***			<i>glyburide oral tablet 1.25 mg</i>	Preferred	ST; EDS; QL (16 tablets per 1 day)
<i>glimepiride oral tablet 1 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)	<i>glyburide oral tablet 2.5 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)	<i>glyburide oral tablet 5 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	Preferred	ST; EDS; QL (2 tablets per 1 day)	*SULFONYLUREA		
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Preferred	ST; EDS; QL (2 tablets per 1 day)	- THIAZOLIDINEDI ONE COMBINATIONS*		
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)	**		
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)	<i>pioglitazone hcl-glimepiride oral tablet</i>	Preferred	ST; EDS; QL (1 tablet per 1 day)
<i>glipizide oral tablet 10 mg</i>	Preferred	ST; EDS; QL (4 tablets per 1 day)	*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*		
<i>glipizide oral tablet 2.5 mg</i>	Preferred	ST; QL (16 tablet per 1 day)	**		
<i>glipizide oral tablet 5 mg</i>	Preferred	ST; EDS; QL (8 tablets per 1 day)	<i>pioglitazone hcl-metformin hcl oral tablet</i>	Preferred	ST; EDS; QL (3 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Preferred	ST; EDS; QL (2 tablets per 1 day)	*THIAZOLIDINEDIONES***		
			<i>pioglitazone hcl oral tablet</i>	Preferred	ST; EDS; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
ANTIDIARRHEA L/PROBIOTIC AGENTS		
*ANTIDIARRHEA L/PROBIOTIC AGENTS - MISC.***		
<i>bismuth subsalicylate oral tablet chewable</i>	Preferred	OTC
<i>gnp stomach relief oral suspension</i>	Preferred	OTC; QL (80 mL per 30 days)
<i>pink bismuth maximum strength oral suspension</i>	Preferred	OTC
*ANTIPERISTALTIC AGENTS***		
<i>diphenoxylate-atropine oral liquid</i>	Preferred	
<i>diphenoxylate-atropine oral tablet</i>	Preferred	
<i>loperamide hcl oral capsule</i>	Preferred	QL (8 capsules per 1 day)
<i>loperamide hcl oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
*OPIOID ANTAGONISTS***		
<i>KLOXXADO NASAL LIQUID</i>	Preferred	QL (3 cartons per 3 months)
<i>naloxone hcl injection solution</i>	Preferred	QL (6 injections per 90 days)
<i>naloxone hcl injection solution cartridge</i>	Preferred	
<i>naloxone hcl injection solution prefilled syringe</i>	Preferred	QL (6 injections per 90 days)
<i>naloxone hcl nasal liquid</i>	Preferred	QL (6 bottles per 90 days)
<i>naltrexone hcl oral tablet</i>	Preferred	

Drug Name	Drug Tier	Requirements /Limits
OPVEE NASAL SOLUTION	Preferred	QL (6 nasal sprays (3 cartons) per 90 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	Preferred	QL (6 syringes per 3 months)
ANTIEMETICS		
*5-HT3 RECEPTOR ANTAGONISTS***		
<i>ondansetron hcl oral solution</i>	Preferred	QL (240 mL per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	Preferred	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Preferred	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Preferred	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Preferred	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Preferred	QL (24 tablets per 30 days)
ANTIEMETIC COMBINATIONS		
**		
<i>nausea relief oral solution</i>	Preferred	OTC
*ANTIEMETICS - ANTICHOLINERGIC***		
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Preferred	
<i>meclizine hcl oral tablet chewable</i>	Preferred	
<i>motion sickness relief oral tablet 25 mg</i>	Preferred	OTC
<i>trimethobenzamide hcl oral capsule</i>	Preferred	

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Drug Name	Drug Tier	Requirements /Limits
ANTIFUNGALS		
*ANTIFUNGALS**		
*		
<i>flucytosine oral capsule</i>	Preferred	PA
<i>griseofulvin microsize oral suspension</i>	Preferred	
<i>griseofulvin ultramicrosize oral tablet</i>	Preferred	
<i>nystatin oral tablet</i>	Preferred	
<i>terbinafine hcl oral tablet</i>	Preferred	QL (1 tablet per 1 day)
*IMIDAZOLES***		
<i>ketoconazole oral tablet</i>	Preferred	QL (2 tablets per 1 day)
*TRIAZOLES***		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Preferred	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Preferred	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	Preferred	
<i>fluconazole oral tablet 200 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>itraconazole oral capsule</i>	Preferred	PA; QL (126 capsules per 30 days)
<i>voriconazole oral suspension reconstituted</i>	Preferred	PA; QL (10 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	Preferred	PA; QL (2 tablet per 1 day)
<i>voriconazole oral tablet 50 mg</i>	Preferred	PA; QL (6 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
ANTIHISTAMINE S		
*ANTIHISTAMINE S - ALKYLAMINES***		
<i>chlorpheniramine maleate er oral tablet extended release</i>	Preferred	OTC
<i>chlorpheniramine maleate oral tablet</i>	Preferred	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP	Preferred	OTC
*ANTIHISTAMINE S - ETHANOLAMINE S***		
<i>allergy relief childrens oral tablet dispersible</i>	Preferred	C; OTC
<i>allergy relief oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)
<i>carbinoxamine maleate oral solution</i>	Preferred	
<i>carbinoxamine maleate oral tablet 4 mg</i>	Preferred	PA
<i>diphenhydramine hcl childrens oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)
<i>diphenhydramine hcl oral capsule 25 mg</i>	Preferred	C; QL (120 capsules per 30 days)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Preferred	C
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Preferred	C; OTC; QL (60 mL per 1 day)
<i>diphenhydramine hcl oral tablet</i>	Preferred	C; OTC; QL (4 tablets per 1 day)
<i>diphenhydramine hcl oral tablet chewable</i>	Preferred	C; OTC
<i>gnp allergy relief max st oral liquid</i>	Preferred	C; OTC; QL (60 mL per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits		
MM ALLER-BEN ORAL TABLET	Preferred	C; OTC; QL (4 tablets per 1 day)	<i>qc allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)		
*ANTIHISTAMINE S - NON-SEDATING***							
ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE	Preferred	OTC; QL (2 tablets per 1 day)	XYZAL ALLERGY 24HR ORAL TABLET	Preferred	OTC; QL (1 tablet per 1 day)		
<i>allergy relief (loratadine) oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)	ZYRTEC ORAL TABLET CHEWABLE	Preferred	OTC; QL (1 tablet per 1 day)		
<i>allergy relief oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)	*ANTIHISTAMINE S - PHENOTHIAZINE S***				
<i>cetirizine hcl allergy child oral solution</i>	Preferred	QL (10 mL per 1 day)	<i>promethazine hcl oral solution</i>	Preferred	QL (40 mL per 1 day)		
<i>cetirizine hcl oral solution 1 mg/ml</i>	Preferred	QL (10 mL per 1 day)	<i>promethazine hcl oral syrup</i>	Preferred	QL (40 mL per 1 day)		
<i>cetirizine hcl oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)	<i>promethazine hcl oral tablet 12.5 mg</i>	Preferred	AL; QL (4 tablets per 1 day)		
<i>cetirizine hcl oral tablet chewable</i>	Preferred	OTC; QL (1 tablet per 1 day)	<i>promethazine hcl oral tablet 25 mg</i>	Preferred	AL; QL (120 tablets per 30 days)		
<i>fexofenadine hcl oral tablet 180 mg</i>	Preferred	OTC; QL (1 tablet per 1 day)	<i>promethazine hcl oral tablet 50 mg</i>	Preferred	AL; QL (1 tablet per 1 day)		
<i>fexofenadine hcl oral tablet 60 mg</i>	Preferred	OTC; QL (2 tablets per 1 day)	<i>promethazine hcl rectal suppository</i>	Preferred	AL; QL (6 suppositories per 1 day)		
<i>levocetirizine dihydrochloride oral tablet</i>	Preferred	PA; QL (1 tablet per 1 day)	PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	Preferred	AL; QL (6 suppositories per 1 day)		
<i>loratadine oral capsule</i>	Preferred	OTC; QL (1 capsule per 1 day)	PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Preferred	AL; QL (1 suppository per 1 day)		
<i>loratadine oral solution</i>	Preferred	PA; AL; OTC; QL (10 mL per 1 day)	*ANTIHISTAMINE S - PIPERIDINES***				
<i>loratadine oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)	<i>cyproheptadine hcl oral syrup</i>	Preferred			
<i>loratadine oral tablet dispersible</i>	Preferred	OTC; QL (1 tablet per 1 day)	<i>cyproheptadine hcl oral tablet</i>	Preferred			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ANTIHYPERLIPI DEMICS					
*BILE ACID SEQUESTRANTS**					
<i>cholestyramine light oral packet</i>	Preferred	QL (6 packets per 1 day)	<i>atorvastatin calcium oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>cholestyramine light oral powder</i>	Preferred	EDS; QL (24 grams per 1 day)	<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>cholestyramine oral packet</i>	Preferred	QL (6 packets per 1 day)	<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>cholestyramine oral powder</i>	Preferred	EDS; QL (24 grams per 1 day)	<i>pravastatin sodium oral tablet 40 mg</i>	Preferred	PA; EDS; QL (1 tablet per 1 day)
<i>colestipol hcl oral granules</i>	Preferred	QL (30 grams per 1 day)	<i>rosuvastatin calcium oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>colestipol hcl oral packet</i>	Preferred	QL (6 packets per 1 day)	<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>colestipol hcl oral tablet</i>	Preferred	QL (16 tablets per 1 day)	<i>simvastatin oral tablet 80 mg</i>	Preferred	PA; EDS; QL (1 tablet per 1 day)
PREVALITE ORAL PACKET	Preferred	QL (6 packets per 1 day)	*PCSK9 INHIBITORS***		
PREVALITE ORAL POWDER	Preferred	EDS; QL (24 grams per 1 day)	REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred	PA; QL (1 injector per 30 days)
*FIBRIC ACID DERIVATIVES***					
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)	REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (2 syringes per 28 days)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)	REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; QL (2 syringes per 28 days)
<i>fenofibrate oral tablet 160 mg, 48 mg, 54 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)			
<i>fenofibric acid oral capsule delayed release 45 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)			
<i>gemfibrozil oral tablet</i>	Preferred	EDS; QL (2 tablets per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits
ANTIHYPERTEN SIVES		
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS		
amlodipine besy- benazepril hcl oral capsule	Preferred	EDS; QL (1 capsule per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZI DE-LIKE***		
benazepril- hydrochlorothiazide oral tablet	Preferred	EDS; QL (1 tablet per 1 day)
captopril- hydrochlorothiazide oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
enalapril- hydrochlorothiazide oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
fosinopril sodium-hctz oral tablet 10-12.5 mg	Preferred	EDS; QL (2 tablets per 1 day)
fosinopril sodium-hctz oral tablet 20-12.5 mg	Preferred	EDS; QL (4 tablets per 1 day)
lisinopril- hydrochlorothiazide oral tablet 10-12.5 mg	Preferred	EDS; QL (1 tablet per 1 day)
lisinopril- hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	Preferred	EDS; QL (4 tablets per 1 day)
quinapril- hydrochlorothiazide oral tablet 10-12.5 mg, 20- 12.5 mg, 20-25 mg	Preferred	EDS; QL (2 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
*ACE INHIBITORS***		
benazepril hcl oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
captopril oral tablet	Preferred	EDS; QL (3 tablets per 1 day)
enalapril maleate oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
fosinopril sodium oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Preferred	EDS; QL (1 tablet per 1 day)
lisinopril oral tablet 30 mg, 40 mg	Preferred	EDS; QL (2 tablets per 1 day)
moexipril hcl oral tablet 15 mg	Preferred	EDS; QL (4 tablets per 1 day)
moexipril hcl oral tablet 7.5 mg	Preferred	EDS; QL (2 tablets per 1 day)
perindopril erbumine oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
quinapril hcl oral tablet	Preferred	EDS; QL (2 tablets per 1 day)
ramipril oral capsule	Preferred	EDS; QL (2 capsules per 1 day)
trandolapril oral tablet	Preferred	EDS; QL (2 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE***					
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)	<i>valsartan oral tablet 40 mg, 80 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)	*ANTIADRENERGICS - CENTRALLY ACTING***		
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)	<i>clonidine hcl oral tablet</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>guanfacine hcl oral tablet</i>	Preferred	C; EDS
<i>losartan potassium-hctz oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>methyldopa oral tablet 250 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>methyldopa oral tablet 500 mg</i>	Preferred	EDS; QL (6 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS***					
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)	*ANTIADRENERGICS - PERIPHERALLY ACTING***		
<i>candesartan cilexetil oral tablet 32 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>irbesartan oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>doxazosin mesylate oral tablet 8 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>losartan potassium oral tablet 100 mg, 50 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>prazosin hcl oral capsule</i>	Preferred	EDS
<i>losartan potassium oral tablet 25 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)	<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)
<i>valsartan oral tablet 160 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)	<i>terazosin hcl oral capsule 10 mg</i>	Preferred	EDS; QL (2 capsules per 1 day)
<i>valsartan oral tablet 320 mg</i>	Preferred	EDS; QL (1 tablets per 1 day)	*BETA BLOCKER & DIURETIC COMBINATIONS**		
			<i>atenolol-chlorthalidone oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)
			<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Preferred	EDS; QL (2 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
*VASODILATORS		

<i>hydralazine hcl oral tablet</i>	Preferred	EDS
<i>minoxidil oral tablet</i>	Preferred	EDS
ANTI-INFECTIVE AGENTS - MISC.		
*ANTI-INFECTIVE AGENTS - MISC.***		
<i>metronidazole oral capsule</i>	Preferred	
<i>metronidazole oral tablet</i>	Preferred	
<i>tinidazole oral tablet</i>	Preferred	QL (20 tablets per 30 days)
<i>trimethoprim oral tablet</i>	Preferred	
ANTI-INFECTIVE MISC. - COMBINATIONS		
**		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Preferred	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Preferred	
SULFATRIM PEDIATRIC ORAL SUSPENSION	Preferred	
*GLYCOPEPTIDE S***		
<i>vancomycin hcl oral capsule</i>	Preferred	PA; QL (240 capsules per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LEPROSTATIC		
**		
<i>dapsone oral tablet</i>	Preferred	
LINCOSAMIDES		
**		
<i>clindamycin hcl oral capsule</i>	Preferred	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Preferred	
*OXAZOLIDINON ES***		
<i>linezolid oral suspension reconstituted</i>	Preferred	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Preferred	PA; QL (28 tablets per 30 days)
*URINARY ANTI-INFECTIVES***		
<i>methenamine hippurate oral tablet</i>	Preferred	
<i>nitrofurantoin macrocrystal oral capsule</i>	Preferred	
<i>nitrofurantoin monohyd macro oral capsule</i>	Preferred	
ANTIMALARIAL S		
ANTIMALARIAL COMBINATIONS		
**		
<i>atovaquone-proguanil hcl oral tablet</i>	Preferred	
*ANTIMALARIAL S***		
<i>chloroquine phosphate oral tablet</i>	Preferred	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Preferred	QL (3 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	Preferred	QL (1 tablet per 1 day)
<i>mefloquine hcl oral tablet</i>	Preferred	QL (5 tablets per 30 days)
<i>primaquine phosphate oral tablet</i>	Preferred	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS***		
<i>pyridostigmine bromide er oral tablet extended release</i>	Preferred	
<i>pyridostigmine bromide oral solution</i>	Preferred	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Preferred	
ANTIMYCOBACTERIAL AGENTS		
*ANTIMYCOBACTERIAL AGENTS***		
<i>ethambutol hcl oral tablet</i>	Preferred	
<i>isoniazid oral syrup</i>	Preferred	PA
<i>isoniazid oral tablet</i>	Preferred	
PRIFTIN ORAL TABLET	Preferred	
<i>pyrazinamide oral tablet</i>	Preferred	
<i>rifabutin oral capsule</i>	Preferred	
<i>rifampin oral capsule</i>	Preferred	
ANTINEOPLASTIC AND ADJUNCTIVE THERAPIES		
*ALKYLATING AGENTS***		
MYLERAN ORAL TABLET	Preferred	

Drug Name	Drug Tier	Requirements /Limits
*ANTIANDROGENS***		
*ANTIESTROGENS***		
<i>bicalutamide oral tablet</i>	Preferred	QL (1 tablet per 1 day)
*ANTIMETABOLITES***		
<i>mercaptopurine oral tablet</i>	Preferred	
<i>methotrexate sodium oral tablet</i>	Preferred	
TABLOID ORAL TABLET	Preferred	
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS***		
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Preferred	PA; SP; QL (2 tablets per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS***		
<i>gefitinib oral tablet</i>	Preferred	PA; SP; QL (1 tablet per 1 day)
*ANTINEOPLASTIC CS MISC.***		
<i>hydroxyurea oral capsule</i>	Preferred	
*AROMATASE INHIBITORS***		
<i>anastrozole oral tablet</i>	Preferred	QL (1 tablet per 1 day)
<i>exemestane oral tablet</i>	Preferred	QL (2 tablets per 1 day)
<i>letrozole oral tablet</i>	Preferred	QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
*ESTROGENS-ANTINEOPLASTIC***		
EMCYT ORAL CAPSULE	Preferred	PA
*FOLIC ACID ANTAGONISTS RESCUE AGENTS***		
leucovorin calcium oral tablet	Preferred	
*MITOTIC INHIBITORS***		
etoposide oral capsule	Preferred	SP
*NITROGEN MUSTARDS AND RELATED ANALOGUES***		
cyclophosphamide oral capsule	Preferred	SP
LEUKERAN ORAL TABLET	Preferred	
melphalan oral tablet	Preferred	SP
*PROGESTINS-ANTINEOPLASTIC***		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Preferred	PA
megestrol acetate oral tablet	Preferred	PA
*RETINOIDS***		
tretinoin oral capsule	Preferred	
*URINARY TRACT PROTECTIVE AGENTS***		
MESNEX ORAL TABLET	Preferred	PA

Drug Name	Drug Tier	Requirements /Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
*ANTIPARKINSON ANTICHOLINERGICS***		
benztropine mesylate oral tablet	Preferred	
trihexyphenidyl hcl oral solution	Preferred	
trihexyphenidyl hcl oral tablet	Preferred	
*ANTIPARKINSON DOPAMINERGICS ***		
amantadine hcl oral capsule	Preferred	QL (4 capsules per 1 day)
amantadine hcl oral solution	Preferred	QL (40 mL per 1 day)
amantadine hcl oral tablet	Preferred	QL (4 tablets per 1 day)
bromocriptine mesylate oral capsule	Preferred	
bromocriptine mesylate oral tablet	Preferred	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***		
selegiline hcl oral capsule	Preferred	
selegiline hcl oral tablet	Preferred	
LEVODOPA COMBINATIONS **		
carbidopa-levodopa er oral tablet extended release	Preferred	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa oral tablet</i>	Preferred		LITHOBID ORAL TABLET EXTENDED RELEASE	Preferred	C; QL (6 tablets per 1 day)
<i>carbidopa-levodopa oral tablet dispersible</i>	Preferred		*ANTIPSYCHOTIC CS - MISC.***		
<i>carbidopa-levodopa-entacapone oral tablet</i>	Preferred		CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	Preferred	AL; C; QL (1 capsule per 1 day)
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS***					
<i>pramipexole dihydrochloride oral tablet</i>	Preferred	QL (3 tablets per 1 day)	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	Preferred	C; QL (2 capsules per 1 day)
<i>ropinirole hcl oral tablet</i>	Preferred		EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	Preferred	C; QL (8 capsules per 1 day)
*PERIPHERAL COMT INHIBITORS***					
<i>entacapone oral tablet</i>	Preferred	QL (8 tablets per 1 day)	EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	Preferred	C; QL (5 capsules per 1 day)
ANTIPSYCHOTIC CS/ANTIMANIC AGENTS					
*ANTIMANIC AGENTS***					
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Preferred	C; EDS; QL (6 tablets per 1 day)	GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	Preferred	AL; C; QL (6 vials per 28 days)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	GEODON ORAL CAPSULE 20 MG, 40 MG	Preferred	AL; C; QL (2 capsules per 1 day)
<i>lithium carbonate oral capsule 150 mg, 600 mg</i>	Preferred	C; EDS; QL (3 capsules per 1 day)	GEODON ORAL CAPSULE 60 MG, 80 MG	Preferred	AL; C; QL (60 capsules per 30 days)
<i>lithium carbonate oral capsule 300 mg</i>	Preferred	C; EDS; QL (4 capsules per 1 day)	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	Preferred	AL; C; QL (1 tablet per 1 day)
<i>lithium carbonate oral tablet</i>	Preferred	C; EDS; QL (4 tablets per 1 day)	LATUDA ORAL TABLET 80 MG	Preferred	AL; C; QL (2 tablets per 1 day)
<i>lithium oral solution</i>	Preferred	C	<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	Preferred	AL; C; QL (1 tablet per 1 day)
			<i>lurasidone hcl oral tablet 80 mg</i>	Preferred	AL; C; QL (2 tablets per 1 day)
			NUPLAZID ORAL CAPSULE	Preferred	SP; C; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NUPLAZID ORAL TABLET	Preferred	SP; C; QL (1 tablet per 1 day)	INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML, 39 MG/0.25ML	Preferred	AL; C; QL (1 syringe per 30 days)
VRAYLAR ORAL CAPSULE	Preferred	AL; C; QL (1 capsule per 1 day)	INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; C; QL (1 injection per 90 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	Preferred	AL; C; QL (1 pack per 1 year)	paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	Preferred	AL; C; QL (1 tablet per 1 day)
ziprasidone hcl oral capsule 20 mg, 40 mg	Preferred	AL; C; EDS; QL (2 capsules per 1 day)	paliperidone er oral tablet extended release 24 hour 6 mg	Preferred	AL; C; QL (2 tablets per 1 day)
ziprasidone hcl oral capsule 60 mg, 80 mg	Preferred	AL; C; EDS; QL (60 capsules per 30 days)	PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	Preferred	AL; C; QL (1 kit per 30 days)
ziprasidone mesylate intramuscular solution reconstituted	Preferred	AL; C; QL (6 vials per 28 days)	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	AL; C; QL (2 syringes per 28 days)
*BENZISOXAZOL ES***			RISPERDAL ORAL SOLUTION	Preferred	AL; C; QL (8 mL per 1 day)
FANAPT ORAL TABLET	Preferred	AL; C; QL (2 tablets per 1 day)	RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG	Preferred	AL; C; QL (2 tablets per 1 day)
FANAPT TITRATION PACK ORAL TABLET	Preferred	AL; C; QL (1 pack per 1 year)	RISPERDAL ORAL TABLET 3 MG, 4 MG	Preferred	AL; C; QL (4 tablets per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; C; QL (1 kit per 6 monthss)	risperidone microspheres er intramuscular suspension reconstituted er	Preferred	AL; C; QL (2 syringes per 28 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	Preferred	AL; C; QL (1 tablet per 1 day)	risperidone oral solution	Preferred	AL; C; QL (8 mL per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	Preferred	AL; C; QL (2 tablets per 1 day)	risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Preferred	AL; C; EDS; QL (2 tablets per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 234 MG/1.5ML, 78 MG/0.5ML	Preferred	AL; C; QL (1 injection per 28 days)	risperidone oral tablet 3 mg, 4 mg	Preferred	AL; C; EDS; QL (4 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Preferred	AL; C; QL (2 tablets per 1 day)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	Preferred	AL; C; QL (4 tablets per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	C; QL (2 injections per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 50 MG/0.14ML, 75 MG/0.21ML	Preferred	AL; C; QL (1 injection per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML, 250 MG/0.7ML	Preferred	AL; C; QL (1 injection per 60 days)
*BUTYROPHENO NES***		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	Preferred	AL; C; QL (5 mL per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	Preferred	AL; C; QL (5 mL per 30 days)
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	Preferred	AL; C; QL (5 ampules per 30 days)
<i>haloperidol lactate injection solution</i>	Preferred	AL; C
<i>haloperidol lactate oral concentrate</i>	Preferred	AL; C; QL (30 mL per 1 day)
<i>haloperidol oral tablet</i>	Preferred	AL; C; EDS; QL (3 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
*DIBENZODIAZEPINES***		
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	Preferred	C; QL (3 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>	Preferred	C; QL (4 tablets per 1 day)
<i>clozapine oral tablet dispersible 100 mg</i>	Preferred	C; QL (9 tablets per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	Preferred	C; QL (3 tablets per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	Preferred	C; QL (6 tablets per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	Preferred	C; QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG	Preferred	C; QL (3 tablets per 1 day)
CLOZARIL ORAL TABLET 200 MG	Preferred	C; QL (4 tablets per 1 day)
VERSACLOZ ORAL SUSPENSION	Preferred	C; QL (18 mL per 1 day)
*DIBENZO-OXEPINO PYRROLES***		
<i>asenapine maleate sublingual tablet sublingual</i>	Preferred	AL; C; QL (2 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	Preferred	AL; C; QL (2 tablets per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR	Preferred	AL; C; QL (1 patch per 1 day)
*DIBENZOTHIAZEPINES***		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	Preferred	AL; C; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	Preferred	AL; C; QL (2 tablets per 1 day)	<i>molindone hcl oral tablet 25 mg, 5 mg</i>	Preferred	AL; C; QL (4 tablets per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Preferred	AL; C; EDS; QL (3 tablets per 1 day)	*PHENOTHIAZIN ES***		
<i>quetiapine fumarate oral tablet 150 mg</i>	Preferred	AL; C; QL (5 tablets per 1 day)	<i>chlorpromazine hcl injection solution</i>	Preferred	AL; C
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	Preferred	AL; C; EDS; QL (2 tablets per 1 day)	<i>chlorpromazine hcl oral concentrate</i>	Preferred	AL; C
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Preferred	AL; C; QL (3 tablets per 1 day)	<i>chlorpromazine hcl oral tablet</i>	Preferred	AL; C; EDS; QL (4 tablets per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	Preferred	AL; C; QL (2 tablets per 1 day)	<i>fluphenazine decanoate injection solution</i>	Preferred	C
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	Preferred	AL; C; QL (1 tablet per 1 day)	<i>fluphenazine hcl injection solution</i>	Preferred	C
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG	Preferred	AL; C; QL (2 tablets per 1 day)	<i>fluphenazine hcl oral concentrate</i>	Preferred	AL; C; QL (8 mL per 1 day)
*DIBENZOAZEPINES***			<i>fluphenazine hcl oral elixir</i>	Preferred	AL; C; QL (80 mL per 1 day)
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	AL; C	<i>fluphenazine hcl oral tablet</i>	Preferred	AL; C; EDS; QL (4 tablets per 1 day)
<i>loxapine succinate oral capsule</i>	Preferred	AL; C; EDS; QL (4 capsules per 1 day)	<i>perphenazine oral tablet 16 mg</i>	Preferred	AL; C; EDS; QL (1 tablet per 1 day)
*DIHYDROINDOLONES***			<i>perphenazine oral tablet 2 mg, 4 mg</i>	Preferred	AL; C; EDS; QL (4 tablets per 1 day)
<i>molindone hcl oral tablet 10 mg</i>	Preferred	AL; C; QL (5 tablets per 1 day)	<i>perphenazine oral tablet 8 mg</i>	Preferred	AL; C; EDS; QL (3 tablets per 1 day)
			<i>prochlorperazine edisylate injection solution</i>	Preferred	AL; C
			<i>prochlorperazine maleate oral tablet</i>	Preferred	AL; C
			<i>prochlorperazine rectal suppository</i>	Preferred	C
			<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Preferred	AL; C; EDS; QL (4 tablets per 1 day)

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<i>thioridazine hcl oral tablet 100 mg</i>	Preferred	AL; C; EDS; QL (8 tablets per 1 day)	ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	Preferred	AL; C; QL (1 syringe per 1 fill)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	Preferred	AL; C; EDS; QL (2 tablets per 1 day)	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	Preferred	AL; C; QL (1 kit per 60 days)
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	Preferred	AL; C; EDS; QL (4 tablets per 1 day)	ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	Preferred	AL; C; QL (1 kit per 30 days)
*QUINOLINONE DERIVATIVES***					
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	Preferred	AL; C; QL (1 injection per 8 weekss)	REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	Preferred	AL; C; QL (2 tablets per 1 day)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG	Preferred	AL; C; QL (1 injection per 1 month)	REXULTI ORAL TABLET 3 MG, 4 MG	Preferred	AL; C; QL (1 tablet per 1 day)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	Preferred	AL; C; QL (1 injection per 30 days)	*THIENBENZODIAZEPINES***		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	Preferred	AL; C; QL (1 vial per 30 days)	<i>olanzapine intramuscular solution reconstituted</i>	Preferred	AL; C; QL (3 injections per 1 time fill)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	Preferred	AL; C; QL (1 tablet per 1 day)	<i>olanzapine oral tablet</i>	Preferred	AL; C; EDS; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	Preferred	AL; C; QL (2 kits per 1 year)	<i>olanzapine oral tablet dispersible</i>	Preferred	AL; C; QL (1 tablet per 1 day)
ABILIFY ORAL TABLET	Preferred	AL; C; QL (1 tablet per 1 day)	ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	Preferred	AL; C; QL (3 injections per 1 time fill)
<i>ariPIPRAZOLE oral solution</i>	Preferred	AL; C; QL (30 mL per 1 day)	ZYPREXA ORAL TABLET	Preferred	AL; C; QL (1 tablet per 1 day)
<i>ariPIPRAZOLE oral tablet</i>	Preferred	AL; C; EDS; QL (1 tablet per 1 day)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	Preferred	AL; C; QL (2 IM Injections per 28 days)
<i>ariPIPRAZOLE oral tablet dispersible</i>	Preferred	AL; C; QL (1 tablet per 1 day)	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	Preferred	AL; C; QL (1 IM Injection per 28 days)

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ZYPREXA ZYDIS ORAL TABLET DISPERISIBLE	Preferred	AL; C; QL (1 tablet per 1 day)	CIMDUO ORAL TABLET	Preferred	QL (1 tablet per 1 day)
*THIOXANTHENE S***			COMPLERA ORAL TABLET	Preferred	QL (1 tablet per 1 day)
thiothixene oral capsule 1 mg, 2 mg, 5 mg	Preferred	AL; C; EDS; QL (3 capsules per 1 day)	DESCOVY ORAL TABLET	Preferred	QL (1 tablet per 1 day)
thiothixene oral capsule 10 mg	Preferred	AL; C; EDS; QL (6 capsules per 1 day)	emtricitabine-tenofovir df oral tablet	Preferred	QL (1 tablet per 1 day)
ANTISEPTICS & DISINFECTANTS			EVOTAZ ORAL TABLET	Preferred	QL (1 tablet per 1 day)
ANTISEPTICS & DISINFECTANTS			GENVOYA ORAL TABLET	Preferred	QL (1 tablet per 1 day)
**			JULUCA ORAL TABLET	Preferred	QL (1 tablet per 1 day)
hydrogen peroxide external solution	Preferred	OTC	lamivudine-zidovudine oral tablet	Preferred	QL (2 tablets per 1 day)
*CHLORINE ANTISEPTICS***			lopinavir-ritonavir oral solution	Preferred	QL (16 mL per 1 day)
chlorhexidine gluconate external solution 4 %	Preferred	OTC; QL (480 mL per 30 days)	ODEFSEY ORAL TABLET	Preferred	QL (1 tablet per 1 day)
ANTIVIRALS			PREZCOBIX ORAL TABLET	Preferred	QL (1 tablet per 1 day)
ANTIRETROVIR AL COMBINATIONS			STRIBILD ORAL TABLET	Preferred	QL (1 tablet per 1 day)
**			TRIUMEQ ORAL TABLET	Preferred	QL (1 tablet per 1 day)
abacavir sulfate-lamivudine oral tablet	Preferred	QL (1 tablet per 1 day)	*ANTIRETROVIR ALS - CAPSID INHIBITORS***		
BIKTARVY ORAL TABLET	Preferred	QL (1 tablet per 1 day)	SUNLENCA ORAL TABLET THERAPY PACK	Preferred	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	Preferred	QL (1 kit per 1 month)	SUNLENCA SUBCUTANEOUS SOLUTION	Preferred	QL (1 kit per 24 weekss)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	Preferred		*ANTIRETROVIR ALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)***		
			maraviroc oral tablet	Preferred	QL (4 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	Preferred	QL (62 mL per 1 day)	<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Preferred	QL (2 capsules per 1 day)
*ANTIRETROVIR ALS - FUSION INHIBITORS***			<i>atazanavir sulfate oral capsule 300 mg</i>	Preferred	QL (1 capsule per 1 day)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	Preferred	QL (2 vials per 1 day)	<i>darunavir oral tablet 600 mg</i>	Preferred	QL (2 tablets per 1 day)
*ANTIRETROVIR ALS - GP120-DIRECTED ATTACHMENT INHIBITOR***			<i>darunavir oral tablet 800 mg</i>	Preferred	QL (1 tablet per 1 day)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	Preferred	QL (2 tablets per 1 day)	PREZISTA ORAL SUSPENSION	Preferred	QL (14 mL per 1 day)
*ANTIRETROVIR ALS - INTEGRASE INHIBITORS***			PREZISTA ORAL TABLET 150 MG	Preferred	QL (6 tablets per 1 day)
ISENTRESS HD ORAL TABLET	Preferred	QL (2 tablets per 1 day)	PREZISTA ORAL TABLET 75 MG	Preferred	QL (10 tablets per 1 day)
ISENTRESS ORAL PACKET	Preferred	QL (2 packets per 1 day)	REYATAZ ORAL PACKET	Preferred	QL (5 packets per 1 day)
ISENTRESS ORAL TABLET	Preferred	QL (4 tablets per 1 day)	<i>ritonavir oral tablet</i>	Preferred	QL (12 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	Preferred	QL (6 tablets per 1 day)	*ANTIRETROVIR ALS - RTI-NON-NUCLEOSIDE ANALOGUES***		
ISENTRESS ORAL TABLET CHEWABLE 25 MG	Preferred	QL (24 tablets per 1 day)	EDURANT ORAL TABLET	Preferred	PA; QL (1 tablet per 1 day)
TIVICAY ORAL TABLET	Preferred	QL (2 tablets per 1 day)	<i>etravirine oral tablet 100 mg</i>	Preferred	QL (4 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE	Preferred	QL (12 tablets per 1 day)	<i>etravirine oral tablet 200 mg</i>	Preferred	QL (2 tablets per 1 day)
*ANTIRETROVIR ALS - PROTEASE INHIBITORS***			INTELENCE ORAL TABLET 25 MG	Preferred	QL (16 tablets per 1 day)
APTIVUS ORAL CAPSULE	Preferred	QL (4 capsules per 1 day)	<i>nevirapine er oral tablet extended release 24 hour</i>	Preferred	QL (1 tablet per 1 day)
			<i>nevirapine oral suspension</i>	Preferred	QL (40 mL per 1 day)
			<i>nevirapine oral tablet</i>	Preferred	QL (2 tablets per 1 day)
			PIFELTRO ORAL TABLET	Preferred	QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
*ANTIRETROVIR ALS - RTI- NUCLEOSIDE ANALOGUES- PURINES***		
<i>abacavir sulfate oral solution</i>	Preferred	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	Preferred	QL (2 tablets per 1 day)
*ANTIRETROVIR ALS - RTI- NUCLEOSIDE ANALOGUES- PYRIMIDINES***		
<i>emtricitabine oral capsule</i>	Preferred	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION	Preferred	QL (29 mL per 1 day)
<i>lamivudine oral solution</i>	Preferred	QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Preferred	QL (1 tablet per 1 day)
*ANTIRETROVIR ALS - RTI- NUCLEOSIDE ANALOGUES- THYMIDINES***		
<i>zidovudine oral capsule</i>	Preferred	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Preferred	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Preferred	QL (2 tablets per 1 day)
*ANTIRETROVIR ALS - RTI- NUCLEOTIDE ANALOGUES***		
<i>tenofovir disoproxil fumarate oral tablet</i>	Preferred	QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL POWDER	Preferred	QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred	QL (1 tablet per 1 day)
*ANTIRETROVIR ALS ADJUVANTS***		
TYBOST ORAL TABLET	Preferred	QL (1 tablet per 1 day)
*CMV AGENTS***		
<i>valganciclovir hcl oral solution reconstituted</i>	Preferred	
<i>valganciclovir hcl oral tablet</i>	Preferred	
*HEPATITIS B AGENTS***		
<i>adefovir dipivoxil oral tablet</i>	Preferred	PA; SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION	Preferred	PA; QL (20 mL per 1 day)
<i>entecavir oral tablet</i>	Preferred	PA; QL (1 tablet per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Preferred	PA; QL (2 tablets per 1 day)
HEPATITIS C AGENT - COMBINATIONS		
<i>ledipasvir-sofosbuvir oral tablet</i>	Preferred	PA; SP; QL (1 tablet per 1 day)
MAVYRET ORAL TABLET	Preferred	SP; QL (3 tablets per 1 day)
<i>sofosbuvir-velpatasvir oral tablet</i>	Preferred	SP; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET	Preferred	PA; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET	Preferred	PA; SP; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
*HEPATITIS C AGENTS***					*NEURAMINIDAS E INHIBITORS***
PEGASYS SUBCUTANEOUS SOLUTION	Preferred	SP; LD; QL (4 injections per 28 days)	<i>oseltamivir phosphate oral capsule 30 mg</i>	Preferred	QL (20 capsules per 90 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	SP; LD; QL (4 vials per 28 days)	<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Preferred	QL (10 capsules per 90 days)
<i>ribavirin oral capsule</i>	Preferred	SP; QL (6 capsules per 1 day)	<i>oseltamivir phosphate oral suspension reconstituted</i>	Preferred	QL (180 mL per 90 days)
<i>ribavirin oral tablet</i>	Preferred	SP; QL (6 tablets per 1 day)	RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	Preferred	QL (1 inhaler per 1 fill)
SOVALDI ORAL TABLET 200 MG	Preferred	PA; SP; QL (2 tablets per 1 day)	*PA ENDONUCLEASE INHIBITORS***		
SOVALDI ORAL TABLET 400 MG	Preferred	PA; SP; QL (1 tablet per 1 day)	XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	Preferred	QL (1 pack per 1 fill)
*HERPES AGENTS - PURINE ANALOGUES***					XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK
<i>acyclovir oral capsule</i>	Preferred		*BETA BLOCKERS*		
<i>acyclovir oral suspension</i>	Preferred		*ALPHA-BETA BLOCKERS***		
<i>acyclovir oral tablet</i>	Preferred		<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>valacyclovir hcl oral tablet</i>	Preferred	QL (60 tablets per 30 days)	<i>carvedilol oral tablet 25 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)
*HERPES AGENTS - THYMIDINE ANALOGUES***					<i>labetalol hcl oral tablet</i>
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Preferred	QL (60 tablets per 30 days)	Preferred	EDS; QL (8 tablets per 1 day)	
<i>famciclovir oral tablet 500 mg</i>	Preferred	QL (21 tablets per 30 days)	*BETA BLOCKERS CARDIO-SELECTIVE***		
*INFLUENZA AGENTS***					<i>acebutolol hcl oral capsule</i>
<i>rimantadine hcl oral tablet</i>	Preferred		Preferred	EDS	
			<i>atenolol oral tablet</i>	Preferred	EDS

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Drug Name	Drug Tier	Requirements /Limits
<i>betaxolol hcl oral tablet</i>	Preferred	EDS
<i>bisoprolol fumarate oral tablet</i>	Preferred	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Preferred	EDS
<i>metoprolol tartrate oral tablet</i>	Preferred	EDS
*BETA BLOCKERS		
NON-SELECTIVE***		
<i>nadolol oral tablet 20 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>nadolol oral tablet 40 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
<i>nadolol oral tablet 80 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)
<i>pindolol oral tablet</i>	Preferred	EDS; QL (6 tablets per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	Preferred	C; EDS; QL (2 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Preferred	C; EDS; QL (4 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	Preferred	C; EDS; QL (1 capsule per 1 day)
<i>propranolol hcl oral solution</i>	Preferred	C; QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	Preferred	C; EDS; QL (4 tablets per 1 day)
<i>propranolol hcl oral tablet 80 mg</i>	Preferred	C; EDS; QL (8 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	Preferred	EDS

Drug Name	Drug Tier	Requirements /Limits
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	Preferred	EDS; QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
<i>timolol maleate oral tablet 10 mg, 5 mg</i>	Preferred	EDS; QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	Preferred	EDS; QL (3 tablets per 1 day)
CALCIUM CHANNEL BLOCKERS		
*CALCIUM CHANNEL BLOCKERS***		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 5 mg</i>	Preferred	EDS; QL (2 tablets per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG	Preferred	EDS; QL (1 capsule per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Preferred	EDS; QL (3 capsules per 1 day)
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	Preferred	EDS; QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg, 420 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl er beads oral capsule extended release 24 hour 180 mg	Preferred	EDS; QL (3 capsules per 1 day)	isradipine oral capsule 2.5 mg	Preferred	EDS; QL (2 capsules per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 240 mg	Preferred	EDS; QL (2 capsules per 1 day)	isradipine oral capsule 5 mg	Preferred	EDS; QL (4 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg	Preferred	EDS; QL (1 capsule per 1 day)	nicardipine hcl oral capsule 20 mg	Preferred	EDS; QL (6 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	Preferred	EDS; QL (3 capsules per 1 day)	nicardipine hcl oral capsule 30 mg	Preferred	EDS; QL (4 capsules per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg	Preferred	EDS; QL (2 capsules per 1 day)	nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	Preferred	EDS; QL (1 tablet per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg	Preferred	EDS; QL (1 capsule per 1 day)	nifedipine er oral tablet extended release 24 hour 60 mg	Preferred	EDS; QL (2 tablets per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 180 mg	Preferred	EDS; QL (3 capsules per 1 day)	nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg	Preferred	EDS; QL (1 tablet per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 240 mg	Preferred	EDS; QL (2 capsules per 1 day)	nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	Preferred	EDS; QL (2 tablets per 1 day)
diltiazem hcl oral tablet 120 mg	Preferred	EDS; QL (3 tablets per 1 day)	nifedipine oral capsule	Preferred	EDS; QL (4 capsules per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	Preferred	EDS; QL (4 tablets per 1 day)	TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG	Preferred	EDS; QL (1 capsule per 1 day)
dilt-xr oral capsule extended release 24 hour 120 mg	Preferred	EDS; QL (1 capsule per 1 day)	TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Preferred	EDS; QL (3 capsules per 1 day)
dilt-xr oral capsule extended release 24 hour 180 mg	Preferred	EDS; QL (3 capsules per 1 day)	TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	Preferred	EDS; QL (2 capsules per 1 day)
dilt-xr oral capsule extended release 24 hour 240 mg	Preferred	EDS; QL (2 capsules per 1 day)			
felodipine er oral tablet extended release 24 hour	Preferred	EDS; QL (1 tablet per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG, 420 MG	Preferred	EDS; QL (1 capsule per 1 day)	*CARDIOVASCULAR AGENTS - MISC.*		
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	Preferred	EDS; QL (3 capsules per 1 day)	*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***		
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG	Preferred	EDS; QL (2 capsules per 1 day)	<i>ambrisentan oral tablet 10 mg</i>	Preferred	PA; SP; QL (1 tablet per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 300 mg, 360 mg</i>	Preferred	EDS; QL (1 capsule per 1 day)	<i>ambrisentan oral tablet 5 mg</i>	Preferred	PA; SP; QL (2 tablets per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 240 mg</i>	Preferred	EDS; QL (2 capsules per 1 day)	*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***		
<i>verapamil hcl er oral tablet extended release</i>	Preferred	EDS; QL (2 tablets per 1 day)	ALYQ ORAL TABLET	Preferred	PA; SP; QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet</i>	Preferred	EDS; QL (4 tablets per 1 day)	<i>sildenafil citrate oral tablet 20 mg</i>	Preferred	PA; SP; QL (12 tablets per 1 day)
CARDIOTONICS			<i>tadalafil (pah) oral tablet</i>	Preferred	PA; SP; QL (2 tablets per 1 day)
*CARDIAC GLYCOSIDES***			*CEPHALOSPORINS*		
DIGOX ORAL TABLET 125 MCG	Preferred	EDS; QL (1 tablet per 1 day)	*CEPHALOSPORINS - 1ST GENERATION***		
DIGOX ORAL TABLET 250 MCG	Preferred	EDS; QL (2 tablets per 1 day)	<i>cefadroxil oral capsule</i>	Preferred	
<i>digoxin oral solution</i>	Preferred		<i>cefadroxil oral suspension reconstituted</i>	Preferred	
<i>digoxin oral tablet 125 mcg</i>	Preferred	EDS; QL (1 tablet per 1 day)	<i>cefadroxil oral tablet</i>	Preferred	
<i>digoxin oral tablet 250 mcg</i>	Preferred	EDS; QL (2 tablets per 1 day)	<i>cephalexin oral capsule</i>	Preferred	
			<i>cephalexin oral suspension reconstituted</i>	Preferred	
			<i>cephalexin oral tablet</i>	Preferred	

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Drug Name	Drug Tier	Requirements /Limits
*CEPHALOSPORI NS - 2ND GENERATION***		
<i>cefaclor er oral tablet extended release 12 hour</i>	Preferred	
<i>cefaclor oral capsule</i>	Preferred	
<i>cefaclor oral suspension reconstituted</i>	Preferred	
<i>cefprozil oral suspension reconstituted</i>	Preferred	
<i>cefprozil oral tablet</i>	Preferred	
<i>cefuroxime axetil oral tablet</i>	Preferred	
*CEPHALOSPORI NS - 3RD GENERATION***		
<i>cefdinir oral capsule</i>	Preferred	
<i>cefdinir oral suspension reconstituted</i>	Preferred	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Preferred	
<i>cefpodoxime proxetil oral tablet</i>	Preferred	
CHEMICALS		
*SOLVENTS***		
<i>gnp isopropyl rubbing alcohol solution 70 %</i>	Preferred	OTC
CONTRACEPTIV ES		
*BIPHASIC CONTRACEPTIVE S - ORAL***		
AZURETTE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Preferred	AL; QL (1 tablet per 1 day)
KARIVA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
PIMTREA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
SIMLIYA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>viorele oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
VOLNEA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
*COMBINATION CONTRACEPTIVE S - ORAL***		
AFIRMELLE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
ALTAVERA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>alyacen 1/35 oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
APRI ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AUBRA EQ ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AUROVELA 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AUROVELA 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AUROVELA 24 FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AUROVELA FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AUROVELA FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AVIANE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
AYUNA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
BALZIVA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
BLISOVI 24 FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
BLISOVI FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BLISOVI FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	HAILEY FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>briellyn oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)	HAILEY FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
CHARLOTTE 24 FE ORAL TABLET CHEWABLE	Preferred	AL; QL (1 tablet per 1 day)	ISIBLOOM ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
CHATEAL EQ ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	JASMIEL ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
CRYSELLLE-28 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	JULEBER ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
CYRED EQ ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	JUNEL 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
DASETTA 1/35 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	JUNEL 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
DELYLA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	JUNEL FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	Preferred	AL; QL (1 tablet per 1 day)	JUNEL FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>drospirenen-eth estrad-levomefol oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)	JUNEL FE 24 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)	KAITLIB FE ORAL TABLET CHEWABLE	Preferred	AL; QL (1 tablet per 1 day)
ELINEST ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	KALLIGA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
ENSKYCE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	KELNOR 1/35 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
ESTARYLLA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	KELNOR 1/50 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)	KURVELO ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
FALMINA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	LARIN 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
FINZALA ORAL TABLET CHEWABLE	Preferred	AL; QL (1 tablet per 1 day)	LARIN 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
GEMMILY ORAL CAPSULE	Preferred	AL; QL (1 capsule per 1 day)	LARIN 24 FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
HAILEY 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	LARIN FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
HAILEY 24 FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	LARIN FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
			LAYOLIS FE ORAL TABLET CHEWABLE	Preferred	AL; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LESSINA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	MONO-LINYAH ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	Preferred	AL; QL (1 tablet per 1 day)	NECON 0.5/35 (28) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
LEVORA 0.15/30 (28) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	NIKKI ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
LOESTRIN 1.5/30 (21) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>norethin ace-eth estrad-fe oral capsule</i>	Preferred	AL; QL (1 capsule per 1 day)
LOESTRIN 1/20 (21) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>norethin ace-eth estrad-fe oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
LOESTRIN FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Preferred	AL; QL (1 tablet per 1 day)
LOESTRIN FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>norethindrone acet-ethinyl est oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
LORYNA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>norethin-eth estradiol-fe oral tablet chewable</i>	Preferred	AL; QL (1 tablet per 1 day)
LOW-OGESTREL ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>norgestimate-eth estradiol oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
LO-ZUMANDIMINE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	NORTREL 0.5/35 (28) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
LUTERA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	NORTREL 1/35 (21) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>marlissa oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)	NORTREL 1/35 (28) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MERZEE ORAL CAPSULE	Preferred	AL; QL (1 capsule per 1 day)	NYLIA 1/35 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MIBELAS 24 FE ORAL TABLET CHEWABLE	Preferred	AL; QL (1 tablet per 1 day)	NYMYO ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MICROGESTIN 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	OCELLA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MICROGESTIN 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	ORSYTHIA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MICROGESTIN 24 FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	PHILITH ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MICROGESTIN FE 1.5/30 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	PORTIA-28 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MICROGESTIN FE 1/20 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	RECLIPSEN ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MILI ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	SPRINTEC 28 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
			SRONYX ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SYEDA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	*COMBINATION CONTRACEPTIVE S - VAGINAL***		
TARINA 24 FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	ELURYNG VAGINAL RING	Preferred	AL; QL (1 ring per 28 days)
TARINA FE 1/20 EQ ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	ENILLORING VAGINAL RING	Preferred	AL; QL (1 ring per 28 days)
TAYSOFY ORAL CAPSULE	Preferred	AL; QL (1 capsule per 1 day)	<i>etongestrel-ethinyl estradiol vaginal ring</i>	Preferred	AL; QL (1 ring per 28 days)
TURQOZ ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	HALOETTE VAGINAL RING	Preferred	AL; QL (1 ring per 28 days)
TYDEMY ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	*CONTINUOUS CONTRACEPTIVE S - ORAL***		
VESTURA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	AMETHYST ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
VIENVA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	DOLISHALE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
VYFEMLA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Preferred	AL; QL (1 tablet per 1 day)
VYLIBRA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	*COPPER CONTRACEPTIVE S - IUD***		
WERA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	Preferred	QL (1 EA per 273 days)
WYMZYA FE ORAL TABLET CHEWABLE	Preferred	AL; QL (1 tablet per 1 day)	*EMERGENCY CONTRACEPTIVE S***		
ZOVIA 1/35 (28) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	AFTERA ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
ZUMANDIMINE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	AFTERPILL ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
*COMBINATION CONTRACEPTIVE S - TRANSDERMAL**			CURAE ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	Preferred	AL; QL (3 patches per 30 days)			
XULANE TRANSDERMAL PATCH WEEKLY	Preferred	AL; QL (3 patches per 30 days)			
ZAFEMY TRANSDERMAL PATCH WEEKLY	Preferred	AL; QL (3 patches per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ECONTRA ONE-STEP ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	DAYSEE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
ELLA ORAL TABLET	Preferred	QL (1 tablet per 30 days)	ICLEVIA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
HER STYLE ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	INTROVALE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
levonorgestrel oral tablet	Preferred	OTC; QL (1 tablet per 30 days)	JAIMIESS ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MY CHOICE ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	JOLESSA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
MY WAY ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	levonorgest-eth est & eth est oral tablet	Preferred	AL; QL (1 tablet per 1 day)
NEW DAY ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	levonorgest-eth estrad 91-day oral tablet	Preferred	AL; QL (1 tablet per 1 day)
OPCICON ONE-STEP ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	LOJAIMIESS ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
OPTION 2 ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	RIVELSA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
REACT ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	SETLAKIN ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
TAKE ACTION ORAL TABLET	Preferred	OTC; QL (1 tablet per 30 days)	SIMPESSE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
*EXTENDED-CYCLE CONTRACEPTIVE S - ORAL***			*PROGESTIN CONTRACEPTIVE S - IMPLANTS***		
AMETHIA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	NEXPLANON SUBCUTANEOUS IMPLANT	Preferred	SP
ASHLYNA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	*PROGESTIN CONTRACEPTIVE S - INJECTABLE***		
CAMRESE LO ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	medroxyprogesterone acetate intramuscular suspension	Preferred	AL; QL (1 injection per 84 days)
CAMRESE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	medroxyprogesterone acetate intramuscular suspension prefilled syringe	Preferred	AL; QL (1 injection per 84 days)

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Drug Name	Drug Tier	Requirements /Limits
*PROGESTIN CONTRACEPTIVE S - IUD***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	SP; QL (1 IUD per 1 Year)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	Preferred	SP; QL (1 IUD per 1 Year)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	Preferred	SP; LD; QL (1 IUD per 1 Year)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	Preferred	SP; QL (1 IUD per 1 Year)
*PROGESTIN CONTRACEPTIVE S - ORAL***		
CAMILA ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
DEBLITANE ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
ERRIN ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
HEATHER ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
INCASSIA ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
JENCYCLA ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
LYLEQ ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
LYZA ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
NORA-BE ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
<i>norethindrone oral tablet</i>	Preferred	AL; EDS; QL (1 tablet per 1 day)
NORLYDA ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
NORLYROC ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
SHAROBEL ORAL TABLET	Preferred	AL; EDS; QL (1 tablet per 1 day)
*TRIPHASIC CONTRACEPTIVE S - ORAL***		
<i>alyacen 7/7/7 oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
ARANELLE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
DASETTA 7/7/7 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
ENPRESSE-28 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
LEENA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
LEVONEST ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
<i>norethindron-ethinyl estrad-fe oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic oral tablet</i>	Preferred	AL; QL (1 tablet per 1 day)
NORTREL 7/7/7 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)
NYLIA 7/7/7 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PIRMELLA 7/7/7 ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	DEXAMETHASONE INTENSOL ORAL CONCENTRATE	Preferred	
TILIA FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>dexamethasone oral elixir</i>	Preferred	
TRI FEMYNOR ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>dexamethasone oral solution</i>	Preferred	
TRI-ESTARYLLA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>dexamethasone oral tablet</i>	Preferred	
TRI-LEGEST FE ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>dexamethasone oral tablet therapy pack</i>	Preferred	
TRI-LINYAH ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	HIDEX 6-DAY ORAL TABLET THERAPY PACK	Preferred	
TRI-LO-ESTARYLLA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>hydrocortisone oral tablet</i>	Preferred	
TRI-LO-MARZIA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	MEDROL ORAL TABLET 2 MG	Preferred	
TRI-LO-MILI ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>methylprednisolone oral tablet</i>	Preferred	
TRI-LO-SPRINTEC ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>methylprednisolone oral tablet therapy pack</i>	Preferred	
TRI-MILI ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>prednisolone oral solution</i>	Preferred	
TRI-NYMYO ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>prednisolone sodium phosphate oral solution</i>	Preferred	
TRI-SPRINTEC ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	Preferred	QL (2 tablets per 1 day)
TRIVORA (28) ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	Preferred	QL (1 tablet per 1 day)
TRI-VYLIBRA LO ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	PREDNISONE INTENSOL ORAL CONCENTRATE	Preferred	
TRI-VYLIBRA ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>prednisone oral solution</i>	Preferred	
VELIVET ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)	<i>prednisone oral tablet</i>	Preferred	
CORTICOSTEROIDS			<i>prednisone oral tablet therapy pack</i>	Preferred	
*GLUCOCORTICO STEROIDS***			TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	Preferred	
<i>budesonide oral capsule delayed release particles</i>	Preferred	QL (3 capsules per 1 day)			

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Drug Name	Drug Tier	Requirements /Limits
*MINERALOCORTICOIDS***		
<i>fludrocortisone acetate oral tablet</i>	Preferred	
COUGH/COLD/ALLERGY		
*ANTIHISTAMINE -ANALGESICS***		
<i>severe allergy oral tablet</i>	Preferred	AL; OTC
*ANTITUSSIVE -NONNARCOTIC**		
*		
<i>benzonatate oral capsule</i>	Preferred	AL
<i>daytime cough oral liquid</i>	Preferred	AL; OTC
<i>dextromethorphan polistirex er oral suspension extended release</i>	Preferred	AL; OTC
<i>tussin cough oral syrup</i>	Preferred	AL; OTC
WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID	Preferred	AL; OTC
*ANTITUSSIVE - OPIOID***		
<i>hydrocodone bit-homatrop mbr oral solution</i>	Preferred	AL
<i>hydrocodone bit-homatrop mbr oral tablet</i>	Preferred	AL
<i>hydromet oral solution</i>	Preferred	AL
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC***		
<i>cold & flu severe daytime oral tablet</i>	Preferred	AL; OTC

Drug Name	Drug Tier	Requirements /Limits
*ANTITUSSIVE-EXPECTORANT**		
*		
<i>chest congestion relief dm oral tablet</i>	Preferred	AL; OTC
CORICIDIN HBP CONGESTION/COUGH ORAL CAPSULE	Preferred	AL; OTC
<i>cough & congestion kids oral liquid</i>	Preferred	AL; OTC
<i>cvs chest congestion-cough hbp oral capsule</i>	Preferred	AL; OTC
<i>cvs tussindm cough/chest adult oral liquid</i>	Preferred	AL; OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	Preferred	AL; OTC
<i>dextromethorphan-guaifenesin oral tablet</i>	Preferred	AL; OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID	Preferred	AL; OTC
<i>dm-guaifenesin er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>eq cough & chest congestion dm oral liquid</i>	Preferred	AL; OTC
<i>eql tussin cough/chest congest oral liquid</i>	Preferred	AL; OTC
<i>geri-tussin dm oral liquid</i>	Preferred	AL; OTC
<i>goodsense tussin dm oral liquid</i>	Preferred	AL; OTC
<i>guaiasorb dm oral liquid 20-200 mg/10ml</i>	Preferred	AL; OTC
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	Preferred	AL; OTC; QL (120 mL per 1 fill)
<i>guaifenesin-codeine oral solution 200-20 mg/10ml</i>	Preferred	AL; OTC; QL (120 mL per 30 days)
<i>guaifenesin-dm oral syrup</i>	Preferred	AL; OTC
<i>intense cough reliever oral liquid 30-200 mg/5ml</i>	Preferred	AL; OTC

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>kls mucus-dm max strength oral tablet extended release 12 hour</i>	Preferred	AL; OTC	*DECONGESTANT & ANTIHISTAMINE*		
<i>mucus relief cough childrens oral liquid</i>	Preferred	AL; OTC	**		
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	Preferred	AL; OTC	<i>24hr allergy & congestion reli oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>neotuss oral liquid</i>	Preferred	OTC	ALAVERT ALLERGY/SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>sm tussin cough/chest congest oral liquid 20-200 mg/20ml</i>	Preferred	AL; OTC	<i>allergy relief d oral tablet extended release 24 hour 180-240 mg</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>tussin dm cough + chest oral liquid 20-200 mg/20ml</i>	Preferred	AL; OTC	APRODINE ORAL TABLET	Preferred	AL; OTC
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT			<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>biogtuss oral liquid</i>	Preferred	AL; OTC	DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID	Preferred	AL; OTC
<i>g-supress dx pediatric oral liquid</i>	Preferred	AL; OTC	EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	AL; OTC; QL (1 tablet per 1 day)
PECGEN PSE ORAL LIQUID	Preferred	AL; OTC	<i>flexofenadine-pseudoephed er oral tablet extended release 12 hour</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>phenylephrine-dm-gg oral liquid</i>	Preferred	AL; OTC	<i>flexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>qc mucus relief severe con/cgh oral liquid</i>	Preferred	AL; OTC	LOHIST-D ORAL LIQUID	Preferred	AL; OTC
TRISPEC PSE ORAL LIQUID	Preferred	AL; OTC	<i>loratadine-d 24hr oral tablet extended release 24 hour</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
TUSICOF ORAL TABLET	Preferred	AL; OTC	<i>nohist-lq oral liquid</i>	Preferred	AL; OTC
TUSNEL C ORAL SYRUP	Preferred	AL; OTC	SUDOGEST SINUS/ALLERGY ORAL TABLET	Preferred	AL; OTC
TUSNEL DM PEDIATRIC ORAL LIQUID	Preferred	AL; OTC			
<i>tussin multi-symptom cold cf oral liquid</i>	Preferred	AL; OTC			

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Drug Name	Drug Tier	Requirements /Limits
*DECONGESTANT		
WI		
EXPECTORANT**		
*		
<i>altarussin-pe oral syrup</i>	Preferred	AL; OTC
<i>bronchial asthma relief oral tablet</i>	Preferred	AL; OTC
<i>mucus relief d oral tablet</i>	Preferred	AL; OTC
<i>phenylephrine-guaifenesin oral tablet</i>	Preferred	AL; OTC
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Preferred	AL; OTC
TUSSI-PRES PE PEDIATRIC ORAL LIQUID	Preferred	AL; OTC
*DECONGESTANT -ANALGESIC***		
SUDAFED PE HEAD CONGESTION ORAL TABLET 10-200 MG	Preferred	AL; OTC
*EXPECTORANTS		

<i>guaifenesin er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>guaifenesin oral liquid</i>	Preferred	AL; OTC
<i>guaifenesin oral tablet</i>	Preferred	AL; OTC
<i>mucus relief er oral tablet extended release 12 hour 600 mg</i>	Preferred	AL; OTC
<i>qc tussin expectorant adult oral liquid</i>	Preferred	AL; OTC
*MISC.		
RESPIRATORY INHALANTS***		
<i>nasal mist inhalation aerosol solution</i>	Preferred	OTC
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Preferred	

Drug Name	Drug Tier	Requirements /Limits
PULMOSAL INHALATION NEBULIZATION SOLUTION	Preferred	
<i>sodium chloride inhalation nebulization solution</i>	Preferred	
*MUCOLYTICS***		
<i>acetylcysteine inhalation solution</i>	Preferred	
NON-NARC ANTITUSSIVE- ANTIHISTAMINE		
**		
<i>cough & cold hbp oral tablet</i>	Preferred	AL; OTC
<i>nighttime cough oral liquid</i>	Preferred	AL; OTC
<i>promethazine-dm oral syrup</i>	Preferred	AL
<i>qc nighttime cough oral liquid 15-6.25 mg/15ml</i>	Preferred	AL; OTC
SAFE TUSSIN PM ORAL LIQUID	Preferred	AL; OTC
NON-NARC ANTITUSSIVE- DECONGESTANT		
**		
<i>daytime cold & cough childrens oral solution</i>	Preferred	AL; OTC
NON-NARC ANTITUSSIVE- DECONGESTANT- ANTIHISTAMINE		
**		
ABATUSS DMX ORAL LIQUID	Preferred	AL; OTC
<i>cold/cough childrens oral liquid</i>	Preferred	AL; OTC
DELTUSS DMX ORAL LIQUID	Preferred	AL; OTC

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DIMETAPP CHILDRENS COLD/COUGH ORAL LIQUID	Preferred	AL; OTC	*ACNE COMBINATIONS**		
DIMETAPP COLD/COUGH CHILDRENS ORAL LIQUID	Preferred	AL; OTC	<i>benzoyl peroxide-erythromycin external gel</i>	Preferred	QL (47 grams per 30 days)
GILTUSS ALLERGY CGH&CONG CHILD ORAL LIQUID	Preferred	AL; OTC	<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Preferred	QL (45 grams per 30 days)
<i>nohist-dm oral liquid</i>	Preferred	AL	*ACNE PRODUCTS***		
<i>qc dibromm childrens cold/cgh oral liquid</i>	Preferred	AL; OTC	ACCUTANE ORAL CAPSULE	Preferred	PA; QL (30 day supply per 1 fill)
<i>tussi-pres b oral liquid</i>	Preferred	AL; OTC	<i>acne medication 10 external lotion</i>	Preferred	OTC; QL (177 mL per 30 days)
OPIOID ANTITUSSIVE- ANTIHISTAMINE **			<i>acne medication 5 external lotion</i>	Preferred	OTC; QL (177 mL per 30 days)
<i>promethazine-codeine oral solution</i>	Preferred	AL; QL (240 mL per 30 days)	<i>adapalene external gel 0.1 %</i>	Preferred	PA; QL (45 grams per 30 days)
<i>promethazine-codeine oral syrup</i>	Preferred	AL; QL (240 mL per 30 days)	<i>advanced acne wash external liquid extended release</i>	Preferred	OTC; QL (125 mL per 30 days)
DERMATOLOGICAL CALS			AMNESTEEM ORAL CAPSULE	Preferred	PA; QL (30 day supply per 1 fill)
*ACNE ANTIBIOTICS***			<i>benzoyl peroxide external gel 10 %</i>	Preferred	QL (90 grams per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	Preferred	QL (2 units per 1 day)	<i>benzoyl peroxide external gel 2.5 %</i>	Preferred	OTC; QL (180 grams per 30 days)
CLINDACIN-P EXTERNAL SWAB	Preferred	QL (2 units per 1 day)	<i>benzoyl peroxide external gel 5 %</i>	Preferred	OTC; QL (90 grams per 30 days)
<i>clindamycin phosphate external gel</i>	Preferred	QL (75 ml/gms per 30 days)	<i>benzoyl peroxide external liquid</i>	Preferred	OTC; QL (237 mL per 30 days)
<i>clindamycin phosphate external solution</i>	Preferred	QL (120 mL per 30 days)	<i>benzoyl peroxide wash external liquid 10 %</i>	Preferred	QL (237 mL per 30 days)
<i>clindamycin phosphate external swab</i>	Preferred	QL (2 units per 1 day)	CLARAVIS ORAL CAPSULE	Preferred	PA; QL (30 day supply per 1 fill)
<i>ery external pad</i>	Preferred	QL (2 units per 1 day)	<i>cvs adapalene external gel</i>	Preferred	OTC; QL (45 grams per 30 days)
<i>erythromycin external solution</i>	Preferred	QL (60 mL per 30 days)	DIFFERIN CLEANSER EXTERNAL LIQUID	Preferred	OTC; QL (237 mL per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>effaclar duo external solution</i>	Preferred	OTC; QL (40 mL per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Preferred	PA; QL (30 day supply per 1 fill)
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL	Preferred	OTC; QL (90 grams per 30 days)
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID	Preferred	OTC; QL (237 mL per 30 days)
NEUTROGENA CLEAR PORE EXTERNAL LIQUID	Preferred	OTC; QL (125 mL per 30 days)
NEUTROGENA ON-THE-SPOT EXTERNAL CREAM	Preferred	OTC; QL (21 grams per 30 days)
PANOXYL EXTERNAL LIQUID	Preferred	OTC; QL (237 grams per 30 days)
<i>tretinoiin external cream 0.025 %, 0.1 %</i>	Preferred	QL (45 grams per 30 days)
<i>tretinoiin external cream 0.05 %</i>	Preferred	PA; QL (45 grams per 30 days)
<i>tretinoiin external gel 0.01 %, 0.025 %</i>	Preferred	QL (45 grams per 30 days)
<i>tretinoiin microsphere external gel 0.1 %</i>	Preferred	PA; AL; QL (50 grams per 30 days)
ZENATANE ORAL CAPSULE	Preferred	PA; QL (30 day supply per 1 fill)
*ANTIBIOTIC MIXTURES TOPICAL***		
<i>poly bacitracin external ointment</i>	Preferred	OTC
<i>triple antibiotic external ointment 5-400-5000 mg-unit</i>	Preferred	OTC; QL (30 grams per 30 days)

Drug Name	Drug Tier	Requirements /Limits
*ANTIBIOTICS - TOPICAL***		
<i>bacitracin external ointment</i>	Preferred	OTC; QL (30 grams per 30 days)
<i>bacitracin zinc external ointment</i>	Preferred	OTC; QL (90 grams per 90 days)
<i>bacitracin zinc-aloe external ointment</i>	Preferred	OTC; QL (90 grams per 90 days)
<i>gentamicin sulfate external cream</i>	Preferred	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	Preferred	QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	Preferred	QL (30 grams per 1 fill)
ANTIFUNGALS - TOPICAL COMBINATIONS		
<i>clotrimazole-betamethasone external cream</i>	Preferred	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Preferred	QL (120 mL per 30 days)
<i>g-myco nail external solution</i>	Preferred	OTC
MYCO NAIL EXTERNAL SOLUTION	Preferred	OTC
<i>nystatin-triamcinolone external ointment</i>	Preferred	QL (120 grams per 30 days)
*ANTIFUNGALS - TOPICAL***		
<i>ciclopirox external solution</i>	Preferred	PA; QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Preferred	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Preferred	QL (60 mL per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FUNGI NAIL EXTERNAL SOLUTION	Preferred	OTC; QL (55 mL per 30 days)	<i>eq anti-itch extra strength external liquid</i>	Preferred	OTC
GORDOCHOM EXTERNAL SOLUTION	Preferred	OTC	*ANTI-INFLAMMATORY AGENTS - TOPICAL***		
LOTRIMIN AF EXTERNAL POWDER	Preferred	OTC; QL (90 grams per 30 days)	<i>diclofenac sodium external gel 1 %</i>	Preferred	QL (1000 grams per 30 days)
MICOTRIN AL EXTERNAL SOLUTION	Preferred	OTC; QL (55 mL per 30 days)	<i>diclofenac sodium external solution 1.5 %</i>	Preferred	QL (10 mL per 1 day)
MYCO NAIL A EXTERNAL SOLUTION	Preferred	OTC	VOLTAREN ARTHRITIS PAIN EXTERNAL GEL	Preferred	PA; OTC; QL (1000 grams per 30 days)
<i>nystatin external cream</i>	Preferred	QL (120 grams per 30 days)	VOLTAREN EXTERNAL GEL	Preferred	PA; QL (1000 grams per 30 days)
<i>nystatin external ointment</i>	Preferred	QL (120 grams per 30 days)	*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL***		
<i>nystatin external powder</i>	Preferred	QL (60 grams per 30 days)	<i>fluorouracil external cream 5 %</i>	Preferred	QL (40 grams per 1 year)
<i>terbinafine hcl external cream</i>	Preferred	OTC; QL (42 grams per 30 days)	<i>fluorouracil external solution</i>	Preferred	QL (10 mL per 1 year)
<i>tm-tolnaftate lr external solution</i>	Preferred	OTC; QL (55 mL per 30 days)	*ANTIPSORIATIC S - SYSTEMIC***		
<i>tolnaftate external aerosol powder</i>	Preferred	OTC; QL (150 grams per 30 days)	COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 pens per 28 days)
<i>tolnaftate external cream</i>	Preferred	OTC; QL (30 grams per 30 days)	COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-Injector	Preferred	PA; SP; QL (2 pens per 28 days)
<i>tolnaftate external powder</i>	Preferred	OTC; QL (90 grams per 30 days)	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector	Preferred	PA; SP; QL (1 pen per 28 days)
ANTIHISTAMINE -TOPICAL COMBINATIONS					
<i>anti-itch extra strength external cream</i>	Preferred	OTC			
<i>diphenhydramine-zinc acetate external cream</i>	Preferred	OTC			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	Preferred	PA; SP; QL (1 syringe per 28 days)	*ASTRINGENTS**		
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	Preferred	PA; SP; QL (1 unit per 28 days)	*		
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Preferred	PA; SP; QL (1 auto-injector per 28 days)	<i>calamine phenolated external lotion</i>	Preferred	OTC
*ANTIPSORIATIC S***			<i>gnp calamine phenolated external lotion</i>	Preferred	OTC
<i>calcipotriene external cream</i>	Preferred	QL (120 grams per 30 days)	MEDPURA ZINC OXIDE EXTERNAL OINTMENT	Preferred	OTC; QL (480 grams per 30 days)
<i>calcipotriene external ointment</i>	Preferred	QL (120 grams per 30 days)	<i>zinc oxide external ointment 20 %</i>	Preferred	OTC; QL (480 grams per 30 days)
<i>calcipotriene external solution</i>	Preferred	QL (60 mL per 30 days)	<i>zinc oxide external ointment 40 %</i>	Preferred	OTC; QL (120 grams per 90 days)
*ANTISEBORRHEIC PRODUCTS***			*BURN PRODUCTS***		
<i>selenium sulfide external lotion</i>	Preferred	QL (120 mL per 30 days)	<i>silver sulfadiazine external cream</i>	Preferred	
*ANTIVIRALS - TOPICAL***			SSD (SILVER SULFADIAZINE) EXTERNAL CREAM	Preferred	
<i>acyclovir external cream</i>	Preferred	PA; QL (5 grams per 30 days)	*CORTICOSTEROIDS - TOPICAL***		
<i>acyclovir external ointment</i>	Preferred	PA; QL (30 grams per 30 days)	<i>betamethasone dipropionate aug external cream</i>	Preferred	QL (50 grams per 30 days)
<i>docosanol external cream</i>	Preferred	OTC; QL (2 grams per 30 days)	<i>betamethasone dipropionate external lotion</i>	Preferred	QL (60 mL per 30 days)
<i>gnp docosanol external cream</i>	Preferred	OTC; QL (2 grams per 30 days)	<i>betamethasone valerate external cream</i>	Preferred	QL (120 grams per 30 days)
			<i>betamethasone valerate external ointment</i>	Preferred	QL (120 grams per 30 days)
			<i>clobetasol prop emollient base external cream</i>	Preferred	QL (60 grams per 30 days)
			<i>clobetasol propionate external cream</i>	Preferred	QL (60 grams per 30 days)
			<i>clobetasol propionate external gel</i>	Preferred	QL (60 grams per 30 days)
			<i>clobetasol propionate external ointment</i>	Preferred	QL (60 grams per 30 days)

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<i>clobetasol propionate external solution</i>	Preferred	QL (50 mL per 30 days)	<i>hydrocortisone external ointment 0.5 %</i>	Preferred	OTC; QL (60 grams per 30 days)
CORTIZONE-10 OVERNIGHT EXTERNAL CREAM	Preferred	OTC; QL (454 grams per 30 days)	<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Preferred	QL (454 grams per 30 days)
CORTIZONE-10 ULTRA SOOTHING EXTERNAL CREAM	Preferred	OTC; QL (454 grams per 30 days)	<i>hydrocortisone max st external ointment</i>	Preferred	OTC; QL (454 grams per 30 days)
CORTIZONE-10 WATER RESISTANT EXTERNAL OINTMENT	Preferred	OTC; QL (454 grams per 30 days)	<i>mometasone furoate external cream</i>	Preferred	QL (60 grams per 30 days)
<i>desonide external gel</i>	Preferred	QL (60 grams per 30 days)	<i>mometasone furoate external ointment</i>	Preferred	QL (60 grams per 30 days)
<i>fluocinonide emulsified base external cream</i>	Preferred	QL (60 grams per 30 days)	<i>mometasone furoate external solution</i>	Preferred	QL (60 mL per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Preferred	QL (120 grams per 30 days)	<i>triamcinolone acetonide external cream</i>	Preferred	QL (454 grams per 30 days)
<i>fluocinonide external gel</i>	Preferred	QL (240 grams per 30 days)	<i>triamcinolone acetonide external lotion</i>	Preferred	QL (60 ML per 30 days)
<i>fluocinonide external ointment</i>	Preferred	QL (60 grams per 30 days)	<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Preferred	QL (454 grams per 30 days)
<i>fluocinonide external solution</i>	Preferred	QL (240 mL per 30 days)	<i>triamcinolone acetonide external ointment 0.5 %</i>	Preferred	QL (30 grams per 30 days)
<i>fluticasone propionate external cream</i>	Preferred	QL (60 grams per 30 days)	*DIAPER RASH PRODUCTS***		
<i>fluticasone propionate external ointment</i>	Preferred	QL (60 grams per 30 days)	AVEENO BABY SOOTHING MULTI-PUR EXTERNAL OINTMENT	Preferred	OTC
<i>halobetasol propionate external cream</i>	Preferred	QL (50 grams per 30 days)	*EMOLlient COMBINATIONS*		
<i>halobetasol propionate external ointment</i>	Preferred	QL (50 grams per 30 days)	<i>mineral oil-hydrophil petrolat external ointment</i>	Preferred	OTC
<i>hydrocortisone external cream 0.5 %</i>	Preferred	OTC; QL (100 grams per 30 days)	*EMOLLIENTS***		
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Preferred	QL (454 grams per 30 days)	<i>ammonium lactate external cream</i>	Preferred	QL (450 grams per 30 days)
<i>hydrocortisone external lotion 1 %</i>	Preferred	OTC; QL (120 gm per 30 days)	<i>ammonium lactate external lotion</i>	Preferred	
<i>hydrocortisone external lotion 2.5 %</i>	Preferred	QL (118 mL per 30 days)	<i>glycerin external liquid</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MEDPURA VITAMIN A & D EXTERNAL OINTMENT	Preferred	OTC	*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL***		
vitamin a & d external ointment	Preferred	OTC	<i>imiquimod external cream 3.75 %</i>	Preferred	AL; QL (28 packets per 28 days)
vitamin a & d skin protectant external ointment	Preferred	OTC	<i>imiquimod external cream 5 %</i>	Preferred	AL; QL (48 packets per 1 year)
vitamin e-vit a & d external cream	Preferred	OTC			
vitamins a & d external ointment	Preferred	OTC			
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL***			*KERATOLYTIC/ANTIMITOTIC AGENTS***		
<i>alevazol external ointment</i>	Preferred	OTC; QL (60 grams per 30 days)	<i>podofilox external solution</i>	Preferred	PA; QL (2 tubes per 28 days)
<i>antifungal (clotrimazole) external cream</i>	Preferred	OTC; QL (85 grams per 30 days)	*LINIMENT COMBINATIONS* **		
<i>clotrimazole external cream</i>	Preferred	QL (85 grams per 30 days)	DYNARUB EXTERNAL CREAM	Preferred	OTC
<i>clotrimazole external solution</i>	Preferred	QL (60 mL per 30 days)	*LOCAL ANESTHETICS - TOPICAL***		
<i>ketoconazole external cream</i>	Preferred	QL (120 grams per 30 days)	<i>afterburn external gel</i>	Preferred	OTC
<i>ketoconazole external shampoo</i>	Preferred	QL (120 mL per 30 days)	ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL	Preferred	OTC
<i>miconazole nitrate external cream</i>	Preferred	QL (200 grams per 30 days)	ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD	Preferred	OTC
MICOTRIN AC EXTERNAL CREAM	Preferred	OTC; QL (85 grams per 30 days)	ASPERCREME MAX STRENGTH EXTERNAL AEROSOL	Preferred	OTC; QL (128 gm/mL per 30 days)
MICOTRIN AP EXTERNAL POWDER	Preferred	OTC; QL (85 grams per 30 days)	ASPERFLEX LIDOCAINE EXTERNAL CREAM	Preferred	OTC
MYCOZYL AC EXTERNAL CREAM	Preferred	OTC; QL (85 grams per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASPERFLEX LIDOCAINE EXTERNAL OINTMENT	Preferred	OTC; QL (100 grams per 30 days)	REGENECARE HA EXTERNAL LIQUID	Preferred	OTC
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)	SUN BURNT PLUS EXTERNAL GEL	Preferred	OTC
<i>burn relief external gel</i>	Preferred	OTC	XEROBURN EXTERNAL GEL	Preferred	OTC
HEALTHWISE PAIN RELIEF EXTERNAL PATCH	Preferred	OTC; QL (4 patches per 1 day)	*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL***		
LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION	Preferred	OTC	<i>pimecrolimus external cream</i>	Preferred	ST; AL; QL (100 grams per 90 days)
LIDAFLEX EXTERNAL PATCH	Preferred	OTC	<i>tacrolimus external ointment</i>	Preferred	ST; AL; QL (100 grams per 90 days)
<i>lidocaine external cream 4 %</i>	Preferred	OTC	*ROSACEA AGENTS***		
<i>lidocaine external patch 4 %</i>	Preferred	OTC; QL (4 patches per 1 day)	<i>metronidazole external cream</i>	Preferred	QL (45 grams per 30 days)
<i>lidocaine external patch 5 %</i>	Preferred	PA; QL (3 patches per 1 day)	<i>metronidazole external gel 0.75 %</i>	Preferred	QL (45 grams per 30 days)
<i>lidocaine hcl external cream 4 %</i>	Preferred	OTC	<i>metronidazole external gel 1 %</i>	Preferred	PA; QL (60 grams per 30 days)
<i>lidocaine hcl external solution</i>	Preferred	QL (10 mL per 1 day)	<i>metronidazole external lotion</i>	Preferred	PA; QL (59 mL per 30 days)
<i>lidocaine pain relief max st external patch</i>	Preferred	OTC; QL (4 patches per 1 day)	*SCABICIDES & PEDICULICIDES* **		
LIDOCAN III EXTERNAL PATCH	Preferred	PA; QL (3 patches per 1 day)	<i>permethrin external cream</i>	Preferred	QL (120 grams per 30 days)
LIDODOSE EXTERNAL GEL	Preferred	OTC	<i>spinosad external suspension</i>	Preferred	QL (120 mL per 7 days)
LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL	Preferred	OTC	*TOPICAL ANESTHETIC COMBINATIONS* **		
<i>qc pain relieving + lidocaine external cream</i>	Preferred	OTC	<i>lidocaine-prilocaine external cream</i>	Preferred	QL (30 grams per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DIAGNOSTIC PRODUCTS					
*DIAGNOSTIC TESTS***					
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP	Preferred	OTC; QL (50 strips per 30 days)	<i>ellume covid-19 home test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	Preferred	OTC; QL (50 strips per 30 days)	<i>fastep covid-19 antigen test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	Preferred	PA; OTC; QL (50 strips per 30 days)	FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
*INFECTION TESTS***					
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	Preferred	OTC	GENABIO COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
CARESTART COVID-19 HOME TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)	IHEALTH COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)	INDICAID COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 at home antigen test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 at-home test in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
<i>covid-19 otc antigen 1-pack in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT	Preferred	QL (8 test kits per 1 month)
<i>covid-19 otc antigen 2-pack in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
<i>cvs covid-19 at home test kit in vitro kit</i>	Preferred	OTC; QL (8 test kits per 1 month)	ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	Preferred	OTC; QL (8 test kits per 1 month)
DIATRUST COVID-19 HOME TEST IN VITRO KIT	Preferred	OTC	QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	Preferred	OTC
*MULTIPLE URINE TESTS***					
CHEMSTRIP UGK IN VITRO STRIP	Preferred	OTC			

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Drug Name	Drug Tier	Requirements /Limits
KETO-DIASTIX IN VITRO STRIP	Preferred	OTC
DIGESTIVE AIDS		
*DIGESTIVE ENZYMES***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	Preferred	PA; QL (25 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT	Preferred	PA; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	Preferred	PA; QL (25 capsules per 1 day)
DIURETICS		
*CARBONIC ANHYDRASE INHIBITORS***		
acetazolamide er oral capsule extended release 12 hour	Preferred	EDS
acetazolamide oral tablet	Preferred	EDS
methazolamide oral tablet	Preferred	EDS
DIURETIC COMBINATIONS **		
amiloride-hydrochlorothiazide oral tablet	Preferred	EDS
spironolactone-hctz oral tablet	Preferred	EDS

Drug Name	Drug Tier	Requirements /Limits
triamterene-hctz oral capsule	Preferred	EDS
triamterene-hctz oral tablet	Preferred	EDS
*LOOP DIURETICS***		
bumetanide oral tablet	Preferred	EDS
furosemide oral solution	Preferred	
furosemide oral tablet	Preferred	EDS
torsemide oral tablet	Preferred	EDS
*POTASSIUM SPARING DIURETICS***		
amiloride hcl oral tablet	Preferred	EDS
spironolactone oral tablet	Preferred	EDS
*THIAZIDES AND THIAZIDE-LIKE DIURETICS***		
chlorthalidone oral tablet	Preferred	EDS
hydrochlorothiazide oral capsule	Preferred	EDS
hydrochlorothiazide oral tablet	Preferred	EDS
indapamide oral tablet	Preferred	EDS
metolazone oral tablet	Preferred	EDS
ENDOCRINE AND METABOLIC AGENTS - MISC.		
*BISPHOSPHONATES***		
alendronate sodium oral solution	Preferred	QL (300 mL per 28 days)
alendronate sodium oral tablet 10 mg, 5 mg	Preferred	QL (1 tablet per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Preferred	QL (4 tablets per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
*CALCITONINS**					
*					
<i>calcitonin (salmon) nasal solution</i>	Preferred	QL (1 bottle per 30 days)	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)***		
*CARNITINE REPLENISHER - AGENTS***					
<i>levocarnitine oral solution</i>	Preferred		<i>raloxifene hcl oral tablet</i>	Preferred	QL (1 tablet per 1 day)
<i>levocarnitine oral tablet</i>	Preferred		*SOMATOSTATIC AGENTS***		
<i>levocarnitine sf oral solution</i>	Preferred		<i>octreotide acetate injection solution</i>	Preferred	PA; SP
*DOPAMINE RECEPTOR AGONISTS***			<i>octreotide acetate subcutaneous solution prefilled syringe</i>	Preferred	PA; SP
<i>cabergoline oral tablet</i>	Preferred	QL (16 tablets per 28 days)	*UREA CYCLE DISORDER - AGENTS***		
*GROWTH HORMONES***			<i>sodium phenylbutyrate oral powder</i>	Preferred	PA; SP; QL (750 grams per 30 days)
HUMATROPE INJECTION CARTRIDGE	Preferred	PA; SP; QL (1 injection per 1 day)	<i>sodium phenylbutyrate oral tablet</i>	Preferred	PA; SP; QL (40 tablets per 1 day)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	Preferred	PA; SP; QL (1 injection per 1 day)	*VASOPRESSIN**		
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	Preferred	PA; SP; QL (2 vials per 1 day)	*		
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS***			<i>desmopressin ace spray refrig nasal solution</i>	Preferred	
<i>calcitriol oral capsule</i>	Preferred	PA	<i>desmopressin acetate oral tablet 0.1 mg</i>	Preferred	QL (3 tablets per 1 day)
<i>calcitriol oral solution</i>	Preferred	PA	<i>desmopressin acetate oral tablet 0.2 mg</i>	Preferred	QL (6 tablets per 1 day)
ESTROGENS			<i>desmopressin acetate spray nasal solution</i>	Preferred	
*ESTROGEN & PROGESTIN***			*ESTROGENS*		
AMABELZ ORAL TABLET			*ESTROGEN & PROGESTIN***		
<i>estradiol-norethindrone acet oral tablet</i>					

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Drug Name	Drug Tier	Requirements /Limits
FYAVOLV ORAL TABLET	Preferred	
JINTELI ORAL TABLET	Preferred	
MIMVEY ORAL TABLET	Preferred	
norethindrone-eth estradiol oral tablet	Preferred	
*ESTROGENS***		
estradiol oral tablet	Preferred	EDS
estradiol transdermal patch weekly	Preferred	QL (4 patches per 28 days)
FLUOROQUINOLONES		
*FLUOROQUINOLONES***		
ciprofloxacin hcl oral tablet	Preferred	
levofloxacin oral solution	Preferred	
levofloxacin oral tablet	Preferred	
ofloxacin oral tablet	Preferred	
GASTROINTESTINAL AGENTS - MISC.		
*ANTIFLATULENTS***		
heartland gas relief oral tablet chewable	Preferred	OTC
simethicone extra strength oral capsule	Preferred	OTC
simethicone oral capsule	Preferred	OTC
simethicone oral suspension	Preferred	OTC
simethicone oral tablet chewable	Preferred	OTC
*GALLSTONE SOLUBILIZING AGENTS***		
ursodiol oral capsule 300 mg	Preferred	

Drug Name	Drug Tier	Requirements /Limits
ursodiol oral tablet	Preferred	
*GASTROINTESTINAL CHANNEL ACTIVATORS***		
<i>lubiprostone oral capsule</i>	Preferred	PA; AL; QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS***		
<i>metoclopramide hcl oral solution</i>	Preferred	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	Preferred	QL (6 tablet per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	Preferred	QL (12 tablet per 1 day)
*INFLAMMATORIY BOWEL AGENTS***		
<i>balsalazide disodium oral capsule</i>	Preferred	QL (9 capsules per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Preferred	QL (4 capsules per 1 day)
<i>mesalamine rectal enema</i>	Preferred	QL (1680 mL per 28 days)
<i>mesalamine-cleanser rectal kit</i>	Preferred	
<i>sulfasalazine oral tablet</i>	Preferred	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Preferred	QL (8 tablets per 1 day)
*INTESTINAL ACIDIFIERS***		
<i>lactulose encephalopathy oral solution</i>	Preferred	

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Drug Name	Drug Tier	Requirements /Limits
*PHOSPHATE BINDER AGENTS***		
<i>calcium acetate (phos binder) oral capsule</i>	Preferred	QL (12 capsules per 1 day)
<i>calcium acetate (phos binder) oral tablet</i>	Preferred	EDS; QL (12 tablets per 1 day)
<i>calcium acetate oral tablet 667 mg</i>	Preferred	EDS; QL (12 tablets per 1 day)
<i>lanthanum carbonate oral tablet chewable</i>	Preferred	QL (3 tablets per 1 day)
<i>sevelamer carbonate oral packet 0.8 gm</i>	Preferred	QL (6 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>	Preferred	QL (3 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>	Preferred	QL (9 tablets per 1 day)
*GENITOURINAR Y AGENTS - MISCELLANEOUS		
*		
*5-ALPHA REDUCTASE INHIBITORS***		
<i>finasteride oral tablet 5 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
*ALPHA 1- ADRENOCEPTOR ANTAGONISTS***		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Preferred	EDS; QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule</i>	Preferred	EDS; QL (2 capsules per 1 day)
*CITRATES***		
<i>potassium citrate er oral tablet extended release</i>	Preferred	

Drug Name	Drug Tier	Requirements /Limits
*GENITOURINAR Y IRRIGANTS***		
<i>sodium chloride irrigation solution</i>	Preferred	
*URINARY ANALGESICS***		
<i>hm urinary pain relief oral tablet 95 mg</i>	Preferred	OTC
<i>phenazopyridine hcl oral tablet</i>	Preferred	QL (12 tablets per 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
**		
<i>colchicine-probenecid oral tablet</i>	Preferred	
*GOUT AGENTS***		
<i>allopurinol oral tablet 100 mg</i>	Preferred	EDS; QL (8 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	Preferred	EDS
<i>colchicine oral capsule</i>	Preferred	QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Preferred	QL (70 tablets per 30 days)
*URICOSURICS**		
*		
<i>probenecid oral tablet</i>	Preferred	
HEMATOLOGIC AL AGENTS - MISC.		
*BRADYKININ B2 RECEPTOR ANTAGONISTS***		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	Preferred	PA; SP; QL (24 mL per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (18 syringes per 30 days)
*C1 ESTERASE INHIBITORS***		
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	Preferred	PA; SP; QL (24 vials per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	Preferred	PA; SP; QL (16 vials per 28 days)
*HEMATORHEOL OGIC AGENTS***		
pentoxifylline er oral tablet extended release	Preferred	EDS
*PHOSPHODIEST ERASE III INHIBITORS***		
cilostazol oral tablet	Preferred	EDS
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES***		
TAKHYRO SUBCUTANEOUS SOLUTION	Preferred	PA; SP; QL (1 vial per 28 days)
*PLATELET AGGREGATION INHIBITORS***		
dipyridamole oral tablet	Preferred	EDS
*QUINAZOLINE AGENTS***		
anagrelide hcl oral capsule 0.5 mg	Preferred	EDS; QL (20 capsules per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>anagrelide hcl oral capsule 1 mg</i>	Preferred	EDS; QL (10 capsules per 1 day)
*THIENOPYRIDINE DERIVATIVES***		
HEMATOPOIETIC AGENTS		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Preferred	QL (1 tablet per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Preferred	EDS; QL (1 tablet per 1 day)
*COBALAMINS***		
B-12 DOTS ORAL TABLET DISPERSIBLE	Preferred	OTC
<i>b-12 oral tablet 250 mcg, 50 mcg</i>	Preferred	OTC
<i>b-12 sublingual tablet sublingual 1000 mcg, 500 mcg</i>	Preferred	OTC
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Preferred	
DODEX INJECTION SOLUTION	Preferred	
<i>hydroxocobalamin acetate intramuscular solution</i>	Preferred	
<i>vitamin b-12 er oral tablet extended release 2000 mcg</i>	Preferred	OTC
<i>vitamin b-12 oral liquid</i>	Preferred	OTC
<i>vitamin b-12 oral lozenge 500 mcg</i>	Preferred	OTC
<i>vitamin b-12 oral tablet</i>	Preferred	OTC
<i>vitamin b12 oral tablet extended release</i>	Preferred	OTC
<i>vitamin b12 sublingual liquid</i>	Preferred	OTC
<i>vitamin b-12 sublingual liquid</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
vitamin b-12 sublingual tablet sublingual 1000 mcg, 500 mcg, 5000 mcg	Preferred	OTC	EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	Preferred	PA; SP; QL (12 vials per 28 days)
*CYTOTOXIC AGENTS***					
DROXIA ORAL CAPSULE	Preferred		RETACRIT INJECTION SOLUTION 10000 UNIT/ML		PA; SP; QL (12 mL per 28 days)
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)***			RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	Preferred	PA; SP; QL (4 mL per 28 days)	*FOLIC ACID/FOLATES***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML	Preferred	PA; SP; QL (4 syringes per 28 days)	folic acid injection solution	Preferred	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML	Preferred	PA; SP; QL (2 mL per 28 days)	folic acid oral tablet 1 mg	Preferred	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML	Preferred	PA; SP; QL (4 injections per 28 days)	folic acid oral tablet 400 mcg	Preferred	OTC
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML	Preferred	PA; SP; QL (4 mL per 28 days)	folic acid oral tablet 800 mcg	Preferred	EDS; OTC
EPOGEN INJECTION SOLUTION 10000 UNIT/ML	Preferred	PA; SP; QL (12 mL per 28 days)	*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)***		
			FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringes per 28 days)
			NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	Preferred	PA; SP; QL (2 injectors per 28 days)
			NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringes per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringes per 28 days)	<i>ferrous sulfate oral tablet delayed release 325 (65 fe) mg</i>	Preferred	EDS; OTC
UDENYCA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	Preferred	PA; SP; QL (2 syringe per 28 days)	IFEREX 150 ORAL CAPSULE	Preferred	EDS; OTC
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringes per 28 days)	INFED INJECTION SOLUTION	Preferred	PA; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	Preferred	PA; SP	<i>iron (ferrous sulfate) oral solution</i>	Preferred	EDS; OTC
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (2 syringes per 28 days)	<i>iron (ferrous sulfate) oral tablet</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
IRON COMBINATIONS			<i>iron high-potency oral tablet</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
**			<i>iron infant & toddler oral solution</i>	Preferred	EDS; OTC
iron-vitamin c oral tablet	Preferred	OTC; QL (1 tablet per 1 day)	<i>iron oral tablet 240 (27 fe) mg</i>	Preferred	EDS; OTC; QL (4 tablets per 1 day)
*IRON***			<i>iron oral tablet 325 (65 fe) mg</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
easy iron oral capsule	Preferred	OTC	<i>na ferric gluc cplx in sucrose intravenous solution</i>	Preferred	PA; SP; QL (80 mL per 56 days)
ferretts oral tablet	Preferred	OTC	<i>polysaccharide iron complex oral capsule</i>	Preferred	EDS; OTC
ferrous fumarate oral tablet 324 (106 fe) mg	Preferred	EDS; OTC	<i>polysaccharide-iron complex oral capsule</i>	Preferred	EDS; OTC
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg	Preferred	EDS; OTC; QL (4 tablets per 1 day)	<i>sv iron oral tablet</i>	Preferred	EDS; OTC; QL (3 tablets per 1 day)
ferrous sulfate er oral tablet extended release 50 mg	Preferred	EDS; OTC	VENOFER INTRAVENOUS SOLUTION	Preferred	PA; SP; QL (1000 mg per 14 days)
ferrous sulfate oral solution 75 (15 fe) mg/ml	Preferred	EDS; OTC	*HEMOSTATICS*		
ferrous sulfate oral tablet 27 mg	Preferred	EDS; OTC	*HEMOSTATICS - SYSTEMIC***		
ferrous sulfate oral tablet 325 (65 fe) mg	Preferred	EDS; OTC; QL (3 tablets per 1 day)	<i>aminocaproic acid oral tablet 500 mg</i>	Preferred	QL (60 tablets per 1 day)
			<i>tranexamic acid oral tablet</i>	Preferred	QL (6 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTIC COMBINATIONS		
**		
<i>qc acetaminophen pm ex st oral tablet</i>	Preferred	OTC
<i>qc pain relief extra strength oral tablet 500-25 mg</i>	Preferred	OTC
*ANTIHISTAMINE HYPNOTICS***		
<i>diphenhydramine hcl (sleep) oral tablet</i>	Preferred	OTC
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET	Preferred	C; OTC; QL (4 tablets per 1 day)
*BARBITURATE HYPNOTICS***		
<i>phenobarbital oral elixir</i>	Preferred	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Preferred	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	Preferred	QL (7 tablets per 1 day)
*BENZODIAZEPINE HYPNOTICS***		
<i>estazolam oral tablet</i>	Preferred	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	Preferred	QL (1 capsule per 1 day)
<i>temazepam oral capsule</i>	Preferred	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Preferred	QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS***		
<i>zaleplon oral capsule</i>	Preferred	QL (1 capsule per 1 day)
<i>zolpidem tartrate oral tablet</i>	Preferred	QL (1 tablet per 1 day)
LAXATIVES		
BOWEL EVACUANT COMBINATIONS		
**		
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	Preferred	QL (4000 mL per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Preferred	QL (4000 mL per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Preferred	QL (4000 mL per 30 days)
*BULK LAXATIVES***		
<i>clear soluble fiber oral powder</i>	Preferred	OTC
<i>fiber (corn dextrin) oral powder</i>	Preferred	OTC
<i>fiber adult gummies oral tablet chewable</i>	Preferred	OTC
<i>fiber laxative oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>fiber oral powder</i>	Preferred	OTC
<i>fiber oral tablet</i>	Preferred	OTC; QL (8 tablets per 1 day)
<i>fiber therapy oral tablet</i>	Preferred	OTC
FIBERCON ORAL TABLET	Preferred	OTC; QL (8 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>goodsense psyllium fiber oral powder</i>	Preferred	OTC
<i>natural fiber oral powder</i>	Preferred	OTC
<i>psyldex oral powder</i>	Preferred	OTC
SOLUBLE FIBER THERAPY ORAL POWDER	Preferred	OTC
*LAXATIVES - MISCELLANEOUS ***		
<i>glycerin (adult) rectal suppository</i>	Preferred	OTC
<i>glycerin (infants & children) rectal suppository 1 gm</i>	Preferred	OTC
<i>glycerin (pediatric) rectal suppository</i>	Preferred	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Preferred	QL (4800 mL per 30 days)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Preferred	QL (34 grams per 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Preferred	
*LAXATIVES & DSS***		
<i>senna plus oral capsule</i>	Preferred	OTC
<i>sennosides-docusate sodium oral tablet</i>	Preferred	OTC
<i>stool softener/laxative oral capsule</i>	Preferred	OTC
*LUBRICANT LAXATIVES***		
<i>mineral oil oral oil</i>	Preferred	OTC
*SALINE LAXATIVE MIXTURES***		
<i>enema pediatric rectal enema</i>	Preferred	OTC
<i>enema rectal enema 7-19 gm/118ml</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
*SALINE LAXATIVES***		
<i>epsom salt oral granules</i>	Preferred	OTC
<i>goodsense milk of magnesia oral suspension</i>	Preferred	OTC
<i>magnesium citrate oral solution</i>	Preferred	OTC
<i>milk of magnesia oral suspension 400 mg/5ml, 7.75 %</i>	Preferred	OTC
*STIMULANT LAXATIVES***		
<i>bisacodyl ec oral tablet delayed release</i>	Preferred	QL (100 tablets per 90 days)
<i>bisacodyl rectal suppository</i>	Preferred	OTC
<i>chocolated laxative oral tablet chewable</i>	Preferred	OTC
EX-LAX MAXIMUM STRENGTH ORAL TABLET	Preferred	OTC
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	Preferred	OTC; QL (100 tablets per 90 days)
ONELAX RECTAL SUPPOSITORY	Preferred	OTC
<i>senna oral capsule</i>	Preferred	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	Preferred	
<i>senna oral tablet</i>	Preferred	OTC
*SURFACTANT LAXATIVES***		
<i>docusate calcium oral capsule</i>	Preferred	OTC
<i>docusate sodium oral capsule 100 mg</i>	Preferred	OTC; QL (3 capsules per 1 day)
<i>docusate sodium oral liquid 100 mg/10ml</i>	Preferred	OTC
<i>dss oral capsule 250 mg</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
MACROLIDES		
*AZITHROMYCIN		

<i>azithromycin oral packet</i>	Preferred	
<i>azithromycin oral suspension reconstituted</i>	Preferred	
<i>azithromycin oral tablet</i>	Preferred	
*CLARITHROMY CIN***		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Preferred	
<i>clarithromycin oral suspension reconstituted</i>	Preferred	
<i>clarithromycin oral tablet</i>	Preferred	
*ERYTHROMYCI NS***		
E.E.S. 400 ORAL TABLET	Preferred	
ERY-TAB ORAL TABLET DELAYED RELEASE	Preferred	
ERYTHROCIN STEARATE ORAL TABLET	Preferred	
<i>erythromycin base oral capsule delayed release particles</i>	Preferred	
<i>erythromycin base oral tablet</i>	Preferred	
<i>erythromycin base oral tablet delayed release</i>	Preferred	
<i>erythromycin ethylsuccinate oral tablet</i>	Preferred	
<i>erythromycin oral tablet delayed release</i>	Preferred	

Drug Name	Drug Tier	Requirements /Limits
MEDICAL DEVICES AND SUPPLIES		
*APPLICATORS,C OTTON BALLS,ETC***		
<i>alcohol prep pads pad</i>	Preferred	OTC
ALCOHOL SWABSTICK PAD	Preferred	OTC
BD SWAB SINGLE USE REGULAR PAD	Preferred	OTC
CURITY ALCOHOL PREPS PAD	Preferred	OTC
<i>cvs alcohol prep pads pad</i>	Preferred	OTC
<i>cvs prep pad</i>	Preferred	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD	Preferred	OTC
<i>gnp alcohol swabs pad</i>	Preferred	OTC
<i>hm sterile alcohol prep pad</i>	Preferred	OTC
<i>qc alcohol swabs pad</i>	Preferred	OTC
RELION ALCOHOL SWABS PAD 70 %	Preferred	OTC
<i>sm alcohol prep pad</i>	Preferred	OTC
ULTICARE ALCOHOL SWABS PAD 70 %	Preferred	OTC
WEBCOL ALCOHOL PREP LARGE PAD	Preferred	OTC
WEBCOL ALCOHOL PREP MEDIUM PAD	Preferred	OTC
*CERVICAL CAPS***		
FEMCAP VAGINAL DEVICE	Preferred	
*DIAPHRAGMS**		
*		
CAYA VAGINAL DIAPHRAGM	Preferred	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM	Preferred		<i>acti-lance lite lancets 28g</i>	Preferred	OTC; QL (102 lancets per 30 days)
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	Preferred		<i>acti-lance special lancets 17g</i>	Preferred	OTC; QL (102 lancets per 30 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	Preferred		<i>acti-lance universal 23g</i>	Preferred	OTC; QL (102 lancets per 30 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	Preferred		<i>adjustable lancing device</i>	Preferred	OTC; QL (102 units per 30 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	Preferred		<i>advanced mobile lancet</i>	Preferred	OTC; QL (102 lancets per 30 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	Preferred		ADVOCATE LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	Preferred		AGAMATRIX ULTRA-THIN LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	Preferred		<i>aimsco twist lancets 32g</i>	Preferred	OTC; QL (102 lancets per 30 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	Preferred		AIMSCO TWIST LANCETS 33G	Preferred	OTC; QL (102 lancets per 30 days)
*GLUCOSE MONITORING TEST SUPPLIES***			ASSURE HAEMOLANCE PLUS HIGH	Preferred	OTC; QL (102 lancets per 30 days)
			ASSURE HAEMOLANCE PLUS LOW	Preferred	OTC; QL (102 lancets per 30 days)
			ASSURE HAEMOLANCE PLUS MICRO	Preferred	OTC; QL (102 lancets per 30 days)
			ASSURE HAEMOLANCE PLUS NORMAL	Preferred	OTC; QL (102 lancets per 30 days)
			ASSURE HAEMOLANCE PLUS PED	Preferred	OTC; QL (102 lancets per 30 days)
			ASSURE LANCE LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
<i>acti-lance 28g</i>	Preferred	OTC; QL (102 lancets per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ASSURE LANCE LANCETS 21G	Preferred	OTC; QL (102 lancets per 30 days)	CARDIOCOM LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)
ASSURE LANCE PLUS SAFETY 25G	Preferred	OTC; QL (102 lancets per 30 days)	<i>careone advanced lancing dev</i>	Preferred	OTC; QL (102 units per 30 days)
ASSURE LANCE PLUS SAFETY 30G	Preferred	OTC; QL (102 lancets per 30 days)	CAREONE LANCET SUPER THIN 30G	Preferred	OTC; QL (102 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G	Preferred	OTC; QL (102 lancets per 30 days)	<i>careone lancet thin 23g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>aurora lancet super thin 30g</i>	Preferred	OTC; QL (102 lancets per 30 days)	CARESENS LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
<i>aurora lancet thin 23g</i>	Preferred	OTC; QL (102 lancets per 30 days)	CLEANLET LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
AUTO-LANCET	Preferred	OTC; QL (102 units per 30 days)	<i>comfort assured lancets 28g</i>	Preferred	OTC; QL (102 lancets per 30 days)
AUTO-LANCET MINI	Preferred	OTC; QL (102 units per 30 days)	<i>comfort assured lancets 33g</i>	Preferred	OTC; QL (102 lancets per 30 days)
AUTOLET II CLINISAFE KIT	Preferred	OTC	DEXCOM G6 RECEIVER DEVICE	Preferred	PA; QL (1 receiver per 1 year)
AUTOLET LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	DEXCOM G6 SENSOR	Preferred	PA; QL (3 sensors per 30 days)
AUTOLET LITE CLINISAFE KIT	Preferred	OTC	DEXCOM G6 TRANSMITTER	Preferred	PA; QL (1 transmitter per 90 days)
AUTOLET LITE STARTER PACK KIT	Preferred	OTC	DEXCOM G7 RECEIVER DEVICE	Preferred	PA; QL (1 receiver per 1 year)
AUTOLET MINI	Preferred	OTC; QL (102 units per 30 days)	DEXCOM G7 SENSOR	Preferred	PA; QL (3 sensors per 30 days)
AUTOLET PLATFORMS	Preferred	OTC; QL (102 lancets per 30 days)	DIATHRIVE LANCET ULTRA THIN 30	Preferred	OTC; QL (102 lancets per 30 days)
AUTOLET PLUS	Preferred	OTC; QL (102 units per 30 days)	DIATHRIVE LANCETS	Preferred	OTC; QL (102 lancets per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DIATHRIVE LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	EASY TOUCH LANCETS 30G/TWIST	Preferred	OTC; QL (102 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH LANCETS 32G	Preferred	OTC; QL (102 lancets per 30 days)
DROPLET LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	EASY TOUCH LANCETS 32G/TWIST	Preferred	OTC; QL (102 lancets per 30 days)
DROPLET PERSONAL LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH LANCETS 33G/TWIST	Preferred	OTC; QL (102 lancets per 30 days)
<i>drug mart lancets thin 26g</i>	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)
DRUG MART ON- THE-GO LANCET 30G	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH SAFETY LANCETS 21G	Preferred	OTC; QL (102 lancets per 30 days)
DRUG MART UNILET LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH SAFETY LANCETS 23G	Preferred	OTC; QL (102 lancets per 30 days)
DRUG MART UNILET LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH SAFETY LANCETS 26G	Preferred	OTC; QL (102 lancets per 30 days)
DRUG MART UNILET LANCETS 33G	Preferred	OTC; QL (102 lancets per 30 days)	EASY TOUCH SAFETY LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
EASY TOUCH LANCETS 21G	Preferred	OTC; QL (102 lancets per 30 days)	E-Z JECT LANCET MICRO-THIN 33G	Preferred	OTC; QL (102 lancets per 30 days)
EASY TOUCH LANCETS 23G	Preferred	OTC; QL (102 lancets per 30 days)	E-Z JECT LANCET SUPER THIN 30G	Preferred	OTC; QL (102 lancets per 30 days)
EASY TOUCH LANCETS 26G	Preferred	OTC; QL (102 lancets per 30 days)	E-Z JECT LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
EASY TOUCH LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)	E-Z JECT LANCETS 21G	Preferred	OTC; QL (102 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST	Preferred	OTC; QL (102 lancets per 30 days)	E-Z JECT LANCETS THIN 26G	Preferred	OTC; QL (102 lancets per 30 days)
EASY TOUCH LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)	EZ-LETS LANCETS 21G	Preferred	OTC; QL (102 lancets per 30 days)

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EZ-LETS LANCETS 26G	Preferred	OTC; QL (102 lancets per 30 days)	GENTEEL CONTACT TIPS (CLEAR)	Preferred	OTC; QL (102 lancets per 30 days)
EZ-LETS LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)	GENTEEL CONTACT TIPS (GREEN)	Preferred	OTC; QL (102 lancets per 30 days)
EZ-LETS LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)	GENTEEL CONTACT TIPS (ORANGE)	Preferred	OTC; QL (102 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	GENTEEL CONTACT TIPS (RAINBOW)	Preferred	OTC; QL (102 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G	Preferred	OTC; QL (102 lancets per 30 days)	GENTEEL CONTACT TIPS (VIOLET)	Preferred	OTC; QL (102 lancets per 30 days)
FORA LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	GENTEEL CONTACT TIPS (YELLOW)	Preferred	OTC; QL (102 lancets per 30 days)
FORA LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	GENTEEL LANCING KIT (BLUE) KIT	Preferred	OTC
FREESTYLE LIBRE 14 DAY READER DEVICE	Preferred	PA; QL (1 reader per 1 year)	GENTEEL NOZZLES	Preferred	OTC; QL (102 lancets per 30 days)
FREESTYLE LIBRE 14 DAY SENSOR	Preferred	PA; QL (2 sensors per 28 days)	GENTEEL PLUS LANCING (BLACK)	Preferred	OTC; QL (102 units per 30 days)
FREESTYLE LIBRE 2 READER DEVICE	Preferred	PA; QL (1 reader per 1 year)	GENTEEL PLUS LANCING (PURPLE)	Preferred	OTC; QL (102 units per 30 days)
FREESTYLE LIBRE 2 SENSOR	Preferred	PA; QL (2 sensors per 28 days)	GENTEEL PLUS LANCING (WHITE)	Preferred	OTC; QL (102 units per 30 days)
FREESTYLE LIBRE 3 SENSOR	Preferred	PA; QL (2 sensors per 28 days)	GENTEEL PLUS LANCING DEV(BLUE)	Preferred	OTC; QL (102 units per 30 days)
FREESTYLE LIBRE READER DEVICE	Preferred	PA; QL (1 reader per 1 year)	GENTEEL PLUS LANCING DEV(PINK)	Preferred	OTC; QL (102 units per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET	Preferred	OTC; QL (102 lancets per 30 days)	GENTLE-LET GP LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE)	Preferred	OTC; QL (102 lancets per 30 days)	GENTLE-LET LANCETS	Preferred	OTC; QL (102 lancets per 30 days)

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GENTLE-LET PLATFORMS	Preferred	OTC; QL (102 lancets per 30 days)
GLUCOCOM LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
GLUCOCOM LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)
GLUCOCOM LANCETS 33G	Preferred	OTC; QL (102 lancets per 30 days)
GNP TRUE METRIX AIR METER KIT	Preferred	OTC
GNP TRUE METRIX GLUCOSE METER KIT	Preferred	OTC
HAEMOLANCE	Preferred	OTC; QL (102 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
HAEMOLANCE PLUS	Preferred	OTC; QL (102 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW	Preferred	OTC; QL (102 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW	Preferred	OTC; QL (102 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW	Preferred	OTC; QL (102 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW	Preferred	OTC; QL (102 lancets per 30 days)
HEALTH CARE LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)
HYPOLANCE AST LANCING KIT	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
IN TOUCH LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)
IN TOUCH STERILE LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancet device</i>	Preferred	OTC; QL (102 units per 30 days)
<i>lancet transporter case</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets 30g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets 33g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets micro thin 33g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets super thin 28g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets thin</i>	Preferred	OTC; QL (102 lancets per 30 days)
LANCETS ULTRA THIN	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancets ultra thin 30g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>lancing device</i>	Preferred	OTC; QL (102 units per 30 days)
LANZO	Preferred	OTC; QL (102 units per 30 days)
<i>leader advanced lancing device</i>	Preferred	OTC; QL (102 units per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LIBERTY MINI LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	<i>mini lancing device</i>	Preferred	OTC; QL (102 units per 30 days)
<i>lite touch lancets</i>	Preferred	OTC; QL (102 lancets per 30 days)	MONOLET LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
LITE TOUCH LANCING PEN	Preferred	OTC; QL (102 units per 30 days)	MONOLET OPD LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
LITETOUCH LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	MONOLETTOR SAFETY LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
<i>longs lancets standard</i>	Preferred	OTC; QL (102 lancets per 30 days)	<i>multi-lancet device</i>	Preferred	OTC; QL (102 units per 30 days)
<i>longs lancets thin</i>	Preferred	OTC; QL (102 lancets per 30 days)	MULTI-LANCET DEVICE 2 KIT	Preferred	OTC
<i>longs lancets ultra thin</i>	Preferred	OTC; QL (102 lancets per 30 days)	MYGLUCOHEALTH LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)
<i>medichoice safety lancet</i>	Preferred	OTC; QL (102 lancets per 30 days)	NOVA SAFETY LANCETS 23G	Preferred	OTC; QL (102 lancets per 30 days)
<i>medichoice safety lancet extra</i>	Preferred	OTC; QL (102 lancets per 30 days)	NOVA SAFETY LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
<i>medichoice safety lancet norm</i>	Preferred	OTC; QL (102 lancets per 30 days)	NOVA SUREFLEX LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G	Preferred	OTC; QL (102 lancets per 30 days)	NOVA SUREFLEX LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)
MEDLANCE PLUS LITE 25G	Preferred	OTC; QL (102 lancets per 30 days)	PRECISION THINS GP LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM	Preferred	OTC; QL (102 lancets per 30 days)	READYLANCE SAFETY LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G	Preferred	OTC; QL (102 lancets per 30 days)	RELION LANCET DEVICES 30G	Preferred	OTC; QL (102 units per 30 days)
MEDLANCE PLUS UNIVERSAL 21G	Preferred	OTC; QL (102 lancets per 30 days)	RELION LANCETS MICRO-THIN 33G	Preferred	OTC; QL (102 lancets per 30 days)

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RELION LANCETS THIN 26G	Preferred	OTC; QL (102 lancets per 30 days)	<i>select-lite lancing device</i>	Preferred	OTC; QL (102 units per 30 days)
RELION LANCETS ULTRA-THIN 30G	Preferred	OTC; QL (102 lancets per 30 days)	SMART SENSE COLOR LANCETS 33G	Preferred	OTC; QL (102 lancets per 30 days)
RELION LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	SMART SENSE STANDARD LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
RELION LANCING DEVICE KIT	Preferred	OTC	SMART SENSE SUPER THIN LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
RELION TRUE MET AIR GLUC METER KIT	Preferred	OTC	SMART SENSE THIN LANCETS 26G	Preferred	OTC; QL (102 lancets per 30 days)
RELION ULTRA THIN LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)	SMARTEST LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	STERILANCE PA	Preferred	OTC; QL (102 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G	Preferred	OTC; QL (102 lancets per 30 days)	STERILANCE TL	Preferred	OTC; QL (102 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT	Preferred	OTC; QL (102 lancets per 30 days)	<i>super thin lancets</i>	Preferred	OTC; QL (102 lancets per 30 days)
RIGHTEST GD500 LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	<i>sure comfort lancets 18g</i>	Preferred	OTC; QL (102 lancets per 30 days)
RIGHTEST GL300 LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	<i>sure comfort lancets 21g</i>	Preferred	OTC; QL (102 lancets per 30 days)
SAFE-T-LANCE	Preferred	OTC; QL (102 lancets per 30 days)	<i>sure comfort lancets 23g</i>	Preferred	OTC; QL (102 lancets per 30 days)
SAFE-T-LANCE PLUS	Preferred	OTC; QL (102 lancets per 30 days)	<i>sure comfort lancets 28g</i>	Preferred	OTC; QL (102 lancets per 30 days)
SAFETY LANCETS 21G	Preferred	OTC; QL (102 lancets per 30 days)	<i>sure comfort lancets 30g</i>	Preferred	OTC; QL (102 lancets per 30 days)
<i>select-lite device/lancets kit</i>	Preferred	OTC	<i>sure comfort lancing pen</i>	Preferred	OTC; QL (102 units per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SURELITE LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	TRUEPLUS LANCETS 26G	Preferred	OTC; QL (102 lancets per 30 days)
TECHLITE AST LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	TRUEPLUS LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
TECHLITE LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	TRUEPLUS LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)
TECHLITE LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)	TRUEPLUS LANCETS 33G	Preferred	OTC; QL (102 lancets per 30 days)
THINLETS GP LANCETS	Preferred	OTC; QL (102 lancets per 30 days)	TRUEPLUS SAFETY LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G	Preferred	OTC; QL (102 lancets per 30 days)	ULTRA-THIN II AUTO LANCET	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX AIR GLUCOSE METER DEVICE	Preferred	OTC	ULTRA-THIN II LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX AIR GLUCOSE METER KIT	Preferred	OTC	UNILET COMFORTOUCH LANCET	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX GO GLUCOSE METER KIT	Preferred	OTC	UNILET EXCELITE	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	Preferred	OTC	UNILET EXCELITE II	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	Preferred	OTC	UNILET G.P. LANCET	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	Preferred	OTC	UNILET G.P. SUPERLITE LANCET	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX METER DEVICE	Preferred	OTC	UNILET GP 28 ULTRA THIN	Preferred	OTC; QL (102 lancets per 30 days)
TRUE METRIX METER KIT	Preferred	OTC	UNILET LANCET	Preferred	OTC; QL (102 lancets per 30 days)
TRUEDRAW LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)	UNILET MICRO-THIN 33G	Preferred	OTC; QL (102 lancets per 30 days)

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UNILET SUPERLITE LANCET	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK 3 NORMAL	Preferred	OTC; QL (102 lancets per 30 days)
UNILET SUPER-THIN 30G	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK CZT COMFORT	Preferred	OTC; QL (102 lancets per 30 days)
UNILET ULTRA-THIN 28G	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK CZT NORMAL	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 1	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK PRO SAFETY LANCET	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 2	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK SAFETY LANCETS 28G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 2 COMFORT	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK SAFETY LANCETS 30G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 2 EXTRA	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK TOUCH SAFETY LANC 21G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 2 NEONATAL	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK TOUCH SAFETY LANC 23G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 2 NORMAL	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK TOUCH SAFETY LANC 28G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 2 SUPER	Preferred	OTC; QL (102 lancets per 30 days)	UNISTIK TOUCH SAFETY LANC 30G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 3	Preferred	OTC; QL (102 lancets per 30 days)	UNIVERSAL 1 LANCETS THIN 26G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 3 COMFORT	Preferred	OTC; QL (102 lancets per 30 days)	UNIVERSAL 1 LANCETS THIN 33G	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 3 EXTRA	Preferred	OTC; QL (102 lancets per 30 days)	UNIVERSAL 1 LANCETS ULTRA THIN	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 3 GENTLE	Preferred	OTC; QL (102 lancets per 30 days)	VIVAGUARD LANCETS	Preferred	OTC; QL (102 lancets per 30 days)
UNISTIK 3 NEONATAL	Preferred	OTC; QL (102 lancets per 30 days)	VIVAGUARD LANCING DEVICE	Preferred	OTC; QL (102 units per 30 days)

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*INSULIN ADMINISTRATION SUPPLIES***					
OMNIPOD 5 G6 INTRO (GEN 5) KIT	Preferred	PA; QL (1 unit per 4 years)	BD INSULIN SYRINGE ULTRAFINE	Preferred	OTC; QL (200 syringes per 30 days)
OMNIPOD 5 G6 PODS (GEN 5)	Preferred	PA; QL (15 pods per 30 days)	BD PEN NEEDLE MICRO U/F	Preferred	OTC; QL (200 units per 30 days)
OMNIPOD CLASSIC PODS (GEN 3)	Preferred	PA; QL (15 pods per 30 days)	BD PEN NEEDLE MINI U/F	Preferred	OTC; QL (200 units per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Preferred	PA; QL (1 unit per 4 years)	BD PEN NEEDLE NANO 2ND GEN	Preferred	OTC; QL (200 units per 30 days)
OMNIPOD DASH PDM (GEN 4) KIT	Preferred	PA; QL (1 unit per 4 years)	BD PEN NEEDLE NANO U/F	Preferred	QL (200 units per 30 days)
OMNIPOD DASH PODS (GEN 4)	Preferred	PA; QL (15 pods per 30 days)	BD PEN NEEDLE ORIGINAL U/F	Preferred	OTC; QL (200 units per 30 days)
*NEEDLES & SYRINGES***					
BD AUTOSHIELD DUO	Preferred	OTC; QL (200 units per 30 days)	BD PEN NEEDLE SHORT U/F	Preferred	OTC; QL (200 units per 30 days)
BD INSULIN SYR ULTRAFINE II	Preferred	OTC; QL (200 syringes per 30 days)	BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	Preferred	OTC; QL (200 syringes per 30 days)
BD INSULIN SYRINGE 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, U-100 1 ML	Preferred	OTC; QL (200 syringes per 30 days)	BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	Preferred	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	Preferred	OTC; QL (200 syringes per 30 days)	BD VEO INSULIN SYR U/F 1/2UNIT	Preferred	OTC; QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F	Preferred	OTC; QL (200 syringes per 30 days)	BD VEO INSULIN SYRINGE U/F	Preferred	OTC; QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT	Preferred	OTC; QL (200 syringes per 30 days)	*RESPIRATORY THERAPY SUPPLIES***		
			ACE AEROSOL CLOUD ENHANCER	Preferred	QL (2 units per 365 days)
			ACTIVITY POUCH	Preferred	QL (2 units per 365 days)

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ADAPTER PED DISPOSABLE	Preferred	OTC; QL (2 units per 365 days)	CARETOUCH CPAP PRE-WASH SOLN	Preferred	QL (2 units per 365 days)
<i>adult disposable</i>	Preferred	OTC; QL (2 units per 365 days)	CARETOUCH CPAP TUBE BRUSH	Preferred	QL (2 units per 365 days)
<i>adult mask device</i>	Preferred	QL (2 units per 365 days)	CARETOUCH UNIVERSL CPAP FILTER	Preferred	QL (2 units per 365 days)
<i>adult mask large</i>	Preferred	QL (2 units per 365 days)	<i>co monitor device</i>	Preferred	QL (2 units per 365 days)
AEROBIKA DEVICE	Preferred	QL (2 units per 365 days)	<i>co monitor replacement pieces</i>	Preferred	QL (2 units per 365 days)
AEROTRACH PLUS	Preferred	QL (2 units per 365 days)	<i>disposable full range</i>	Preferred	QL (2 units per 365 days)
AIRS PEDIATRIC AEROSOL MASK	Preferred	QL (2 units per 365 days)	<i>disposable low range</i>	Preferred	QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER	Preferred	QL (2 units per 365 days)	<i>disposable low range/pediatric</i>	Preferred	QL (2 units per 365 days)
ALL FLOW 1000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	<i>disposable paper</i>	Preferred	OTC; QL (2 units per 365 days)
ALL FLOW 2000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	<i>disposable universal range</i>	Preferred	QL (2 units per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	EASY FLOW 300 MM HOSE	Preferred	OTC; QL (2 units per 365 days)
ALL FLOW 4000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	EASY FLOW 400 MM HOSE	Preferred	OTC; QL (2 units per 365 days)
ALL FLOW 5000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	EASY FLOW AIR NOZZLE	Preferred	OTC; QL (2 units per 365 days)
ALL FLOW 6000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	EASY FLOW BLACK/BLUE DEVICE	Preferred	OTC; QL (2 units per 365 days)
ALL FLOW 7000 PFT FILTER DEVICE	Preferred	QL (2 units per 365 days)	EASY FLOW BLACK/ORANGE DEVICE	Preferred	OTC; QL (2 units per 365 days)
<i>breathe ease neb mask/child</i>	Preferred	QL (2 units per 365 days)	EASY FLOW BLACK/RED DEVICE	Preferred	OTC; QL (2 units per 365 days)
<i>breathe ease neb mask/infant</i>	Preferred	QL (2 units per 365 days)	EASY FLOW BLACK/WHITE DEVICE	Preferred	OTC; QL (2 units per 365 days)
CARETOUCH 2 CPAP HOSE HANGER	Preferred	QL (2 units per 365 days)			
CARETOUCH CPAP & BIPAP HOSE	Preferred	QL (2 units per 365 days)			
CARETOUCH CPAP MASK WIPES	Preferred	QL (2 units per 365 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
EASY FLOW BLACK/YELLOW DEVICE	Preferred	OTC; QL (2 units per 365 days)	LITETOUCH MASK MEDIUM	Preferred	QL (2 units per 365 days)
EASY FLOW HEPA FILTER	Preferred	OTC; QL (2 units per 365 days)	LITETOUCH MASK SMALL	Preferred	QL (2 units per 365 days)
EASY FLOW WHITE/BLUE DEVICE	Preferred	OTC; QL (2 units per 365 days)	MINIELITE FILTER REPLACEMENTS	Preferred	OTC; QL (2 units per 365 days)
EASY FLOW WHITE/GREEN DEVICE	Preferred	OTC; QL (2 units per 365 days)	<i>nebulizer air tube/plugs</i>	Preferred	QL (2 units per 365 days)
EASY FLOW WHITE/PINK DEVICE	Preferred	OTC; QL (2 units per 365 days)	OMBRA TABLE TOP COMPRESSOR DEVICE	Preferred	QL (2 units per 365 days)
EASY FLOW WHITE/WHITE DEVICE	Preferred	OTC; QL (2 units per 365 days)	ONE FLOW SPIROMETER DEVICE	Preferred	QL (2 units per 365 days)
EASY FLOW WHITE/YELLOW DEVICE	Preferred	OTC; QL (2 units per 365 days)	ONE FLOW TESTER	Preferred	OTC; QL (2 units per 365 days)
EBASE CONTROLLER KIT	Preferred	QL (2 units per 365 days)	<i>one-way valved expiratory</i>	Preferred	OTC; QL (2 units per 365 days)
<i>expiratory mouthpiece</i>	Preferred	OTC; QL (2 units per 365 days)	<i>one-way valved inspiratory</i>	Preferred	OTC; QL (2 units per 365 days)
<i>filter air pp</i>	Preferred	QL (2 units per 365 days)	PARI ALTERA NEBULIZER HANDSET	Preferred	QL (2 units per 365 days)
<i>full kit nebulizer set</i>	Preferred	QL (2 units per 365 days)	PARI BABY CONVERSION KIT	Preferred	QL (2 units per 365 days)
IN-CHECK DIAL FLOW TRAINER DEVICE	Preferred	QL (2 units per 365 days)	PARI ERAPID NEBULIZER HANDSET	Preferred	QL (2 units per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE	Preferred	QL (2 units per 365 days)	PARI EXPIRATORY FILTER SET DEVICE	Preferred	QL (2 units per 365 days)
INNOSPIRE REPLACEMENT FILTER	Preferred	QL (2 units per 365 days)	PARI MANUAL INTERRUPTER DEVICE	Preferred	QL (2 units per 365 days)
KOKO PEAK PRO MOUTHPIECE	Preferred	OTC; QL (2 units per 365 days)	PARI MASK SET	Preferred	QL (2 units per 365 days)
LITETOUCH MASK LARGE	Preferred	QL (2 units per 365 days)	PARI SOFT PLASTIC ADULT MASK	Preferred	QL (2 units per 365 days)
			PARI SOFT PLASTIC PED MASK	Preferred	QL (2 units per 365 days)

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Drug Name	Drug Tier	Requirements /Limits
PARI TREK S COMBO PACK DEVICE	Preferred	QL (2 units per 365 days)
<i>ped disposable</i>	Preferred	OTC; QL (2 units per 365 days)
PFLEX	Preferred	QL (2 units per 365 days)
<i>pillow mask/adult</i>	Preferred	QL (2 units per 365 days)
<i>pillow mask/child</i>	Preferred	QL (2 units per 365 days)
<i>pillow mask/pediatric</i>	Preferred	QL (2 units per 365 days)
<i>pure comfort 3-ball breathe ex device</i>	Preferred	OTC; QL (2 units per 365 days)
QUAKE DEVICE	Preferred	QL (2 units per 365 days)
<i>replacement air filter</i>	Preferred	QL (2 units per 365 days)
SAMI THE SEAL FILTERS	Preferred	OTC; QL (2 units per 365 days)
SIDESTREAM ADULT FACE MASK	Preferred	QL (2 units per 365 days)
SIDESTREAM PEDIATRIC FACE MASK	Preferred	QL (2 units per 365 days)
SIDESTREAM PLS ADULT FACE MASK	Preferred	OTC; QL (2 units per 365 days)
<i>silicone mask/adult</i>	Preferred	QL (2 units per 365 days)
<i>silicone mask/infant</i>	Preferred	QL (2 units per 365 days)
<i>silicone mask/pediatric</i>	Preferred	QL (2 units per 365 days)
<i>spiro pd device</i>	Preferred	QL (2 units per 365 days)
THRESHOLD IMT	Preferred	QL (2 units per 365 days)
THRESHOLD PEP DEVICE	Preferred	QL (2 units per 365 days)

Drug Name	Drug Tier	Requirements /Limits
WINDMILL TRAINER	Preferred	QL (2 units per 365 days)
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES***		
AEROCHAMBER MINI CHAMBER DEVICE	Preferred	QL (2 units per 365 days)
AEROCHAMBER MV	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL	Preferred	QL (2 units per 365 days)
AEROCHAMBER PLUS FLOW VU	Preferred	QL (2 units per 365 days)
AEROCHAMBER W/FLOWSIGNAL	Preferred	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS	Preferred	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR	Preferred	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE	Preferred	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM	Preferred	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL	Preferred	QL (2 units per 365 days)
AEROVENT PLUS DEVICE	Preferred	QL (2 units per 365 days)
<i>breathe ease large device</i>	Preferred	QL (2 units per 365 days)
<i>breathe ease medium device</i>	Preferred	QL (2 units per 365 days)
<i>breathe ease small device</i>	Preferred	QL (2 units per 365 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BREATHERITE VALVED MDI CHAMBER DEVICE	Preferred	QL (2 units per 365 days)	OPTICHAMBER DIAMOND	Preferred	QL (2 units per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Preferred	QL (2 units per 365 days)	OPTICHAMBER DIAMOND-LG MASK DEVICE	Preferred	QL (2 units per 365 days)
COMPACT SPACE CHAMBER DEVICE	Preferred	QL (2 units per 365 days)	OPTICHAMBER DIAMOND-MD MASK	Preferred	QL (2 units per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE	Preferred	QL (2 units per 365 days)	OPTICHAMBER DIAMOND-SM MASK	Preferred	QL (2 units per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE	Preferred	QL (2 units per 365 days)	PANDA MASK LARGE	Preferred	OTC; QL (2 units per 365 days)
EASIVENT	Preferred	QL (2 units per 365 days)	PANDA MASK MEDIUM	Preferred	OTC; QL (2 units per 365 days)
EASIVENT MASK LARGE	Preferred	QL (2 units per 365 days)	PANDA MASK SMALL	Preferred	OTC; QL (2 units per 365 days)
EASIVENT MASK MEDIUM	Preferred	QL (2 units per 365 days)	PEDIATRIC PANDA MASK	Preferred	OTC; QL (2 units per 365 days)
EASIVENT MASK SMALL	Preferred	QL (2 units per 365 days)	POCKET CHAMBER DEVICE	Preferred	QL (2 units per 365 days)
FLEXICHAMBER ADULT MASK/SMALL	Preferred	QL (2 units per 365 days)	POCKET SPACER DEVICE	Preferred	QL (2 units per 365 days)
FLEXICHAMBER CHILD MASK/LARGE	Preferred	QL (2 units per 365 days)	<i>pro comfort spacer adult</i>	Preferred	OTC; QL (2 units per 365 days)
FLEXICHAMBER CHILD MASK/SMALL	Preferred	QL (2 units per 365 days)	<i>pro comfort spacer child</i>	Preferred	OTC; QL (2 units per 365 days)
FLEXICHAMBER DEVICE	Preferred	QL (2 units per 365 days)	<i>pro comfort spacer infant device</i>	Preferred	OTC; QL (2 units per 365 days)
INSPIREASE	Preferred	QL (2 units per 365 days)	<i>procare spacer/adult mask device</i>	Preferred	OTC; QL (2 units per 365 days)
MASK VORTEX/CHILD/FRO G	Preferred	OTC; QL (2 units per 365 days)	<i>procare spacer/child mask device</i>	Preferred	OTC; QL (2 units per 365 days)
MASK VORTEX/TODDLER/L ADYBUG	Preferred	OTC; QL (2 units per 365 days)	<i>pure comfort spacer chamber device</i>	Preferred	OTC; QL (2 units per 365 days)
MICROCHAMBER DEVICE	Preferred	QL (2 units per 365 days)			
MICROSPACER	Preferred	QL (2 units per 365 days)			

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Drug Name	Drug Tier	Requirements /Limits
RITEFLO DEVICE	Preferred	QL (2 units per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Preferred	QL (2 units per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Preferred	QL (2 units per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE	Preferred	QL (2 units per 365 days)
MIGRAINE PRODUCTS		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)***		
NURTEC ORAL TABLET DISPERSIBLE	Preferred	PA; QL (8 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES***		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	Preferred	PA; QL (1 autoinjector per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	Preferred	PA; QL (1 injection per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; QL (1 syringe per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (1 syringe per 28 days)
ERGOT COMBINATIONS		
**		
<i>ergotamine-caffeine oral tablet</i>	Preferred	
MIGERGOT RECTAL SUPPOSITORY	Preferred	
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)***		
<i>naratriptan hcl oral tablet</i>	Preferred	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	Preferred	ST; QL (6 bottles per 30 days)
<i>sumatriptan succinate oral tablet</i>	Preferred	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Preferred	ST; QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Preferred	ST; QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Preferred	ST; QL (6 injections per 30 days)
MINERALS & ELECTROLYTES		
CALCIUM COMBINATIONS		
**		
<i>calcium carb-cholecalciferol oral tablet 500-10 mg-mcg</i>	Preferred	OTC
<i>calcium carbonate-vitamin d oral capsule</i>	Preferred	OTC; QL (2 capsules per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
calcium carbonate-vitamin d oral tablet	Preferred	OTC; QL (2 tablets per 1 day)
calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg	Preferred	OTC
calcium citrate-vitamin d3 oral tablet	Preferred	OTC
calcium/cld oral tablet chewable	Preferred	OTC; QL (4 tablets per 1 day)
calcium-magnesium-zinc oral tablet 333-133-5 mg	Preferred	AL; OTC
calcium-magnesium-zinc oral tablet 333-133-8.3 mg	Preferred	OTC
calcium-vitamin d3 oral capsule 600-10 mg-mcg	Preferred	OTC; QL (2 capsules per 1 day)
calcium-vitamin d3 oral capsule 600-12.5 mg-mcg	Preferred	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit, 600-800 mg-unit	Preferred	OTC; QL (2 tablets per 1 day)
citrus calcium/vitamin d oral tablet	Preferred	OTC
finest nutrition calcium/vit d oral capsule	Preferred	OTC
oyster shell calcium oral tablet 500-10 mg-mcg	Preferred	OTC
oyster shell calcium/d oral tablet 250-3.125 mg-mcg	Preferred	OTC; QL (4 tablets per 1 day)
oyster shell calcium/d3 oral tablet 500-5 mg-mcg	Preferred	OTC
oyster shell calcium/vit d oral tablet	Preferred	OTC
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	Preferred	OTC
risacal-d oral tablet	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
*CALCIUM***		
calcium carbonate oral tablet 1250 (500 ca) mg	Preferred	OTC; QL (4 tablets per 1 day)
calcium carbonate oral tablet 1500 (600 ca) mg, 600 mg	Preferred	OTC
calcium citrate oral tablet 250 mg, 950 (200 ca) mg	Preferred	OTC
calcium oyster shell oral tablet 500 mg	Preferred	OTC; QL (4 tablets per 1 day)
oyster shell calcium oral tablet 500 mg	Preferred	OTC; QL (4 tablets per 1 day)
*ELECTROLYTES ORAL***		
oral electrolytes oral solution	Preferred	AL; OTC; QL (6000 mL per 30 days)
pediatric electrolyte oral solution	Preferred	AL; OTC; QL (6000 mL per 30 days)
*FLUORIDE***		
sodium fluoride oral solution	Preferred	AL; EDS
sodium fluoride oral tablet chewable	Preferred	AL
*MAGNESIUM***		
MAG64 ORAL TABLET DELAYED RELEASE	Preferred	OTC; QL (2 tablets per 1 day)
magnesium gluconate oral tablet 27.5 mg	Preferred	OTC
magnesium oral tablet 200 mg, 250 mg	Preferred	OTC
magnesium oral tablet 400 mg	Preferred	OTC; QL (4 tablets per 1 day)
magnesium oxide -mg supplement oral tablet 250 mg, 500 mg	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
MINERAL COMBINATIONS		
**		
<i>calcium citrate-magnesium oral tablet</i>	Preferred	AL; OTC
*PHOSPHATE***		
<i>phosphorous oral tablet</i>	Preferred	EDS
*POTASSIUM***		
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	Preferred	EDS
<i>potassium chloride crys er oral tablet extended release</i>	Preferred	EDS
<i>potassium chloride er oral capsule extended release</i>	Preferred	EDS
<i>potassium chloride er oral tablet extended release</i>	Preferred	EDS
<i>potassium chloride oral packet</i>	Preferred	
<i>potassium chloride oral solution</i>	Preferred	
<i>potassium gluconate oral tablet 595 (99 k) mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>sd potassium gluconate oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
*ZINC***		
<i>chelated zinc oral tablet</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>zinc gluconate oral tablet 100 mg, 30 mg</i>	Preferred	OTC
<i>zinc gluconate oral tablet 50 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>zinc oral capsule 220 (50 zn) mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
<i>zinc oral tablet 30 mg</i>	Preferred	OTC
<i>zinc oral tablet 50 mg</i>	Preferred	OTC; QL (4 tablets per 1 day)
<i>zinc sulfate oral capsule</i>	Preferred	OTC
<i>zinc sulfate oral tablet</i>	Preferred	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
*CHELATING AGENTS***		
<i>penicillamine oral tablet</i>	Preferred	PA; SP; QL (8 tablets per 1 day)
<i>trientine hcl oral capsule 250 mg</i>	Preferred	PA; SP; QL (8 capsules per 1 day)
*CYCLOSPORINE ANALOGS***		
<i>cyclosporine modified oral capsule</i>	Preferred	
<i>cyclosporine modified oral solution</i>	Preferred	
<i>cyclosporine oral capsule</i>	Preferred	
LUPKYNIS ORAL CAPSULE	Preferred	PA
NEORAL ORAL CAPSULE	Preferred	
NEORAL ORAL SOLUTION	Preferred	
SANDIMMUNE ORAL CAPSULE	Preferred	
SANDIMMUNE ORAL SOLUTION	Preferred	
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS***		
CELLCEPT ORAL CAPSULE	Preferred	

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Drug Name	Drug Tier	Requirements /Limits
CELLCEPT ORAL SUSPENSION RECONSTITUTED	Preferred	
CELLCEPT ORAL TABLET	Preferred	
<i>mycophenolate mofetil oral capsule</i>	Preferred	
<i>mycophenolate mofetil oral suspension reconstituted</i>	Preferred	
<i>mycophenolate mofetil oral tablet</i>	Preferred	
<i>mycophenolate sodium oral tablet delayed release</i>	Preferred	
<i>mycophenolic acid oral tablet delayed release</i>	Preferred	
MYFORTIC ORAL TABLET DELAYED RELEASE	Preferred	
*MACROLIDE IMMUNOSUPPRESSANTS***		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Preferred	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	Preferred	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Preferred	
PROGRAF ORAL CAPSULE	Preferred	
PROGRAF ORAL PACKET	Preferred	
RAPAMUNE ORAL SOLUTION	Preferred	
RAPAMUNE ORAL TABLET	Preferred	
<i>sirolimus oral solution</i>	Preferred	
<i>sirolimus oral tablet</i>	Preferred	
<i>tacrolimus oral capsule</i>	Preferred	

Drug Name	Drug Tier	Requirements /Limits
*MONOCLONAL ANTIBODIES***		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (1 syringe per 28 days)
*POTASSIUM REMOVING AGENTS***		
LOKELMA ORAL PACKET	Preferred	
SPS ORAL SUSPENSION	Preferred	
*PURINE ANALOGS***		
AZASAN ORAL TABLET	Preferred	
<i>azathioprine oral tablet</i>	Preferred	
IMURAN ORAL TABLET	Preferred	
*ROCK INHIBITORS***		
REZUROCK ORAL TABLET	Preferred	PA; QL (1 tablet per 1 day)
MOUTH/THROAT/DENTAL AGENTS		
*ANESTHETICS TOPICAL ORAL***		
<i>lidocaine hcl mouth/throat solution</i>	Preferred	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	Preferred	QL (300 mL per 30 days)
*ANTI-INFECTIVES - THROAT***		
<i>clotrimazole mouth/throat troche</i>	Preferred	QL (5 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>nystatin mouth/throat suspension</i>	Preferred	QL (24 mL per 1 day)
*ANTISEPTICS - MOUTH/THROAT ***		
CHLORASEPTIC WARM SORE THROAT MOUTH/THROAT LIQUID		
*SALIVA STIMULANTS***		
<i>pilocarpine hcl oral tablet</i>	Preferred	QL (4 tablets per 1 day)
MULTIVITAMIN S		
*B-COMPLEX VITAMINS***		
<i>b complex oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)
<i>b complex vitamins oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)
<i>vitamin b complex oral capsule</i>	Preferred	C; OTC; QL (1 capsule per 1 day)
*B-COMPLEX W/ C & FOLIC ACID***		
<i>b-complex/vitamin c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
DIALYVITE 800 ORAL TABLET	Preferred	C; OTC; QL (1 tablet per 1 day)
NEPHRONEX ORAL LIQUID	Preferred	C; OTC; QL (10 mL per 1 day)
*B-COMPLEX W/ C***		
<i>b complex-c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>b complex-vitamin c oral capsule</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
<i>b-complex-c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
<i>super b-complex + vitamin c oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID***		
<i>b complex-c-biotin-e-fa oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/BIOTIN & FOLIC ACID***		
<i>b-50 complex oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
<i>b-complex oral tablet</i>	Preferred	C; OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ IRON***		
<i>multiple vitamins/iron oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
*MULTIVITAMIN S***		
<i>multi vitamin oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>multiple vitamin-folic acid oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
<i>vit e-vit c-beta carotene oral tablet</i>	Preferred	OTC; QL (1 tablet per 1 day)
*PED MV W/ FLUORIDE***		
<i>multivitamin w/fluoride oral tablet chewable</i>	Preferred	PA
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Preferred	PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits		
*PED MV W/IRON***							
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION	Preferred	PA; OTC; QL (50 mL per 45 days)	*PRENATAL MV & MIN W/FE-FA & COENZYME Q10***				
<i>multivitamin drops/iron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)	THERANATAL OVAVITE ORAL THERAPY PACK	Preferred	AL; OTC; QL (2 tablets per 1 day)		
<i>pc pediatric poly-vitalfe drop oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)	*PRENATAL MV & MIN W/FE-FA***				
POLY-VI-SOL/IRON ORAL SOLUTION	Preferred	PA; OTC; QL (50 mL per 45 days)	ATABEX ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (1 tablet per 1 day)		
<i>poly-vital/iron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)	<i>classic prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)		
<i>poly-vite/iron oral solution</i>	Preferred	PA; OTC; QL (50 mL per 45 days)	<i>eql prenatal formula oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)		
*PED VITAMINS ACD W/ FLUORIDE***					<i>gnp prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>adclf (0.5mg/ml) oral solution</i>	Preferred	PA	HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK	Preferred	AL; OTC; QL (1 pack per 1 day)		
*PEDIATRIC MULTIPLE VITAMINS***					<i>kp prenatal multivitamins oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	Preferred	AL; OTC	<i>kpn prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)		
<i>multivitamin infant & toddler oral solution</i>	Preferred	AL; OTC	<i>masonatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)		
POLY-VI-SOL ORAL SOLUTION	Preferred	AL; OTC	<i>multi prenatal oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)		
<i>poly-vita oral solution</i>	Preferred	AL; OTC	NESTABS ORAL TABLET	Preferred	AL; QL (1 tablet per 1 day)		
<i>poly-vite pediatric oral solution</i>	Preferred	AL; OTC	OBTREX ORAL TABLET	Preferred	AL; OTC; QL (1 tablet per 1 day)		

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>one vite womens oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal vitamins oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal/iron oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)	THERANATAL CORE NUTRITION ORAL TABLET	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatabs fa oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	UPSPRING PRENATAL COMPLETE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal (wliron & fa) oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>vita-pac oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal 19 oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL***		
<i>prenatal complete oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal + complete multi oral therapy pack 18-0.8 & 290 mg</i>	Preferred	AL; OTC; QL (2 capsules per 1 day)
<i>prenatal formula a-free oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	*PRENATAL MV & MIN W/FE-FA-DHA***		
<i>prenatal formula oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	BRAINSTRONG PRENATAL ORAL	Preferred	AL; OTC; QL (2 units per 1 day)
<i>prenatal forte oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>cadeau dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	CENTRUM SPECIALIST PRENATAL ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal one daily oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	ENFAMIL EXPECTA ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal oral tablet 27-0.8 mg</i>	Preferred	AL; QL (1 tablet per 1 day)	OBSTETRIX ONE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)	<i>prenatal multi +dha oral capsule 27-0.8-200 mg, 27-0.8-250 mg</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)
<i>prenatal vitamin and mineral oral tablet</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)			

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PRENATAL MULTIVITAMIN + DHA ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)	GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal multivitamin plus dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	ONE A DAY PRENATAL ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (1 tablet per 1 day)
<i>prenatal vitamin/min +dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
<i>prenatal+dha oral</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>prenatal adult gummy/dhalfa oral tablet chewable</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
SIMILAC PRENATAL EARLY SHIELD ORAL	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>prenatal gummies oral tablet chewable</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)
STUART ONE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>prenatal gummies/dha & fa oral tablet chewable</i>	Preferred	AL; OTC; QL (1 tablet per 1 day)
THERANATAL COMPLETE ORAL	Preferred	AL; OTC; QL (3 units per 1 day)	*MUSCULOSKEL ETAL THERAPY AGENTS*		
THERANATAL ONE ORAL CAPSULE	Preferred	AL; OTC; QL (1 capsule per 1 day)	*CENTRAL MUSCLE RELAXANTS***		
<i>ultra prenatal + dha oral capsule</i>	Preferred	AL; OTC; QL (1 capsule per 1 day)	<i>baclofen oral tablet 10 mg</i>	Preferred	QL (3 tablets per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON***			<i>baclofen oral tablet 20 mg</i>	Preferred	QL (4 tablets per 1 day)
ALIVE DAILY SUP PRENATAL GUMMI ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>carisoprodol oral tablet 250 mg</i>	Preferred	QL (4 tablets per 30 days)
ALIVE PRENATAL ORAL TABLET CHEWABLE	Preferred	AL; OTC; QL (3 tablets per 1 day)	<i>carisoprodol oral tablet 350 mg</i>	Preferred	QL (4 tablets per 1 day)
<i>cvs prenatal gummy oral tablet chewable 0.18-25 mg</i>	Preferred	AL; OTC; QL (2 tablets per 1 day)	<i>chlorzoxazone oral tablet 500 mg</i>	Preferred	QL (4 tablets per 1 day)
			<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (3 tablets per 1 day)
			<i>methocarbamol oral tablet 500 mg</i>	Preferred	QL (8 tablets per 1 day)
			<i>methocarbamol oral tablet 750 mg</i>	Preferred	QL (6 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Preferred	QL (2 tablets per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Preferred	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Preferred	QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS***		
<i>dantrolene sodium oral capsule</i>	Preferred	
*VISCOSUPPLEMENTS***		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	Preferred	PA; QL (16 mL per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (12 mL per 135 days)
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	Preferred	PA; QL (6 mL per 180 days)
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (12 mL per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION	Preferred	PA; QL (20 mL per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (25 mL per 135 days)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (6 units per 135 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	Preferred	PA; QL (2 units per 135 days)

Drug Name	Drug Tier	Requirements /Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
*NASAL AGENTS - MISC.***		
AYR SALINE NASAL DROPS NASAL SOLUTION	Preferred	OTC; QL (2 fills per 30 days)
<i>qc saline nasal spray nasal solution</i>	Preferred	OTC; QL (2 fills per 30 days)
<i>saline nasal spray nasal solution</i>	Preferred	OTC; QL (2 fills per 30 days)
*NASAL ANTICHOLINERGICS***		
<i>ipratropium bromide nasal solution 0.03 %</i>	Preferred	QL (2 bottles per 30 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Preferred	QL (2 bottle per 30 days)
*NASAL ANTIHISTAMINE S***		
ASTEPRO CHILDRENS NASAL SOLUTION	Preferred	OTC; QL (1 bottle per 28 days)
ASTEPRO NASAL SOLUTION	Preferred	OTC; QL (1 bottle per 28 days)
<i>azelastine hcl nasal solution</i>	Preferred	QL (1 bottle per 28 days)
*NASAL MAST CELL STABILIZERS***		
<i>cromolyn sodium nasal aerosol solution</i>	Preferred	OTC
*NASAL STEROIDS***		
<i>budesonide nasal suspension</i>	Preferred	OTC; QL (2 inhalers per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propionate nasal suspension</i>	Preferred	QL (1 inhaler per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	Preferred	OTC; QL (1 inhaler per 30 days)
*SYSTEMIC DECONGESTANT S***		
<i>eq sinus 12-hour oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>phenylephrine hcl oral tablet</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Preferred	AL; OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Preferred	AL
*TOPICAL DECONGESTANT S***		
DRISTAN NASAL SOLUTION	Preferred	OTC
GILTUSS SEVERE SINUS NASAL SOLUTION	Preferred	OTC
<i>gnp nasal four spray nasal solution</i>	Preferred	OTC
<i>nasal spray nasal solution</i>	Preferred	OTC
<i>qc nasal mist no drip nasal solution</i>	Preferred	OTC
<i>qc nasal spray nasal solution 1 %</i>	Preferred	OTC
<i>qc no drip extra moisturizing nasal solution</i>	Preferred	OTC
<i>qc no drip original 12 hours nasal solution</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements /Limits
NEUROMUSCULAR AGENTS		
*BENZATHIAZOL ES***		
<i>riluzole oral tablet</i>	Preferred	PA; SP; QL (4 tablets per 1 day)
NUTRIENTS		
*MISC. NUTRITIONAL SUBSTANCES***		
<i>dha from algae oral capsule</i>	Preferred	OTC
<i>fish oil odor-less oral capsule</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>fish oil oral capsule 1000 mg</i>	Preferred	
<i>fish oil oral capsule 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>fish oil oral capsule 435 mg, 500 mg, 600 mg, 645 mg</i>	Preferred	OTC
<i>fish oil oral capsule delayed release 1000 mg</i>	Preferred	OTC
<i>fish oil oral capsule delayed release 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>omega 3 oral capsule 1000 mg</i>	Preferred	OTC
<i>omega 3 oral capsule 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>omega-3 fish oil oral capsule 1000 mg, 300 mg, 500 mg</i>	Preferred	OTC
<i>omega-3 fish oil oral capsule 1200 mg</i>	Preferred	OTC; QL (100 capsules per 30 days)
<i>omega-3 microgel oral capsule</i>	Preferred	OTC

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Drug Name	Drug Tier	Requirements /Limits
<i>omega-3 oral capsule 1000 mg</i>	Preferred	OTC
OPHTHALMIC AGENTS		
*ARTIFICIAL TEAR SOLUTIONS***		
<i>artificial tears ophthalmic solution</i>	Preferred	OTC
*ARTIFICIAL TEARS AND LUBRICANTS***		
<i>carboxymethylcellulose sodium ophthalmic solution</i>	Preferred	OTC
<i>polyvinyl alcohol ophthalmic solution</i>	Preferred	
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS		
*		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Preferred	EDS; QL (10 mL per 30 days)
*BETA-BLOCKERS - OPHTHALMIC***		
<i>betaxolol hcl ophthalmic solution</i>	Preferred	EDS; QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	Preferred	EDS
<i>levobunolol hcl ophthalmic solution</i>	Preferred	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	Preferred	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %</i>	Preferred	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.5 %</i>	Preferred	EDS; QL (20 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
*CYCLOPLEGIC MYDRIATICS***		
<i>atropine sulfate ophthalmic solution 1 %</i>	Preferred	EDS; QL (20 mL per 30 days)
<i>phenylephrine hcl ophthalmic solution</i>	Preferred	
*MIOTICS - DIRECT ACTING***		
<i>pilocarpine hcl ophthalmic solution</i>	Preferred	EDS
*OPHTHALMIC ANTIALLERGIC**		
*		
ALAWAY OPHTHALMIC SOLUTION	Preferred	OTC; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Preferred	QL (6 mL per 30 days)
<i>cromolyn sodium ophthalmic solution</i>	Preferred	QL (20 mL per 30 days)
<i>epinastine hcl ophthalmic solution</i>	Preferred	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Preferred	PA; QL (5 mL per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Preferred	PA; QL (1 bottle per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.1 %	Preferred	OTC; QL (5 mL per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 %	Preferred	PA; QL (1 bottle per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 %	Preferred	OTC; QL (2.5 mL per 30 days)
<i>sm olopatadine hcl ophthalmic solution</i>	Preferred	OTC; QL (1 bottle per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
*OPHTHALMIC ANTIBIOTICS***		
bacitracin ophthalmic ointment	Preferred	QL (7 grams per 30 days)
ciprofloxacin hcl ophthalmic solution	Preferred	QL (10 mL per 30 days)
erythromycin ophthalmic ointment	Preferred	QL (3.5 grams per 30 days)
gatifloxacin ophthalmic solution	Preferred	QL (2.5 mL per 30 days)
gentamicin sulfate ophthalmic solution	Preferred	QL (8 mL per 30 days)
levofloxacin ophthalmic solution	Preferred	QL (0.2 mL per 1 day)
moxifloxacin hcl ophthalmic solution	Preferred	QL (3 mL per 30 days)
ofloxacin ophthalmic solution	Preferred	QL (10 mL per 30 days)
tobramycin ophthalmic solution	Preferred	QL (20 mL per 30 days)
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS		
**		
bacitracin-polymyxin b ophthalmic ointment	Preferred	QL (3.5 gm per 30 days)
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	Preferred	QL (3.5 grams per 30 days)
neomycin-polymyxin-gramicidin ophthalmic solution	Preferred	QL (10 mL per 30 days)
polymyxin b-trimethoprim ophthalmic solution	Preferred	QL (10 mL per 30 days)
*OPHTHALMIC ANTIVIRALS***		
trifluridine ophthalmic solution	Preferred	QL (8 mL per 30 days)

Drug Name	Drug Tier	Requirements /Limits
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS***		
dorzolamide hcl ophthalmic solution	Preferred	EDS; QL (10 ML per 30 days)
*OPHTHALMIC IMMUNOMODULATORS***		
cyclosporine ophthalmic emulsion	Preferred	PA; QL (2 vials per 1 day)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS***		
diclofenac sodium ophthalmic solution	Preferred	QL (5 mL per 30 days)
flurbiprofen sodium ophthalmic solution	Preferred	QL (2.5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS***		
apraclonidine hcl ophthalmic solution	Preferred	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	Preferred	EDS; QL (30 mL per 30 days)
OPHTHALMIC STEROID COMBINATIONS		
**		
bacitra-neomycin-polymyxin-hc ophthalmic ointment	Preferred	QL (7 grams per 30 days)
neomycin-polymyxin-dexameth ophthalmic ointment	Preferred	QL (7 grams per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Preferred	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Preferred	QL (15 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Preferred	QL (15 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Preferred	QL (10 mL per 30 days)
*OPHTHALMIC STEROIDS***		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Preferred	
<i>fluorometholone ophthalmic suspension</i>	Preferred	
<i>prednisolone acetate ophthalmic suspension</i>	Preferred	QL (20 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution</i>	Preferred	QL (20 mL per 30 days)
OPHTHALMIC SULFONAMIDES		
**		
<i>sulfacetamide sodium ophthalmic ointment</i>	Preferred	QL (1 tube per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Preferred	QL (20 mL per 30 days)
*PROSTAGLANDI NS - OPHTHALMIC***		
<i>latanoprost ophthalmic solution</i>	Preferred	EDS; QL (5 mL per 30 days)
OTIC AGENTS		
*OTIC AGENTS - MISCELLANEOUS***		

<i>acetic acid otic solution</i>	Preferred	

Drug Name	Drug Tier	Requirements /Limits
*OTIC ANTI-INFECTIVES***		
<i>ciprofloxacin hcl otic solution</i>	Preferred	QL (28 doses per 30 days)
<i>ofloxacin otic solution</i>	Preferred	QL (10 mL per 30 days)
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS		
**		
<i>neomycin-polymyxin-hc otic solution</i>	Preferred	
<i>neomycin-polymyxin-hc otic suspension</i>	Preferred	
OXYTOCICS		
*OXYTOCICS***		
METHERGINE ORAL TABLET	Preferred	
<i>methylergonovine maleate oral tablet</i>	Preferred	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
*ANTIVIRAL MONOCLONAL ANTIBODIES***		
SYNAGIS INTRAMUSCULAR SOLUTION	Preferred	PA; SP
*IMMUNE SERUMS***		
GAMUNEX-C INJECTION SOLUTION	Preferred	PA; SP
VARIZIG INTRAMUSCULAR SOLUTION	Preferred	AL

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Drug Name	Drug Tier	Requirements /Limits
PENICILLINS		
*AMINOPENICILLINS***		
<i>amoxicillin oral capsule</i>	Preferred	
<i>amoxicillin oral suspension reconstituted</i>	Preferred	
<i>amoxicillin oral tablet</i>	Preferred	
<i>amoxicillin oral tablet chewable</i>	Preferred	
<i>ampicillin oral capsule</i>	Preferred	
*NATURAL PENICILLINS***		
<i>penicillin v potassium oral solution reconstituted</i>	Preferred	
<i>penicillin v potassium oral tablet</i>	Preferred	
*PENICILLIN COMBINATIONS**		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Preferred	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet</i>	Preferred	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Preferred	
*PENICILLINASE-RESISTANT PENICILLINS***		
<i>dicloxacillin sodium oral capsule</i>	Preferred	
PROGESTINS		
*PROGESTINS***		
<i>medroxyprogesterone acetate oral tablet</i>	Preferred	EDS; QL (1 tablet per 1 day)

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone acetate oral tablet</i>	Preferred	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Preferred	QL (2 capsules per 1 day)
PSYCHOTHERAP EUTIC AND NEUROLOGICAL AGENTS - MISC.		
*ALCOHOL DETERRENTS***		
<i>acamprosate calcium oral tablet delayed release</i>	Preferred	C; QL (6 tablets per 1 day)
<i>disulfiram oral tablet</i>	Preferred	C
*BENZODIAZEPINES & TRICYCLIC AGENTS***		
<i>chlor diazepoxide-amitriptyline oral tablet</i>	Preferred	C
*CHOLINOMIMETICS - ACHE INHIBITORS***		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Preferred	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>	Preferred	PA; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet dispersible</i>	Preferred	QL (1 tablet per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Preferred	QL (1 capsule per 1 day)
<i>galantamine hydrobromide oral solution</i>	Preferred	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	Preferred	QL (1 tablet per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>rivastigmine tartrate oral capsule</i>	Preferred	QL (2 capsules per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits		
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS***							
<i>teriflunomide oral tablet</i>	Preferred	PA; SP; QL (1 tablet per 1 day)	*MULTIPLE SCLEROSIS AGENTS - INTERFERONS***				
AVONEX PEN INTRAMUSCULAR AUTO-Injector KIT	Preferred	PA; SP; QL (4 pens per 28 days)	<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Preferred	PA; SP; QL (14 capsules per 1 year)		
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	Preferred	PA; SP; QL (1 pack per 28 days)	<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Preferred	PA; SP; QL (2 capsules per 1 day)		
BETASERON SUBCUTANEOUS KIT	Preferred	PA; SP; QL (15 kits per 30 days)	<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	Preferred	PA; SP; QL (2 capsules per 1 day)		
EXTAVIA SUBCUTANEOUS KIT	Preferred	PA; SP; QL (15 kits per 30 days)	*MULTIPLE SCLEROSIS AGENTS***				
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; SP; QL (6 mL per 28 days)	<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Preferred	PA; SP; QL (30 syringes per 30 days)		
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred	PA; SP; QL (1 pack per 1 lifetime)	<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	Preferred	PA; SP; QL (12 syringes per 28 days)		
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (6 mL per 28 days)	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	Preferred	PA; SP; QL (30 syringes per 30 days)		
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred	PA; SP; QL (1 pack per 1 lifetime)	GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	Preferred	PA; SP; QL (12 syringes per 28 days)		
*N-METHYL-D- ASPARTATE (NMDA) RECEPTOR ANTAGONISTS***							
<i>memantine hcl oral solution</i>		Preferred	QL (10 mL per 1 day)				
<i>memantine hcl oral tablet 10 mg</i>		Preferred	QL (2 tablets per 1 day)				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Preferred	QL (1 pack per 6 months)	varenicline tartrate (starter) oral tablet therapy pack	Preferred	AL; QL (53 tablets per 365 days)	
memantine hcl oral tablet 5 mg	Preferred	QL (3 tablets per 1 day)	varenicline tartrate oral tablet	Preferred	AL; QL (2 tablets per 1 day)	
*PHENOTHIAZIN ES & TRICYCLIC AGENTS***						
perphenazine-amitriptyline oral tablet	Preferred	C; EDS	varenicline tartrate(continue) oral tablet	Preferred	AL; QL (2 tablets per 1 day)	
*PSYCHOTHERAP EUTIC AND NEUROLOGICAL AGENTS - MISC.***						
pimozide oral tablet 1 mg	Preferred	AL; C; QL (10 tablets per 1 day)	*THIENBENZODI AZEPINES & OPIOID ANTAGONISTS***			
pimozide oral tablet 2 mg	Preferred	AL; C; QL (5 tablets per 1 day)	LYBALVI ORAL TABLET	Preferred	AL; C; QL (1 tablet per 1 day)	
*SMOKING DETERRENTS***						
bupropion hcl er (smoking det) oral tablet extended release 12 hour	Preferred	AL; QL (2 tablets per 1 day)	*THIENBENZODI AZEPINES & SSRIS***			
nicotine polacrilex mini mouth/throat lozenge	Preferred	OTC; QL (20 lozenges per 1 day)	olanzapine-fluoxetine hcl oral capsule	Preferred	AL; C; QL (1 capsule per 1 day)	
nicotine polacrilex mouth/throat gum	Preferred	OTC; QL (20 units per 1 day)	SYMBYAX ORAL CAPSULE	Preferred	AL; C; QL (1 capsule per 1 day)	
nicotine polacrilex mouth/throat lozenge	Preferred	OTC; QL (20 lozenges per 1 day)	*RESPIRATORY AGENTS - MISC.*			
nicotine transdermal kit	Preferred	OTC; QL (1 patch per 1 day)	*HYDROLYTIC ENZYMES***			
nicotine transdermal patch 24 hour	Preferred	OTC; QL (1 patch per 1 day)	PULMOZYME INHALATION SOLUTION	Preferred	PA; SP; QL (150 mL per 30 days)	
NICOTROL INHALATION INHALER	Preferred	AL; QL (16 cartridges per 1 day)	*SULFONAMIDES *			
NICOTROL NS NASAL SOLUTION	Preferred	AL; QL (4 mL per 1 day)	*SULFONAMIDES ***			
sulfadiazine oral tablet						

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Drug Name	Drug Tier	Requirements /Limits
TETRACYCLINE S		
*TETRACYCLINE S***		
<i>demeclocycline hcl oral tablet</i>	Preferred	
<i>doxycycline hyclate oral capsule</i>	Preferred	QL (2 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg, 75 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Preferred	QL (1 tablet per 1 day)
<i>doxycycline hyclate oral tablet delayed release</i>	Preferred	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Preferred	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Preferred	QL (1 capsule per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted</i>	Preferred	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Preferred	QL (1 tablet per 1 day)
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	Preferred	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	Preferred	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	Preferred	QL (4 tablets per 1 day)
MONDOXYNE NL ORAL CAPSULE	Preferred	QL (2 capsules per 1 day)
TARGADOX ORAL TABLET	Preferred	QL (2 tablets per 1 day)

Drug Name	Drug Tier	Requirements /Limits
THYROID AGENTS		
*ANTITHYROID AGENTS***		
<i>methimazole oral tablet</i>	Preferred	EDS
<i>propylthiouracil oral tablet</i>	Preferred	EDS
*THYROID HORMONES***		
EUTHYROX ORAL TABLET	Preferred	EDS
LEVO-T ORAL TABLET	Preferred	EDS
<i>levothyroxine sodium oral tablet</i>	Preferred	EDS
LEVOXYL ORAL TABLET	Preferred	EDS
<i>liothyronine sodium oral tablet</i>	Preferred	EDS
UNITHROID ORAL TABLET	Preferred	EDS
TOXOIDS		
TOXOID COMBINATIONS		
**		
ADACEL INTRAMUSCULAR SUSPENSION	Preferred	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION	Preferred	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL
DAPTACEL INTRAMUSCULAR SUSPENSION	Preferred	AL
INFANRIX INTRAMUSCULAR SUSPENSION	Preferred	AL

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Drug Name	Drug Tier	Requirements /Limits
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	Preferred	AL
QUADRACEL INTRAMUSCULAR SUSPENSION	Preferred	AL
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	
TDVAX INTRAMUSCULAR SUSPENSION	Preferred	AL
TENIVAC INTRAMUSCULAR INJECTABLE	Preferred	AL
tetanus-diphtheria toxoids td intramuscular suspension	Preferred	AL
ULCER DRUGS/ANTISPAS MODICS/ANTICH OLINERGICS		
* ANTISPASMODI CS***		
dicyclomine hcl oral capsule	Preferred	
dicyclomine hcl oral solution	Preferred	
dicyclomine hcl oral tablet	Preferred	

Drug Name	Drug Tier	Requirements /Limits
*H-2 ANTAGONISTS***		
famotidine oral suspension reconstituted	Preferred	AL; QL (5 mL per 1 day)
famotidine oral tablet 10 mg	Preferred	OTC; QL (2 tablets per 1 day)
famotidine oral tablet 40 mg	Preferred	EDS; QL (2 tablets per 1 day)
nizatidine oral capsule 150 mg	Preferred	QL (2 capsules per 1 day)
nizatidine oral capsule 300 mg	Preferred	QL (1 capsule per 1 day)
*MISC. ANTI- ULCER***		
sucralfate oral tablet	Preferred	
PROTON PUMP INHIBITOR- ANTACID COMBINATIONS		
**		
goodsense omepl/sod bicarb oral capsule	Preferred	EDS; OTC; QL (1 capsule per 1 day)
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	Preferred	EDS; QL (1 capsule per 1 day)
*PROTON PUMP INHIBITORS***		
cvs omeprazole magnesium oral capsule delayed release	Preferred	OTC
eq esomeprazole magnesium oral capsule delayed release	Preferred	EDS; OTC; QL (2 capsules per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg	Preferred	PA; EDS; QL (2 capsules per 1 day)
esomeprazole magnesium oral tablet delayed release	Preferred	OTC; QL (2 tablets per 1 day)

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Drug Name	Drug Tier	Requirements /Limits
<i>gnp omeprazole oral capsule delayed release</i>	Preferred	OTC
<i>kls lansoprazole oral capsule delayed release</i>	Preferred	EDS; OTC; QL (2 capsules per 1 day)
<i>kls omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Preferred	ST; EDS; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>	Preferred	ST; EDS; QL (1 tablet per 1 day)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE	Preferred	OTC; QL (2 capsules per 1 day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE	Preferred	OTC; QL (2 capsules per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE	Preferred	OTC; QL (2 tablets per 1 day)
<i>omeprazole magnesium oral capsule delayed release</i>	Preferred	OTC
<i>omeprazole magnesium oral tablet delayed release</i>	Preferred	OTC
<i>omeprazole oral capsule delayed release 10 mg</i>	Preferred	PA; QL (1 capsule per 1 day)
<i>omeprazole oral capsule delayed release 20 mg</i>	Preferred	ST; EDS
<i>omeprazole oral capsule delayed release 40 mg</i>	Preferred	PA
<i>omeprazole oral tablet delayed release</i>	Preferred	OTC; QL (2 tablets per 1 day)
<i>omeprazole oral tablet delayed release dispersible</i>	Preferred	OTC
<i>pantoprazole sodium oral packet</i>	Preferred	PA

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole sodium oral tablet delayed release</i>	Preferred	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE	Preferred	OTC; QL (2 capsules per 1 day)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE	Preferred	OTC; QL (2 capsule per 1 day)
*QUATERNARY ANTICHOLINERG ICS***		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Preferred	
*ULCER DRUGS - PROSTAGLANDIN S***		
<i>misoprostol oral tablet</i>	Preferred	
URINARY ANTISPASMODIC S		
*URINARY ANTISPASMODIC - ANTIMUSCARINI C (ANTICHOLINER GIC)***		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	Preferred	QL (1 tablet per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Preferred	QL (2 tablets per 1 day)
<i>oxybutynin chloride oral solution</i>	Preferred	QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	Preferred	QL (4 tablet per 1 day)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY	Preferred	OTC; QL (8 patch per 28 days)	HIBERIX INJECTION SOLUTION RECONSTITUTED	Preferred	AL
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Preferred	QL (1 capsule per 1 day)	MENQUADFI INTRAMUSCULAR SOLUTION	Preferred	AL
<i>tolterodine tartrate oral tablet</i>	Preferred	QL (2 tablet per 1 day)	MENVEO INTRAMUSCULAR SOLUTION	Preferred	AL
<i>trospium chloride er oral capsule extended release 24 hour</i>	Preferred	QL (1 tablet per 1 day)	MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	Preferred	AL
<i>trospium chloride oral tablet</i>	Preferred	QL (2 tablet per 1 day)	PEDVAX HIB INTRAMUSCULAR SUSPENSION	Preferred	AL
*URINARY ANTISPASMODIC S - CHOLINERGIC AGONISTS***			PNEUMOVAX 23 INJECTION INJECTABLE	Preferred	AL; QL (1 injection per 1 lifetime)
<i>bethanechol chloride oral tablet</i>	Preferred		PREVNAR 13 INTRAMUSCULAR SUSPENSION	Preferred	AL; QL (1 injection per 1 lifetime)
*URINARY ANTISPASMODIC S - DIRECT MUSCLE RELAXANTS***			PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 1 lifetime)
<i>flavoxate hcl oral tablet</i>	Preferred		TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL
VACCINES			VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 1 lifetime)
*BACTERIAL VACCINES***			*VIRAL VACCINE COMBINATIONS* **		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	Preferred	AL	M-M-R II INJECTION SOLUTION RECONSTITUTED	Preferred	AL
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL	PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	Preferred	AL
BIOTHRAX INTRAMUSCULAR SUSPENSION	Preferred				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL	FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)
*VIRAL VACCINES***					
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	Preferred	AL; QL (1 dose per 1 year)	FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	AL; QL (1 injection per 180 days)	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	AL; QL (1 injection per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	Preferred	QL (1 dose per 1 year)	FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)
COMIRNATY INTRAMUSCULAR SUSPENSION	Preferred	AL	FLUMIST QUADRIVALENT NASAL SUSPENSION	Preferred	AL; QL (1 fills per 180 days)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL	FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)
ENGERIX-B INJECTION SUSPENSION	Preferred	AL	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	Preferred	AL; QL (1 injection per 180 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	Preferred	AL	FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 180 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE	Preferred	AL; QL (1 injection per 1 fill)	GARDASIL 9 INTRAMUSCULAR SUSPENSION	Preferred	AL

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL	ROTARIX ORAL SUSPENSION	Preferred	AL
HAVRIX INTRAMUSCULAR SUSPENSION	Preferred	AL	ROTATEQ ORAL SOLUTION	Preferred	AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	Preferred	AL	SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	Preferred	PA; AL; QL (2 injections per 1 lifetime)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	Preferred	AL	SPIKEVAX INTRAMUSCULAR SUSPENSION	Preferred	AL
IPOP INJECTION INJECTABLE	Preferred	AL	SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preferred	AL
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	Preferred	AL	VAQTA INTRAMUSCULAR SUSPENSION	Preferred	AL
<i>novavax covid-19 vaccine intramuscular suspension</i>	Preferred	AL	VARIVAX SUBCUTANEOUS INJECTABLE	Preferred	AL
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION	Preferred	AL	*VAGINAL AND RELATED PRODUCTS*		
<i>pfiizer covid-19 vac-tris 6m-4y intramuscular suspension</i>	Preferred	AL	*IMIDAZOLE-RELATED ANTIFUNGALS***		
PREHEVBRIOS INTRAMUSCULAR SUSPENSION	Preferred	AL	<i>clotrimazole vaginal cream</i>	Preferred	OTC; QL (45 grams per 30 days)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	Preferred	AL	<i>miconazole 1 vaginal kit</i>	Preferred	OTC
RECOMBIVAX HB INJECTION SUSPENSION	Preferred	AL	<i>miconazole 3 vaginal suppository</i>	Preferred	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	Preferred	AL	<i>miconazole nitrate vaginal cream</i>	Preferred	OTC
			<i>terconazole vaginal cream 0.4 %</i>	Preferred	QL (90 grams per 30 days)
			<i>terconazole vaginal cream 0.8 %</i>	Preferred	QL (40 grams per 30 days)
			<i>terconazole vaginal suppository</i>	Preferred	QL (6 suppositories per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
*SPERMICIDES**		
*		
TODAY SPONGE VAGINAL	Preferred	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	Preferred	OTC
*VAGINAL ANTI-INFECTIVES***		
CLEOCIN VAGINAL SUPPOSITORY	Preferred	
<i>clindamycin phosphate vaginal cream</i>	Preferred	
<i>metronidazole vaginal gel</i>	Preferred	
*VAGINAL ESTROGENS***		
<i>estradiol vaginal tablet</i>	Preferred	
*VASOPRESSORS		
*		
*ANAPHYLAXIS THERAPY AGENTS***		
<i>epinephrine injection solution auto-injector</i>	Preferred	QL (2 pens per 1 fill)
*VASOPRESSORS		

<i>midodrine hcl oral tablet</i>	Preferred	
VITAMINS		
*VITAMIN B-6***		
<i>pyridoxine hcl oral tablet</i>	Preferred	OTC
*VITAMIN D***		
<i>ergocalciferol oral capsule</i>	Preferred	PA
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	Preferred	PA

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<i>ipratropium bromide</i>	15, 102	<i>cls mucus-dm max strength</i>	60	LESSINA	54
<i>ipratropium-albuterol</i>	15	<i>cls omeprazole</i>	112	<i>letrozole</i>	38
<i>irbesartan</i>	36	KOKO PEAK PRO		<i>leucovorin calcium</i>	39
<i>irbesartan-hydrochlorothiazide</i>	36	MOUTHPIECE	91	LEUKERAN	39
<i>iron</i>	76	<i>kp prenatal multivitamins</i>	99	<i>levetiracetam</i>	19
<i>iron (ferrous sulfate)</i>	76	<i>kpn prenatal</i>	99	<i>levetiracetam er</i>	19
<i>iron high-potency</i>	76	KURVELO	53	<i>levetiracetam in nacl</i>	19
<i>iron infant & toddler</i>	76	KYLEENA	57	<i>levobunolol hcl</i>	104
<i>iron-vitamin c</i>	76	<i>labetalol hcl</i>	48	<i>levocarnitine</i>	71
ISENTRESS	46	<i>lacosamide</i>	18	<i>levocarnitine sf</i>	71
ISENTRESS HD	46	<i>lactulose</i>	78	<i>levocetirizine dihydrochloride</i>	33
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<i>isosorbide mononitrate</i>	13	LAMICTAL STARTER	18	<i>levonorgest-eth estrad 91-day</i>	56
<i>isosorbide mononitrate er</i>	13	LAMICTAL XR	18	<i>levonorgestrel</i>	56
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<i>lidocaine hcl</i>	68, 97	LUTERA	54	<i>meprobamate</i>	13
<i>lidocaine pain relief max st</i>	68	LYBALVI	109	<i>mercaptopurine</i>	38
<i>lidocaine viscous hcl</i>	97	LYLEQ	57	MERZEE	54
<i>lidocaine-prilocaine</i>	68	LYZA	57	<i>mesalamine</i>	72
LIDOCAN III	68	MAG64	95	<i>mesalamine er</i>	72
LIDODOSE	68	<i>magnesium</i>	95	<i>mesalamine-cleanser</i>	72
LIDODOSE PEDIATRIC BULK PACK	68	<i>magnesium citrate</i>	78	MESNEX	39
LILETTA (52 MG)	57	<i>magnesium gluconate</i>	95	<i>metformin hcl</i>	26
<i>linezolid</i>	37	<i>magnesium oxide</i>	13	<i>metformin hcl er</i>	26
<i>liothyronine sodium</i>	110	<i>magnesium oxide (antacid)</i>	13	<i>methadone hcl</i>	11
<i>lisinopril</i>	35	<i>magnesium oxide -mg supplement</i>	95, 96	METHADONE HCL INTENSOL	11
<i>lisinopril-hydrochlorothiazide</i>	35	<i>maraviroc</i>	45	METHADOSE	11
<i>lite touch lancets</i>	85	<i>marlissa</i>	54	<i>methazolamide</i>	70
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<i>lithium</i>	40	G	93	<i>methsuximide</i>	22
<i>lithium carbonate</i>	40	<i>masonatal</i>	99	<i>methyldopa</i>	36
<i>lithium carbonate er</i>	40	MAVYRET	47	<i>methylergonovine maleate</i>	106
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LOESTRIN 1.5/30 (21)	54	<i>meclofenamate sodium</i>	7	<i>methylphenidate hcl er</i>	6
LOESTRIN 1/20 (21)	54	<i>medichoice safety lancet</i>	85	<i>methylphenidate hcl er (cd)</i>	5
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LOHIST-D	60	MEDI-FIRST ASPIRIN	10	<i>methylprednisolone</i>	58
LOJAIMIESS	56	MEDI-FIRST IBUPROFEN	8	<i>metoclopramide hcl</i>	72
LOKELMA	97	MEDIQUE ASPIRIN	10	<i>metolazone</i>	70
<i>longs glucose</i>	26	MEDLANCE PLUS EXTRA		<i>metoprolol succinate er</i>	49
<i>longs lancets standard</i>	85	21G	85	<i>metoprolol tartrate</i>	49
<i>longs lancets thin</i>	85	MEDLANCE PLUS LITE 25G	85	<i>metoprolol-hydrochlorothiazide</i>	37
<i>longs lancets ultra thin</i>	85	MEDLANCE PLUS SPECIAL		<i>metronidazole</i>	37, 68, 116
<i>loperamide hcl</i>	31	0.8MM	85	<i>mexiletine hcl</i>	14
<i>lopinavir-ritonavir</i>	45	MEDLANCE PLUS		MIBELAS 24 FE	54
<i>loratadine</i>	33	SUPERLITE 30G	85	<i>miconazole 1</i>	115
<i>loratadine-d 24hr</i>	60	MEDLANCE PLUS		<i>miconazole 3</i>	115
<i>lorazepam</i>	14	UNIVERSAL 21G	85	<i>miconazole nitrate</i>	67, 115
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<i>losartan potassium</i>	36	MEDPURA VITAMIN A & D	67	MICOTRIN AP	67
<i>losartan potassium-hctz</i>	36	MEDPURA ZINC OXIDE	65	MICROCHAMBER	93
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LOW-OGESTREL	54	<i>mfloquine hcl</i>	38	MICROGESTIN 24 FE	54
<i>loxapine succinate</i>	43	<i>megestrol acetate</i>	39	MICROGESTIN FE 1.5/30	54
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<i>milk of magnesia</i>	78	MYCO NAIL A	64	NICOTROL NS	109
MIMVEY	72	<i>mycophenolate mofetil</i>	97	<i>nifedipine</i>	50
<i>mineral oil</i>	78	<i>mycophenolate sodium</i>	97	<i>nifedipine er</i>	50
<i>mineral oil-hydrophil petrolat</i>	66	<i>mycophenolic acid</i>	97	<i>nifedipine er osmotic release</i>	50
<i>mini lancing device</i>	85	MYCOZYL AC	67	<i>nighttime cough</i>	61
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<i>minoxidil</i>	37	MYLERAN	38	<i>nitrofurantoin monohyd macro</i>	37
MIRENA (52 MG)	57	mysoline	19	<i>nitroglycerin</i>	13
<i>mirtazapine</i>	22	<i>na ferric gluc cplx in sucrose</i>	76	<i>nizatidine</i>	111
<i>misoprostol</i>	112	<i>nabumetone</i>	8	<i>nohist-dm</i>	62
MM ACETAMINOPHEN EX		<i>nadolol</i>	49	<i>nohist-lq</i>	60
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MM ALLER-BEN	33	<i>naltrexone hcl</i>	31	<i>norelgestromin-eth estradiol</i>	55
<i>mm aspirin</i>	10	<i>naproxen</i>	8	<i>norethin ace-eth estrad-fe</i>	54
M-M-R II	113	<i>naproxen sodium</i>	8	<i>norethindrone</i>	57
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<i>moexipril hcl</i>	35	<i>nasal spray</i>	103	<i>norethindrone-eth estradiol</i>	72
<i>molindone hcl</i>	43	<i>nateglinide</i>	29	<i>norethindron-ethinyl estrad-fe</i>	57
<i>mometasone furoate</i>	66	<i>natural fiber</i>	78	<i>norethin-eth estradiol-fe</i>	54
MONDOXYNE NL	110	<i>nausea relief</i>	31	<i>norgestimate-eth estradiol</i>	54
MONOLET LANCETS	85	<i>nebulizer air tube/plugs</i>	91	<i>norgestim-eth estrad triphasic</i>	57
MONOLET OPD LANCETS	85	NEBUSAL	61	NORLYDA	57
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LANCETS	85	<i>nefazodone hcl</i>	24	NORTREL 0.5/35 (28)	54
MONO-LINYAH	54	<i>neomycin sulfate</i>	6	NORTREL 1/35 (21)	54
<i>montelukast sodium</i>	15	<i>neomycin-bacitracin zn-polymyx.</i>	105	NORTREL 1/35 (28)	54
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<i>morphine sulfate er</i>	11	<i>neomycin-polymyxin-hc</i>	106	NOVA SAFETY LANCETS 23G	85
<i>motion sickness relief</i>	31	NEORAL	96	NOVA SAFETY LANCETS 28G	85
MOTRIN CHILDRENS	8	<i>neotuss</i>	60	NOVA SUREFLEX LANCETS..	85
MOTRIN INFANTS DROPS	8	NEPHRONEX	98	NOVA SUREFLEX LANCING DEVICE	85
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<i>ultra prenatal + dha</i>	101	<i>up & up glucose</i>	26	VIVAGUARD LANCING DEVICE	88
ULTRA-THIN II AUTO LANCET	87	UPSPRING PRENATAL COMPLETE	100	VOLNEA	52
ULTRA-THIN II LANCETS	87	<i>ursodiol</i>	72	VOLTAREN	64
UNILET COMFORTOUCH LANCET	87	UZEDY	42	VOLTAREN ARTHRITIS PAIN	64
UNILET EXCELITE	87	<i>valacyclovir hcl</i>	48	<i>voriconazole</i>	32
UNILET EXCELITE II	87	<i>valganciclovir hcl</i>	47	VORTEX HOLD CHMBR/MASK/CHILD	94
UNILET G.P. LANCET	87	<i>valproate sodium</i>	22	VORTEX HOLD CHMBR/MASK/TODDLER	94
UNILET G.P. SUPERLITE LANCET	87	<i>valproic acid</i>	22	VORTEX VALVED HOLDING CHAMBER	94
UNILET MICRO-THIN 33G	87	<i>valsartan</i>	36	VOSEVI	47
UNILET SUPERLITE LANCET	88	<i>valsartan-hydrochlorothiazide</i>	36	VRAYLAR	41
UNILET SUPER-THIN 30G	88	<i>vancomycin hcl</i>	37	VYFEMLA	55
UNILET ULTRA-THIN 28G	88	VAQTA	115	VYLIBRA	55
UNISTIK 1	88	<i>varenicline tartrate</i>	109	WAL-TUSSIN COUGH LONG ACTING	59
UNISTIK 2	88	<i>varenicline tartrate (starter)</i>	109	<i>warfarin sodium</i>	16
UNISTIK 2 COMFORT	88	VARIVAX	115	WEBCOL ALCOHOL PREP LARGE	79
UNISTIK 2 EXTRA	88	VARIZIG	106	WEBCOL ALCOHOL PREP MEDIUM	79
UNISTIK 2 NEONATAL	88	VAXNEUVANCE	113	WERA	55
UNISTIK 2 NORMAL	88	VCF VAGINAL CONTRACEPTIVE	116	WIDE-SEAL DIAPHRAGM 60	80
UNISTIK 2 SUPER	88	VELIVET	58	WIDE-SEAL DIAPHRAGM 65	80
UNISTIK 3	88	<i>venlafaxine besylate er</i>	24	WIDE-SEAL DIAPHRAGM 70	80
UNISTIK 3 COMFORT	88	<i>venlafaxine hcl</i>	25	WIDE-SEAL DIAPHRAGM 75	80
UNISTIK 3 EXTRA	88	<i>venlafaxine hcl er</i>	24, 25	WIDE-SEAL DIAPHRAGM 80	80
UNISTIK 3 GENTLE	88	VENOFER	76	WIDE-SEAL DIAPHRAGM 85	80
UNISTIK 3 NEONATAL	88	<i>verapamil hcl</i>	51	WIDE-SEAL DIAPHRAGM 90	80
UNISTIK 3 NORMAL	88	<i>verapamil hcl er</i>	51	WIDE-SEAL DIAPHRAGM 95	80
UNISTIK CZT COMFORT	88	VERSACLOZ	42	WINDMILL TRAINER	92
UNISTIK CZT NORMAL	88	VESTURA	55	WIXELA INHUB	15
UNISTIK PRO SAFETY LANCET	88	VIENVA	55	WYMZYA FE	55
UNISTIK SAFETY LANCETS 28G	88	<i>vigabatrin</i>	21	XEROBURN	68
UNISTIK SAFETY LANCETS 30G	88	VIGADRONE	21	XOFLUZA (40 MG DOSE)	48
UNISTIK TOUCH SAFETY LANC 21G	88	VIGPODER	21	XOFLUZA (80 MG DOSE)	48
UNISTIK TOUCH SAFETY LANC 23G	88	<i>vilazodone hcl</i>	24	XOLAIR	15
UNISTIK TOUCH SAFETY LANC 28G	88	VIMPAT	21	XULANE	55
		<i>viorele</i>	52	XYZAL ALLERGY 24HR	33
		VIREAD	47	YUSIMRY	7
		VISCO-3	102	ZAFEMY	55
		<i>vit e-vit c-beta carotene</i>	98	<i>zafirlukast</i>	15
		<i>vitamin a & d</i>	67	<i> zaleplon</i>	77
		<i>vitamin a & d skin protectant</i>	67	ZARONTIN	22
		<i>vitamin b complex</i>	98	ZARXIO	76
		<i>vitamin b12</i>	74	ZENATANE	63
		<i>vitamin b-12</i>	74, 75	ZEPATIER	47
		<i>vitamin b-12 er</i>	74		

<i>zidovudine</i>	47
ZIEXTENZO	76
ZIMHI	31
<i>zinc</i>	96
<i>zinc gluconate</i>	96
<i>zinc oxide</i>	65
<i>zinc sulfate</i>	96
<i>ziprasidone hcl</i>	41
<i>ziprasidone mesylate</i>	41
<i>zolpidem tartrate</i>	77
ZOMACTON	71
ZONEGRAN	21
<i>zonisamide</i>	21
ZOVIA 1/35 (28)	55
ZUMANDIMINE	55
ZURZUVAE	23
ZYPREXA	44
ZYPREXA RELPREVV	44
ZYPREXA ZYDIS	45
ZYRTEC	33



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