

Effective as of: 10/1/2022

Drug Name	Drug Tier	Requirements & Limits
<b>ACNE</b>		
<b>Acanya Gel</b>		(PA)
Acne Medicat Gel	PREFERRED	(QL)
<b>Aczone Gel</b>		(PA)
Adapalene Gel	PREFERRED	(ST)
<b>Aklief Cream</b>		(PA)(QL)
Avar Cleanse Liq	PREFERRED	
<b>Benzamycin Gel</b>		(PA)
Benzoyl Per Gel	PREFERRED	(QL)
Clindacin Misc	PREFERRED	
Clindacin-P Pad	PREFERRED	
Clindamy/Ben Gel	PREFERRED	
<b>Dapsone</b>		(PA)(ST)
<b>Differin Gel</b>		(PA)
Ery/Benzoyl Gel	PREFERRED	
<b>Erygel Gel</b>		(PA)
Erythromycin	PREFERRED	
<b>Ivermectin</b>		(PA)(ST)(QL)
<b>Klaron Lot</b>		(PA)
<b>Metrocream Cream</b>		(PA)
<b>Metrogel Gel</b>		(PA)(QL)
Metronidazol	PREFERRED	(ST)(QL)
Neuac Gel	PREFERRED	
<b>Noritrate Cream</b>		(PA)
<b>Retin-A Cream</b>		(PA)(AGE)
<b>Rhofade Cream</b>		(PA)(QL)
Rosadan	PREFERRED	
Sod Sul/Sulf	PREFERRED	(PA)
<b>Soolantra Cream</b>		(PA)(QL)
Sulfacetamid Lot	PREFERRED	
<b>ALS AGENTS</b>		
<b>Rilutek Tablet</b>		(PA)
Riluzole Tablet	PREFERRED	
<b>ANABOLIC STEROIDS</b>		
<b>Oxandrolone Tablet</b>		(PA)
<b>ANALGESICS OTHER</b>		
<b>Acetaminophe</b>		(PA)(QL)
Acetaminophn	PREFERRED	(QL)
Apap Child Suspension	PREFERRED	(QL)
Chld Silapap Liq	PREFERRED	(QL)
Ed-Apap Liq	PREFERRED	(QL)
Gnp Acetamin Tablet	PREFERRED	(QL)
Gnp Pain Rel Tablet	PREFERRED	(QL)
M-Pap Liq	PREFERRED	(QL)
Mapap Apap Liq	PREFERRED	(QL)

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Pain/Fever Suspension	PREFERRED	(QL)
Sm Pain Rel Tablet	PREFERRED	(QL)
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
Epinephrine Injectable	PREFERRED	
<b>Epipen</b>		(PA)(QL)
<b>ANTACIDS</b>		
Mag Oxide Tablet	PREFERRED	(QL)
<b>ANTI-CATAPLECTIC AGENTS</b>		
<b>Xyrem Solution</b>		(PA)(QL)
<b>Xywav Solution</b>		(PA)(QL)
<b>ANTIARRHYTHMICS</b>		
Mexiletine Capsule	PREFERRED	
<b>ANTIBIOTICS</b>		
Amox/K Clav	PREFERRED	
Amoxicillin	PREFERRED	
Ampicillin Capsule	PREFERRED	
Azithromycin	PREFERRED	(QL)
<b>Bethkis Nebulizer</b>		(PA)(QL)
Cefadroxil Capsule	PREFERRED	
Cefdinir	PREFERRED	
Cefpodoxime Tablet	PREFERRED	
Ceftriaxone Injectable	PREFERRED	
Cefuroxime Tablet	PREFERRED	
<b>Cipro Tablet</b>		(PA)
Ciprofloxacin	PREFERRED	
Clarithromyc Tablet	PREFERRED	
<b>Cleocin</b>		(PA)
<b>Cleocin Ped Solution</b>		(PA)
Clindamycin	PREFERRED	
Dicloxacill Capsule	PREFERRED	
Doxycycl Hyc	PREFERRED	(PA)(QL)
Doxycycline Tablet	PREFERRED	(PA)(QL)
<b>E.E.S. Gran Suspension</b>		(PA)
Ery-Tab Tablet	PREFERRED	
<b>Eryped Suspension</b>		(PA)
Erythrom Eth Suspension	PREFERRED	
<b>Firvanq Solution</b>	PREFERRED	(QL)
Fosfomycin Powder	PREFERRED	
Gentamicin	PREFERRED	
<b>Hiprex Tablet</b>		(PA)
Levofloxacin Tablet	PREFERRED	
Linezolid Tablet	PREFERRED	(QL)
<b>Macrobid Capsule</b>		(PA)
<b>Macrochantin Capsule</b>		(PA)
Methenam Hip Tablet	PREFERRED	

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Methenam Man Tablet	PREFERRED	
<b>Monurol Packet</b>		(PA)
Morgidox Capsule	PREFERRED	
<b>Moxifloxacin</b>		(ST)(QL)
Neomycin Tablet	PREFERRED	
Nitrofur Mac Capsule	PREFERRED	
Nitrofurantn Capsule	PREFERRED	
Penicillin Vk Tablet	PREFERRED	
Smz-Tmp Ds	PREFERRED	
Sulfatrim Pd Suspension	PREFERRED	
<b>Targadox Tablet</b>		(PA)(QL)
Tetracycline Capsule	PREFERRED	
Tinidazole Tablet	PREFERRED	
<b>Tobi Nebulizer</b>		(PA)(QL)
Trimethoprim	PREFERRED	
Uro-Mp Capsule	PREFERRED	
<b>Ustell Capsule</b>	PREFERRED	(QL)
<b>Vancocin Capsule</b>		(PA)(QL)
Vancomycin	PREFERRED	(QL)
<b>Vibramycin Capsule</b>		(PA)
<b>Zithromax</b>		(PA)(QL)
<b>Zyvox Tablet</b>		(PA)(QL)
<b>ANTIFIBRINOLYTICS</b>		
<b>Lysteda Tablet</b>		(PA)(QL)
Tranex Acid Tablet	PREFERRED	(QL)
<b>ANTIFUNGALS</b>		
Antifungal Cream	PREFERRED	
Athlete Foot Cream	PREFERRED	(QL)
Ciclodan Solution	PREFERRED	(QL)
Ciclopirox	PREFERRED	(QL)
Clotrim/Beta	PREFERRED	
Clotrimazole	PREFERRED	(QL)
Econazole Cream	PREFERRED	
Fluconazole	PREFERRED	(QL)
Griseofulvin	PREFERRED	
Itraconazole Capsule	PREFERRED	(QL)
Ketoconazole	PREFERRED	
<b>Loprox</b>		(PA)
Micotrin Ac Cream	PREFERRED	(QL)
Nyamyc Powder	PREFERRED	(QL)
Nystat/Triam	PREFERRED	
Nystatin	PREFERRED	(QL)
Nystop Powder	PREFERRED	(QL)
<b>Sporanox Capsule</b>		(PA)(QL)
Terbinafine Tablet	PREFERRED	(QL)

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<b>Tolsura Capsule</b>		(PA)(QL)
<b>Vfend Tablet</b>		(PA)(QL)
Voriconazole Tablet	PREFERRED	(QL)
<b>ANTHELMINTICS</b>		
<b>Stromectol Tablet</b>		(PA)
<b>ANTIMALARIALS</b>		
Atovaq/Progu Tablet	PREFERRED	
Hydroxychlor	PREFERRED	
<b>Malarone Tablet</b>		(PA)
<b>ANTIMYASTHENIC AGENTS</b>		
<b>Mestinon Tablet</b>		(PA)
Pyridostigm Tablet	PREFERRED	
Pyridostigmi Tablet	PREFERRED	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
Isoniazid Tablet	PREFERRED	
Rifampin Capsule	PREFERRED	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<b>Comtan Tablet</b>		(PA)
<b>Entacapone Tablet</b>		(ST)
<b>ANTIPROTOZOAL AGENTS</b>		
Atovaquone Suspension	PREFERRED	
<b>Mepron Suspension</b>		(PA)
<b>ANTITHYROID AGENTS</b>		
Methimazole Tablet	PREFERRED	
Propylthiour Tablet	PREFERRED	
<b>ANTIVIRALS</b>		
Acyclovir	PREFERRED	
<b>Biktarvy Tablet</b>	PREFERRED	(QL)
<b>Descovy Tablet</b>		(PA)(QL)
<b>Dovato Tablet</b>	PREFERRED	(QL)
Emtr/Ten Df Tablet	PREFERRED	(QL)
Emtr/Tenofov Tablet	PREFERRED	(QL)
Famciclovir Tablet	PREFERRED	
<b>Genvoya Tablet</b>	PREFERRED	(QL)
<b>Juluca Tablet</b>	PREFERRED	(QL)
<b>Odefsey Tablet</b>	PREFERRED	(QL)
<b>Pifeltro Tablet</b>	PREFERRED	(QL)
<b>Sitavig Tablet</b>		(PA)(QL)
<b>Symfi Tablet</b>		(PA)(QL)
<b>Symfi Lo Tablet</b>		(PA)(QL)
<b>Symtuza Tablet</b>	PREFERRED	(QL)
Tenofovir Tablet	PREFERRED	(QL)
<b>Tivicay Tablet</b>	PREFERRED	(QL)
<b>Triumeq Tablet</b>	PREFERRED	(QL)
<b>Truvada Tablet</b>		(PA)(QL)

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Valacyclovir Tablet	PREFERRED	(QL)
<b>Valcyte Tablet</b>		(PA)(QL)
Valganciclovir Tablet	PREFERRED	(QL)
<b>Valtrex Tablet</b>		(PA)(QL)
<b>Viread Tablet</b>		(PA)(QL)
<b>Zovirax</b>		(PA)
<b>ANXIETY &amp; SLEEP</b>		
<b>Ambien Tablet</b>		(PA)(QL)
<b>Ambien Cr Tablet</b>		(PA)(QL)
<b>Belsomra Tablet</b>		(PA)(QL)
Estazolam Tablet	PREFERRED	(QL)
Eszopiclone Tablet	PREFERRED	(QL)
<b>Halcion Tablet</b>		(PA)(QL)
Hydroxyzine	PREFERRED	
<b>Lunesta Tablet</b>		(PA)(QL)
Ramelteon Tablet	PREFERRED	(QL)
<b>Restoril 7.5Mg And 22.5Mg</b>		(PA)(QL)
<b>Rozerem Tablet</b>		(PA)(QL)
Triazolam Tablet	PREFERRED	(QL)
Zaleplon Capsule	PREFERRED	(QL)
Zolpidem Tablet	PREFERRED	(QL)
Zolpidem Er Tablet	PREFERRED	(QL)
<b>ASTHMA AND COPD</b>		
<b>Accolate Tablet</b>		(PA)(QL)
<b>Advair</b>		(PA)(QL)
Albuterol	PREFERRED	(QL)
<b>Alvesco Inhalation</b>	PREFERRED	(QL)
<b>Anoro Ellipt Inhalation</b>	PREFERRED	(QL)
<b>Arformoterol Nebulizer</b>		(PA)(QL)
<b>Arnuity Elpt Inhalation</b>	PREFERRED	(QL)
<b>Asmanex</b>	PREFERRED	(QL)
<b>Atrovent Hfa Inhalation</b>	PREFERRED	
<b>Bevespi Inhalation</b>	PREFERRED	(QL)
<b>Breo Ellipta Inhalation</b>		(PA)(QL)
<b>Breztri Inhalationo Inhalation</b>		(PA)(QL)
<b>Brovana Nebulizer</b>		(PA)(QL)
Budes/Formot Inhalation	PREFERRED	(QL)
<b>Combivent Inhalation</b>	PREFERRED	
<b>Daliresp Tablet</b>	PREFERRED	(QL)
<b>Dulera Inhalation</b>		(PA)(QL)
<b>Flovent</b>		(PA)(QL)
Flutic/Vilan Inhalation	PREFERRED	(QL)
<b>Incruse Elpt Inhalation</b>	PREFERRED	(QL)
Ipratropium	PREFERRED	
<b>Levalbuterol</b>		(ST)(QL)

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Montelukast	PREFERRED	(QL)
Oralene Dent Pst	PREFERRED	
<b>Proair Hfa Inhalation</b>		(PA)(QL)
<b>Proair Respi Inhalation</b>		(PA)(QL)
<b>Proventil Inhalation</b>		(PA)(QL)
<b>Pulmicort Suspension</b>		(PA)(QL)
<b>Qvar Rediha Inhalation</b>	PREFERRED	(QL)
<b>Qvar Redihal Inhalation</b>	PREFERRED	(QL)
<b>Serevent Dis Inhalation</b>		(ST)(QL)(AGE)
<b>Singulair</b>		(PA)(QL)
<b>Spiriva Handihaler</b>	PREFERRED	(QL)
<b>Spiriva Respimat</b>	PREFERRED	(QL)
<b>Stiolto Inhalation</b>	PREFERRED	(QL)
<b>Striverdi Inhalation</b>	PREFERRED	(QL)
<b>Symbicort Inhalation</b>		(PA)(QL)
Terbutaline	PREFERRED	(QL)
Theophylline Tablet	PREFERRED	
<b>Trelegy Inhalation</b>		(PA)(QL)
Triamcinolon	PREFERRED	(ST)
<b>Tudorza Pres Inhalation</b>	PREFERRED	(QL)
<b>Ventolin Hfa Inhalation</b>		(ST)(QL)
<b>Xopenex Nebulizer</b>		(PA)
<b>Xopenex Conc Nebulizer</b>		(PA)
<b>Xopenex Hfa Inhalation</b>		(ST)(QL)
Zafirlukast Tablet	PREFERRED	(QL)
<b>BLOOD THINNERS</b>		
<b>Brilinta Tablet</b>		(ST)(QL)
Cilostazol Tablet	PREFERRED	
Clopidogrel Tablet	PREFERRED	(QL)
Dabigatran Capsule	PREFERRED	(QL)
<b>Effient Tablet</b>		(PA)(QL)
<b>Eliquis Tablet</b>	PREFERRED	(QL)
<b>Eliquis St P Tablet</b>	PREFERRED	(QL)
Enoxaparin Injectable	PREFERRED	
<b>Lovenox Injectable</b>		(PA)
<b>Plavix Tablet</b>		(PA)(QL)
<b>Pradaxa Capsule</b>		(PA)(QL)
Prasugrel Tablet	PREFERRED	(QL)
<b>Savaysa Tablet</b>	PREFERRED	(QL)
Warfarin	PREFERRED	
<b>Xarelto</b>	PREFERRED	(QL)(AGE)
<b>BURN PRODUCTS</b>		
<b>Silvadene Cream</b>		(PA)
Silver Sulfa Cream	PREFERRED	
Ssd Cream	PREFERRED	

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<b>CARBAPENEMS</b>		
Ertapenem Injectable	PREFERRED	
<b>Invanz Injectable</b>		(PA)
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
Acetazolamid	PREFERRED	
<b>CARDIOVASCULAR</b>		
<b>Accupril Tablet</b>		(PA)
<b>Aldactazide Tablet</b>	PREFERRED	(PA)
<b>Aldactone Tablet</b>		(PA)
<b>Altace Capsule</b>		(PA)
Amilor/Hctz Tablet	PREFERRED	
Amiloride Tablet	PREFERRED	
Amiodarone Tablet	PREFERRED	
Amlod/Benazp Capsule	PREFERRED	
<b>Amlod/Olmesa Tablet</b>		(PA)(QL)
Amlodipine Tablet	PREFERRED	
<b>Atacand Tablet</b>		(PA)(QL)
<b>Atacand Hct Tablet</b>		(PA)(QL)
Atenol/Chlor Tablet	PREFERRED	
Atenolol Tablet	PREFERRED	(QL)
<b>Avalide Tablet</b>		(PA)
<b>Avapro Tablet</b>		(PA)(QL)
<b>Azor Tablet</b>		(PA)(QL)
Benazep/Hctz Tablet	PREFERRED	
Benazepril Tablet	PREFERRED	
<b>Benicar Tablet</b>		(PA)(QL)
<b>Benicar Hct Tablet</b>		(PA)(QL)
<b>Betapace Tablet</b>		(PA)
Bisoprl/Hctz Tablet	PREFERRED	
Bisoprol Fum Tablet	PREFERRED	
Bumetanide Tablet	PREFERRED	
<b>Bumex Tablet</b>		(PA)
<b>Bystolic Tablet</b>		(PA)(QL)
<b>Calan Sr Tablet</b>		(PA)
Candes/Hctz Tablet	PREFERRED	(QL)
Candesartan Tablet	PREFERRED	(QL)
Captopril Tablet	PREFERRED	
<b>Cardizem Tablet</b>		(PA)
<b>Cardizem Cd Capsule</b>		(PA)
<b>Cardizem La Tablet</b>		(PA)
<b>Cardura Tablet</b>		(PA)(QL)
<b>Carvedilol</b>		(PA)(QL)
Chlorthalid Tablet	PREFERRED	
Clonidine	PREFERRED	(PA)
<b>Coreg Tablet</b>		(PA)

Drug Name	Drug Tier	Requirements & Limits
<b>Coreg Cr Capsule</b>		(PA)(QL)
<b>Corgard Tablet</b>		(PA)
<b>Corlanor</b>	PREFERRED	(ST)(QL)
<b>Cozaar Tablet</b>		(PA)(QL)
Digitex Tablet	PREFERRED	
Digox Tablet	PREFERRED	
Digoxin Tablet	PREFERRED	(PA)(QL)
Dilt-Xr Capsule	PREFERRED	
Diltiazem	PREFERRED	
<b>Diltiazem Er Tablet</b>		(PA)
<b>Diovan Tablet</b>		(PA)(QL)
<b>Diovan Hct Tablet</b>		(PA)(QL)
Dofetilide Capsule	PREFERRED	
Doxazosin Tablet	PREFERRED	(QL)
<b>Edarbi Tablet</b>		(PA)(QL)
<b>Edarbyclor Tablet</b>		(PA)(QL)
Enalap/Hctz Tablet	PREFERRED	
Enalapril	PREFERRED	(QL)(AGE)
<b>Entresto Tablet</b>	PREFERRED	(QL)
<b>Epaned Solution</b>		(PA)(QL)(AGE)
<b>Eplerenone Tablet</b>		(ST)
<b>Exforge</b>		(PA)(QL)
Felodipine Tablet	PREFERRED	
Flecainide Tablet	PREFERRED	
Fosinopril Tablet	PREFERRED	
Furosemide	PREFERRED	
Guanfacine Tablet	PREFERRED	
<b>Hemangeol Solution</b>		(PA)(QL)
Hydralazine Tablet	PREFERRED	
Hydrochlorothiazide	PREFERRED	
<b>Hyzaar Tablet</b>		(PA)(QL)
Indapamide Tablet	PREFERRED	
<b>Inderal La Capsule</b>		(PA)(QL)
<b>Inspra Tablet</b>		(PA)
Irbesar/Hctz Tablet	PREFERRED	(QL)
Irbesartan Tablet	PREFERRED	(QL)
<b>Isordil Tablet</b>		(PA)
Isosorb Din Tablet	PREFERRED	(ST)
Isosorb Mono Tablet	PREFERRED	
<b>Katerzia Suspension</b>	PREFERRED	(QL)(AGE)
Labetalol Tablet	PREFERRED	
<b>Lasix Tablet</b>		(PA)
Lisinop/Hctz Tablet	PREFERRED	
Lisinopril Tablet	PREFERRED	
Losartan Pot Tablet	PREFERRED	(QL)

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Losartan/Hct Tablet	PREFERRED	(QL)
<b>Lotensin Tablet</b>		(PA)
<b>Lotensin Hct Tablet</b>		(PA)
<b>Lotrel Capsule</b>		(PA)
<b>Matzim La Tablet</b>		(PA)
<b>Maxzide</b>		(PA)
Metolazone Tablet	PREFERRED	
Metoprol Suc Tablet	PREFERRED	
Metoprolol	PREFERRED	(PA)(QL)
<b>Micardis Tablet</b>		(PA)(QL)
<b>Micardis Hct Tablet</b>		(PA)(QL)
Midodrine Tablet	PREFERRED	
<b>Minipress Capsule</b>		(PA)
Minoxidil Tablet	PREFERRED	
Moexipril Tablet	PREFERRED	
<b>Multaq Tablet</b>	PREFERRED	
Nadolol Tablet	PREFERRED	
Nebivolol Tablet	PREFERRED	(QL)
Nifedipine	PREFERRED	
<b>Nitro-Dur Patch</b>	PREFERRED	(PA)
Nitroglycer Patch	PREFERRED	
Nitroglyceri Sub	PREFERRED	
Nitroglycer Sub	PREFERRED	
<b>Nitrostat Sub</b>		(PA)
<b>Norvasc Tablet</b>		(PA)
Olm Med/Hctz Tablet	PREFERRED	(QL)
Olmesa Medox Tablet	PREFERRED	(QL)
Pacerone Tablet	PREFERRED	
Pindolol Tablet	PREFERRED	
Prazosin Hcl Capsule	PREFERRED	
<b>Procardia XI Tablet</b>		(PA)
Propafenone Tablet	PREFERRED	
Propranolol	PREFERRED	
<b>Qbrelis Solution</b>	PREFERRED	(QL)(AGE)
Quinapril Tablet	PREFERRED	
Ramipril Capsule	PREFERRED	
<b>Ranexa Tablet</b>		(PA)(ST)(QL)
<b>Ranolazine Tablet</b>		(ST)(QL)
Sorine Tablet	PREFERRED	
Sotalol Hcl Tablet	PREFERRED	
Spirono/Hctz Tablet	PREFERRED	
Spirolact Tablet	PREFERRED	
Taztia Xt Capsule	PREFERRED	
Telmisa/Hctz Tablet	PREFERRED	(QL)
Telmisartan Tablet	PREFERRED	(QL)

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<b>Tenoretic Tablet</b>		(PA)
<b>Tenormin Tablet</b>		(PA)(QL)
Terazosin Capsule	PREFERRED	(QL)
<b>Thalitone Tablet</b>		(PA)(QL)
Tiadylt Capsule	PREFERRED	
<b>Tiazac Capsule</b>		(PA)
<b>Tikosyn Capsule</b>		(PA)
<b>Toprol XI Tablet</b>		(PA)
Torseamide Tablet	PREFERRED	
Trandolapril Tablet	PREFERRED	
Triamt/Hctz Capsule	PREFERRED	
<b>Tribenzor</b>		(PA)(QL)
Valsart/Hctz Tablet	PREFERRED	(QL)
Valsartan Tablet	PREFERRED	(QL)
<b>Vaseretic Tablet</b>		(PA)
<b>Vasotec Tablet</b>		(PA)
Verapamil	PREFERRED	
<b>Verelan Capsule</b>		(PA)
<b>Verelan Pm Capsule</b>		(PA)
<b>Zestoretic Tablet</b>		(PA)
<b>Zestril Tablet</b>		(PA)
<b>Ziac Tablet</b>		(PA)
<b>CHOLESTEROL</b>		
Atorvastatin Tablet	PREFERRED	(QL)
Cholestyram Powder	PREFERRED	(QL)
Colesevelam Tablet	PREFERRED	(QL)
<b>Colestid Tablet</b>		(PA)
Colestipol Tablet	PREFERRED	(QL)
<b>Crestor Tablet</b>		(PA)(QL)
<b>Ezetim/Simva Tablet</b>		(ST)(QL)
Ezetimibe Tablet	PREFERRED	(QL)
Fenofibrate	PREFERRED	(ST)(QL)
Gemfibrozil Tablet	PREFERRED	(QL)
<b>Icosapent Capsule</b>		(PA)(QL)
<b>Lipitor Tablet</b>		(PA)(QL)
<b>Livalo Tablet</b>		(ST)(QL)
<b>Lopid Tablet</b>		(PA)
Lovastatin Tablet	PREFERRED	(QL)
<b>Lovaza Capsule</b>		(PA)(QL)
<b>Niacin Tablet</b>		(PA)(QL)
<b>Niacin Er Tablet</b>		(PA)(QL)
<b>Niaspan Tablet</b>		(PA)(QL)
<b>Omega-3-Acid Capsule</b>		(PA)(QL)
<b>Praluent Injectable</b>		(PA)(QL)
Pravastatin	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
<b>Questran Powder</b>		(PA)
<b>Repatha Injectable</b>		(PA)(QL)
<b>Repatha Push Injectable</b>		(PA)(QL)
<b>Repatha Sure Injectable</b>		(PA)(QL)
Rosuvastatin Tablet	PREFERRED	(QL)
Simvastatin Tablet	PREFERRED	(QL)
<b>Vascepa Capsule</b>		(PA)(QL)
<b>Vytorin Tablet</b>		(PA)(QL)
<b>Welchol Tablet</b>		(PA)(QL)
<b>Zetia Tablet</b>		(PA)(QL)
<b>Zocor Tablet</b>		(PA)(QL)
<b>CONTRACEPTION (BIRTH CONTROL)</b>		
<b>Brand Contraceptives</b>	PREFERRED	(PA)(ST)(QL)
Generic Contraceptives	PREFERRED	(PA)(ST)(QL)
Medroxyprogesterone	PREFERRED	(QL)
<b>Nuvaring</b>		(PA)(QL)
<b>Phexxi Gel</b>	PREFERRED	(QL)
<b>COUGH/COLD/ALLERGY PRODUCTS</b>		
12Hr Allergy Tablet	PREFERRED	(QL)
24Hr Allergy Tablet	PREFERRED	(QL)
All Day Allg	PREFERRED	(QL)
Aller-Ease Tablet	PREFERRED	(QL)
Allergy 24Hr Tablet	PREFERRED	(QL)
Allergy Chld	PREFERRED	(QL)
Allergy Reli Tablet	PREFERRED	(QL)
Allergy Rlf Liq	PREFERRED	(QL)
Allgy Relief Tablet	PREFERRED	(QL)
Benzonatate	PREFERRED	
Bpm-Pse-Dm Syrup	PREFERRED	
Brom/Pse/Dm Syrup	PREFERRED	
Cetirizine	PREFERRED	(QL)
Chld Allergy Liq	PREFERRED	(QL)
Codeine/Gg Solution	PREFERRED	(QL)
Cyproheptad	PREFERRED	(QL)
Diphenhydram	PREFERRED	(QL)
Fexofenadine Tablet	PREFERRED	(QL)
Gnp All Day Tablet	PREFERRED	(QL)
Guaiatuss Ac Syrup	PREFERRED	(QL)
<b>Hycodan Syrup</b>		(PA)
Hyd Pol/Cpm Suspension	PREFERRED	
Hydrocod/Hom Syrup	PREFERRED	
Hydromet Syrup	PREFERRED	
Levocetirizi Tablet	PREFERRED	(QL)
Loratadine	PREFERRED	(QL)
<b>M-Clear Wc Liq</b>	PREFERRED	

Drug Name	Drug Tier	Requirements & Limits
M-Dryl Liq	PREFERRED	(QL)
Prometh/Cod	PREFERRED	
Promethazine	PREFERRED	
Qc Allergy Capsule	PREFERRED	(QL)
Siladryl Alr Liq	PREFERRED	(QL)
Sm All Day Tablet	PREFERRED	(QL)
Sm Allergy	PREFERRED	(QL)
Sm Loratadin Tablet	PREFERRED	(QL)
<b>CYCLOPLEGIC MYDRIATICS</b>		
Atropine Sul Solution	PREFERRED	
<b>Cyclogyl Solution</b>		(PA)
Cyclopentol Solution	PREFERRED	
Cyclopentola Solution	PREFERRED	
<b>Isopto Atrop Solution</b>	PREFERRED	
<b>CYSTIC FIBROSIS AGENTS</b>		
<b>Kitabis Pak Nebulizer</b>		(PA)(QL)
<b>Orkambi Gra</b>		(PA)(QL)(AGE)
<b>Pulmozyme Solution</b>		(PA)(QL)
<b>Tobi Podhalr Capsule</b>		(PA)(QL)
<b>Trikafta Tablet</b>		(PA)(QL)(AGE)
<b>DENTAL PRODUCTS</b>		
Chlorhex Glu Solution	PREFERRED	
Denta 5000 Cream	PREFERRED	
Dentagel Gel	PREFERRED	
Sf Gel	PREFERRED	
Sf 5000 Plus Cream	PREFERRED	
Sodium Fluor	PREFERRED	
<b>DERMATOLOGICALS (SKIN) MISC. DERMATOLOGICALS</b>		
Acitretin Capsule	PREFERRED	(QL)
Calcipotrien	PREFERRED	
<b>Carac Cream</b>		(PA)
<b>Centany Ointment</b>		(ST)
Diclofenac 1%	PREFERRED	(PA)
<b>Efudex Cream</b>		(PA)
<b>Finacea Foam</b>		(PA)
<b>Finacea Gel</b>		(PA)
Fluorouracil Cream	PREFERRED	(PA)
<b>Mupirocin</b>		(ST)
<b>DERMATOLOGICALS (SKIN) STEROIDS</b>		
Alclometason	PREFERRED	
Beta Diprop	PREFERRED	
Betameth Cream	PREFERRED	
<b>Betameth Val</b>		(ST)
Clobetasol	PREFERRED	(PA)(ST)
<b>Clobex</b>		(PA)

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Drug Name	Drug Tier	Requirements & Limits
<b>Clodan Sha</b>		(ST)
<b>Derma-Smooth Oil</b>		(PA)
Desonide	PREFERRED	
<b>Diprolene Ointment</b>		(PA)
<b>Enstilar Inhalation</b>		(PA)
Fluocin Acet	PREFERRED	
Fluocinonide	PREFERRED	(ST)
Fluticasone	PREFERRED	(QL)
Halobetasol Ointment	PREFERRED	
Hydrocort	PREFERRED	(QL)
<b>Luxiq Inhalation</b>		(PA)
Mometasone	PREFERRED	(ST)(QL)
<b>Olux Inhalation</b>		(PA)
<b>Olux-E Inhalation</b>		(PA)
Qc Anti-Itch Cream	PREFERRED	(QL)
<b>Synalar Solution</b>		(PA)
<b>Taclonex</b>		(PA)
Tovet Inhalation	PREFERRED	
<b>Vanos Cream</b>		(PA)
<b>DIABETES - INSULIN</b>		
<b>Admelog Injectable</b>	PREFERRED	
<b>Admelog Solo Injectable</b>	PREFERRED	
<b>Basaglar Injectable</b>	PREFERRED	(PA)
<b>Humalog Injectable</b>		(PA)
<b>Humalog Jr Injectable</b>		(PA)
<b>Humalog Kwik Injectable</b>		(PA)
<b>Humalog Mix</b>	PREFERRED	
<b>Humulin Injectable</b>	PREFERRED	
<b>Humulin N Injectable</b>	PREFERRED	
<b>Humulin R U-500</b>	PREFERRED	(PA)
<b>Ins Asp Prot Injectable</b>		(PA)
<b>Ins Degl Flx Injectable</b>		(PA)(QL)
<b>Insulin Aspa Injectable</b>		(PA)
Insulin Glar	PREFERRED	(PA)
<b>Insulin Lisp Injectable</b>		(PA)
<b>Lantus Injectable</b>		(PA)
<b>Lantus Solos Injectable</b>		(PA)
<b>Levemir Injectable</b>		(PA)
<b>Novolin Injectable</b>	PREFERRED	
<b>Novolin N Injectable</b>	PREFERRED	(PA)
<b>Novolin70/30 Injectable</b>	PREFERRED	
<b>Novolog Injectable</b>	PREFERRED	(PA)
<b>Novolog Mix Injectable</b>	PREFERRED	(PA)
<b>Novolog Reli Injectable</b>		(PA)
<b>Semglee</b>	PREFERRED	(PA)

Drug Name	Drug Tier	Requirements & Limits
<b>Toujeo Max Injectable</b>		(PA)
<b>Toujeo Solo Injectable</b>		(PA)
<b>Tresiba Flex Injectable</b>		(PA)(QL)
<b>DIABETES - NON-INSULIN</b>		
Acarbose Tablet	PREFERRED	
<b>Actoplus Met Tablet</b>		(PA)(QL)
<b>Actos Tablet</b>		(PA)(QL)
<b>Alogliptin Tablet</b>		(ST)(QL)
<b>Amaryl Tablet</b>		(PA)
<b>Baqsimi One Powder</b>	PREFERRED	
<b>Baqsimi Two Powder</b>	PREFERRED	
<b>Bydureon Bc Injectable</b>		(PA)(QL)(AGE)
<b>Byetta Injectable</b>		(PA)(QL)(AGE)
<b>Farxiga Tablet</b>		(PA)(QL)
Glimepiride Tablet	PREFERRED	
Glip/Metform Tablet	PREFERRED	
Glipizide	PREFERRED	
<b>Glucagen Injectable</b>	PREFERRED	
Glucagon Kit	PREFERRED	
Glucagon Emr Solution	PREFERRED	
<b>Glumetza Tablet</b>		(PA)
Glyb/Metform Tablet	PREFERRED	
Glyburide Tablet	PREFERRED	
<b>Glyxambi Tablet</b>		(PA)(QL)
<b>Gvoke Hypo 1 Injectable</b>	PREFERRED	
<b>Gvoke Hypo 2 Injectable</b>	PREFERRED	
<b>Gvoke Pfs Injectable</b>	PREFERRED	
<b>Invokamet Tablet</b>		(PA)(QL)
<b>Invokamet Xr Tablet</b>		(PA)(QL)
<b>Invokana Tablet</b>		(PA)(QL)
<b>Janumet/Janumet Xr</b>		(ST)(QL)
<b>Januvia Tablet</b>		(ST)(QL)
<b>Jardiance Tablet</b>		(PA)(QL)
<b>Jentaduetto Tablet</b>		(ST)(QL)
<b>Kazano</b>		(PA)(QL)
Metformin Tablet	PREFERRED	(PA)
<b>Onglyza Tablet</b>		(ST)(QL)
<b>Oseni Tablet</b>		(PA)(QL)
<b>Ozempic Injectable</b>		(PA)(QL)(AGE)
<b>Pioglit/Met Tablet</b>		(ST)(QL)
Pioglitazone Tablet	PREFERRED	(QL)
<b>Repaglinide Tablet</b>		(ST)
<b>Rybelsus Tablet</b>		(PA)(QL)
<b>Segluromet Tablet</b>		(ST)(QL)
<b>Soliqua Injectable</b>		(ST)(QL)(AGE)

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Drug Name	Drug Tier	Requirements & Limits
Steglatro Tablet		(ST)(QL)
Symlin		(ST)(QL)
Synjardy Tablet		(PA)(QL)
Synjardy Xr Tablet		(PA)(QL)
Tradjenta Tablet		(ST)(QL)
Trijardy Xr Tablet		(PA)(QL)
Trulicity Injectable		(PA)(QL)(AGE)
Victoza Injectable		(PA)(QL)(AGE)
Xigduo Xr Tablet		(PA)(QL)
Zegalogue Injectable	PREFERRED	
<b>DIABETES - TESTING AND SUPPLIES</b>		
Bd Eclipse Misc	PREFERRED	(QL)
Bd Hypo Need Misc	PREFERRED	(QL)
Bd Needle Misc	PREFERRED	(QL)
Bd Needles Misc	PREFERRED	(QL)
Bd Precision Misc	PREFERRED	(QL)
Bd Veritor Kit	PREFERRED	(QL)
Binaxnow Cov Kit	PREFERRED	(QL)
Covid-19 At- Kit	PREFERRED	(QL)
Covid-19 Rap Kit	PREFERRED	(QL)
Cvs Covid-19 Kit	PREFERRED	(QL)
Deflux Needl Misc	PREFERRED	(QL)
Dexcom G5 Misc		(PA)(QL)(AGE)
Dexcom G6 Misc		(ST)(QL)(AGE)
Easypoint Misc	PREFERRED	(QL)
Eclipse Ndle Misc	PREFERRED	(QL)
Enlite Gluco Misc		(PA)(QL)(AGE)
Eversense Misc		(PA)(QL)(AGE)
Fill Needle Misc	PREFERRED	(QL)
Freesty Libr		(ST)(QL)(AGE)
Freestyle		(PA)(ST)(QL)(AGE)
G4 Plat Ped Misc		(PA)(QL)(AGE)
G4 Platinum Misc		(PA)(QL)(AGE)
G4 Sensor Misc		(PA)(QL)(AGE)
G5/G4 Misc		(PA)(QL)(AGE)
Guardian Misc		(PA)(QL)(AGE)
Guardian Con Misc		(PA)(QL)(AGE)
Guardian Rt Misc		(PA)(QL)(AGE)
Huber Needle Misc	PREFERRED	(QL)
Hypo Needle Misc	PREFERRED	(QL)
Indicaid Kit	PREFERRED	(QL)
Insulin Syringes	PREFERRED	(QL)
Lancets	PREFERRED	(QL)
Lucira Kit	PREFERRED	(QL)
Lucira Check Kit	PREFERRED	(QL)

Drug Name	Drug Tier	Requirements & Limits
Minilink Rt Misc		(PA)(QL)(AGE)
Minimed 630G Misc		(PA)(QL)(AGE)
Mult-Draw Misc	PREFERRED	(QL)
Needles Misc	PREFERRED	(QL)
On/Go One Kit	PREFERRED	(QL)
Paradigm Rea Misc		(PA)(QL)(AGE)
Pen Needles	PREFERRED	(QL)
Pilot Covid Kit	PREFERRED	(QL)
Poly Hub Misc	PREFERRED	(QL)
Prec Neo Sys Kit		(PA)
Precision Test	PREFERRED	(QL)
Precisn Xtra Test		(PA)(QL)
Quickvue Hom Kit	PREFERRED	(QL)
Safety Needl Misc	PREFERRED	(QL)
Safetyglide Misc	PREFERRED	(QL)
Safty Needle Misc	PREFERRED	
Securesafe Misc	PREFERRED	(QL)
True Metrix Kit		(PA)
Truetrack Kit		(PA)
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
Carestart Kit	PREFERRED	(QL)
Cleardetect Kit	PREFERRED	(QL)
Clinitest Kit	PREFERRED	(QL)
Diatrust Kit	PREFERRED	(QL)
Ellume Cov19 Kit	PREFERRED	(QL)
Flowflex Kit	PREFERRED	(QL)
Ihealth 2-Pk Kit	PREFERRED	(QL)
Ihealth 40Pk Kit	PREFERRED	(QL)
Ihealth 5-Pk Kit	PREFERRED	(QL)
Inteliswab Kit	PREFERRED	(QL)
On/Go Covid Kit	PREFERRED	(QL)
Otc Antigen Kit	PREFERRED	(QL)
<b>ECZEMA AGENTS - TOPICAL</b>		
Eucrisa Oinment		(ST)(QL)
<b>ELECTROLYTE MIXTURES</b>		
Lactated Rin Injectable	PREFERRED	
<b>FLUORIDE</b>		
Fluoride	PREFERRED	
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
Reltone Capsule		(PA)
Urso 250 Tablet		(PA)
Urso Forte Tablet		(PA)
Ursodiol	PREFERRED	
<b>GASTROINTESTINAL (DIGESTIVE) MISC.</b>		
<b>GASTROINTESTINAL</b>		
Amitiza Capsule		(PA)(QL)(AGE)

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Drug Name	Drug Tier	Requirements & Limits
Anti-Diarrhe Capsule	PREFERRED	(QL)
Diphen/Atrop Tablet	PREFERRED	
<b>Linzezz Capsule</b>		(ST)(QL)
<b>Lomotil Tablet</b>		(PA)
Loperamide Capsule	PREFERRED	
<b>Lubiprostone Capsule</b>		(ST)(QL)(AGE)
Metoclopram Tablet	PREFERRED	
<b>Motegrity Tablet</b>		(ST)(QL)
<b>Movantik Tablet</b>		(ST)(QL)
Qc Anti-Diar Capsule	PREFERRED	(QL)
<b>Reglan Tablet</b>		(PA)
<b>Relistor</b>		(PA)(QL)
<b>Symproic Tablet</b>		(ST)(QL)
<b>Trulance Tablet</b>		(ST)(QL)
<b>Xifaxan Tablet</b>		(PA)
<b>GASTROINTESTINAL (DIGESTIVE) NAUSEA &amp;</b>		
<b>Akynzeo</b>	PREFERRED	(PA)(QL)
<b>Antivert Tablet</b>	PREFERRED	(QL)
<b>Emend</b>		(PA)(QL)
Meclizine Tablet	PREFERRED	
Ondansetron	PREFERRED	(QL)
<b>Phenergan Injectable</b>		(PA)
Promethegan Suppository	PREFERRED	(PA)
Scopolamine Patch	PREFERRED	
<b>Sustol Injectable</b>		(PA)(QL)
<b>Transderm-Sc Patch</b>		(PA)
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
<b>Carafate</b>		(PA)
Cimetidine	PREFERRED	
<b>Cytotec Tablet</b>		(PA)
Famotidine	PREFERRED	
Misoprostol Tablet	PREFERRED	
<b>Pepcid Tablet</b>		(PA)
Qc Famotidin Tablet	PREFERRED	
Sucralfate	PREFERRED	
<b>GASTROINTESTINAL (DIGESTIVE) ULCER TREATMENT</b>		
<b>Aciphex Tablet</b>		(PA)(QL)
<b>Dexilant Capsule</b>		(PA)(QL)
<b>Dexlansopraz Capsule</b>		(PA)(QL)
<b>Esomeprazole</b>		(ST)(QL)
<b>First-Omepra Suspension</b>	PREFERRED	(AGE)
<b>Lansoprazole</b>		(ST)(QL)(AGE)
Omeprazole Capsule	PREFERRED	(QL)
<b>Omeprazole + Suspension</b>	PREFERRED	(AGE)

Drug Name	Drug Tier	Requirements & Limits
Pantoprazole Tablet	PREFERRED	(QL)
<b>Prevacid</b>		(PA)(QL)(AGE)
<b>Prevacid 24H Capsule</b>		(PA)
<b>Protonix Tablet</b>		(PA)(QL)
<b>Rabeprazole Tablet</b>		(ST)(QL)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
Cromolyn Sod	PREFERRED	
<b>Gastrocrom Con</b>		(PA)
<b>GNRH/LHRH ANTAGONISTS</b>		
<b>Orilissa Tablet</b>		(PA)(QL)
<b>GOUT</b>		
Allopurinol Tablet	PREFERRED	
Colchicine	PREFERRED	(QL)
<b>Colcrys Tablet</b>		(PA)(QL)
Febuxostat Tablet	PREFERRED	(QL)
<b>Mitigare Capsule</b>		(PA)(QL)
<b>Uloric Tablet</b>		(PA)(QL)
<b>GOUT AGENT COMBINATIONS</b>		
Proben/Colch Tablet	PREFERRED	
<b>GROWTH HORMONES</b>		
<b>Genotropin Injectable</b>		(PA)(QL)
<b>Humatrope Injectable</b>		(PA)
<b>Omnitrope Injectable</b>		(PA)(QL)
<b>Zomacton Injectable</b>		(PA)(QL)
<b>HEMATORHEOLOGIC AGENTS</b>		
Pentoxifylli Tablet	PREFERRED	
<b>HEPATITIS THERAPIES</b>		
<b>Baraclude Tablet</b>		(PA)(QL)
Entecavir Tablet	PREFERRED	(QL)
<b>Epclusa</b>		(PA)(QL)(AGE)
<b>Harvoni</b>		(PA)(QL)
<b>Ledip-Sofosb Tablet</b>		(PA)(QL)
<b>Mavyret</b>		(PA)(QL)(AGE)
<b>Sofos/Velpat Tablet</b>		(PA)(QL)
<b>Vosevi Tablet</b>		(PA)(QL)
<b>Zepatier Tablet</b>		(PA)(QL)
<b>HORMONE RECEPTOR MODULATORS</b>		
<b>Evista Tablet</b>		(PA)(QL)
Raloxifene Tablet	PREFERRED	(QL)
<b>HORMONE REPLACEMENT THERAPY FEMALE</b>		
<b>Activella Tablet</b>		(PA)(QL)
Amabelz Tablet	PREFERRED	(QL)
<b>Aygestin Tablet</b>		(PA)(QL)
<b>Climara Patch</b>		(PA)(QL)
<b>Combipatch Patch</b>	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
<b>Delestrogen Injectable</b>		(PA)
<b>Divigel Gel</b>		(PA)(QL)
Dotti Patch	PREFERRED	(QL)
<b>Elestrin Gel</b>	PREFERRED	(QL)
Estra/Noreth Tablet	PREFERRED	(QL)
<b>Estrace Tablet</b>		(PA)(QL)
<b>Estrace Vag Cream</b>		(PA)
Estrad Val Injectable	PREFERRED	
Estradiol	PREFERRED	(QL)
<b>Estring Misc</b>		(PA)(QL)
<b>Femring Misc</b>		(PA)(QL)
<b>Fyavolv Tablet</b>		(ST)
<b>Jinteli Tablet</b>		(ST)(QL)
Lyllana Patch	PREFERRED	(QL)
<b>Menostar Patch</b>	PREFERRED	(QL)
Mimvey Tablet	PREFERRED	(QL)
<b>Minivelle Patch</b>		(PA)(QL)
Noreth/Ethin Tablet	PREFERRED	(ST)(QL)
Norethin Ace Tablet	PREFERRED	
<b>Premarin Tablet</b>		(ST)
<b>Premarin Vag Cream</b>		(ST)
<b>Premphase Tablet</b>		(ST)
<b>Prempro Tablet</b>		(ST)
<b>Prometrium Capsule</b>		(PA)(QL)
<b>Vagifem Tablet</b>		(PA)(QL)
<b>Vivelle-Dot Patch</b>		(PA)(QL)
Yuvaferm Tablet	PREFERRED	(QL)
<b>HORMONE REPLACEMENT THERAPY MALE</b>		
<b>Depo-Testost Injectable</b>		(PA)
Testost Cyp Injectable	PREFERRED	
Testost Enan Injectable	PREFERRED	
<b>Testosterone</b>		(PA)(QL)
<b>IMMUNOLOGICAL AGENTS - IMMUNE SYSTEM STIMULATION OR SUPPRESSION</b>		
<b>Actemra Injectable</b>		(PA)(QL)
<b>Cimzia</b>		(PA)
<b>Cosentyx</b>		(PA)(QL)
<b>Dovonex Cream</b>		(PA)
<b>Dupixent Injectable</b>		(PA)(QL)(AGE)
<b>Enbrel</b>		(PA)
<b>Entyvio Injectable</b>		(PA)(QL)
<b>Humira</b>		(PA)(QL)
<b>Ilumya Solution</b>		(PA)(QL)
<b>Kevzara Injectable</b>		(PA)(QL)
<b>Kineret Injectable</b>		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Olumiant Tablet</b>		(PA)(QL)
<b>Orencia Injectable</b>		(PA)
<b>Orencia Clck Injectable</b>		(PA)(QL)
<b>Otezla Tablet</b>		(PA)(QL)
<b>Rinvoq Tablet</b>		(PA)(QL)
<b>Siliq Injectable</b>		(PA)(QL)
<b>Simponi</b>		(PA)
<b>Skyrizi</b>		(PA)(QL)
<b>Skyrizi Pen Injectable</b>		(PA)(QL)
<b>Stelara Injectable</b>		(PA)(QL)
<b>Taltz Injectable</b>		(PA)(QL)
<b>Xeljanz</b>		(PA)(QL)
<b>Xeljanz Xr Tablet</b>		(PA)(QL)
<b>Xolair</b>		(PA)(QL)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
Imiquimod Cream	PREFERRED	(ST)(QL)
<b>Zyclara Cream</b>		(PA)(QL)
<b>Zyclara Pump Cream</b>		(PA)(ST)(QL)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<b>Elidel Cream</b>		(PA)(QL)
<b>Pimecrolimus Cream</b>		(ST)(QL)
<b>Protopic Oinment</b>		(PA)(QL)
Tacrolimus Oinment	PREFERRED	(QL)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<b>Apriso Capsule</b>		(PA)(QL)
<b>Asacol Hd Tablet</b>		(PA)(QL)
<b>Azulfidine Tablet</b>		(PA)
Balsalazide Capsule	PREFERRED	
<b>Canasa Suppository</b>		(PA)
<b>Colazal Capsule</b>		(PA)
<b>Delzicol Capsule</b>		(PA)(QL)
<b>Lialda Tablet</b>		(PA)(QL)
Mesalamine	PREFERRED	(ST)(QL)
<b>Pentasa Capsule</b>		(PA)(ST)(QL)
<b>Renflexis Injectable</b>		(PA)
<b>Sfrowasa Ene</b>		(PA)
Sulfasalazin Tablet	PREFERRED	
<b>INFLUENZA AGENTS</b>		
Oseltamivir	PREFERRED	(QL)
<b>Tamiflu</b>		(PA)(QL)
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>Elmiron Capsule</b>		(PA)
<b>INTESTINAL ACIDIFIERS</b>		
Enulose Solution	PREFERRED	
Generlac Solution	PREFERRED	

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Drug Name	Drug Tier	Requirements & Limits
Lactulose Solution	PREFERRED	
<b>LAXATIVE COMBINATIONS</b>		
<b>Clenpiq Solution</b>		(ST)
Gavilyte	PREFERRED	
Hm Stool Sof	PREFERRED	(QL)
<b>Moviprep Solution</b>		(PA)
Peg 3350	PREFERRED	(QL)
Peg/Nasul/C/ Solution	PREFERRED	
<b>Plenvu Solution</b>	PREFERRED	
Senna Plus Tablet	PREFERRED	(QL)
Sm Senna-S Tablet	PREFERRED	(QL)
Sm Stool Sof Tablet	PREFERRED	(QL)
Sodium/Potas Solution	PREFERRED	
Stimulant Tablet	PREFERRED	(QL)
<b>Suprep Bowel Solution</b>		(PA)
<b>LAXATIVES</b>		
Constulose Solution	PREFERRED	
Polyeth Glyc Powder	PREFERRED	(QL)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
Lido/Prilocn Cream	PREFERRED	
Lidocaine	PREFERRED	
<b>Lidoderm Patch</b>		(PA)
<b>Ztlido Pad</b>		(ST)(QL)
<b>MAGNESIUM</b>		
Magnesium Su Injectable	PREFERRED	
<b>MENTAL HEALTH</b>		
<b>Aricept Tablet</b>		(PA)
Donepezil Tablet	PREFERRED	(PA)
<b>Exelon Patch</b>		(ST)
Memant Titra Packet	PREFERRED	(QL)
Memantine Tablet	PREFERRED	(QL)
<b>Memantine Hc Capsule</b>		(PA)(QL)
<b>Namenda Tablet</b>		(PA)
<b>Namenda Xr Capsule</b>		(PA)(QL)
<b>Rivastigmine</b>		(ST)(QL)
<b>Savella</b>		(PA)(QL)
<b>METABOLIC MODIFIERS</b>		
Calcitriol Capsule	PREFERRED	
<b>Carnitor</b>		(PA)
<b>Carnitor Sf Solution</b>		(PA)
Cinacalcet Tablet	PREFERRED	
<b>Javygtor Packet</b>		(PA)(QL)
<b>Kuvan</b>		(PA)(QL)
Levocarnitin	PREFERRED	
<b>Nityr Tablet</b>		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Orfadin</b>		(PA)(QL)
<b>Rocaltrol Capsule</b>		(PA)
<b>Sapropterin Powder</b>		(PA)(QL)
<b>Sensipar Tablet</b>		(PA)(QL)
<b>MIGRAINE</b>		
<b>Aimovig Injectable</b>		(PA)(QL)
<b>Ajovy Injectable</b>		(PA)(QL)
<b>Amerge Tablet</b>		(PA)(QL)
<b>Cinvanti Injectable</b>	PREFERRED	(QL)
<b>Eletriptan Tablet</b>		(ST)(QL)
<b>Emgality Injectable</b>		(PA)(QL)
<b>Frova Tablet</b>		(PA)(QL)
<b>Frovatriptan Tablet</b>		(ST)(QL)
<b>Imitrex</b>		(PA)(QL)
<b>Maxalt Tablet</b>		(PA)(QL)
<b>Maxalt-Mlt Tablet</b>		(PA)(QL)
Naratriptan Tablet	PREFERRED	(QL)
<b>Nurtec Tablet</b>		(PA)(QL)
<b>Relpax Tablet</b>		(PA)(QL)
<b>Reyvow Tablet</b>		(PA)(QL)
Rizatriptan Tablet	PREFERRED	
Sumatriptan	PREFERRED	(ST)(QL)
<b>Tosymra Solution</b>		(PA)(QL)
<b>Ubrelvy Tablet</b>		(PA)(QL)
<b>Zembrace Sym Injectable</b>		(PA)(QL)
<b>Zolmitriptan</b>		(ST)(QL)
<b>Zomig</b>		(PA)(QL)
<b>MINERALOCORTICOIDS</b>		
Fludrocort Tablet	PREFERRED	
<b>MIOTICS</b>		
<b>Isopto Carp Solution</b>		(PA)
Pilocarpine	PREFERRED	
<b>Vuity Solution</b>	PREFERRED	(QL)
<b>MISC. DEVICES</b>		
<b>Alcoh-Glove Pad</b>	PREFERRED	(QL)
<b>Alcohol Pad</b>	PREFERRED	(QL)
<b>Alcohol Pads Pad</b>	PREFERRED	(QL)
<b>Alcohol Prep Pad</b>	PREFERRED	(QL)
<b>Alcohol Swab Pad</b>	PREFERRED	(QL)
<b>Bd Swab Bfly Pad</b>	PREFERRED	(QL)
<b>Bd Swab Reg Pad</b>	PREFERRED	(QL)
<b>Caretouch Pad</b>	PREFERRED	(QL)
<b>Comfrt Touch Pad</b>	PREFERRED	(QL)
<b>Curity Prep Pad</b>	PREFERRED	(QL)
<b>Curity Swabs Pad</b>	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
Easy Comfort Pad	PREFERRED	(QL)
Fifty50 Prep Pad	PREFERRED	(QL)
Global Prep Pad	PREFERRED	(QL)
Gnp Alcohol Pad	PREFERRED	(QL)
Hm Sterile Pad	PREFERRED	(QL)
Incontrol Pad	PREFERRED	(QL)
Prep Pads Pad	PREFERRED	(QL)
Pro Comfort Pad	PREFERRED	(QL)
Pure Comfort Pad	PREFERRED	(QL)
Qc Alcohol Pad	PREFERRED	(QL)
Ra Alcohol Pad	PREFERRED	(QL)
Reality Swab Pad	PREFERRED	(QL)
Saps Care Pad	PREFERRED	(QL)
Saps Health Pad	PREFERRED	(QL)
Sb Alcohol Pad	PREFERRED	(QL)
Sm Alcohol Pad	PREFERRED	(QL)
True Comfort Pad	PREFERRED	(QL)
Ulticare Pad	PREFERRED	(QL)
Ultilet Pad	PREFERRED	(QL)
Webcol Prep Pad	PREFERRED	(QL)
Zevrx Steril Pad	PREFERRED	(QL)
<b>MISC. TOPICAL</b>		
Qbrezza Pad		(PA)(QL)
<b>MISCELLANEOUS VAGINAL PRODUCTS</b>		
Intrarosa Suppository	PREFERRED	(QL)
<b>MOVEMENT DISORDER</b>		
Tetrabenazin Tablet		(PA)(QL)
Xenazine Tablet		(PA)(QL)
<b>MULTIPLE SCLEROSIS AGENTS</b>		
Ampyra Tablet		(PA)(QL)
Aubagio Tablet		(PA)(QL)
Avonex		(PA)(QL)
Betaseron Injectable		(PA)(QL)
Copaxone Injectable		(PA)(QL)
Dalfampridin Tablet	PREFERRED	(QL)
Dimethyl Fum Capsule		(PA)(QL)
Extavia Injectable		(PA)(QL)
Gilenya Capsule		(PA)(QL)
Glatiramer Injectable		(PA)(QL)
Glatopa Injectable		(PA)(QL)
Lemtrada Injectable		(PA)
Ocrevus Injectable		(PA)
Plegridy		(PA)(QL)
Rebif		(PA)(QL)
Tecfidera		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
Zeposia Capsule		(PA)(QL)
Zeposia 7Day Capsule		(PA)(QL)
<b>MUSCLE RELAXANTS</b>		
Baclofen Tablet	PREFERRED	(QL)
Carisoprodol Tablet	PREFERRED	(PA)(QL)
Chlorzoxazon Tablet	PREFERRED	(PA)(QL)
Cyclobenzaprine	PREFERRED	
Metaxalone Tablet		(ST)(QL)
Methocarbam Tablet	PREFERRED	
Orphenadrine Tablet	PREFERRED	
Skelaxin Tablet		(PA)
Soma Tablet		(PA)(QL)
Tizanidine Tablet	PREFERRED	
Zanaflex Tablet		(PA)
<b>NASAL ALLERGY</b>		
Azel/Flutic Spray		(ST)
Azelastine	PREFERRED	(ST)(QL)
Dymista Spray		(PA)(QL)
Flunisolide Spray	PREFERRED	(QL)
Qnasl Inhalation		(ST)(QL)
Qnasl Child Spray		(ST)(QL)
Xhance Misc		(PA)(QL)
<b>ONCOLOGY/HEMATOLOGY</b>		
Abiraterone Tablet		(PA)(QL)
Afinitor Tablet		(PA)(QL)
Anastrozole Tablet	PREFERRED	(QL)
Aranesp Injectable	PREFERRED	
Arimidex Tablet		(PA)(QL)
Aromasin Tablet		(PA)(QL)
Bicalutamide Tablet	PREFERRED	
Bosulif Tablet		(PA)(QL)
Calquence Capsule		(PA)(QL)
Capecitabine Tablet	PREFERRED	(QL)
Casodex Tablet		(PA)
Eligard Injectable	PREFERRED	
Erleada Tablet		(PA)(QL)
Everolimus Tablet		(PA)(QL)
Exemestane Tablet	PREFERRED	(QL)
Femara Tablet		(PA)(QL)
Fulphila Injectable		(PA)
Granix Injectable	PREFERRED	
Herceptin Injectable		(PA)
Hydrea Capsule		(PA)
Hydroxyurea Capsule	PREFERRED	
Ibrance		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Iclusig Tablet		(PA)(QL)
Imatinib		(PA)(QL)
Imbruvica Tablet		(PA)(QL)
Jakafi Tablet		(PA)(QL)
Lenalidomide Capsule		(PA)(QL)
Lenvima Capsule		(PA)(QL)
Letrozole Tablet	PREFERRED	(QL)
Leucovor Ca Tablet	PREFERRED	(QL)
Leuprolide		(PA)(QL)
Lupron Depot Injectable	PREFERRED	
Lynparza Tablet		(PA)(QL)
Megestrol Ac	PREFERRED	
Mercaptopur Tablet	PREFERRED	
Methotrexate	PREFERRED	
Mvasi Injectable	PREFERRED	
Nerlynx Tablet		(PA)(QL)
Neulasta		(PA)
Neupogen Injectable		(PA)
Nivestym Injectable	PREFERRED	
Ogivri Injectable	PREFERRED	
Otrexup Injectable		(ST)(QL)
Perjeta Injectable		(PA)
Promacta Tablet		(PA)(QL)
Rasuvo Injectable		(ST)(QL)
Retacrit Injectable	PREFERRED	
Revlimid Capsule		(PA)(QL)
Rituxan Injectable		(PA)(QL)
Ruxience Injectable	PREFERRED	
Sprycel Tablet		(PA)(QL)
Tamoxifen Tablet	PREFERRED	(QL)
Tasigna Capsule		(PA)(QL)
Temodar Capsule		(PA)(QL)
Temozolomide Capsule	PREFERRED	(QL)
Trazimera Injectable	PREFERRED	
Truxima Injectable	PREFERRED	
Tykerb Tablet		(PA)(QL)
Udenyca Injectable		(PA)
Venclexta Tablet		(PA)(QL)
Verzenio Tablet		(PA)(QL)
Xeloda Tablet		(PA)(QL)
Xtandi Capsule		(PA)(QL)
Yonsa Tablet		(PA)(QL)
Zarxio Injectable		(PA)
Zirabev Injectable	PREFERRED	
Zytiga Tablet		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>OPHTHALMIC - ANGIOGENESIS INHIBITORS</b>		
Eylea Injectable		(PA)
<b>OPHTHALMIC STEROIDS</b>		
Alrex Suspension	PREFERRED	
Dexameth Pho Solution	PREFERRED	
Difluprednat Emulsion		(ST)(QL)
Durezol Emulsion		(PA)(QL)
Eysuvis Drop	PREFERRED	(QL)
Fluoromethol Suspension	PREFERRED	
Fml Forte Suspension		(ST)
Fml Liquiflm Suspension		(PA)
Inveltys Suspension	PREFERRED	(QL)
Lotemax		(PA)(QL)
Lotemax Sm Gel	PREFERRED	(QL)
Loteprednol		(PA)(ST)(QL)
Maxitrol		(PA)
Neo/Poly/Dex	PREFERRED	
Pred Forte Suspension		(PA)
Pred Mild Suspension		(ST)
Prednisolone	PREFERRED	(PA)
Sulf/Pred Na Solution	PREFERRED	
Tobra/Dexame Suspension	PREFERRED	
Tobradex Suspension		(PA)
Tobradex St Suspension		(ST)
<b>OPHTHALMICS (EYE) ANTI-INFECTIVES</b>		
Ak-Poly-Bac Ointment	PREFERRED	
Bacit/Polymy Ointment	PREFERRED	
Besivance Suspension		(ST)(QL)
Ciloxan Solution		(PA)
Gatifloxacin Solution	PREFERRED	(QL)
Ocuflox Drop		(PA)
Ofloxacin Drop	PREFERRED	
Polycin Ointment	PREFERRED	
Polymyxin B/ Solution	PREFERRED	
Polytrim Solution		(PA)
Sulfacet Sod Solution	PREFERRED	
Tobramycin Solution	PREFERRED	
Tobrex Solution		(PA)
Trifluridine Solution	PREFERRED	
Vigamox Drop		(PA)(QL)
Zymaxid Solution		(PA)(QL)
<b>OPHTHALMICS (EYE) MISC. OPHTHALMICS</b>		
Acular Solution		(PA)
Acular Ls Solution		(PA)
Acuvail Solution		(ST)

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Drug Name	Drug Tier	Requirements & Limits
<b>Azopt Suspension</b>		(PA)(QL)
<b>Brimo/Timolo Solution</b>		(ST)(QL)
Brimonidine 0.15%	PREFERRED	
<b>Brinzolamide Suspension</b>		(ST)(QL)
Bromfenac Solution	PREFERRED	
<b>Bromsite Drop</b>		(PA)(QL)
<b>Combigan Solution</b>		(PA)(QL)
<b>Cosopt Solution</b>		(PA)(QL)
<b>Cosopt Pf Solution</b>		(PA)(QL)
Cyclosporine Emulsion	PREFERRED	(QL)
Diclofenac 3%	PREFERRED	(PA)(QL)
Dorzol/Timol Solution	PREFERRED	(QL)
Dorzolamide Solution	PREFERRED	
<b>Istalol Solution</b>		(PA)
Ketorolac	PREFERRED	(QL)
Olopatadine	PREFERRED	(QL)
<b>Prolensa Solution</b>		(ST)
<b>Restasis Emulsion</b>		(PA)(QL)
<b>Restasis Mul Emulsion</b>		(PA)(QL)
<b>Rhopressa Solution</b>		(ST)(QL)
<b>Rocklatan Drop</b>		(ST)(QL)
Timolol Mal Solution	PREFERRED	
<b>Timolol Male Solution</b>		(ST)
<b>Timoptic Solution</b>		(PA)
<b>Timoptic Ocu Solution</b>		(PA)(ST)
<b>Trusopt Solution</b>		(PA)
<b>Xiidra Drop</b>	PREFERRED	(QL)
<b>OPHTHALMICS (EYE) PROSTGLANDINS</b>		
<b>Bimatoprost Solution</b>		(ST)(QL)
Latanoprost Solution	PREFERRED	(QL)
<b>Lumigan Solution</b>		(ST)(QL)
<b>Rescula Solution</b>		(ST)
<b>Travatan Z Drop</b>		(PA)(QL)
<b>Travoprost Drop</b>		(ST)(QL)
<b>Vyzulta Solution</b>		(ST)(QL)
<b>Xalatan Solution</b>		(PA)(QL)
<b>Zioptan Drop</b>		(ST)(QL)
<b>OPIOID PARTIAL AGONISTS</b>		
<b>Belbuca Misc</b>		(ST)(QL)
<b>Buprenorphin Patch</b>		(ST)(QL)
<b>Butorphanol</b>		(PA)(QL)
<b>OSTEOPOROSIS</b>		
<b>Actonel Tablet</b>		(PA)(ST)(QL)
Alendronate Tablet	PREFERRED	(QL)
<b>Boniva Tablet</b>		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Calcitonin</b>		(PA)
<b>Forteo Injectable</b>		(PA)(QL)
<b>Fosamax Tablet</b>		(PA)(QL)
<b>Ibandronate Tablet</b>		(ST)(QL)
<b>Miacalcin Injectable</b>		(PA)
<b>Prolia Injectable</b>	PREFERRED	
<b>Risedronate Tablet</b>		(ST)(QL)
<b>Teriparatide Injectable</b>		(PA)(QL)
<b>Tymlos Injectable</b>		(PA)(QL)
<b>OTIC PREPARATIONS (EAR)</b>		
Cipro/Dexa Suspension	PREFERRED	
<b>Ciprodex Suspension</b>		(PA)
Neo/Poly/Hc	PREFERRED	
<b>OTIC STEROIDS</b>		
<b>Dermotic Oil</b>		(PA)
Flac Oil	PREFERRED	
Hc/Acet Acid Solution	PREFERRED	
<b>PAIN MEDICATIONS - NARCOTICS</b>		
<b>Allzital Tablet</b>		(PA)(QL)
Apap/Codeine Tablet	PREFERRED	(QL)
Bac Tablet	PREFERRED	(QL)
Bupap Tablet	PREFERRED	(QL)
But/Apap/Caf	PREFERRED	(QL)
But/Asa/Caff Capsule	PREFERRED	(QL)
Butal/Apap Tablet	PREFERRED	(QL)
Butalb/Aceta Tablet	PREFERRED	(QL)
<b>Butrans Patch</b>		(PA)(QL)
<b>Demerol Injectable</b>		(PA)
<b>Dilaudid Tablet</b>		(PA)(QL)
<b>Duramorph Injectable</b>		(PA)
Endocet Tablet	PREFERRED	(QL)
<b>Fentanyl Patch</b>		(PA)(QL)
<b>Fioricet Capsule</b>		(PA)(QL)
Hydroco/Apap	PREFERRED	(PA)(QL)
Hydromorphon Tablet	PREFERRED	(ST)(QL)
<b>Hysingla Er Tablet</b>		(PA)(QL)
<b>Meperidine</b>		(PA)(QL)
Methadone Tablet	PREFERRED	(QL)
<b>Morphin/Nacl Injectable</b>		(PA)
<b>Ms Contin Tablet</b>		(PA)(QL)
<b>Nucynta Tablet</b>		(PA)(QL)
<b>Nucynta Er Tablet</b>		(PA)(QL)
<b>Oxycodone Er</b>		(PA)(QL)
Oxycod/Apap Tablet	PREFERRED	(QL)
Oxycodone	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
Oxymorphone Tablet	PREFERRED	(ST)(QL)
<b>Percocet Tablet</b>		(PA)(QL)
<b>Roxicodone Tablet</b>		(PA)(QL)
Tramadl/Apap Tablet	PREFERRED	(QL)
Tramadol	PREFERRED	(QL)
<b>Ultracet Tablet</b>		(PA)(QL)
<b>Xtampza Er Capsule</b>		(PA)(QL)
<b>PAIN MEDICATIONS NSAIDS</b>		
All Day Pain Tablet	PREFERRED	
All Day Relf Tablet	PREFERRED	
<b>Celebrex Capsule</b>		(PA)(QL)
Celecoxib Capsule	PREFERRED	(QL)
Etodolac Tablet	PREFERRED	
<b>Feldene Capsule</b>		(PA)
Ibuprofen	PREFERRED	(QL)
Ibuprofen Ch Suspension	PREFERRED	(QL)
Indomethacin Capsule	PREFERRED	
<b>Ketor Tromet Spray</b>		(PA)(QL)
Meloxicam Tablet	PREFERRED	
<b>Mobic Tablet</b>		(PA)
Nabumetone Tablet	PREFERRED	
Naproxen Tablet	PREFERRED	
Piroxicam Capsule	PREFERRED	
<b>Relafen Ds Tablet</b>		(PA)
Sulindac Tablet	PREFERRED	
<b>PANCREATIC ENZYME</b>		
<b>Creon Capsule</b>	PREFERRED	(QL)
<b>Pancreaze Capsule</b>	PREFERRED	(QL)
<b>Pertzye Capsule</b>	PREFERRED	(QL)
<b>Viokace Tablet</b>	PREFERRED	(QL)
<b>Zenpep Capsule</b>	PREFERRED	(QL)
<b>PARKINSON'S</b>		
Amantadine	PREFERRED	(QL)
<b>Azilect Tablet</b>		(PA)(ST)(QL)
Benzotropine Tablet	PREFERRED	(QL)
Bromocriptin Tablet	PREFERRED	(QL)
Carb/Levo Tablet	PREFERRED	(QL)
<b>Carb/Levo 50 Tablet</b>		(ST)
<b>Carb/Levo 75 Tablet</b>		(ST)
Carb/Levo Er Tablet	PREFERRED	(QL)
<b>Carb/Levo100 Tablet</b>		(ST)
<b>Carb/Levo125 Tablet</b>		(ST)
<b>Carb/Levo150 Tablet</b>		(ST)
<b>Carb/Levo200 Tablet</b>		(ST)
<b>Dhivy Tablet</b>		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Mirapex Er Tablet</b>		(PA)(ST)(QL)
<b>Neupro Patch</b>		(ST)(QL)
<b>Parlodel Tablet</b>		(PA)(QL)
Pramipexole Tablet	PREFERRED	(ST)(QL)
<b>Rasagiline Tablet</b>		(ST)(QL)
Ropinirole Tablet	PREFERRED	(ST)(QL)
<b>Sinemet Tablet</b>		(PA)(QL)
<b>Stalevo 100 Tablet</b>		(PA)
<b>Stalevo 125 Tablet</b>		(PA)
<b>Stalevo 150 Tablet</b>		(PA)
<b>Stalevo 200 Tablet</b>		(PA)
<b>Stalevo 50 Tablet</b>		(PA)
<b>Stalevo 75 Tablet</b>		(PA)
Trihexyphen Tablet	PREFERRED	(QL)
<b>PHOSPHATE BINDING AGENTS</b>		
Calc Acetate Capsule	PREFERRED	
<b>Renvela</b>		(PA)
Sevelamer Tablet	PREFERRED	
<b>Velphoro Chewable</b>		(PA)(QL)
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>Ddavn Tablet</b>		(PA)(QL)
<b>Desmopressin</b>		(PA)(QL)
<b>POSTHERPETIC NEURALGIA (PHN) AGENTS</b>		
<b>Gralise Tablet</b>		(PA)(QL)
<b>POTASSIUM</b>		
Potassium Chloride	PREFERRED	
<b>POTASSIUM REMOVING RESINS</b>		
<b>Lokelma Packet</b>		(PA)(QL)
<b>Veltassa Powder</b>		(PA)(QL)
<b>PRENATAL VITAMINS</b>		
<b>Complete Nat Packet</b>	PREFERRED	
<b>M-Natal Plus Tablet</b>	PREFERRED	
<b>Niva-Plus Tablet</b>	PREFERRED	
<b>Prenatal Tablet</b>	PREFERRED	(QL)
<b>Prenatrix Tablet</b>	PREFERRED	
<b>Prenatryl Tablet</b>	PREFERRED	
<b>Preplus Tablet</b>	PREFERRED	
<b>Trinatal Rx Tablet</b>	PREFERRED	
<b>Westab Plus Tablet</b>	PREFERRED	
<b>PROLACTIN INHIBITORS</b>		
Cabergoline Tablet	PREFERRED	(QL)
<b>PROSTATE</b>		
Alfuzosin Tablet	PREFERRED	(QL)
<b>Avodart Capsule</b>		(PA)(QL)
<b>Cialis Tablet</b>		(PA)(QL)

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Drug Name	Drug Tier	Requirements & Limits
Dutast/Tamsu Capsule		(ST)(QL)
Dutasteride Capsule		(ST)(QL)
Finasteride Tablet	PREFERRED	(QL)
Flomax Capsule		(PA)(QL)
Jalyn Capsule		(PA)(QL)
Proscar Tablet		(PA)(QL)
Rapaflo Capsule		(PA)(QL)
Sildenafil Capsule		(ST)(QL)
Tadalafil Tablet		(PA)(QL)
Tamsulosin Capsule	PREFERRED	(QL)
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
Adcirca Tablet		(PA)(QL)
Adempas Tablet		(PA)(QL)
Alyq Tablet		(PA)(QL)
Ambrisentan Tablet		(PA)(QL)
Letairis Tablet		(PA)(QL)
Opsumit Tablet		(PA)(QL)
Orenitram Tablet		(PA)(QL)
Revatio		(PA)(QL)
Sildenafil		(PA)(QL)
Tracleer Tablet		(PA)(QL)
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
Arava Tablet		(PA)
Leflunomide Tablet	PREFERRED	
<b>RECTAL COMBINATIONS</b>		
Lidocaine/Hc Cream	PREFERRED	
Lidocort Cream	PREFERRED	
<b>RECTAL STEROIDS</b>		
Anusol-Hc Cream		(PA)
Hydrocortiso Cream	PREFERRED	
Procto-Med Cream	PREFERRED	
Proctosol Hc Cream	PREFERRED	
Proctozone Cream	PREFERRED	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
Aerosol Spacer	PREFERRED	(QL)
<b>SALICYLATES</b>		
Aspirin	PREFERRED	(QL)
<b>SALINE LAXATIVES</b>		
Osmoprep Tablet	PREFERRED	
<b>SCABICIDES &amp; PEDICULICIDES</b>		
Permethrin Cream	PREFERRED	
<b>SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM</b>		
Chor Gonadot Injectable		(PA)
Novarel Injectable		(PA)

Drug Name	Drug Tier	Requirements & Limits
Pregnyl Injectable		(PA)
<b>SMOKING CESSATION</b>		
Bupropion Tablet	PREFERRED	(QL)
Gnp Nicotine		(PA)(QL)
Hm Nicotine		(PA)(QL)
Nicotine	PREFERRED	(QL)
Nicotine Pol	PREFERRED	(QL)
Nicotine Td Patch	PREFERRED	(QL)
Sm Nicotine		(PA)(QL)
Varenicline Tablet	PREFERRED	(QL)
<b>SODIUM</b>		
Sod Chloride Injectable	PREFERRED	
<b>SOMATOSTATIC AGENTS</b>		
Octreotide Injectable	PREFERRED	
Sandostatin Injectable		(PA)
Somatuline Injectable		(PA)
<b>STEROIDS</b>		
Budesonide Capsule	PREFERRED	(QL)
Cortef Tablet		(PA)
Dexamethason	PREFERRED	
Hemady Tablet		(PA)(QL)
Medrol Tablet	PREFERRED	(PA)
Methylpred Tablet	PREFERRED	
Pred Sod Pho Solution	PREFERRED	
Prednisone Tablet	PREFERRED	
Solu-Cortef Injectable	PREFERRED	
<b>STIMULANT LAXATIVES</b>		
Hm Senna Tablet	PREFERRED	(QL)
Senna Tablet	PREFERRED	(QL)
Senna Lax Tablet	PREFERRED	(QL)
Senna-Lax Tablet	PREFERRED	(QL)
Senna-Time Tablet	PREFERRED	(QL)
Senokot Tablet		(PA)(QL)
Sm Senna Lax Tablet	PREFERRED	(QL)
<b>STIMULANTS - ADHD/WAKEFULNESS</b>		
Modafinil Tablet	PREFERRED	(QL)
Nuvigil Tablet		(PA)(QL)
Provigil Tablet		(PA)(QL)
Sunosi Tablet		(PA)(QL)
<b>SURFACTANT LAXATIVES</b>		
Colace Capsule		(PA)(QL)
Colace Clear Capsule		(PA)(QL)
Docusate Sod Capsule	PREFERRED	(QL)
Dok Capsule	PREFERRED	(QL)
Stool Soften Capsule	PREFERRED	(QL)

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Drug Name	Drug Tier	Requirements & Limits
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
Gnp Deconge Tablet	PREFERRED	(QL)
Nasal Decong Tablet	PREFERRED	(QL)
Pseudoephedr Tablet	PREFERRED	(QL)
Pseudofed Tablet	PREFERRED	(QL)
Sinus Cngst Tablet	PREFERRED	(QL)
Sudogest Tablet	PREFERRED	(QL)
Sudogest Max Tablet	PREFERRED	(QL)
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
<b>Benlysta Injectable</b>		(PA)(QL)
<b>THROAT PRODUCTS - MISC.</b>		
Cevimeline Capsule	PREFERRED	
<b>Evoxac Capsule</b>		(PA)
<b>THYROID</b>		
<b>Armour Thyro Tablet</b>	PREFERRED	
<b>Cytomel Tablet</b>		(PA)
Euthyrox Tablet	PREFERRED	
Levothyroxin	PREFERRED	
Levoxyl Tablet	PREFERRED	
Liothyronine Tablet	PREFERRED	
Np Thyroid Tablet	PREFERRED	
<b>Synthroid Tablet</b>		(PA)(QL)
<b>Tirosint Capsule</b>	PREFERRED	
<b>UNCATEGORIZED</b>		
<b>Dayvigo Tablet</b>		(PA)(QL)
<b>Esbriet Tablet</b>		(PA)(QL)
<b>Fasenra Pen Injectable</b>		(PA)(QL)
<b>Nucala Injectable</b>		(PA)(QL)
<b>Ofev Capsule</b>		(PA)(QL)
<b>Oxlumo Injectable</b>		(PA)
<b>Pirfenidone Tablet</b>		(PA)(QL)
<b>Uptravi Tablet</b>		(PA)(QL)
<b>Zolgensma Injectable</b>		(PA)
<b>URINARY ANALGESICS</b>		
Phenazopyridine	PREFERRED	
<b>Pyridium</b>		(PA)
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
<b>Gemtesa Tablet</b>		(ST)(QL)
<b>Myrbetriq</b>		(ST)(QL)(AGE)
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONIS</b>		
Bethanechol Tablet	PREFERRED	
<b>URINARY INCONTINENCE</b>		
<b>Anaspaz Tablet</b>		(PA)
<b>Detrol Tablet</b>		(PA)(QL)

Drug Name	Drug Tier	Requirements & Limits
<b>Detrol La Capsule</b>		(PA)(QL)
Dicyclomine	PREFERRED	
<b>Ditropan XI Tablet</b>		(PA)(QL)
Ed-Spaz Tablet	PREFERRED	
<b>Fesoterodine Tablet</b>		(ST)(QL)
<b>Glycate Tablet</b>		(PA)
Glycopyrrol Tablet	PREFERRED	
Hyoscyamine	PREFERRED	
<b>Levsin Tablet</b>		(PA)
<b>Levsin/SI Sub</b>		(PA)
Nulev Tablet	PREFERRED	
Oscimin	PREFERRED	
Oscimin Sr Tablet	PREFERRED	
Oxybutynin	PREFERRED	(QL)
<b>Robinul Tablet</b>		(PA)(QL)
<b>Robinul Fort Tablet</b>		(PA)(QL)
<b>Solifenacin Tablet</b>		(ST)(QL)
<b>Tolterodine</b>		(ST)(QL)
<b>Toviaz Tablet</b>		(PA)(QL)
<b>Trospium Chl Capsule</b>		(ST)(QL)
Trospium Cl Tablet	PREFERRED	(QL)
<b>Vesicare Tablet</b>		(PA)(QL)
<b>VACCINES</b>		
<b>Engerix-B Injectable</b>	PREFERRED	(AGE)
<b>Fluad Quadri Injectable</b>	PREFERRED	(AGE)
<b>Flublok Quad Injectable</b>	PREFERRED	(AGE)
<b>Flumist Quad Suspension</b>	PREFERRED	(AGE)
<b>Gardasil 9 Injectable</b>	PREFERRED	(AGE)
<b>Havrix Injectable</b>	PREFERRED	(AGE)
<b>Hepilisav-B Injectable</b>	PREFERRED	(AGE)
<b>M-M-R li Injectable</b>	PREFERRED	(AGE)
<b>Menactra Injectable</b>	PREFERRED	(AGE)
<b>Menveo Injectable</b>	PREFERRED	(AGE)
<b>Pneumovax 23 Injectable</b>	PREFERRED	(AGE)
<b>Prevnar 20 Injectable</b>	PREFERRED	(AGE)
<b>Recombiva Hb Injectable</b>	PREFERRED	(AGE)
<b>Shingrix Injectable</b>	PREFERRED	(QL)(AGE)
<b>Tenivac Injectable</b>	PREFERRED	(AGE)
<b>Twinrix Injectable</b>	PREFERRED	(AGE)
<b>Vaqta Injectable</b>	PREFERRED	(AGE)
<b>Varivax Injectable</b>	PREFERRED	(AGE)
<b>VAGINAL ANTI-INFECTIVES</b>		
<b>Nuessa Gel</b>	PREFERRED	(QL)
Terconazole Cream	PREFERRED	
<b>Vandazole Gel</b>	PREFERRED	

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<b>VITAMINS/ELECTROLYTES</b>		
Adc/Fluoride Drop	PREFERRED	(AGE)
Cvs Iron Tablet	PREFERRED	(QL)
Dodex Injectable	PREFERRED	
Fe Gluconate Tablet	PREFERRED	(QL)
Fe Sulfate Tablet	PREFERRED	(QL)
Fe Tablets Tablet	PREFERRED	(QL)
Fe-Vite Iron Solution	PREFERRED	(QL)
<b>Fer-In-Sol Drop</b>		(PA)(QL)
Ferate Tablet	PREFERRED	(QL)
Fergon Tablet	PREFERRED	(QL)
Ferosul Tablet	PREFERRED	(QL)
Ferrotabs Tablet	PREFERRED	(QL)
Ferrous Gluc Tablet	PREFERRED	(QL)
Ferrous Sulf	PREFERRED	(QL)
Folic Acid Tablet	PREFERRED	
Hgh-Pot Iron Tablet	PREFERRED	(QL)
High Potency Tablet	PREFERRED	(QL)
Iron Tablet	PREFERRED	(QL)
Iron Hp Tablet	PREFERRED	(QL)
Iron Inf-Tod Drop	PREFERRED	(QL)
Iron Inf/Tod Drop	PREFERRED	(QL)
Iron Supplem Tablet	PREFERRED	(QL)
Iron Supplmt Drop	PREFERRED	(QL)
K Citrate Solution	PREFERRED	
<b>Multi-Vit-FI Chewable</b>	PREFERRED	(AGE)
Multi-Vit/FI	PREFERRED	(AGE)
Nat-Rul Iron Tablet	PREFERRED	(QL)
<b>Orcit Solution</b>	PREFERRED	
Pedia Iron Drop	PREFERRED	(QL)
Pediatric Drop	PREFERRED	(QL)
<b>Poly-Vi-Flor Chewable</b>	PREFERRED	(QL)
Pot Citra Er Tablet	PREFERRED	
Px Iron Tablet	PREFERRED	(QL)
<b>Quflora Chewable</b>	PREFERRED	(AGE)
Ra Iron Tablet	PREFERRED	(QL)
Sm Iron Tablet	PREFERRED	(QL)
Sod Citrate Solution	PREFERRED	
Sv Iron Tablet	PREFERRED	(QL)
Tri-Vit/Fluo Drop	PREFERRED	(AGE)
<b>Urocit-K 10 Tablet</b>		(PA)
<b>Urocit-K 15 Tablet</b>		(PA)
<b>Urocit-K 5 Tablet</b>		(PA)
Vit A/C/D/FI Drop	PREFERRED	(AGE)
Vitamin D	PREFERRED	

Drug Name	Drug Tier	Requirements & Limits
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