

Select Rx Drug List

for the following United medical plans:

- Healthy Rewards PPO
- Healthy Advantage HSA
- \$350 PPO
- \$750 PPO
- \$1,250 PPO
- Bronze EPO
- Silver EPO
- Gold EPO
- Platinum EPO

This document represents the 2019 Select Rx Drug List effective October 1, 2018, and is updated on a quarterly basis.

Please be aware that drug tier levels do change from time to time and your specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance in this document.

For questions specific to drug pricing or coverage under each medical plan, contact CVS/caremark directly at 1-844-635-3401.



United Airlines Select Rx Drug List (alpha sort by Disease Category)

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ADZENYS ER SUS 1.25MG	Amphetamine Extended Release Susp 1.25 MG/ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	
DYANAVEL XR SUS 2.5MG/ML	Amphetamine Extended Release Susp 2.5 MG/ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
EVEKEO TAB 10MG	Amphetamine Sulfate Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHETAMINE TAB 10MG	Amphetamine Sulfate Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
AMPHETAMINE TAB 5MG	Amphetamine Sulfate Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
EVEKEO TAB 5MG	Amphetamine Sulfate Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ADZENYS XR TAB 12.5MG	Amphetamine Tab Extended Release Disintegrating 12.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ADZENYS XR TAB 15.7 MG	Amphetamine Tab Extended Release Disintegrating 15.7 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ADZENYS XR TAB 18.8MG	Amphetamine Tab Extended Release Disintegrating 18.8 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ADZENYS XR TAB 3.1MG	Amphetamine Tab Extended Release Disintegrating 3.1 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ADZENYS XR TAB 6.3MG	Amphetamine Tab Extended Release Disintegrating 6.3 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ADZENYS XR TAB 9.4MG	Amphetamine Tab Extended Release Disintegrating 9.4 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
MYDAYIS CAP 12.5MG	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 12.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
MYDAYIS CAP 25MG	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
MYDAYIS CAP 37.5MG	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 37.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
MYDAYIS CAP 50MG	Amphetamine-Dextroamphetamine 3-Bead Cap ER 24HR 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
ADDERALL XR CAP 10MG	Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMPHET/DEXTR CAP 10MG ER	Amphetamine-Dextroamphetamine Cap ER 24HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
AMPHET/DEXTR CAP 15MG ER	Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL XR CAP 15MG	Amphetamine-Dextroamphetamine Cap ER 24HR 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
AMPHET/DEXTR CAP 20MG ER	Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL XR CAP 20MG	Amphetamine-Dextroamphetamine Cap ER 24HR 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
ADDERALL XR CAP 25MG	Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
AMPHET/DEXTR CAP 25MG ER	Amphetamine-Dextroamphetamine Cap ER 24HR 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
AMPHET/DEXTR CAP 30MG ER	Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL XR CAP 30MG	Amphetamine-Dextroamphetamine Cap ER 24HR 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
AMPHET/DEXTR CAP 5MG ER	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL XR CAP 5MG	Amphetamine-Dextroamphetamine Cap ER 24HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
AMPHET/DEXTR TAB 10MG	Amphetamine-Dextroamphetamine Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
AMPHET/DEXTR TAB 10MG	Amphetamine-Dextroamphetamine Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL TAB 10MG	Amphetamine-Dextroamphetamine Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHET/DEXTR TAB 12.5MG	Amphetamine-Dextroamphetamine Tab 12.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
AMPHET/DEXTR TAB 12.5MG	Amphetamine-Dextroamphetamine Tab 12.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL TAB 12.5MG	Amphetamine-Dextroamphetamine Tab 12.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHET/DEXTR TAB 15MG	Amphetamine-Dextroamphetamine Tab 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ADDERALL	TAB 15MG	Amphetamine-Dextroamphetamine Tab 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHET/DEXTR TAB 15MG		Amphetamine-Dextroamphetamine Tab 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
AMPHET/DEXTR TAB 20MG		Amphetamine-Dextroamphetamine Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL	TAB 20MG	Amphetamine-Dextroamphetamine Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHET/DEXTR TAB 20MG		Amphetamine-Dextroamphetamine Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
AMPHET/DEXTR TAB 30MG		Amphetamine-Dextroamphetamine Tab 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
ADDERALL	TAB 30MG	Amphetamine-Dextroamphetamine Tab 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHET/DEXTR TAB 30MG		Amphetamine-Dextroamphetamine Tab 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
AMPHET/DEXTR TAB 5MG		Amphetamine-Dextroamphetamine Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
AMPHET/DEXTR TAB 5MG		Amphetamine-Dextroamphetamine Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL	TAB 5MG	Amphetamine-Dextroamphetamine Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
AMPHET/DEXTR TAB 7.5MG		Amphetamine-Dextroamphetamine Tab 7.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
AMPHET/DEXTR TAB 7.5MG		Amphetamine-Dextroamphetamine Tab 7.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ADDERALL	TAB 7.5MG	Amphetamine-Dextroamphetamine Tab 7.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
ARMODAFINIL TAB 150MG		Armodafinil Tab 150 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
ARMODAFINIL TAB 150MG		Armodafinil Tab 150 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
NUVIGIL	TAB 150MG	Armodafinil Tab 150 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
ARMODAFINIL TAB 200MG		Armodafinil Tab 200 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NUVIGIL	TAB 200MG	Armodafinil Tab 200 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
ARMODAFINIL	TAB 250MG	Armodafinil Tab 250 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
ARMODAFINIL	TAB 250MG	Armodafinil Tab 250 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
NUVIGIL	TAB 250MG	Armodafinil Tab 250 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
ARMODAFINIL	TAB 50MG	Armodafinil Tab 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
ARMODAFINIL	TAB 50MG	Armodafinil Tab 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
NUVIGIL	TAB 50MG	Armodafinil Tab 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
ATOMOXETINE	CAP 10MG	Atomoxetine HCl Cap 10 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
ATOMOXETINE	CAP 10MG	Atomoxetine HCl Cap 10 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
STRATTERA	CAP 10MG	Atomoxetine HCl Cap 10 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE	CAP 100MG	Atomoxetine HCl Cap 100 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
STRATTERA	CAP 100MG	Atomoxetine HCl Cap 100 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE	CAP 100MG	Atomoxetine HCl Cap 100 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
ATOMOXETINE	CAP 18MG	Atomoxetine HCl Cap 18 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
STRATTERA	CAP 18MG	Atomoxetine HCl Cap 18 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE	CAP 18MG	Atomoxetine HCl Cap 18 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
STRATTERA	CAP 25MG	Atomoxetine HCl Cap 25 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE	CAP 25MG	Atomoxetine HCl Cap 25 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATOMOXETINE CAP 25MG	Atomoxetine HCl Cap 25 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
STRATTERA CAP 40MG	Atomoxetine HCl Cap 40 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE CAP 40MG	Atomoxetine HCl Cap 40 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
ATOMOXETINE CAP 40MG	Atomoxetine HCl Cap 40 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
ATOMOXETINE CAP 60MG	Atomoxetine HCl Cap 60 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
ATOMOXETINE CAP 60MG	Atomoxetine HCl Cap 60 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
STRATTERA CAP 60MG	Atomoxetine HCl Cap 60 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE CAP 80MG	Atomoxetine HCl Cap 80 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
STRATTERA CAP 80MG	Atomoxetine HCl Cap 80 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	QL
ATOMOXETINE CAP 80MG	Atomoxetine HCl Cap 80 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
BENZPHETMINE TAB 25MG	Benzphetamine HCl Tab 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
REGIMEX TAB 25MG	Benzphetamine HCl Tab 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
BENZPHETAMIN TAB 50MG	Benzphetamine HCl Tab 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CAFFEINE/SOD INJ BENZOATE	Caffeine & Sodium Benzoate Inj 125-125 MG/ML (500 MG/2ML)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CAFCIT INJ 60MG/3ML	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
CAFFEINE CIT INJ 60MG/3ML	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CAFFEINE CIT SOL 60MG/3ML	Caffeine Citrate Inj 60 MG/3ML (10 MG/ML Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CAFFEINE CIT SOL 20MG/ML	Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CAFFEINE CIT SOL 60MG/3ML		Caffeine Citrate Oral Soln 60 MG/3ML (10 MG/ML Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CAFFEINE	POW CITRATED	Caffeine Citrate Powder	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
CAFFEINE	POW ANHYDROU	Caffeine Powder	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
CAFFEINE	POW ANHYDROU	Caffeine Powder	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
KAPVAY	TAB 0.1 MG	Clonidine HCl Tab ER 12HR 0.1 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	
CLONIDINE	TAB 0.1MG ER	Clonidine HCl Tab ER 12HR 0.1 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
CLONIDINE	TAB 0.1MG ER	Clonidine HCl Tab ER 12HR 0.1 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
DESMETHYLPHE CAP 10MG ER		Dexmethylphenidate HCl Cap ER 24 HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
DESMETHYLPHE CAP 10MG ER		Dexmethylphenidate HCl Cap ER 24 HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
FOCALIN XR	CAP 10MG	Dexmethylphenidate HCl Cap ER 24 HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
FOCALIN XR	CAP 15MG	Dexmethylphenidate HCl Cap ER 24 HR 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPH	CAP 15MG ER	Dexmethylphenidate HCl Cap ER 24 HR 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DESMETHYLPHE CAP 20MG ER		Dexmethylphenidate HCl Cap ER 24 HR 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
FOCALIN XR	CAP 20MG	Dexmethylphenidate HCl Cap ER 24 HR 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPHE CAP ER 25MG		Dexmethylphenidate HCl Cap ER 24 HR 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
FOCALIN XR	CAP 25MG	Dexmethylphenidate HCl Cap ER 24 HR 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPH	CAP 30MG ER	Dexmethylphenidate HCl Cap ER 24 HR 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DESMETHYLPH	CAP 30MG ER	Dexmethylphenidate HCl Cap ER 24 HR 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FOCALIN XR CAP 30MG	Dexmethylphenidate HCl Cap ER 24 HR 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPHE CAP ER 35MG	Dexmethylphenidate HCl Cap ER 24 HR 35 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
FOCALIN XR CAP 35MG	Dexmethylphenidate HCl Cap ER 24 HR 35 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
FOCALIN XR CAP 40MG	Dexmethylphenidate HCl Cap ER 24 HR 40 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPH CAP 40MG ER	Dexmethylphenidate HCl Cap ER 24 HR 40 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DESMETHYLPH CAP 40MG ER	Dexmethylphenidate HCl Cap ER 24 HR 40 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
FOCALIN XR CAP 5MG	Dexmethylphenidate HCl Cap ER 24 HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPHE CAP 5MG ER	Dexmethylphenidate HCl Cap ER 24 HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
DESMETHYLPHE CAP 5MG ER	Dexmethylphenidate HCl Cap ER 24 HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DESMETHYLPH TAB 10MG	Dexmethylphenidate HCl Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
FOCALIN TAB 10MG	Dexmethylphenidate HCl Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
FOCALIN TAB 2.5MG	Dexmethylphenidate HCl Tab 2.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPH TAB 2.5MG	Dexmethylphenidate HCl Tab 2.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
FOCALIN TAB 5MG	Dexmethylphenidate HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DESMETHYLPH TAB 5MG	Dexmethylphenidate HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DEXTROAMPHET CAP 10MG ER	Dextroamphetamine Sulfate Cap ER 24HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DEXEDRINE CAP 10MG CR	Dextroamphetamine Sulfate Cap ER 24HR 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DEXEDRINE CAP 15MG CR	Dextroamphetamine Sulfate Cap ER 24HR 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEXTROAMPHET CAP 15MG ER	Dextroamphetamine Sulfate Cap ER 24HR 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DEXEDRINE CAP 5MG CR	Dextroamphetamine Sulfate Cap ER 24HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DEXTROAMPHET CAP 5MG ER	Dextroamphetamine Sulfate Cap ER 24HR 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DEXTROAMPHET SOL 5MG/5ML	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
PROCENTRA SOL 5MG/5ML	Dextroamphetamine Sulfate Oral Solution 5 MG/5ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DEXTROAMPHET TAB 10MG	Dextroamphetamine Sulfate Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 10MG	Dextroamphetamine Sulfate Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 15MG	Dextroamphetamine Sulfate Tab 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 2.5MG	Dextroamphetamine Sulfate Tab 2.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 20MG	Dextroamphetamine Sulfate Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 30MG	Dextroamphetamine Sulfate Tab 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DEXTROAMPHET TAB 5MG	Dextroamphetamine Sulfate Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 5MG	Dextroamphetamine Sulfate Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
ZENZEDI TAB 7.5MG	Dextroamphetamine Sulfate Tab 7.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DIETHYLPROP TAB 25MG	Diethylpropion HCl Tab 25 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
DIETHYLPROP TAB 75MG ER	Diethylpropion HCl Tab ER 24HR 75 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
DOPRAM INJ 20MG/ML	Doxapram HCl Inj 20 MG/ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
GUANFACINE TAB 1MG ER	Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GUANFACINE	TAB 1MG ER	Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
INTUNIV	TAB 1MG	Guanfacine HCl Tab ER 24HR 1 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
GUANFACINE	TAB 2MG ER	Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
INTUNIV	TAB 2MG	Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
GUANFACINE	TAB 2MG ER	Guanfacine HCl Tab ER 24HR 2 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
INTUNIV	TAB 3MG	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
GUANFACINE	TAB 3MG ER	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
GUANFACINE	TAB 3MG ER	Guanfacine HCl Tab ER 24HR 3 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
GUANFACINE	TAB 4MG ER	Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
GUANFACINE	TAB 4MG ER	Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
INTUNIV	TAB 4MG	Guanfacine HCl Tab ER 24HR 4 MG (Base Equiv)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
SAXENDA	INJ 18MG/3ML	Liraglutide (Weight Mngmt) Soln Pen-Inj 18 MG/3ML (6 MG/ML)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	
VYVANSE	CAP 10MG	Lisdexamfetamine Dimesylate Cap 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
VYVANSE	CAP 20MG	Lisdexamfetamine Dimesylate Cap 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
VYVANSE	CAP 30MG	Lisdexamfetamine Dimesylate Cap 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
VYVANSE	CAP 40MG	Lisdexamfetamine Dimesylate Cap 40 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
VYVANSE	CAP 50MG	Lisdexamfetamine Dimesylate Cap 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
VYVANSE	CAP 60MG	Lisdexamfetamine Dimesylate Cap 60 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VYVANSE	CAP 70MG	Lisdexamfetamine Dimesylate Cap 70 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
VYVANSE	CHW 10MG	Lisdexamfetamine Dimesylate Chew Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
VYVANSE	CHW 20MG	Lisdexamfetamine Dimesylate Chew Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
VYVANSE	CHW 30MG	Lisdexamfetamine Dimesylate Chew Tab 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
VYVANSE	CHW 40MG	Lisdexamfetamine Dimesylate Chew Tab 40 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
VYVANSE	CHW 50MG	Lisdexamfetamine Dimesylate Chew Tab 50 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
VYVANSE	CHW 60MG	Lisdexamfetamine Dimesylate Chew Tab 60 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
BELVIQ	TAB 10MG	Lorcaserin HCl Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
BELVIQ XR	TAB 20MG	Lorcaserin HCl Tab ER 24HR 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
METHAMPHETAM TAB 5MG		Methamphetamine HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
DESOXYN	TAB 5MG	Methamphetamine HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID CAP 10MG		Methylphenidate HCl Cap ER 10 MG (CD)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CAP 20MG		Methylphenidate HCl Cap ER 20 MG (CD)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
RITALIN LA	CAP 10MG	Methylphenidate HCl Cap ER 24HR 10 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYPHENID CAP 10MG ER		Methylphenidate HCl Cap ER 24HR 10 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	QL
APTENSIO XR	CAP 10MG	Methylphenidate HCl Cap ER 24HR 10 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
APTENSIO XR	CAP 15MG	Methylphenidate HCl Cap ER 24HR 15 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
RITALIN LA	CAP 20MG	Methylphenidate HCl Cap ER 24HR 20 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHYLPHENID CAP 20MG ER	Methylphenidate HCl Cap ER 24HR 20 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CAP 20MG ER	Methylphenidate HCl Cap ER 24HR 20 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
APTENSIO XR CAP 20MG	Methylphenidate HCl Cap ER 24HR 20 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID CAP 30MG ER	Methylphenidate HCl Cap ER 24HR 30 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CAP 30MG ER	Methylphenidate HCl Cap ER 24HR 30 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
RITALIN LA CAP 30MG	Methylphenidate HCl Cap ER 24HR 30 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
APTENSIO XR CAP 30MG	Methylphenidate HCl Cap ER 24HR 30 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID CAP 40MG ER	Methylphenidate HCl Cap ER 24HR 40 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
RITALIN LA CAP 40MG	Methylphenidate HCl Cap ER 24HR 40 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
APTENSIO XR CAP 40MG	Methylphenidate HCl Cap ER 24HR 40 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
APTENSIO XR CAP 50MG	Methylphenidate HCl Cap ER 24HR 50 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID CAP 60MG LA	Methylphenidate HCl Cap ER 24HR 60 MG (LA)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
APTENSIO XR CAP 60MG	Methylphenidate HCl Cap ER 24HR 60 MG (XR)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID CAP 30MG	Methylphenidate HCl Cap ER 30 MG (CD)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CAP 40MG	Methylphenidate HCl Cap ER 40 MG (CD)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CAP 50MG	Methylphenidate HCl Cap ER 50 MG (CD)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CAP 60MG	Methylphenidate HCl Cap ER 60 MG (CD)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CHW 10MG	Methylphenidate HCl Chew Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHLPHENIDA CHW 2.5MG	Methylphenidate HCl Chew Tab 2.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID CHW 5MG	Methylphenidate HCl Chew Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
QUILLICHEW CHW 20MG ER	Methylphenidate HCl Chew Tab Extended Release 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
QUILLICHEW CHW 30MG ER	Methylphenidate HCl Chew Tab Extended Release 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
QUILLICHEW CHW 40MG ER	Methylphenidate HCl Chew Tab Extended Release 40 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
QUILLIVANT SUS 25MG/5ML	Methylphenidate HCl For ER Susp 25 MG/5ML (5 MG/ML)	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
METHYLIN SOL 10MG/5ML	Methylphenidate HCl Soln 10 MG/5ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID SOL 10MG/5ML	Methylphenidate HCl Soln 10 MG/5ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID SOL 5MG/5ML	Methylphenidate HCl Soln 5 MG/5ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLIN SOL 5MG/5ML	Methylphenidate HCl Soln 5 MG/5ML	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID TAB 10MG	Methylphenidate HCl Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
METHYLPHENID TAB 10MG	Methylphenidate HCl Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
RITALIN TAB 10MG	Methylphenidate HCl Tab 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
RITALIN TAB 20MG	Methylphenidate HCl Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID TAB 20MG	Methylphenidate HCl Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
METHYLPHENID TAB 20MG	Methylphenidate HCl Tab 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
RITALIN TAB 5MG	Methylphenidate HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID TAB 5MG	Methylphenidate HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHYLPHENID TAB 5MG	Methylphenidate HCl Tab 5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 10MG ER	Methylphenidate HCl Tab ER 10 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 20MG ER	Methylphenidate HCl Tab ER 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METADATE TAB 20MG ER	Methylphenidate HCl Tab ER 20 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 18MG ER	Methylphenidate HCl Tab ER 24HR 18 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 27MG ER	Methylphenidate HCl Tab ER 24HR 27 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 36MG ER	Methylphenidate HCl Tab ER 24HR 36 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 54MG ER	Methylphenidate HCl Tab ER 24HR 54 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 18MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
CONCERTA TAB 18MG	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID TAB 18MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 18 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CONCERTA TAB 27MG	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID TAB 27MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 27MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 27 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
METHYLPHENID TAB 36MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CONCERTA TAB 36MG	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
METHYLPHENID TAB 36MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 36 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL
METHYLPHENID TAB 54MG ER	Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	QL

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHYLPHENID TAB 54MG ER		Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
CONCERTA	TAB 54MG	Methylphenidate HCl Tab ER Osmotic Release (OSM) 54 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
RELEXXII	TAB 72MG	Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
METHYLPHENID TAB 72MG ER		Methylphenidate HCl Tab ER Osmotic Release (OSM) 72 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	Yes	No	
COTEMPLA	TAB 17.3MG	Methylphenidate Tab Extended Release Disintegrating 17.3 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
COTEMPLA	TAB 25.9MG	Methylphenidate Tab Extended Release Disintegrating 25.9 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
COTEMPLA	TAB 8.6MG	Methylphenidate Tab Extended Release Disintegrating 8.6 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	Yes	No	PA
DAYTRANA	DIS 10MG/9HR	Methylphenidate TD Patch 10 MG/9HR	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DAYTRANA	DIS 15MG/9HR	Methylphenidate TD Patch 15 MG/9HR	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DAYTRANA	DIS 20MG/9HR	Methylphenidate TD Patch 20 MG/9HR	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
DAYTRANA	DIS 30MG/9HR	Methylphenidate TD Patch 30 MG/9HR	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	QL
MODAFINIL	TAB 100MG	Modafinil Tab 100 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
PROVIGIL	TAB 100MG	Modafinil Tab 100 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
MODAFINIL	TAB 200MG	Modafinil Tab 200 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	PA
PROVIGIL	TAB 200MG	Modafinil Tab 200 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
CONTRAVE	TAB 8-90MG	Naltrexone HCl-Bupropion HCl Tab ER 12HR 8-90 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
XENICAL	CAP 120MG	Orlistat Cap 120 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	BE
XENICAL	CAP 120MG	Orlistat Cap 120 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHENDIMETRAZ CAP 105MG ER	Phendimetrazine Tartrate Cap ER 24HR 105 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
PHENDIMETRAZ TAB 35MG	Phendimetrazine Tartrate Tab 35 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
PHENTERMINE CAP 15MG	Phentermine HCl Cap 15 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
PHENTERMINE CAP 30MG	Phentermine HCl Cap 30 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
PHENTERMINE CAP 37.5MG	Phentermine HCl Cap 37.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
ADIPEX-P CAP 37.5MG	Phentermine HCl Cap 37.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
ADIPEX-P TAB 37.5MG	Phentermine HCl Tab 37.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	
PHENTERMINE TAB 37.5MG	Phentermine HCl Tab 37.5 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Generic	No	No	
LOMAIRA TAB 8MG	Phentermine HCl Tab 8 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
QSYMIA CAP 11.25-69	Phentermine HCl-Topiramate Cap ER 24HR 11.25-69 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
QSYMIA CAP 15-92MG	Phentermine HCl-Topiramate Cap ER 24HR 15-92 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
QSYMIA CAP 3.75-23	Phentermine HCl-Topiramate Cap ER 24HR 3.75-23 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
QSYMIA CAP 7.5-46MG	Phentermine HCl-Topiramate Cap ER 24HR 7.5-46 MG	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Non-Preferred	No	No	PA
ODACTRA SUB	*Dust Mite Mixed Ext SL Tab 12 SQ-HDM***	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	Yes	No	
ORALAIR SUB 300 IR	*Grass Mixed Pollen Ext SL Tab 300 IR (Index of Reactivity)*	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Preferred	No	No	*Various UM Required
ACACIA EXTRA SOL 1:20	Acacia (Allergenic Extract) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ACREMONIUM SOL 20000PNU	Acremonium Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ALDER EXTRAC SOL 1:20	Alder Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALTERNARIA	SOL EXTRACT	Alternaria Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AMERICAN	SOL BEECH	American Beech (Fagus Grandifolia) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AMERICAN	SOL COCKROAC	American Cockroach Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AMERICAN ELM SOL		American Elm Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AMERICAN	INJ SYCAMORE	American Sycamore (Platanus occidentalis) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ARIZONA	INJ CYPRESS	Arizona Cypress (Cupressus Arizonica) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ASPERGILLUS	SOL FUMIGATU	Aspergillus Fumigatus Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AUREOBASIDIU SOL 1:20		Aureobasidium Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AUREOBASIDIU INJ 1:10		Aureobasidium Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
AUSTRALIAN	SOL PINE EXT	Australian Pine Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BAHIA	SOL EXTRACT	Bahia Grass (Paspalum notatum) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BALD CYPRESS INJ 1:20		Bald Cypress (Taxodium Distichum) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BAYBERRY WAX SOL MYR EXTR		Bayberry (Wax Myrtle) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BERMUDA	SOL GRASS	Bermuda Grass Inj 10000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BLACK WALNUT SOL POLL EXT		Black Walnut Pollen Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BLACK WILLOW INJ 1:20		Black Willow Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BOTRYTIS EXT SOL 20000PNU		Botrytis Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BOX ELDER	INJ EXT 1:20	Box Elder (Acer Negundo) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BROME	SOL 1:20	Brome Grass (Bromus Inermis) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CALI PEPPER	INJ TREE	California Pepper Tree (Schinus Molle) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CANDIDA ALBI	INJ 1:20	Candida Albicans Extract Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CANDIDA	SOL ALBICANS	Candida Albicans Extract Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CAT HAIR	SOL EXTRACT	Cat Hair Extract Inj 10000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CATTLE EPITH	SOL 1:20	Cattle Epithelium Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CEDAR ELM	INJ 1:20	Cedar Elm Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CLADOSPORIUM	SOL 1:20	Cladosporium Cladosporioides Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CLADOSPORIUM	INJ CLADOSPO	Cladosporium Cladosporioides Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CLADOSPORIUM	SOL 20000PNU	Cladosporium Sphaerospermum Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
COCKLEBUR	EX SOL 1:20	Cocklebur Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CORN POLLEN	SOL 1:20	Corn Pollen (Zea Mays Pollen) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
CURVULARIA	INJ 20000PNU	Curvularia (Curvularia Inaequalis) Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
DOG	SOL EPITHELI	Dog Epithelium (Canis Lupus Familiaris) Inj 1:10 (0.1 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
DOG EPITHELI	SOL 1:20	Dog Epithelium (Canis Lupus Familiaris) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
DOG FENNEL	SOL 1:20	Dog Fennel Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
DRECHSLERA	SOL 1:20	Drechslera Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
DRECHSLERA	SOL 1:10	Drechslera Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
STANDARDIZED SOL MITE		Dust Mite Mixed Allergen Inj 10000 AU/ML (5000-5000 AU/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
EASTERN	SOL COTTONWO	Eastern Cottonwood Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ENGLISH	SOL PLANTAIN	English Plantain (Plantago lanceolata) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
EPICOCCUM	INJ 1:20	Epicoccum Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
EPICOCCUM EX SOL 1:10		Epicoccum Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
FIRE ANT	INJ 1:10	Fire Ant (Solenopsis Invicta) Inj 1:10	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
FIRE ANT EXT INJ 1:20		Fire Ant (Solenopsis Invicta) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
FUSARIUM EXT SOL 1:20		Fusarium Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
FUSARIUM	INJ 1:10	Fusarium Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
GERMAN	INJ COCKROAC	German Cockroach (Blattella Germanica) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
GOLDENROD	SOL 1:20	Goldenrod (Solidago Canadensis) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
HACKBERRY EX SOL 1:20		Hackberry Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
BEE VENOM	INJ 1300MCG	Honey Bee Venom For Inj 1300 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
BEE VENOM	INJ 550MCG	Honey Bee Venom For Inj 550 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
HONEY BEE	INJ 1100MCG	Honey Bee Venom For Subcutaneous Inj 1100 MCG (100 MCG/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
HONEY BEE	INJ 120MCG	Honey Bee Venom For Subcutaneous Inj 120 MCG (100 MCG/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
VENOMIL	KIT HONEYBEE	Honey Bee Venom Kit 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
VENOMIL	KIT HONEYBEE	Honey Bee Venom Test Kit 12 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	

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HORSE EPITHE INJ 1:10		Horse Epithelium Inj 1:10	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
HORSE EPITHE INJ 1:20		Horse Epithelium Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
JOHNSON	SOL GRASS	Johnson Grass Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
JUNE GRASS	SOL POLLEN	June Grass Pollen Standardized Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
KAPOK	SOL 1:20	Kapok (Ceiba Pentandra) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
KOCHIA EXTRA INJ 1:20		Kochia Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
LAMBS	SOL QUARTERS	Lambs Quarters (Chenopodium album) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
LENSCALE	INJ 1:20	Lenscale (Atriplex Lentiformis) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MEADOW FESCU INJ 100000BA		Meadow Fescue Grass Pollen Standardized Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MELALEUCA	INJ 1:20	Melaleuca (Malaleuca Quinquenervia) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MESQUITE	SOL EXTRACT	Mesquite (Prosopis) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MITE	SOL EXTRACT	Mite (D. farinae) Inj 10000 AU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MITE	SOL EXTRACT	Mite (D. pteronyssinus) Inj 10000 AU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MIXED ASPERG SOL 20000PNU		Mixed Aspergillus Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MIXED	SOL FEATHERS	Mixed Feathers (Chicken-Duck-Goose) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MIXED	SOL RAGWEED	Mixed Ragweed Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MIXED VESPID INJ 3900MCG		Mixed Vespid Venom For Inj 1300-1300-1300 MCG (3900 MCG)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
MIXED VESPID INJ 1650MCG		Mixed Vespid Venom For Inj 550-550-550 MCG (1650 MCG)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	

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VENOMIL MIX INJ VESPID	Mixed Vespид Venom For Inj 550-550-550 MCG (1650 MCG)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
MIXED VESPID INJ VENOM PR	Mixed Vespид Venom For Subcutaneous Inj 1100-1100-1100 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MIXED VESPID INJ VENOM PR	Mixed Vespид Venom For Subcutaneous Inj 120-120-120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MOUNTAIN SOL CEDAR	Mountain Cedar Inj 1:20 (0.05 MG/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MOUSE EPITHE INJ 1:20	Mouse Epithelium Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MUCOR EXT INJ 1:20	Mucor (Mucor Plumbeus) Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MUCOR EXT INJ 1:10	Mucor (Mucor Plumbeus) Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MUGWORT SOL EXTRACT	Mugwort Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
OLIVE TREE INJ 1:20	Olive Tree (Olea Europaea) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ORCHARD GRAS INJ 100000BA	Orchard Grass Pollen Standardized Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
PECAN POLLEN SOL EXTRACT	Pecan Pollen Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
ADAGEN INJ 250/ML	Pegademase Bovine Inj 250 Unit/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	Yes	*Various UM Required
PENICILLIUM INJ 1:20	Penicillium Notatum Inj 10000 PNU/ML (1:20)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
PENICILLIUM INJ NOTATUM	Penicillium Notatum Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
PERENNIAL INJ RYE GRAS	Perennial Rye Grass Pollen Standardized Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
PHOMA EXTRAC INJ 20000PNU	Phoma Exigua Inj 20000 PNU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
PRIVET EXT INJ 1:20	Privet (Ligustrum Vulgare) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
QUEEN PALM SOL EXTRACT	Queen Palm Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA

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RABBIT	INJ EPIITHELI	Rabbit Epithelium Inj 1:10	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RABBIT EPITH INJ 1:20		Rabbit Epithelium Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RED BIRCH	SOL EXTRACT	Red Birch (Betula occidentalis) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RED CEDAR	SOL EXTRACT	Red Cedar Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RED MAPLE	INJ 1:20	Red Maple (Acer Rubrum) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RED MULBERRY INJ 1:20		Red Mulberry Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RED TOP GRAS INJ 100000BA		Red Top Grass Pollen Standardized Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RHIZOPUS	INJ 1:10	Rhizopus (Rhizopus Arrhizus) Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
MARSH ELDER	INJ 1:20	Rough March Elder Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RGH PIGWEED	SOL EXTRACT	Rough Pigweed (Amaranthus retroflexus) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RUSS THISTLE SOL EXTRACT		Russian Thistle Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SACCHAROMYCE	INJ CEREVISI	Saccharomyces Cerevisiae Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SAGEBRUSH	SOL EXTRACT	Sagebrush Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SHAGBARK HCK SOL EXTRACT		Shagbark Hickory (Carya ovata) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SHEEP SORREL INJ 1:20		Sheep Sorrel Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SORREL/DOCK INJ EXTRACT		Sheep Sorrel-Yellow Dock Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SHORT RAGWEE INJ 1:20		Short Ragweed Extract Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
RAGWITEK	SUB	Short Ragweed Pollen Allergen Extract SL Tab 12 Amb a 1-U	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SPINY	SOL PIGWEED	Spiny Pigweed (Amaranthus spinosus) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
STEMPHYLIUM	SOL 20000PNU	Stemphylium Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SWEET GUM	INJ 1:20	Sweet Gum (Liquidambar Styraciflua) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
SWEET VERNAL	INJ GRASS PO	Sweet Vernal Grass Pollen Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
TALL RAGWEED	SOL 1:20	Tall Ragweed (Ambrosia Trifida) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
TIMOTHY GRAS	INJ 10000BAU	Timothy Grass Pollen Allergen Ext Inj 10000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
TIMOTHY	SOL GRASS	Timothy Grass Pollen Allergen Ext Inj 100000 BAU/ML	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
GRASTEK	SUB 2800BAU	Timothy Grass Pollen Allergen Ext SL Tab 2800 BAU	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
TRICHOPHYTON	SOL 20000PNU	Trichophyton Inj 20000 PNU/ML (1:10)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
VIRGINIA	INJ LIVE OAK	Virginia Live Oak Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
WASP VENOM	INJ 1300MCG	Wasp Venom For Inj 1300 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
WASP VENOM	INJ 550MCG	Wasp Venom For Inj 550 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
WASP VENOM	INJ 1100MCG	Wasp Venom For Subcutaneous Inj 1100 MCG (100 MCG/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
WASP VENOM	INJ 120MCG	Wasp Venom For Subcutaneous Inj 120 MCG (100 MCG/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
VENOMIL	KIT WASP	Wasp Venom Test Kit 12 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
VENOMIL	KIT WASP	Wasp Venom Test Kit 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
WESTERN JUNI	SOL 1:20	Western Juniper Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
WHITE ASH	INJ EXTRACT	White Ash (Fraxinus americana) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
WHITE BIRCH INJ 1:20	White Birch Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
HORNET VENOM INJ 1300MCG	White Faced Hornet Venom For Inj 1300 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
HORNET VENOM INJ 550MCG	White Faced Hornet Venom For Inj 550 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
WHITE FACED INJ HORNET	White Faced Hornet Venom For Subcutaneous Inj 1100 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
WHITE FACED INJ HORNET	White Faced Hornet Venom For Subcutaneous Inj 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
VENOMIL KIT WHT HORN	White Faced Hornet Venom Kit 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
VENOMIL KIT WHT HORN	White Faced Hornet Venom Test Kit 12 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
WHITE MULBER SOL 1:20	White Mulberry (Morus Alba) Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
WHITE OAK SOL	White Oak Inj 1:20 (0.05 GM/ML)	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
WHITE PINE INJ 1:20	White Pine Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
YELLOW DOCK INJ 1:20	Yellow Dock Inj 1:20	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
YELLOW HORN INJ 550MCG	Yellow Hornet Venom For Inj 550 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
YELLOW HORNE INJ 1100MCG	Yellow Hornet Venom For Subcutaneous Inj 1100 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
YELLOW HORNE INJ 120MCG	Yellow Hornet Venom For Subcutaneous Inj 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
VENOMIL KIT YEL HORN	Yellow Hornet Venom Kit 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
VENOMIL KIT YEL HORN	Yellow Hornet Venom Test Kit 12 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
YELLOW JACK INJ 1300MCG	Yellow Jacket Venom For Inj 1300 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
YELLOW JACK INJ 550MCG	Yellow Jacket Venom For Inj 550 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	

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YELLOW JACKE INJ 120MCG		Yellow Jacket Venom For Subcutaneous Inj 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	PA
VENOMIL	KIT YEL JACK	Yellow Jacket Venom Kit 120 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
VENOMIL	KIT YEL JACK	Yellow Jacket Venom Test Kit 12 MCG	ALLERGENIC EXTRACTS/BIOLOGICALS MISC	Non-Preferred	No	No	
IDOQUINOL POW		Iodoquinol Powder	AMEBICIDES	Non-Preferred	No	No	
SOLOSEC	GRA 2GM	Secnidazole Granules Packet 2 GM	AMEBICIDES	Non-Preferred	No	No	PA
AMIKACIN	INJ 1GM/4ML	Amikacin Sulfate Inj 1 GM/4ML (250 MG/ML)	AMINOGLYCOSIDES	Generic	No	No	
AMIKACIN	INJ 500/2ML	Amikacin Sulfate Inj 500 MG/2ML (250 MG/ML)	AMINOGLYCOSIDES	Generic	No	No	
ARIKAYCE	SUS	Amikacin Sulfate Liposome Inhal Susp 590 MG/8.4ML (Base Eq)	AMINOGLYCOSIDES	Non-Preferred	No	No	PA
AMIKACIN	POW SULFATE	Amikacin Sulfate Powder	AMINOGLYCOSIDES	Non-Preferred	No	No	
GENTAM/NACL INJ 80MG		Gentamicin in Saline Inj 0.8 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAM/NACL INJ 100MG		Gentamicin in Saline Inj 1 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAM/NACL INJ 120MG		Gentamicin in Saline Inj 1.2 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAM/NACL INJ 60MG		Gentamicin in Saline Inj 1.2 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAM/NACL INJ 80MG		Gentamicin in Saline Inj 1.6 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAM/NACL INJ 100MG		Gentamicin in Saline Inj 2 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAMICIN	INJ 10MG/ML	Gentamicin Sulfate Inj 10 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
GENTAMICIN	INJ 40MG/ML	Gentamicin Sulfate Inj 40 MG/ML	AMINOGLYCOSIDES	Generic	No	No	
NEOMYCIN	TAB 500MG	Neomycin Sulfate Tab 500 MG	AMINOGLYCOSIDES	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PAROMOMYCIN CAP 250MG		Paromomycin Sulfate Cap 250 MG	AMINOGLYCOSIDES	Generic	No	No	
ZEMDRI	INJ 500MG/10	Plazomicin Sulfate IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	AMINOGLYCOSIDES	Non-Preferred	No	No	
STREPTOMYCIN INJ 1GM		Streptomycin Sulfate For Inj 1 GM	AMINOGLYCOSIDES	Generic	No	No	
STREPTOMYCIN POW SULFATE		Streptomycin Sulfate Powder	AMINOGLYCOSIDES	Non-Preferred	No	No	
TOBI PODHALR CAP 28MG		Tobramycin Inhal Cap 28 MG	AMINOGLYCOSIDES	Non-Preferred	No	Yes	PA
BETHKIS	NEB 300/4ML	Tobramycin Nebu Soln 300 MG/4ML	AMINOGLYCOSIDES	Preferred	No	Yes	*Various UM Required
KITABIS PAK NEB 300/5ML		Tobramycin Nebu Soln 300 MG/5ML	AMINOGLYCOSIDES	Non-Preferred	No	Yes	*Various UM Required
TOBI	NEB 300/5ML	Tobramycin Nebu Soln 300 MG/5ML	AMINOGLYCOSIDES	Non-Preferred	No	Yes	PA
TOBRAMYCIN NEB 300/5ML		Tobramycin Nebu Soln 300 MG/5ML	AMINOGLYCOSIDES	Generic	No	Yes	*Various UM Required
TOBRAMYCIN NEB 300/5ML		Tobramycin Nebu Soln 300 MG/5ML	AMINOGLYCOSIDES	Generic	No	Yes	
TOBRAMYCIN INJ 1.2GM		Tobramycin Sulfate For Inj 1.2 GM	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN INJ 1.2/30ML		Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN INJ 40MG/ML		Tobramycin Sulfate Inj 1.2 GM/30ML (40 MG/ML) (Base Equiv)	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN INJ 10MG/ML		Tobramycin Sulfate Inj 10 MG/ML (Base Equivalent)	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN INJ 40MG/ML		Tobramycin Sulfate Inj 2 GM/50ML (40 MG/ML) (Base Equiv)	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN INJ 40MG/ML		Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN INJ 80MG/2ML		Tobramycin Sulfate Inj 80 MG/2ML (40 MG/ML) (Base Equiv)	AMINOGLYCOSIDES	Generic	No	No	
TOBRAMYCIN POW SULFATE		Tobramycin Sulfate Powder	AMINOGLYCOSIDES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NUDROXIPAK	PAK	*Celecoxib Cap 200 MG & Meth Sal-Men-Capsaicin Liqd Ther Pk*	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
DERMACINRX	KIT ANALGESI	*Diclofenac Sod Tab DR 75 MG & Lido-Men-Methyl Sal Ptch Kit*	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NUDROXIPAK	KIT DSDR-50	*Diclofenac Sodium Tab DR 50 MG & Liniment Topical Liq Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NUDROXIPAK	KIT DSDR-75	*Diclofenac Sodium Tab DR 75 MG & Liniment Topical Liq Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
DFS DR/MS/	KIT MENT/CAP	*Diclofenac Sodium Tab DR 75 MG & Liniment Topical Liq Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NUDROXIPAK	KIT E-400	*Etodolac Tab 400 MG & Liniment Topical Liquid Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
IC 400	KIT 400MG	*Ibuprofen Tab 400 MG & Caffeine-Vitamins Cap Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
IC 800	KIT 800MG	*Ibuprofen Tab 800 MG & Caffeine-Vitamins Cap Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
IBUPROFEN	KIT COMFORT	*Ibuprofen Tab 800 MG & Liniment Topical Gel Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
NUDROXIPAK	KIT I-800	*Ibuprofen Tab 800 MG & Liniment Topical Liquid Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
IBU/MINREX	PAK	*Ibuprofen Tab 800 MG & Multiple Minerals Cap Therapy Pack**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
READYSHARP +	KIT KETOROLA	*Ketorolac Inj 15 MG/ML & Bupivacaine 0.5% & Lido 1% Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
KETOROCAINE	KIT -LM	*Ketorolac Inj 30 MG/ML & Bupivacaine 0.25% & Lido 1% Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
ACTIVE INJEC	KIT KETMARC	*Ketorolac Inj 30 MG/ML & Bupivacaine 0.25% & Lido 1% Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
TORONOVA	KIT 30MG/ML	*Ketorolac Trometh Inj 30 MG/ML & Anesthetic Spray Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
TORONOVA II	KIT 30MG/ML	*Ketorolac Trometh Inj 30 MG/ML & Anesthetic Spray Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
ACTIVE INJEC	KIT KET-L	*Ketorolac Trometh Inj 30 MG/ML & Lidocaine HCl 1% Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
KETOROCAINE	KIT -L	*Ketorolac Trometh Inj 30 MG/ML & Lidocaine HCl 1% Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
READY KETORO KIT 15MG/ML		*Ketorolac Tromethamine Inj 15 MG/ML Kit***	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NUDROXIPAK KIT M-15		*Meloxicam Tab 15 MG & Liniment Topical Liquid Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NUDROXIPAK KIT N-500		*Nabumetone Tab 500 MG & Liniment Topical Liquid Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NAPROXEN KIT COMFORT		*Naproxen Tab 500 MG & Liniment Topical Gel Kit**	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
ORENCIA INJ 250MG		Abatacept For IV Soln 250 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ORENCIA CLCK INJ 125MG/ML		Abatacept Subcutaneous Soln Auto-Injector 125 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ORENCIA INJ 125MG/ML		Abatacept Subcutaneous Soln Prefilled Syringe 125 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ORENCIA INJ 50/0.4		Abatacept Subcutaneous Soln Prefilled Syringe 50 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ORENCIA INJ 87.5/0.7		Abatacept Subcutaneous Soln Prefilled Syringe 87.5 MG/0.7ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
HUMIRA PEN INJ 40/0.4ML		Adalimumab Pen-injector Kit 40 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required
HUMIRA PEN INJ 40MG/0.8		Adalimumab Pen-injector Kit 40 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
HUMIRA PEN INJ PS/UV		Adalimumab Pen-injector Kit 40 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required
HUMIRA PEN INJ CD/UC/HS		Adalimumab Pen-injector Kit 40 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required
HUMIRA PEN KIT CD/UC/HS		Adalimumab Pen-injector Kit 80 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	
HUMIRA PEN KIT PS/UV		Adalimumab Pen-injector Kit 80 MG/0.8ML & 40 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	
HUMIRA INJ 10/0.1ML		Adalimumab Prefilled Syringe Kit 10 MG/0.1ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required
HUMIRA INJ 10MG/0.2		Adalimumab Prefilled Syringe Kit 10 MG/0.2ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
HUMIRA INJ 20/0.2ML		Adalimumab Prefilled Syringe Kit 20 MG/0.2ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required

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HUMIRA	KIT 20MG/0.4	Adalimumab Prefilled Syringe Kit 20 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
HUMIRA	INJ 40/0.4ML	Adalimumab Prefilled Syringe Kit 40 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required
HUMIRA	KIT 40MG/0.8	Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
HUMIRA PEDIA INJ CROHNS		Adalimumab Prefilled Syringe Kit 40 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
HUMIRA PEDIA INJ CROHNS		Adalimumab Prefilled Syringe Kit 80 MG/0.8ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
HUMIRA PEDIA INJ CROHNS		Adalimumab Prefilled Syringe Kit 80 MG/0.8ML & 40 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
KINERET	INJ	Anakinra Subcutaneous Soln Prefilled Syringe 100 MG/0.67ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
OTEZLA	TAB 30MG	Apremilast Tab 30 MG	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
OTEZLA	TAB 10/20/30	Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
RIDAURA	CAP 3MG	Auranofin Cap 3 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	Yes	No	
OLUMIANT	TAB 2MG	Baricitinib Tab 2 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	Yes	Yes	PA
ILARIS	INJ 150MG/ML	Canakinumab Subcutaneous Inj 150 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	*Various UM Required
CELEBREX	CAP 100MG	Celecoxib Cap 100 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
CELECOXIB	CAP 100MG	Celecoxib Cap 100 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
CELECOXIB	CAP 100MG	Celecoxib Cap 100 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
CELECOXIB	CAP 200MG	Celecoxib Cap 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
CELEBREX	CAP 200MG	Celecoxib Cap 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
CELECOXIB	CAP 200MG	Celecoxib Cap 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	

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CELEBREX	CAP 400MG	Celecoxib Cap 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
CELECOXIB	CAP 400MG	Celecoxib Cap 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
CELECOXIB	CAP 400MG	Celecoxib Cap 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
CELEBREX	CAP 50MG	Celecoxib Cap 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
CELECOXIB	CAP 50MG	Celecoxib Cap 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
CELECOXIB	CAP 50MG	Celecoxib Cap 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
DERMACINRX	PAK INFLAMMA	Diclofen DR TAB 75MG-Ranitidine Tab 150MG-Capsaicin Cr THPK	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
FLEXIZOL	PAK COMBIPAK	Diclofen DR Tab 75MG-Ranitidine Tab 150MG-Lido Cr 3.75% THPK	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
PREVIDOLRX	PAK ANALGESI	Diclofen Tab 75 MG-Omepraz Cap 20 MG-Capsicum Cr 0.025% THPK	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
ZORVOLEX	CAP 18MG	Diclofenac Cap 18 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
ZORVOLEX	CAP 35MG	Diclofenac Cap 35 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
ZIPSOR	CAP 25MG	Diclofenac Potassium Cap 25 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
DICLOFEN POT TAB 50MG		Diclofenac Potassium Tab 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
XENAFLAMM	PAK 75-0.025	Diclofenac Sod DR Tab 75 MG & Capsaicin Cr 0.025% Ther Pack	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
PREVIDOLRX	PAK PLUS	Diclofenac Sod DR Tab 75 MG & Capsaicin Cr 0.025% Ther Pack	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NUDICLO	PAK TABPAK	Diclofenac Sod DR Tab 75 MG & Capsaicin Cr 0.025% Ther Pack	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
FLEXIPAK	PAK 75-0.025	Diclofenac Sod DR Tab 75 MG & Capsaicin Cr 0.025% Ther Pack	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
INFLAMMACIN	MIS 75-0.025	Diclofenac Sod DR Tab 75 MG & Capsaicin Cr 0.025% Ther Pack	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DICLOFENAC TAB 25MG DR	Diclofenac Sodium Tab Delayed Release 25 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
DICLOFENAC TAB 50MG DR	Diclofenac Sodium Tab Delayed Release 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
DICLOFENAC TAB 75MG DR	Diclofenac Sodium Tab Delayed Release 75 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
DICLOFENAC TAB 100MG ER	Diclofenac Sodium Tab ER 24HR 100 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
INFLAMMATION PAK REDUCTIO	Diclofenac Tab 75MG & Ranitid Tab 150MG & Lido-Prilo Cr THPK	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
ARTHROTEC 50 TAB	Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
DICLO/MISOPR TAB 50-0.2MG	Diclofenac w/ Misoprostol Tab Delayed Release 50-0.2 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
DICLO/MISOPR TAB 75-0.2MG	Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ARTHROTEC 75 TAB	Diclofenac w/ Misoprostol Tab Delayed Release 75-0.2 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
ENBREL INJ 25MG	Etanercept For Subcutaneous Inj 25 MG	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
ENBREL INJ 25/0.5ML	Etanercept Subcutaneous Soln Prefilled Syringe 25 MG/0.5ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
ENBREL INJ 50MG/ML	Etanercept Subcutaneous Soln Prefilled Syringe 50 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
ENBREL SRCLK INJ 50MG/ML	Etanercept Subcutaneous Solution Auto-injector 50 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
ENBREL MINI INJ 50MG/ML	Etanercept Subcutaneous Solution Cartridge 50 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	Yes	Yes	*Various UM Required
ETODOLAC CAP 200MG	Etodolac Cap 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC CAP 300MG	Etodolac Cap 300 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC TAB 400MG	Etodolac Tab 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC TAB 400MG	Etodolac Tab 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LODINE	TAB 400MG	Etodolac Tab 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
ETODOLAC	TAB 500MG	Etodolac Tab 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC	TAB 500MG	Etodolac Tab 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC ER	TAB 400MG	Etodolac Tab ER 24HR 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC ER	TAB 500MG	Etodolac Tab ER 24HR 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ETODOLAC ER	TAB 600MG	Etodolac Tab ER 24HR 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
FENOPROFEN	CAP 200MG	Fenoprofen Calcium Cap 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
FENORTHIO	CAP 200MG	Fenoprofen Calcium Cap 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
FENOPROFEN	CAP 400MG	Fenoprofen Calcium Cap 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NALFON	CAP 400MG	Fenoprofen Calcium Cap 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
FENOPROFEN	POW CALCIUM	Fenoprofen Calcium Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
PROFENO	TAB 600MG	Fenoprofen Calcium Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
FENOPROFEN	TAB 600MG	Fenoprofen Calcium Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NALFON	TAB 600MG	Fenoprofen Calcium Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	Yes	No	
FLURBIPROFEN	POW	Flurbiprofen Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
FLURBIPROFEN	TAB 100MG	Flurbiprofen Tab 100 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
FLURBIPROFEN	TAB 50MG	Flurbiprofen Tab 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
SIMPONI ARIA SOL	50MG/4ML	Golimumab IV Soln 50 MG/4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SIMPONI	INJ 100MG/ML	Golimumab Subcutaneous Soln Auto-injector 100 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
SIMPONI	INJ 50/0.5ML	Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
SIMPONI	INJ 100MG/ML	Golimumab Subcutaneous Soln Prefilled Syringe 100 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
SIMPONI	INJ 50/0.5ML	Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
NEOPROFEN	SOL 10MG/ML	Ibuprofen Lysine IV Soln 10 MG/ML (Base Equivalent)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
IBUPROFEN	INJ LYSINE	Ibuprofen Lysine IV Soln 10 MG/ML (Base Equivalent)	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBUPROFEN	INJ LYSINE	Ibuprofen Lysine IV Soln 10 MG/ML (Base Equivalent)	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBUPROFEN	POW	Ibuprofen Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
CALDOLOR	INJ 800/8ML	Ibuprofen Soln for IV Infusion 800 MG/8ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
IBUPROFEN	SUS 100/5ML	Ibuprofen Susp 100 MG/5ML	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBUPROFEN	SUS 100/5ML	Ibuprofen Susp 100 MG/5ML	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBUPROFEN	TAB 400MG	Ibuprofen Tab 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBUPROFEN	TAB 400MG	Ibuprofen Tab 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBU	TAB 400MG	Ibuprofen Tab 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
IBUPROFEN	TAB 600MG	Ibuprofen Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBUPROFEN	TAB 600MG	Ibuprofen Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
IBU	TAB 600MG	Ibuprofen Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
IBUPROFEN	TAB 800MG	Ibuprofen Tab 800 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IBU	TAB 800MG	Ibuprofen Tab 800 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
IBUPROFEN	TAB 800MG	Ibuprofen Tab 800 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
DUEXIS	TAB 800-26.6	Ibuprofen-Famotidine Tab 800-26.6 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
TIVORBEX	CAP 20MG	Indomethacin Cap 20 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
INDOMETHACIN CAP 25MG		Indomethacin Cap 25 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
TIVORBEX	CAP 40MG	Indomethacin Cap 40 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
INDOMETHACIN CAP 50MG		Indomethacin Cap 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
INDOMETHACIN CAP 75MG ER		Indomethacin Cap ER 75 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
INDOMETHACIN POW		Indomethacin Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
INDOMETHACIN INJ 1MG		Indomethacin Sodium IV For Soln 1 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
INDOCIN	SUP 50MG	Indomethacin Suppos 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
INDOCIN	SUS 25MG/5ML	Indomethacin Susp 25 MG/5ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
KETOPROFEN	CAP 25MG	Ketoprofen Cap 25 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
KETOPROFEN	CAP 200MG ER	Ketoprofen Cap ER 24HR 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
KETOROLAC	INJ 60MG/2ML	Ketorolac Tromethamine IM Inj 60 MG/2ML (30 MG/ML)	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
KETOROLAC	INJ 15MG/ML	Ketorolac Tromethamine Inj 15 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
KETOROLAC	INJ 30MG/ML	Ketorolac Tromethamine Inj 30 MG/ML	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
SPRIX	SPR 15.75MG	Ketorolac Tromethamine Nasal Spray 15.75 MG/SPRAY	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KETOROLAC	TAB 10MG	Ketorolac Tromethamine Tab 10 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
LEFLUNOMIDE	TAB 10MG	Leflunomide Tab 10 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
ARAVA	TAB 10MG	Leflunomide Tab 10 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	Yes	No	
ARAVA	TAB 20MG	Leflunomide Tab 20 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	Yes	No	
LEFLUNOMIDE	TAB 20MG	Leflunomide Tab 20 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	Yes	No	
MECLOFEN SOD	CAP 100MG	Meclofenamate Sodium Cap 100 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
MECLOFEN SOD	CAP 50MG	Meclofenamate Sodium Cap 50 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
MECLOFEN SOD	POW	Meclofenamate Sodium Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
MECLOFEN SOD	POW	Meclofenamate Sodium Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
MEFENAM ACID	CAP 250MG	Mefenamic Acid Cap 250 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
MEFENAMIC	POW ACID	Mefenamic Acid Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
VIVLODEX	CAP 10MG	Meloxicam Cap 10 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
VIVLODEX	CAP 5MG	Meloxicam Cap 5 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
MOBIC	TAB 15MG	Meloxicam Tab 15 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
MELOXICAM	TAB 15MG	Meloxicam Tab 15 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
MELOXICAM	TAB 7.5MG	Meloxicam Tab 7.5 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
MOBIC	TAB 7.5MG	Meloxicam Tab 7.5 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
RASUVO	INJ 10MG	Methotrexate Soln PF Auto-Injector 10 MG/0.2ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OTREXUP	INJ 10MG	Methotrexate Soln PF Auto-Injector 10 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
RASUVO	INJ 12.5MG	Methotrexate Soln PF Auto-Injector 12.5 MG/0.25ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
OTREXUP	INJ 12.5/0.4	Methotrexate Soln PF Auto-Injector 12.5 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
RASUVO	INJ 15MG	Methotrexate Soln PF Auto-Injector 15 MG/0.3ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
OTREXUP	INJ 15MG	Methotrexate Soln PF Auto-Injector 15 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
RASUVO	INJ 17.5MG	Methotrexate Soln PF Auto-Injector 17.5 MG/0.35ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
OTREXUP	INJ 17.5/0.4	Methotrexate Soln PF Auto-Injector 17.5 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
OTREXUP	INJ 20MG	Methotrexate Soln PF Auto-Injector 20 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
RASUVO	INJ 20MG	Methotrexate Soln PF Auto-Injector 20 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
RASUVO	INJ 22.5MG	Methotrexate Soln PF Auto-Injector 22.5 MG/0.45ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
OTREXUP	INJ 22.5/0.4	Methotrexate Soln PF Auto-Injector 22.5 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
OTREXUP	INJ 25MG	Methotrexate Soln PF Auto-Injector 25 MG/0.4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
RASUVO	INJ 25MG	Methotrexate Soln PF Auto-Injector 25 MG/0.5ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
RASUVO	INJ 30MG	Methotrexate Soln PF Auto-Injector 30 MG/0.6ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
RASUVO	INJ 7.5MG	Methotrexate Soln PF Auto-Injector 7.5 MG/0.15ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
NABUMETONE	TAB 500MG	Nabumetone Tab 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NABUMETONE	TAB 750MG	Nabumetone Tab 750 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROXEN	POW	Naproxen Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NAPROXEN	POW SODIUM	Naproxen Sodium Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
NAPROXEN SOD TAB 275MG		Naproxen Sodium Tab 275 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROXEN SOD TAB 550MG		Naproxen Sodium Tab 550 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ANAPROX DS TAB 550MG		Naproxen Sodium Tab 550 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
NAPROXEN SOD TAB 375MG CR		Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPRELAN	TAB 375MG CR	Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NAPROXEN SOD TAB 375MG		Naproxen Sodium Tab ER 24HR 375 MG (Base Equiv)	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROXEN SOD TAB 500MG CR		Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPRELAN	TAB 500MG CR	Naproxen Sodium Tab ER 24HR 500 MG (Base Equiv)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NAPRELAN	TAB 750MG CR	Naproxen Sodium Tab ER 24HR 750 MG (Base Equiv)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	PA
NAPROXEN	SUS 125/5ML	Naproxen Susp 125 MG/5ML	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROSYN	SUS 125/5ML	Naproxen Susp 125 MG/5ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
NAPROXEN	TAB 250MG	Naproxen Tab 250 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROXEN	TAB 375MG	Naproxen Tab 375 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROSYN	TAB 500MG	Naproxen Tab 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
NAPROXEN	TAB 500MG	Naproxen Tab 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
NAPROXEN DR TAB 375MG		Naproxen Tab EC 375 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
EC-NAPROSYN TAB 375MG		Naproxen Tab EC 375 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EC-NAPROSYN TAB 500MG		Naproxen Tab EC 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
NAPROXEN DR TAB 500MG		Naproxen Tab EC 500 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
VIMOVO	TAB 375-20MG	Naproxen-Esomeprazole Magnesium Tab DR 375-20 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
VIMOVO	TAB 500-20MG	Naproxen-Esomeprazole Magnesium Tab DR 500-20 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
DAYPRO	TAB 600MG	Oxaprozin Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
OXAPROZIN	TAB 600MG	Oxaprozin Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
PHENYLBUTAZ POW		Phenylbutazone Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
PIROXICAM	CAP 10MG	Piroxicam Cap 10 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
FELDENE	CAP 10MG	Piroxicam Cap 10 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
PIROXICAM	CAP 20MG	Piroxicam Cap 20 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
FELDENE	CAP 20MG	Piroxicam Cap 20 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
PIROXICAM	POW	Piroxicam Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
PIROXICAM	POW	Piroxicam Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
PRASTERA	KIT	Prasterone Cap 200 MG & Ibuprofen Tab 400 MG Kit	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
ARCALYST	INJ 220MG	Rilonacept For Inj 220 MG	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	*Various UM Required
KEVZARA	INJ 150/1.14	Sarilumab Subcutaneous Soln Prefilled Syringe 150 MG/1.14ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
KEVZARA	INJ 200/1.14	Sarilumab Subcutaneous Soln Prefilled Syringe 200 MG/1.14ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
KEVZARA	INJ 150/1.14	Sarilumab Subcutaneous Solution Auto-injector 150 MG/1.14ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KEVZARA	INJ 200/1.14	Sarilumab Subcutaneous Solution Auto-injector 200 MG/1.14ML	ANALGESICS - ANTI-INFLAMMATORY	Preferred	No	Yes	*Various UM Required
SULINDAC	POW	Sulindac Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
SULINDAC	POW	Sulindac Powder	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	No	
SULINDAC	TAB 150MG	Sulindac Tab 150 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
SULINDAC	TAB 200MG	Sulindac Tab 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
ACTEMRA	INJ 200/10ML	Tocilizumab IV Inj 200 MG/10ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ACTEMRA	INJ 400/20ML	Tocilizumab IV Inj 400 MG/20ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ACTEMRA	INJ 80MG/4ML	Tocilizumab IV Inj 80 MG/4ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
ACTEMRA	INJ 162/0.9	Tocilizumab Subcutaneous Soln Prefilled Syringe 162 MG/0.9ML	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
XELJANZ	TAB 10MG	Tofacitinib Citrate Tab 10 MG (Base Equivalent)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	Yes	Yes	PA
XELJANZ	TAB 5MG	Tofacitinib Citrate Tab 5 MG (Base Equivalent)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
XELJANZ XR	TAB 11MG	Tofacitinib Citrate Tab ER 24HR 11 MG (Base Equivalent)	ANALGESICS - ANTI-INFLAMMATORY	Non-Preferred	No	Yes	PA
TOLMETIN SOD CAP 400MG		Tolmetin Sodium Cap 400 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
TOLMETIN SOD TAB 200MG		Tolmetin Sodium Tab 200 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
TOLMETIN SOD TAB 600MG		Tolmetin Sodium Tab 600 MG	ANALGESICS - ANTI-INFLAMMATORY	Generic	No	No	
OFIRMEV	INJ 10MG/ML	Acetaminophen IV Soln 10 MG/ML	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
DURAXIN	CAP	Acetaminophen-Salicylamide-Phenyltoloxamine Cap 300-200-20MG	ANALGESICS - NonNarcotic	Generic	No	No	
EQL ASPIRIN	CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BAYER LOW CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
PX ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
CVS CHLD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN LOW CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
CHILD ASA LS CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
GNP ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
EQ CHILD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
CHILD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
HM ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN-81 CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN CHLD CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN CHIL CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
TGT ASPIRIN CHW CHILD	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
TGT ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ST JOSEPH CHW LOW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
QC CHILD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
SM CHILD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RA ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
SM ASPIRIN CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
SB CHILD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
RA CHILD ASA CHW 81MG	Aspirin Chew Tab 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN POW	Aspirin Powder	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
ACETYLSALICY POW ACID USP	Aspirin Powder	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
ASPIR-LOW TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
LOW DOSE ASA TAB 81MG	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
BAYER LOW TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
CVS ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ECOTRIN LOW TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
GNP ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
KP ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
MINIPRIN LOW TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
PX ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
RA ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
SM ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
TGT ASPIRIN TAB 81MG	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TGT ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
KLS ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN LOW TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN ADLT TAB 81MG	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN 81 TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIRIN TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
ASPIR-81 TAB 81MG EC	Aspirin Tab Delayed Release 81 MG	ANALGESICS - NonNarcotic	No Cost	No	No	
BUTAL/APAP CAP 50-300MG	Butalbital-Acetaminophen Cap 50-300 MG	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
ALLZITAL TAB 25-325MG	Butalbital-Acetaminophen Tab 25-325 MG	ANALGESICS - NonNarcotic	Non-Preferred	No	No	PA
BUPAP TAB 50-300MG	Butalbital-Acetaminophen Tab 50-300 MG	ANALGESICS - NonNarcotic	Generic	No	No	QL
BUTALB/ACETA TAB 50-300MG	Butalbital-Acetaminophen Tab 50-300 MG	ANALGESICS - NonNarcotic	Generic	No	No	QL
TENCON TAB 50-325MG	Butalbital-Acetaminophen Tab 50-325 MG	ANALGESICS - NonNarcotic	Generic	No	No	QL
BUTAL/APAP TAB 50-325MG	Butalbital-Acetaminophen Tab 50-325 MG	ANALGESICS - NonNarcotic	Generic	No	No	QL
BUTAL/APAP TAB 50-325MG	Butalbital-Acetaminophen Tab 50-325 MG	ANALGESICS - NonNarcotic	Generic	No	No	
BUT/APAP/CAF CAP	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	PA
PHRENILIN CAP FORTE	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	PA
FIORICET CAP	Butalbital-Acetaminophen-Caffeine Cap 50-300-40 MG	ANALGESICS - NonNarcotic	Non-Preferred	No	No	PA
BUT/APAP/CAF CAP	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZEBUTAL	CAP	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	PA
ESGIC	CAP	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	PA
VANATOL S	SOL	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	ANALGESICS - NonNarcotic	Non-Preferred	No	No	QL
VANATOL LQ	SOL	Butalbital-Acetaminophen-Caffeine Soln 50-325-40 MG/15ML	ANALGESICS - NonNarcotic	Non-Preferred	No	No	QL
BUT/APAP/CAF TAB		Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	QL
ESGIC	TAB	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	ANALGESICS - NonNarcotic	Non-Preferred	No	No	QL
BUT/APAP/CAF TAB		Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	
BUT/ASA/CAFF CAP		Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	ANALGESICS - NonNarcotic	Generic	No	No	QL
FIORINAL	CAP	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG	ANALGESICS - NonNarcotic	Non-Preferred	No	No	QL
BUT/ASA/CAF TAB		Butalbital-Aspirin-Caffeine Tab 50-325-40 MG	ANALGESICS - NonNarcotic	Non-Preferred	No	No	PA
CHO MAG TRIS LIQ 500/5ML		Choline & Magnesium Salicylates Liq 500 MG/5ML	ANALGESICS - NonNarcotic	Generic	No	No	
CLONIDINE	INJ	Clonidine HCl Inj (For Epidural Infusion) 100 MCG/ML	ANALGESICS - NonNarcotic	Generic	No	No	
CLONIDINE	INJ 100/ML	Clonidine HCl Inj (For Epidural Infusion) 100 MCG/ML	ANALGESICS - NonNarcotic	Generic	No	No	
DURACLON	INJ	Clonidine HCl Inj (For Epidural Infusion) 100 MCG/ML	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
CLONIDINE	INJ	Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML	ANALGESICS - NonNarcotic	Generic	No	No	
CLONIDINE	INJ 500/ML	Clonidine HCl Inj (For Epidural Infusion) 500 MCG/ML	ANALGESICS - NonNarcotic	Generic	No	No	
DIFLUNISAL	TAB 500MG	Diflunisal Tab 500 MG	ANALGESICS - NonNarcotic	Generic	No	No	
SALSALATE	TAB 500MG	Salsalate Tab 500 MG	ANALGESICS - NonNarcotic	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SALSALATE TAB 750MG	Salsalate Tab 750 MG	ANALGESICS - NonNarcotic	Generic	No	No	
SOD SALICYLA CRY USP NF	Sodium Salicylate Crystals	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
SOD SALICYLA POW	Sodium Salicylate Powder	ANALGESICS - NonNarcotic	Non-Preferred	No	No	
PRIALT INJ 100MCG	Ziconotide Acetate Intrathecal Inj 100 MCG/ML	ANALGESICS - NonNarcotic	Non-Preferred	No	Yes	
PRIALT INJ 25MCG/ML	Ziconotide Acetate Intrathecal Inj 500 MCG/20ML (25 MCG/ML)	ANALGESICS - NonNarcotic	Non-Preferred	No	Yes	
PRIALT INJ 500MCG	Ziconotide Acetate Intrathecal Inj 500 MCG/5ML	ANALGESICS - NonNarcotic	Non-Preferred	No	Yes	
SYNAPRYN SUS 10MG/ML	*Tramadol HCl For Oral Susp 10 MG/ML (Compound Kit)***	ANALGESICS - OPIOID	Non-Preferred	No	No	
APAP/CODEINE SOL 120-12/5	Acetaminophen w/ Codeine Soln 120-12 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL
APAP/CODEINE TAB 300-15MG	Acetaminophen w/ Codeine Tab 300-15 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TYLENOL/COD TAB #3	Acetaminophen w/ Codeine Tab 300-30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
APAP/CODEINE TAB 300-30MG	Acetaminophen w/ Codeine Tab 300-30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
APAP/CODEINE TAB 300-60MG	Acetaminophen w/ Codeine Tab 300-60 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TYLENOL/COD TAB #4	Acetaminophen w/ Codeine Tab 300-60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
TREZIX CAP	Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 MG	ANALGESICS - OPIOID	Generic	No	No	QL
APAP-CAFFEIN CAP DIHYDROC	Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 MG	ANALGESICS - OPIOID	Generic	No	No	QL
APAP/CAFFEIN TAB DIHYDROC	Acetaminophen-Caffeine-Dihydrocodeine Tab 325-30-16 MG	ANALGESICS - OPIOID	Generic	No	No	
PANLOR TAB 325-30	Acetaminophen-Caffeine-Dihydrocodeine Tab 325-30-16 MG	ANALGESICS - OPIOID	Generic	No	No	QL
ALFENTANIL INJ 1000/2ML	Alfentanil HCl IV Soln 1000 MCG/2ML (500 MCG/ML) (Base Eq)	ANALGESICS - OPIOID	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALFENTANIL INJ 1000/2ML	Alfentanil HCl IV Soln 1000 MCG/2ML (500 MCG/ML) (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	
ALFENTANIL INJ 2500/5ML	Alfentanil HCl IV Soln 2500 MCG/5ML (500 MCG/ML) (Base Eq)	ANALGESICS - OPIOID	Generic	No	No	
ALFENTANIL INJ 2500/5ML	Alfentanil HCl IV Soln 2500 MCG/5ML (500 MCG/ML) (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	
SUBLOCADE INJ 100/0.5	Buprenorphine Extended Release Soln Pref Syr 100 MG/0.5ML	ANALGESICS - OPIOID	Non-Preferred	No	Yes	PA
SUBLOCADE INJ 300/1.5	Buprenorphine Extended Release Soln Pref Syr 300 MG/1.5ML	ANALGESICS - OPIOID	Non-Preferred	No	Yes	PA
BELBUCA MIS 150MCG	Buprenorphine HCl Buccal Film 150 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BELBUCA MIS 300MCG	Buprenorphine HCl Buccal Film 300 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BELBUCA MIS 450MCG	Buprenorphine HCl Buccal Film 450 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BELBUCA MIS 600MCG	Buprenorphine HCl Buccal Film 600 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BELBUCA MIS 75MCG	Buprenorphine HCl Buccal Film 75 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BELBUCA MIS 750MCG	Buprenorphine HCl Buccal Film 750 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BELBUCA MIS 900MCG	Buprenorphine HCl Buccal Film 900 MCG (Base Equivalent)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPRENORPHIN INJ 0.3MG/ML	Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	
BUPRENEX INJ 0.3MG/ML	Buprenorphine HCl Inj 0.3 MG/ML (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	
BUPRENORPHIN SUB 2MG	Buprenorphine HCl SL Tab 2 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	PA
BUPRENORPHIN SUB 2MG	Buprenorphine HCl SL Tab 2 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	PA
BUPRENORPHIN SUB 8MG	Buprenorphine HCl SL Tab 8 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	PA
BUPRENORPHIN SUB 8MG	Buprenorphine HCl SL Tab 8 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROBUPHINE	IMP KIT 74.2	Buprenorphine HCl Subdermal Implant 74.2 MG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	Yes	PA
SUBOXONE	MIS 12-3MG	Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG (Base Equiv)	ANALGESICS - OPIOID	Preferred	No	No	QL
SUBOXONE	MIS 2-0.5MG	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG (Base Equiv)	ANALGESICS - OPIOID	Preferred	No	No	QL
SUBOXONE	MIS 4-1MG	Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG (Base Equiv)	ANALGESICS - OPIOID	Preferred	No	No	QL
SUBOXONE	MIS 8-2MG	Buprenorphine HCl-Naloxone HCl SL Film 8-2 MG (Base Equiv)	ANALGESICS - OPIOID	Preferred	No	No	QL
ZUBSOLV	SUB 0.7-0.18	Buprenorphine HCl-Naloxone HCl SL Tab 0.7-0.18 MG (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	
ZUBSOLV	SUB 1.4-0.36	Buprenorphine HCl-Naloxone HCl SL Tab 1.4-0.36 MG (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZUBSOLV	SUB 11.4-2.9	Buprenorphine HCl-Naloxone HCl SL Tab 11.4-2.9 MG (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZUBSOLV	SUB 2.9-0.71	Buprenorphine HCl-Naloxone HCl SL Tab 2.9-0.71 MG (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPREN/NALOX SUB 2-0.5MG		Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	QL
BUPREN/NALOX SUB 2-0.5MG		Buprenorphine HCl-Naloxone HCl SL Tab 2-0.5 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	
ZUBSOLV	SUB 5.7-1.4	Buprenorphine HCl-Naloxone HCl SL Tab 5.7-1.4 MG (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZUBSOLV	SUB 8.6-2.1	Buprenorphine HCl-Naloxone HCl SL Tab 8.6-2.1 MG (Base Eq)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPREN/NALOX SUB 8-2MG		Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	QL
BUPREN/NALOX SUB 8-2MG		Buprenorphine HCl-Naloxone HCl SL Tab 8-2 MG (Base Equiv)	ANALGESICS - OPIOID	Generic	No	No	
BUTRANS	DIS 10MCG/HR	Buprenorphine TD Patch Weekly 10 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPRENORPHIN DIS 10MCG/HR		Buprenorphine TD Patch Weekly 10 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
BUTRANS	DIS 15MCG/HR	Buprenorphine TD Patch Weekly 15 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BUPRENORPHIN DIS 15MCG/HR		Buprenorphine TD Patch Weekly 15 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
BUTRANS	DIS 20MCG/HR	Buprenorphine TD Patch Weekly 20 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPRENORPHIN DIS 20MCG/HR		Buprenorphine TD Patch Weekly 20 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
BUTRANS	DIS 5MCG/HR	Buprenorphine TD Patch Weekly 5 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPRENORPHIN DIS 5MCG/HR		Buprenorphine TD Patch Weekly 5 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
BUTRANS	DIS 7.5/HR	Buprenorphine TD Patch Weekly 7.5 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUPRENORPHIN DIS 7.5/HR		Buprenorphine TD Patch Weekly 7.5 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	PA
BUNAVAIL	MIS 2.1-0.3	Buprenorphine-Naloxone Buccal Film 2.1-0.3 MG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUNAVAIL	MIS 4.2-0.7	Buprenorphine-Naloxone Buccal Film 4.2-0.7 MG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUNAVAIL	MIS 6.3-1MG	Buprenorphine-Naloxone Buccal Film 6.3-1 MG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUT/APAP/CAF CAP CODEINE		Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
FIORICET	CAP CODEINE	Butalbital-Acetaminophen-Caff w/ COD Cap 50-300-40-30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUT/APAP/CAF CAP CODEINE		Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
ASCOMP/COD	CAP 30MG	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
BUT/ASA/CAF/ CAP COD 30MG		Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
FIORINAL/COD CAP 30MG		Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
BUTORPHANOL INJ 1MG/ML		Butorphanol Tartrate Inj 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
BUTORPHANOL INJ 2MG/ML		Butorphanol Tartrate Inj 2 MG/ML	ANALGESICS - OPIOID	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BUTORPHANOL SOL 10MG/ML		Butorphanol Tartrate Nasal Soln 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
CODEINE	POW PHOSPHAT	Codeine Phosphate Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
CODEINE SULF TAB 15MG		Codeine Sulfate Tab 15 MG	ANALGESICS - OPIOID	Generic	No	No	QL
CODEINE SULF TAB 30MG		Codeine Sulfate Tab 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
CODEINE SULF TAB 60MG		Codeine Sulfate Tab 60 MG	ANALGESICS - OPIOID	Generic	No	No	QL
FENT/BUPIVAC INJ 0.20/125		Fentanyl 0.2 MG/100ML-Bupiv 0.08%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.2/100		Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ NACL		Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.2/100		Fentanyl 0.2 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.2/100		Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.2/100		Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTA/BUPIVA INJ NACL		Fentanyl 0.2 MG/100ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ /NACL		Fentanyl 0.2 MG/100ML-Ropiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.25/125		Fentanyl 0.25 MG/125ML-Bupiv 0.08%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.4/200		Fentanyl 0.4 MG/200ML-Bupiv 0.15%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ SODIUM		Fentanyl 0.5 MG/100ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.5/100		Fentanyl 0.5 MG/100ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ /NACL		Fentanyl 0.5 MG/100ML-Ropiv 0.0625%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENT/BUPIVAC INJ 0.5/250	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.5/250	Fentanyl 0.5 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.5/250	Fentanyl 0.5 MG/250ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ NACL	Fentanyl 0.5 MG/250ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ BUPIVACA	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTA/BUPIV INJ NACL	Fentanyl 0.5 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.6/200	Fentanyl 0.6 MG/200ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ /NACL	Fentanyl 0.625 MG/250ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 1/250ML	Fentanyl 1 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 1/250ML	Fentanyl 1 MG/250ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 1/250ML	Fentanyl 1 MG/250ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ SODIUM	Fentanyl 1.25 MG/250ML-Bupiv 0.0625%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 1.25/250	Fentanyl 1.25 MG/250ML-Bupiv 0.075%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ 0.1/50ML	Fentanyl Cit 0.1 MG/50ML-Ropiv 0.125%-NaCl 0.9% Sol Pref Syr	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ 0.1/50ML	Fentanyl Cit 0.1 MG/50ML-Ropiv 0.2%-NaCl 0.9% Sol Pref Syr	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ 0.2/100	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.15%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ /NACL	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ 0.2/100	Fentanyl Cit 0.2 MG/100ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENT/ROPIVAC INJ 0.4/200		Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ NACL		Fentanyl Cit 0.4 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ ROPIVACA		Fentanyl Cit 0.4 MG/200ML-Ropiv 0.15%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ 0.4/200		Fentanyl Cit 0.4 MG/200ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.75/150		Fentanyl Cit 0.75 MG/150ML-Bupiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/ROPIVAC INJ 1.25/250		Fentanyl Cit 1.25 MG/250ML-Ropiv 0.2%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ 0.3/100		Fentanyl Cit-Bupivacaine-NaCl Inj 0.3 MG/100ML-0.125%-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENT/BUPIVAC INJ /NACL		Fentanyl Cit-Bupivacaine-NaCl Inj 0.75 MG/250ML-0.125%-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 100MCG	Fentanyl Citrate Buccal Tab 100 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 200MCG	Fentanyl Citrate Buccal Tab 200 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 400MCG	Fentanyl Citrate Buccal Tab 400 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 400MCG	Fentanyl Citrate Buccal Tab 400 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 600MCG	Fentanyl Citrate Buccal Tab 600 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 600MCG	Fentanyl Citrate Buccal Tab 600 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 800MCG	Fentanyl Citrate Buccal Tab 800 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTORA	TAB 800MCG	Fentanyl Citrate Buccal Tab 800 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ 1500/30		Fentanyl Citrate Inj 1500 MCG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ 2500MCG		Fentanyl Citrate IV Soln 2500 MCG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENTANYL	INJ 50MCG/ML	Fentanyl Citrate IV Soln 5000 MCG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	CIT INJ 100/2ML	Fentanyl Citrate IV Soln Prefilled Syringe 100 MCG/2ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	CIT INJ 250/5ML	Fentanyl Citrate IV Soln Prefilled Syringe 250 MCG/5ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ACTIQ	LOZ 1200MCG	Fentanyl Citrate Lozenge on a Handle 1200 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	OT LOZ 1200MCG	Fentanyl Citrate Lozenge on a Handle 1200 MCG	ANALGESICS - OPIOID	Generic	No	No	PA
FENTANYL	OT LOZ 1600MCG	Fentanyl Citrate Lozenge on a Handle 1600 MCG	ANALGESICS - OPIOID	Generic	No	No	PA
ACTIQ	LOZ 1600MCG	Fentanyl Citrate Lozenge on a Handle 1600 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ACTIQ	LOZ 1600MCG	Fentanyl Citrate Lozenge on a Handle 1600 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	OT LOZ 200MCG	Fentanyl Citrate Lozenge on a Handle 200 MCG	ANALGESICS - OPIOID	Generic	No	No	PA
ACTIQ	LOZ 200MCG	Fentanyl Citrate Lozenge on a Handle 200 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	OT LOZ 400MCG	Fentanyl Citrate Lozenge on a Handle 400 MCG	ANALGESICS - OPIOID	Generic	No	No	PA
ACTIQ	LOZ 400MCG	Fentanyl Citrate Lozenge on a Handle 400 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	OT LOZ 600MCG	Fentanyl Citrate Lozenge on a Handle 600 MCG	ANALGESICS - OPIOID	Generic	No	No	PA
ACTIQ	LOZ 600MCG	Fentanyl Citrate Lozenge on a Handle 600 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	OT LOZ 800MCG	Fentanyl Citrate Lozenge on a Handle 800 MCG	ANALGESICS - OPIOID	Generic	No	No	PA
ACTIQ	LOZ 800MCG	Fentanyl Citrate Lozenge on a Handle 800 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
LAZANDA	SPR 100MCG	Fentanyl Citrate Nasal Spray 100 MCG/ACT (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
LAZANDA	SPR 300MCG	Fentanyl Citrate Nasal Spray 300 MCG/ACT (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LAZANDA	SPR 400MCG	Fentanyl Citrate Nasal Spray 400 MCG/ACT (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ 0.05MG/1		Fentanyl Citrate PF Soln Cartridge 100 MCG/2ML	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL	POW CITRATE	Fentanyl Citrate Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
FENTANYL CIT INJ 100MCG		Fentanyl Citrate Preservative Free (PF) Inj 100 MCG/2ML	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL CIT INJ 1000MCG		Fentanyl Citrate Preservative Free (PF) Inj 1000 MCG/20ML	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL CIT INJ 250MCG		Fentanyl Citrate Preservative Free (PF) Inj 250 MCG/5ML	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL CIT INJ 0.05MG/1		Fentanyl Citrate Preservative Free (PF) Inj 250 MCG/5ML	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL CIT INJ 2500MCG		Fentanyl Citrate Preservative Free (PF) Inj 2500 MCG/50ML	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL CIT INJ 500MCG		Fentanyl Citrate Preservative Free (PF) Inj 500 MCG/10ML	ANALGESICS - OPIOID	Generic	No	No	
ABSTRAL	SUB 100MCG	Fentanyl Citrate SL Tab 100 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ABSTRAL	SUB 200MCG	Fentanyl Citrate SL Tab 200 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ABSTRAL	SUB 300MCG	Fentanyl Citrate SL Tab 300 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ABSTRAL	SUB 400MCG	Fentanyl Citrate SL Tab 400 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ABSTRAL	SUB 600MCG	Fentanyl Citrate SL Tab 600 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ABSTRAL	SUB 800MCG	Fentanyl Citrate SL Tab 800 MCG (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ 100/2ML		Fentanyl Citrate Soln Prefilled Syringe 100 MCG/2ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT INJ 50MCG/ML		Fentanyl Citrate Soln Prefilled Syringe 50 MCG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL/NACL SOL 1/250ML		Fentanyl Citrate-NaCl 0.9% Epidural Soln 1 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENTNYL/NACL INJ 10MCG/ML		Fentanyl Citrate-NaCl 0.9% IV Soln 1 MG/100ML (10 MCG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 1/100ML		Fentanyl Citrate-NaCl 0.9% IV Soln 1 MG/100ML (10 MCG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 1.25/250		Fentanyl Citrate-NaCl 0.9% IV Soln 1.25 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 1.25/250		Fentanyl Citrate-NaCl 0.9% IV Soln 1.25 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 2/100ML		Fentanyl Citrate-NaCl 0.9% IV Soln 2 MG/100ML (20 MCG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 2.5/250		Fentanyl Citrate-NaCl 0.9% IV Soln 2.5 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 5/250ML		Fentanyl Citrate-NaCl 0.9% IV Soln 5 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL CIT SOL 10MCG/ML		Fentanyl Citrate-NaCl Soln Pref Syr 10 MCG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 15/3ML		Fentanyl Citrate-NaCl Soln Pref Syr 15 MCG/3ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 50/5ML		Fentanyl Citrate-NaCl Soln Pref Syr 50 MCG/5ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 500/50ML		Fentanyl Citrate-NaCl Soln Pref Syr 500 MCG/50ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTNYL/NACL INJ 250/50ML		Fentanyl Citrate-Sodium Chloride 0.9% IV Soln 250 MCG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
IONSYS	PAD 40MCG/AC	Fentanyl HCl Iontophoretic TD System 40 MCG/ACT (Base Equiv)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUBSYS	SPR 100MCG	Fentanyl Sublingual Spray 100 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUBSYS	SPR 1200MCG	Fentanyl Sublingual Spray 1200 MCG (600 MCG X 2)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUBSYS	SPR 1600MCG	Fentanyl Sublingual Spray 1600 MCG (800 MCG X 2)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUBSYS	SPR 200MCG	Fentanyl Sublingual Spray 200 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUBSYS	SPR 400MCG	Fentanyl Sublingual Spray 400 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SUBSYS	SPR 600MCG	Fentanyl Sublingual Spray 600 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUBSYS	SPR 800MCG	Fentanyl Sublingual Spray 800 MCG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
FENTANYL	DIS 100MCG/H	Fentanyl TD Patch 72HR 100 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
DURAGESIC	DIS 100MCG/H	Fentanyl TD Patch 72HR 100 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
DURAGESIC	DIS 12MCG/HR	Fentanyl TD Patch 72HR 12 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
FENTANYL	DIS 12MCG/HR	Fentanyl TD Patch 72HR 12 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
DURAGESIC	DIS 25MCG/HR	Fentanyl TD Patch 72HR 25 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
FENTANYL	DIS 25MCG/HR	Fentanyl TD Patch 72HR 25 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
FENTANYL	DIS 25MCG/HR	Fentanyl TD Patch 72HR 25 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	
FENTANYL	DIS 37.5MCG	Fentanyl TD Patch 72HR 37.5 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
DURAGESIC	DIS 50MCG/HR	Fentanyl TD Patch 72HR 50 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
FENTANYL	DIS 50MCG/HR	Fentanyl TD Patch 72HR 50 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
FENTANYL	DIS 62.5MCG	Fentanyl TD Patch 72HR 62.5 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
FENTANYL	DIS 75MCG/HR	Fentanyl TD Patch 72HR 75 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
DURAGESIC	DIS 75MCG/HR	Fentanyl TD Patch 72HR 75 MCG/HR	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
FENTANYL	DIS 87.5MCG	Fentanyl TD Patch 72HR 87.5 MCG/HR	ANALGESICS - OPIOID	Generic	No	No	QL
ZOXYDRO ER	CAP 10MG	Hydrocodone Bitartrate Cap ER 12HR Abuse-Deterrent 10 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZOXYDRO ER	CAP 15MG	Hydrocodone Bitartrate Cap ER 12HR Abuse-Deterrent 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZOHYDRO ER CAP 20MG	Hydrocodone Bitartrate Cap ER 12HR Abuse-Deterrent 20 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZOHYDRO ER CAP 30MG	Hydrocodone Bitartrate Cap ER 12HR Abuse-Deterrent 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZOHYDRO ER CAP 40MG	Hydrocodone Bitartrate Cap ER 12HR Abuse-Deterrent 40 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ZOHYDRO ER CAP 50MG	Hydrocodone Bitartrate Cap ER 12HR Abuse-Deterrent 50 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 100 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 120 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 120 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 20 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 20 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 30 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 40 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 40 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 60 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYSINGLA ER TAB 80 MG	Hydrocodone Bitartrate Tab ER 24HR Deter 80 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
LORTAB ELX 10-300MG	Hydrocodone-Acetaminophen Soln 10-300 MG/15ML	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROCO/APAP SOL 7.5-325	Hydrocodone-Acetaminophen Soln 7.5-325 MG/15ML	ANALGESICS - OPIOID	Generic	No	No	QL
VICODIN HP TAB 10-300MG	Hydrocodone-Acetaminophen Tab 10-300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 10-300MG	Hydrocodone-Acetaminophen Tab 10-300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 10-300MG	Hydrocodone-Acetaminophen Tab 10-300 MG	ANALGESICS - OPIOID	Generic	No	No	
NORCO TAB 10-325MG	Hydrocodone-Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	
HYDROCO/APAP TAB 10-325MG	Hydrocodone-Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NORCO	TAB 10-325MG	Hydrocodone-Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROCO/APAP TAB 10-325MG		Hydrocodone-Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
LORCET HD	TAB 10-325MG	Hydrocodone-Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
VERDROCET	TAB 2.5-325	Hydrocodone-Acetaminophen Tab 2.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 5-300MG		Hydrocodone-Acetaminophen Tab 5-300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
VICODIN	TAB 5-300MG	Hydrocodone-Acetaminophen Tab 5-300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 5-300MG		Hydrocodone-Acetaminophen Tab 5-300 MG	ANALGESICS - OPIOID	Generic	No	No	
LORCET	TAB 5-325MG	Hydrocodone-Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 5-325MG		Hydrocodone-Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 5-325MG		Hydrocodone-Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Generic	No	No	
NORCO	TAB 5-325MG	Hydrocodone-Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
VICODIN ES	TAB 7.5-300	Hydrocodone-Acetaminophen Tab 7.5-300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 7.5-300		Hydrocodone-Acetaminophen Tab 7.5-300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 7.5-300		Hydrocodone-Acetaminophen Tab 7.5-300 MG	ANALGESICS - OPIOID	Generic	No	No	
HYDROCO/APAP TAB 7.5-325		Hydrocodone-Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCO/APAP TAB 7.5-325		Hydrocodone-Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	
NORCO	TAB 7.5-325	Hydrocodone-Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
LORCET PLUS	TAB 7.5-325	Hydrocodone-Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROCOD/IBU TAB 10-200MG		Hydrocodone-Ibuprofen Tab 10-200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
IBUDONE	TAB 10-200MG	Hydrocodone-Ibuprofen Tab 10-200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCOD/IBU TAB 5-200MG		Hydrocodone-Ibuprofen Tab 5-200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
IBUDONE	TAB 5-200MG	Hydrocodone-Ibuprofen Tab 5-200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROCOD/IBU TAB 7.5-200		Hydrocodone-Ibuprofen Tab 7.5-200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROM/ROPIV INJ 2/200ML		Hydromorphone 2 MG/200ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROM/ROPIV SOL 2/250ML		Hydromorphone 2 MG/250ML-Ropiv 0.1%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROM/BUPIV INJ 4/200ML		Hydromorphone 4 MG/200ML-Bupiv 0.125%-NaCl 0.9% Epidural Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROM/BUPIV INJ 2.5/250		Hydromorphone HCl 2.5 MG/250ML-Bupiv 0.1%-NaCl 0.9% Inj	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ 1MG/ML		Hydromorphone HCl Inj 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON INJ 1MG/ML		Hydromorphone HCl Inj 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DILAUDID	INJ 1MG/ML	Hydromorphone HCl Inj 1 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ 2MG/ML		Hydromorphone HCl Inj 2 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON INJ 2MG/ML		Hydromorphone HCl Inj 2 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DILAUDID	INJ 2MG/ML	Hydromorphone HCl Inj 2 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ 4MG/ML		Hydromorphone HCl Inj 4 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON LIQ 1MG/ML		Hydromorphone HCl Liqd 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	QL
DILAUDID	LIQ 1MG/ML	Hydromorphone HCl Liqd 1 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROMORPHON POW HCL	Hydromorphone HCl Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
HYDROMORPHON INJ 1MG/ML	Hydromorphone HCl Preservative Free (PF) Inj 1 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ 10MG/ML	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON INJ 10MG/ML	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
HYDROMORPHON INJ 500/50ML	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON INJ 50MG/5ML	Hydromorphone HCl Preservative Free (PF) Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON INJ 2MG/ML	Hydromorphone HCl Preservative Free (PF) Inj 2 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON INJ 4MG/ML	Hydromorphone HCl Preservative Free (PF) Inj 4 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON SUP 3MG	Hydromorphone HCl Suppos 3 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROMORPHON TAB 2MG	Hydromorphone HCl Tab 2 MG	ANALGESICS - OPIOID	Generic	No	No	QL
DILAUDID TAB 2MG	Hydromorphone HCl Tab 2 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROMORPHON TAB 4MG	Hydromorphone HCl Tab 4 MG	ANALGESICS - OPIOID	Generic	No	No	QL
DILAUDID TAB 4MG	Hydromorphone HCl Tab 4 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
DILAUDID TAB 8MG	Hydromorphone HCl Tab 8 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROMORPHON TAB 8MG	Hydromorphone HCl Tab 8 MG	ANALGESICS - OPIOID	Generic	No	No	QL
EXALGO TAB 12MG	Hydromorphone HCl Tab ER 24HR Deter 12 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROMORPHON TAB 12MG ER	Hydromorphone HCl Tab ER 24HR Deter 12 MG	ANALGESICS - OPIOID	Generic	No	No	QL
EXALGO TAB 16MG	Hydromorphone HCl Tab ER 24HR Deter 16 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROMORPHON TAB 16MG ER		Hydromorphone HCl Tab ER 24HR Deter 16 MG	ANALGESICS - OPIOID	Generic	No	No	QL
EXALGO	TAB 32MG	Hydromorphone HCl Tab ER 24HR Deter 32 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROMORPHON TAB 32MG ER		Hydromorphone HCl Tab ER 24HR Deter 32 MG	ANALGESICS - OPIOID	Generic	No	No	
HYDROMORPHON TAB 32MG ER		Hydromorphone HCl Tab ER 24HR Deter 32 MG	ANALGESICS - OPIOID	Generic	No	No	QL
EXALGO	TAB 8MG	Hydromorphone HCl Tab ER 24HR Deter 8 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
HYDROMORPHON TAB 8MG ER		Hydromorphone HCl Tab ER 24HR Deter 8 MG	ANALGESICS - OPIOID	Generic	No	No	QL
HYDROMO/NACL INJ 0.4/2ML		Hydromorphone HCl-NaCl Soln Pref Syr 0.4 MG/2ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 0.5-0.9%		Hydromorphone HCl-NaCl Soln Pref Syr 0.5 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 1MG/5ML		Hydromorphone HCl-NaCl Soln Pref Syr 1 MG/5ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ NACL		Hydromorphone HCl-NaCl Soln Pref Syr 1 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ NACL		Hydromorphone HCl-NaCl Soln Pref Syr 1 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 10/25ML		Hydromorphone HCl-NaCl Soln Pref Syr 10 MG/25ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 10/50ML		Hydromorphone HCl-NaCl Soln Pref Syr 10 MG/50ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ NACL		Hydromorphone HCl-NaCl Soln Pref Syr 12 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 12/60ML		Hydromorphone HCl-NaCl Soln Pref Syr 12 MG/60ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 12.5/25		Hydromorphone HCl-NaCl Soln Pref Syr 12.5 MG/25ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 15/30ML		Hydromorphone HCl-NaCl Soln Pref Syr 15 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 15/50ML		Hydromorphone HCl-NaCl Soln Pref Syr 15 MG/50ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROMO/NACL INJ 2MG/10ML	Hydromorphone HCl-NaCl Soln Pref Syr 2 MG/10ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ NACL	Hydromorphone HCl-NaCl Soln Pref Syr 2 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 2.5/25	Hydromorphone HCl-NaCl Soln Pref Syr 2.5 MG/25ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 20/50ML	Hydromorphone HCl-NaCl Soln Pref Syr 20 MG/50ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 25/25ML	Hydromorphone HCl-NaCl Soln Pref Syr 25 MG/25ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 25/50ML	Hydromorphone HCl-NaCl Soln Pref Syr 25 MG/50ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 3MG/30ML	Hydromorphone HCl-NaCl Soln Pref Syr 3 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMOR HCL INJ NACL	Hydromorphone HCl-NaCl Soln Pref Syr 30 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMOR HCL INJ NACL	Hydromorphone HCl-NaCl Soln Pref Syr 30 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 5MG/25ML	Hydromorphone HCl-NaCl Soln Pref Syr 5 MG/25ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ 50/50ML	Hydromorphone HCl-NaCl Soln Pref Syr 50 MG/50ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMOR HCL INJ NACL	Hydromorphone HCl-NaCl Soln Pref Syr 55 MG/55ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 6MG/30ML	Hydromorphone HCl-NaCl Soln Pref Syr 6 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 18/30ML	Hydromorphone HCl-Sodium Chloride 0.9% Inj 18 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 6MG/30ML	Hydromorphone HCl-Sodium Chloride 0.9% Inj 6 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 6/30ML	Hydromorphone HCl-Sodium Chloride 0.9% Inj 6 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 10/100ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 10 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 10/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 10 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROMO/NACL INJ 10/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 10 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 100/100	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 100 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 100/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 100 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 12/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 12 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 15/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 15 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 150/150	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 150 MG/150ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 2MG/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 2 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 20/100ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 20 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 20/100ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 20 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 200/100	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 200 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 24/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 24 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPHON INJ 25/250ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 25 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL SOL 25/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 25 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 250/250	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 250 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 3MG/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 3 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMORPOHO INJ 30/150ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 30 MG/150ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 30/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 30 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 30/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 30 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROMO/NACL INJ 36/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 36 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL SOL 40/100ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 40 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMOR HCL INJ NACL	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 40 MG/200ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 5MG/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 5 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 50/100	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 50 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 50/250ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 50 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL SOL 50/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 50 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL SOL 50/50ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 50 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 60/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 60 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
HYDROMO/NACL INJ 9MG/30ML	Hydromorphone HCl-Sodium Chloride 0.9% IV Soln 9 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
LEVORPHANOL TAB 2MG	Levorphanol Tartrate Tab 2 MG	ANALGESICS - OPIOID	Generic	No	No	PA
MEPERIDINE INJ 10MG/ML	Meperidine HCl Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DEMEROL INJ 100/2ML	Meperidine HCl Inj 100 MG/2ML (50 MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	
MEPERIDINE INJ 100MG/ML	Meperidine HCl Inj 100 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DEMEROL INJ 100MG/ML	Meperidine HCl Inj 100 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
DEMEROL INJ 25MG/0.5	Meperidine HCl Inj 25 MG/0.5ML (50 MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	
DEMEROL INJ 25MG/ML	Meperidine HCl Inj 25 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MEPERIDINE INJ 25MG/ML	Meperidine HCl Inj 25 MG/ML	ANALGESICS - OPIOID	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MEPERIDINE	INJ 50MG/ML	Meperidine HCl Inj 50 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DEMEROL	INJ 50MG/ML	Meperidine HCl Inj 50 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
DEMEROL	INJ 75MG/1.5	Meperidine HCl Inj 75 MG/1.5ML (50 MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	
DEMEROL	INJ 75MG/ML	Meperidine HCl Inj 75 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MEPERIDINE	SOL 50MG/5ML	Meperidine HCl Oral Soln 50 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL
MEPERIDINE	POW	Meperidine HCl Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
MEPERIDINE	TAB 100MG	Meperidine HCl Tab 100 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MEPERIDINE	TAB 50MG	Meperidine HCl Tab 50 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MEPERID/NACL INJ 300/30ML		Meperidine HCl-Sodium Chloride 0.9% IV 300 MG/30ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MEPERID/NACL INJ 1000/100		Meperidine HCl-Sodium Chloride 0.9% IV Soln 1000 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MEPERID/NACL INJ 500/50ML		Meperidine HCl-Sodium Chloride 0.9% IV Soln 500 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
METHADOSE	CON 10MG/ML	Methadone HCl Conc 10 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
METHADONE	CON 10MG/ML	Methadone HCl Conc 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	QL
METHADOSE SF CON 10MG/ML		Methadone HCl Conc 10 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
METHADONE	INJ 10MG/ML	Methadone HCl Inj 10 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
METHADONE	INJ 10MG/ML	Methadone HCl Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
METHADONE	POW	Methadone HCl Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
METHADONE	SOL 10MG/5ML	Methadone HCl Soln 10 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHADONE	SOL 5MG/5ML	Methadone HCl Soln 5 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL
DOLOPHINE	TAB 10MG	Methadone HCl Tab 10 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
METHADONE	TAB 10MG	Methadone HCl Tab 10 MG	ANALGESICS - OPIOID	Generic	No	No	QL
DOLOPHINE	TAB 5MG	Methadone HCl Tab 5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
METHADONE	TAB 5MG	Methadone HCl Tab 5 MG	ANALGESICS - OPIOID	Generic	No	No	QL
METHADOSE	TAB 40MG	Methadone HCl Tab For Oral Susp 40 MG	ANALGESICS - OPIOID	Generic	No	No	QL
METHADONE	TAB 40MG	Methadone HCl Tab For Oral Susp 40 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 120MG ER	Morphine Sulfate Beads Cap ER 24HR 120 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 30MG ER	Morphine Sulfate Beads Cap ER 24HR 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 45MG ER	Morphine Sulfate Beads Cap ER 24HR 45 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 60MG ER	Morphine Sulfate Beads Cap ER 24HR 60 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 75MG ER	Morphine Sulfate Beads Cap ER 24HR 75 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 90MG ER	Morphine Sulfate Beads Cap ER 24HR 90 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL	CAP 10MG ER	Morphine Sulfate Cap ER 24HR 10 MG	ANALGESICS - OPIOID	Generic	No	No	QL
KADIAN	CAP 10MG ER	Morphine Sulfate Cap ER 24HR 10 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL	CAP 100MG ER	Morphine Sulfate Cap ER 24HR 100 MG	ANALGESICS - OPIOID	Generic	No	No	QL
KADIAN	CAP 100MG ER	Morphine Sulfate Cap ER 24HR 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
KADIAN	CAP 20MG ER	Morphine Sulfate Cap ER 24HR 20 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MORPHINE SUL CAP 20MG ER		Morphine Sulfate Cap ER 24HR 20 MG	ANALGESICS - OPIOID	Generic	No	No	QL
KADIAN	CAP 200MG ER	Morphine Sulfate Cap ER 24HR 200 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
KADIAN	CAP 30MG ER	Morphine Sulfate Cap ER 24HR 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL CAP 30MG ER		Morphine Sulfate Cap ER 24HR 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
KADIAN	CAP 40MG ER	Morphine Sulfate Cap ER 24HR 40 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL CAP 40MG ER		Morphine Sulfate Cap ER 24HR 40 MG	ANALGESICS - OPIOID	Generic	No	No	
KADIAN	CAP 50MG ER	Morphine Sulfate Cap ER 24HR 50 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL CAP 50MG ER		Morphine Sulfate Cap ER 24HR 50 MG	ANALGESICS - OPIOID	Generic	No	No	QL
KADIAN	CAP 60MG ER	Morphine Sulfate Cap ER 24HR 60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL CAP 60MG ER		Morphine Sulfate Cap ER 24HR 60 MG	ANALGESICS - OPIOID	Generic	No	No	QL
KADIAN	CAP 80MG ER	Morphine Sulfate Cap ER 24HR 80 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL CAP 80MG ER		Morphine Sulfate Cap ER 24HR 80 MG	ANALGESICS - OPIOID	Generic	No	No	QL
INFUMORPH	INJ 10MG/ML	Morphine Sulfate For Microinfusion Inj 200 MG/20ML (10MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	
MITIGO	INJ 10MG/ML	Morphine Sulfate For Microinfusion Inj 200 MG/20ML (10MG/ML)	ANALGESICS - OPIOID	Generic	No	No	
MITIGO	INJ 25MG/ML	Morphine Sulfate For Microinfusion Inj 500 MG/20ML (25MG/ML)	ANALGESICS - OPIOID	Generic	No	No	
INFUMORPH	INJ 25MG/ML	Morphine Sulfate For Microinfusion Inj 500 MG/20ML (25MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 10/0.7ML		Morphine Sulfate IM Inj Device 10 MG/0.7ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORP SUL D5W INJ 100/100		Morphine Sulfate in Dextrose 5% IV Soln 100 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MOR SUL D5W INJ 100/100	Morphine Sulfate in Dextrose 5% IV Soln 100 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE/D5W INJ 250/250	Morphine Sulfate in Dextrose 5% IV Soln 250 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 1MG/ML	Morphine Sulfate Inj 1 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 10MG/ML	Morphine Sulfate Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 2MG/ML	Morphine Sulfate Inj 2 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 4MG/ML	Morphine Sulfate Inj 4 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 5MG/ML	Morphine Sulfate Inj 5 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 8MG/ML	Morphine Sulfate Inj 8 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 0.5MG/ML	Morphine Sulfate Inj PF 0.5 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DURAMORPH INJ 0.5MG/ML	Morphine Sulfate Inj PF 0.5 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
DURAMORPH INJ 1MG/ML	Morphine Sulfate Inj PF 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 1MG/ML	Morphine Sulfate Inj PF 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 10MG/ML	Morphine Sulfate Inj PF 10 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 2MG/ML	Morphine Sulfate Inj PF 2 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 4MG/ML	Morphine Sulfate Inj PF 4 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 5MG/ML	Morphine Sulfate Inj PF 5 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 8MG/ML	Morphine Sulfate Inj PF 8 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 1MG/ML	Morphine Sulfate IV Soln 1 MG/ML	ANALGESICS - OPIOID	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MORPHINE SUL INJ 25MG/ML	Morphine Sulfate IV Soln 25 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 150/30ML	Morphine Sulfate IV Soln 5 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 50MG/ML	Morphine Sulfate IV Soln 50 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 10MG/ML	Morphine Sulfate IV Soln PF 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 2MG/ML	Morphine Sulfate IV Soln PF 2 MG/ML	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL INJ 4MG/ML	Morphine Sulfate IV Soln PF 4 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL INJ 8MG/ML	Morphine Sulfate IV Soln PF 8 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL SOL 10MG/5ML	Morphine Sulfate Oral Soln 10 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL SOL 10MG/5ML	Morphine Sulfate Oral Soln 10 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL SOL 20MG/ML	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL SOL 100/5ML	Morphine Sulfate Oral Soln 100 MG/5ML (20 MG/ML)	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL SOL 20MG/5ML	Morphine Sulfate Oral Soln 20 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	
MORPHINE SUL SOL 20MG/5ML	Morphine Sulfate Oral Soln 20 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE POW SULFATE	Morphine Sulfate Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
MORPHINE SUL SUP 10MG	Morphine Sulfate Suppos 10 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL SUP 20MG	Morphine Sulfate Suppos 20 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL SUP 30MG	Morphine Sulfate Suppos 30 MG	ANALGESICS - OPIOID	Preferred	No	No	QL
MORPHINE SUL SUP 5MG	Morphine Sulfate Suppos 5 MG	ANALGESICS - OPIOID	Generic	No	No	QL

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MORPHINE SUL TAB 15MG	Morphine Sulfate Tab 15 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL TAB 30MG	Morphine Sulfate Tab 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL TAB 100MG ER	Morphine Sulfate Tab ER 100 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MS CONTIN TAB 100MG ER	Morphine Sulfate Tab ER 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHABOND TAB 100MG ER	Morphine Sulfate Tab ER 12HR Deter 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHABOND TAB 15MG ER	Morphine Sulfate Tab ER 12HR Deter 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHABOND TAB 30MG ER	Morphine Sulfate Tab ER 12HR Deter 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHABOND TAB 60MG ER	Morphine Sulfate Tab ER 12HR Deter 60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL TAB 15MG ER	Morphine Sulfate Tab ER 15 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MS CONTIN TAB 15MG ER	Morphine Sulfate Tab ER 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MS CONTIN TAB 200MG ER	Morphine Sulfate Tab ER 200 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL TAB 200MG ER	Morphine Sulfate Tab ER 200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MS CONTIN TAB 30MG ER	Morphine Sulfate Tab ER 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
MORPHINE SUL TAB 30MG ER	Morphine Sulfate Tab ER 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MORPHINE SUL TAB 60MG ER	Morphine Sulfate Tab ER 60 MG	ANALGESICS - OPIOID	Generic	No	No	QL
MS CONTIN TAB 60MG ER	Morphine Sulfate Tab ER 60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ARYMO ER TAB 15MG	Morphine Sulfate Tab ER Abuse-Deterrent 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ARYMO ER TAB 30MG	Morphine Sulfate Tab ER Abuse-Deterrent 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ARYMO ER TAB 60MG	Morphine Sulfate Tab ER Abuse-Deterrent 60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE/D5W INJ 50/25ML	Morphine Sulfate-Dextrose IV Soln Pref Syr 50 MG/25ML-5%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 50/50ML	Morphine Sulfate-NaCl Sol Pref Syr 50 MG/50ML-0.9% (1 MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 60/30ML	Morphine Sulfate-NaCl Sol Pref Syr 60 MG/30ML-0.9% (2 MG/ML)	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL SOL 0.5MG/ML	Morphine Sulfate-NaCl Soln Pref Syr 0.5 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ NACL	Morphine Sulfate-NaCl Soln Pref Syr 150 MG/30ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 2MG/2ML	Morphine Sulfate-NaCl Soln Pref Syr 2 MG/2ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 2MG-0.9%	Morphine Sulfate-NaCl Soln Pref Syr 2 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 275/55	Morphine Sulfate-NaCl Soln Pref Syr 275 MG/55ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 4MG-0.9%	Morphine Sulfate-NaCl Soln Pref Syr 4 MG/ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ SODIUM C	Morphine Sulfate-NaCl Soln Pref Syr 5 MG/5ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ NACL	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 100 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ NACL	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 100 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 1000/100	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 1000 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ 150/150	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 150 MG/150ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 250/250	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 250 MG/250ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 250/50ML	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 250 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 50/50ML	Morphine Sulfate-Sodium Chloride 0.9% IV Soln 50 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MORPHIN/NACL SOL 50/50ML		Morphine Sulfate-Sodium Chloride 0.9% IV Soln 50 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHIN/NACL INJ 50/50ML		Morphine Sulfate-Sodium Chloride 0.9% IV Soln 50 MG/50ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
MORPHINE SUL INJ NACL		Morphine Sulfate-Sodium Chloride 0.9% IV Soln 500 MG/100ML	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
EMBEDA	CAP 100-4MG	Morphine-Naltrexone Cap ER 100-4 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
EMBEDA	CAP 20-0.8MG	Morphine-Naltrexone Cap ER 20-0.8 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
EMBEDA	CAP 30-1.2MG	Morphine-Naltrexone Cap ER 30-1.2 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
EMBEDA	CAP 50-2MG	Morphine-Naltrexone Cap ER 50-2 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
EMBEDA	CAP 60-2.4MG	Morphine-Naltrexone Cap ER 60-2.4 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
EMBEDA	CAP 80-3.2MG	Morphine-Naltrexone Cap ER 80-3.2 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
NALBUPHINE	INJ 10MG/ML	Nalbuphine HCl Inj 10 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
NALBUPHINE	INJ 20MG/ML	Nalbuphine HCl Inj 20 MG/ML	ANALGESICS - OPIOID	Generic	No	No	
XTAMPZA ER	CAP 13.5MG	Oxycodone Cap ER 12HR Abuse-Deterrent 13.5 MG	ANALGESICS - OPIOID	Preferred	No	No	QL
XTAMPZA ER	CAP 18MG	Oxycodone Cap ER 12HR Abuse-Deterrent 18 MG	ANALGESICS - OPIOID	Preferred	No	No	QL
XTAMPZA ER	CAP 27MG	Oxycodone Cap ER 12HR Abuse-Deterrent 27 MG	ANALGESICS - OPIOID	Preferred	No	No	QL
XTAMPZA ER	CAP 36MG	Oxycodone Cap ER 12HR Abuse-Deterrent 36 MG	ANALGESICS - OPIOID	Preferred	No	No	QL
XTAMPZA ER	CAP 9MG	Oxycodone Cap ER 12HR Abuse-Deterrent 9 MG	ANALGESICS - OPIOID	Preferred	No	No	QL
OXYCODONE	CAP 5MG	Oxycodone HCl Cap 5 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCODONE	CON 20MG/ML	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	ANALGESICS - OPIOID	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYCODONE	CON 100/5ML	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCODONE	CON 100/5ML	Oxycodone HCl Conc 100 MG/5ML (20 MG/ML)	ANALGESICS - OPIOID	Generic	No	No	
OXYCODONE	POW HCL	Oxycodone HCl Powder	ANALGESICS - OPIOID	Non-Preferred	No	No	
OXYCODONE	SOL 5MG/5ML	Oxycodone HCl Soln 5 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCODONE	SOL 5MG/5ML	Oxycodone HCl Soln 5 MG/5ML	ANALGESICS - OPIOID	Generic	No	No	
OXYCODONE	TAB 10MG	Oxycodone HCl Tab 10 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCODONE	TAB 15MG	Oxycodone HCl Tab 15 MG	ANALGESICS - OPIOID	Generic	No	No	QL
ROXICODONE	TAB 15MG	Oxycodone HCl Tab 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 20MG	Oxycodone HCl Tab 20 MG	ANALGESICS - OPIOID	Generic	No	No	QL
ROXICODONE	TAB 30MG	Oxycodone HCl Tab 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 30MG	Oxycodone HCl Tab 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCODONE	TAB 5MG	Oxycodone HCl Tab 5 MG	ANALGESICS - OPIOID	Generic	No	No	QL
ROXICODONE	TAB 5MG	Oxycodone HCl Tab 5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ROXYBOND	TAB 15MG	Oxycodone HCl Tab Abuse Deter 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ROXYBOND	TAB 30MG	Oxycodone HCl Tab Abuse Deter 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ROXYBOND	TAB 5MG	Oxycodone HCl Tab Abuse Deter 5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
OXAYDO	TAB 5MG	Oxycodone HCl Tab Abuse Deter 5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
OXAYDO	TAB 7.5MG	Oxycodone HCl Tab Abuse Deter 7.5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYCODONE	TAB 10MG ER	Oxycodone HCl Tab ER 12HR Deter 10 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCONTIN	TAB 10MG CR	Oxycodone HCl Tab ER 12HR Deter 10 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 15MG ER	Oxycodone HCl Tab ER 12HR Deter 15 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCONTIN	TAB 15MG CR	Oxycodone HCl Tab ER 12HR Deter 15 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 20MG ER	Oxycodone HCl Tab ER 12HR Deter 20 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCONTIN	TAB 20MG CR	Oxycodone HCl Tab ER 12HR Deter 20 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 30MG ER	Oxycodone HCl Tab ER 12HR Deter 30 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCONTIN	TAB 30MG CR	Oxycodone HCl Tab ER 12HR Deter 30 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCONTIN	TAB 40MG CR	Oxycodone HCl Tab ER 12HR Deter 40 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 40MG ER	Oxycodone HCl Tab ER 12HR Deter 40 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCONTIN	TAB 60MG CR	Oxycodone HCl Tab ER 12HR Deter 60 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCODONE	TAB 60MG ER	Oxycodone HCl Tab ER 12HR Deter 60 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCODONE	TAB 80MG ER	Oxycodone HCl Tab ER 12HR Deter 80 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCONTIN	TAB 80MG CR	Oxycodone HCl Tab ER 12HR Deter 80 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
PRIMLEV	TAB 10-300MG	Oxycodone w/ Acetaminophen Tab 10-300 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ENDOCET	TAB 10-325MG	Oxycodone w/ Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCOD/APAP	TAB 10-325MG	Oxycodone w/ Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
PERCOCET	TAB 10-325MG	Oxycodone w/ Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYCOD/APAP TAB 10-325MG	Oxycodone w/ Acetaminophen Tab 10-325 MG	ANALGESICS - OPIOID	Generic	No	No	
NALOCET TAB 2.5-300	Oxycodone w/ Acetaminophen Tab 2.5-300 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
PERCOCET TAB 2.5-325	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ENDOCET TAB 2.5-325	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCOD/APAP TAB 2.5-325	Oxycodone w/ Acetaminophen Tab 2.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
PRIMLEV TAB 5-300MG	Oxycodone w/ Acetaminophen Tab 5-300 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
ENDOCET TAB 5-325MG	Oxycodone w/ Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCOD/APAP TAB 5-325MG	Oxycodone w/ Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
PERCOCET TAB 5-325MG	Oxycodone w/ Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCOD/APAP TAB 5-325MG	Oxycodone w/ Acetaminophen Tab 5-325 MG	ANALGESICS - OPIOID	Generic	No	No	
PRIMLEV TAB 7.5-300	Oxycodone w/ Acetaminophen Tab 7.5-300 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
PERCOCET TAB 7.5-325	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYCOD/APAP TAB 7.5-325	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCOD/APAP TAB 7.5-325	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	
ENDOCET TAB 7.5-325	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCOD/ASA TAB	Oxycodone-Aspirin Tab 4.8355-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYCOD/IBU TAB 5-400MG	Oxycodone-Ibuprofen Tab 5-400 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYMORPHONE TAB HCL 10MG	Oxymorphone HCl Tab 10 MG	ANALGESICS - OPIOID	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYMORPHONE TAB HCL 10MG		Oxymorphone HCl Tab 10 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OPANA	TAB 10MG	Oxymorphone HCl Tab 10 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OPANA	TAB 5MG	Oxymorphone HCl Tab 5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
OXYMORPHONE TAB HCL 5MG		Oxymorphone HCl Tab 5 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB HCL 5MG		Oxymorphone HCl Tab 5 MG	ANALGESICS - OPIOID	Generic	No	No	QL
OXYMORPHONE TAB 10MG ER		Oxymorphone HCl Tab ER 12HR 10 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB 15MG ER		Oxymorphone HCl Tab ER 12HR 15 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB 20MG ER		Oxymorphone HCl Tab ER 12HR 20 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB 30MG ER		Oxymorphone HCl Tab ER 12HR 30 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB 40MG ER		Oxymorphone HCl Tab ER 12HR 40 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB 5MG ER		Oxymorphone HCl Tab ER 12HR 5 MG	ANALGESICS - OPIOID	Generic	No	No	
OXYMORPHONE TAB 7.5MG ER		Oxymorphone HCl Tab ER 12HR 7.5 MG	ANALGESICS - OPIOID	Generic	No	No	
PENTAZ/NALOX TAB 50-0.5MG		Pentazocine w/ Naloxone Tab 50-0.5 MG	ANALGESICS - OPIOID	Generic	No	No	QL
REMIFENTANIL INJ 1MG		Remifentanil HCl For IV Soln 1 MG	ANALGESICS - OPIOID	Generic	No	No	
ULTIVA	INJ 1MG	Remifentanil HCl For IV Soln 1 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	
REMIFENTANIL INJ 2MG		Remifentanil HCl For IV Soln 2 MG	ANALGESICS - OPIOID	Generic	No	No	
ULTIVA	INJ 2MG	Remifentanil HCl For IV Soln 2 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	
REMIFENTANIL INJ 5MG		Remifentanil HCl For IV Soln 5 MG	ANALGESICS - OPIOID	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ULTIVA	INJ 5MG	Remifentanyl HCl For IV Soln 5 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	
REMIFEN/NACL INJ 100/2ML		Remifentanyl HCl-NaCl IV Soln Prefilled Syr 100 MCG/2ML-0.9%	ANALGESICS - OPIOID	Non-Preferred	No	No	PA
SUFENTANIL	INJ 100/2ML	Sufentanil Citrate Inj 100 MCG/2ML (50 MCG/ML)	ANALGESICS - OPIOID	Generic	No	No	
SUFENTANIL	INJ 250/5ML	Sufentanil Citrate Inj 250 MCG/5ML (50 MCG/ML)	ANALGESICS - OPIOID	Generic	No	No	
SUFENTANIL	INJ 50MCG/ML	Sufentanil Citrate Inj 50 MCG/ML	ANALGESICS - OPIOID	Generic	No	No	
NUCYNTA	TAB 100MG	Tapentadol HCl Tab 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA	TAB 50MG	Tapentadol HCl Tab 50 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA	TAB 75MG	Tapentadol HCl Tab 75 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA ER	TAB 100MG	Tapentadol HCl Tab ER 12HR 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA ER	TAB 150MG	Tapentadol HCl Tab ER 12HR 150 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA ER	TAB 200MG	Tapentadol HCl Tab ER 12HR 200 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA ER	TAB 250MG	Tapentadol HCl Tab ER 12HR 250 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
NUCYNTA ER	TAB 50MG	Tapentadol HCl Tab ER 12HR 50 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
TRAMADOL HCL CAP ER 100MG		Tramadol HCl Cap ER 24HR Biphasic Release 100 MG	ANALGESICS - OPIOID	Generic	No	No	QL
CONZIP	CAP 100MG	Tramadol HCl Cap ER 24HR Biphasic Release 100 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
TRAMADOL HCL CAP 150MG ER		Tramadol HCl Cap ER 24HR Biphasic Release 150 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
TRAMADOL HCL CAP ER 200MG		Tramadol HCl Cap ER 24HR Biphasic Release 200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
CONZIP	CAP 200MG	Tramadol HCl Cap ER 24HR Biphasic Release 200 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRAMADOL HCL CAP ER 300MG		Tramadol HCl Cap ER 24HR Biphasic Release 300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
CONZIP	CAP 300MG	Tramadol HCl Cap ER 24HR Biphasic Release 300 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
ULTRAM	TAB 50MG	Tramadol HCl Tab 50 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
TRAMADOL HCL TAB 50MG		Tramadol HCl Tab 50 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADOL HCL TAB 100MG ER		Tramadol HCl Tab ER 24HR 100 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADOL HCL TAB 200MG ER		Tramadol HCl Tab ER 24HR 200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADOL HCL TAB 300MG ER		Tramadol HCl Tab ER 24HR 300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADOL HCL TAB 100MG ER		Tramadol HCl Tab ER 24HR Biphasic Release 100 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADOL HCL TAB 200MG ER		Tramadol HCl Tab ER 24HR Biphasic Release 200 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADOL HCL TAB 300MG ER		Tramadol HCl Tab ER 24HR Biphasic Release 300 MG	ANALGESICS - OPIOID	Generic	No	No	QL
TRAMADL/APAP TAB 37.5-325		Tramadol-Acetaminophen Tab 37.5-325 MG	ANALGESICS - OPIOID	Generic	No	No	QL
ULTRACET	TAB 37.5-325	Tramadol-Acetaminophen Tab 37.5-325 MG	ANALGESICS - OPIOID	Non-Preferred	No	No	QL
EC-RX TESTOS CRE 0.2%		*Testosterone Cream 0.2% (Compounding Kit)**	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
EC-RX TESTOS CRE 0.4%		*Testosterone Cream 0.4% (Compounding Kit)**	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
EC-RX TESTOS CRE 10%		*Testosterone Cream 10% (Compounding Kit)**	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
TESTOSTERONE CRE		*Testosterone Cream 20% (Compounding Kit)**	ANDROGENS-ANABOLIC	Non-Preferred	Yes	No	PA
EC-RX TESTOS CRE 20%		*Testosterone Cream 20% (Compounding Kit)**	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
DANAZOL	CAP 100MG	Danazol Cap 100 MG	ANDROGENS-ANABOLIC	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DANAZOL	CAP 200MG	Danazol Cap 200 MG	ANDROGENS-ANABOLIC	Generic	No	No	
DANAZOL	CAP 50MG	Danazol Cap 50 MG	ANDROGENS-ANABOLIC	Generic	No	No	
DANAZOL	POW	Danazol Powder	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
METHYLTESTOS CAP 10MG		Methyltestosterone Cap 10 MG	ANDROGENS-ANABOLIC	Generic	No	No	
METHITEST	TAB 10MG	Methyltestosterone Oral Tab 10 MG	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
METHYLTESTOS POW		Methyltestosterone Powder	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
OXANDROLONE TAB 10MG		Oxandrolone Tab 10 MG	ANDROGENS-ANABOLIC	Generic	No	No	
OXANDROLONE TAB 2.5MG		Oxandrolone Tab 2.5 MG	ANDROGENS-ANABOLIC	Generic	No	No	
ANADROL-50	TAB 50MG	Oxymetholone Tab 50 MG	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
STRIANT	MIS 30MG	Testosterone Buccal Mucoadhesive System 30 MG	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
TESTOST CYP	INJ 100MG/ML	Testosterone Cypionate IM Inj in Oil 100 MG/ML	ANDROGENS-ANABOLIC	Generic	No	No	
DEPO-TESTOST INJ 100MG/ML		Testosterone Cypionate IM Inj in Oil 100 MG/ML	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
TESTOST CYP	INJ 200MG/ML	Testosterone Cypionate IM Inj in Oil 200 MG/ML	ANDROGENS-ANABOLIC	Generic	No	No	
DEPO-TESTOST INJ 200MG/ML		Testosterone Cypionate IM Inj in Oil 200 MG/ML	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
TESTONE CIK	KIT 200MG/ML	Testosterone Cypionate IM Inj in Oil 200 MG/ML Kit	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
TESTOST ENAN INJ 200MG/ML		Testosterone Enanthate IM Inj in Oil 200 MG/ML	ANDROGENS-ANABOLIC	Generic	No	No	
TESTOPEL	MIS PELLETS	Testosterone Implant Pellets 75 MG	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
NATESTO	GEL 5.5MG	Testosterone Nasal Gel 5.5 MG/ACT	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FORTESTA	GEL 10MG/ACT	Testosterone TD Gel 10MG/ACT (2%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
TESTOSTERONE GEL 10MG/ACT		Testosterone TD Gel 10MG/ACT (2%)	ANDROGENS-ANABOLIC	Generic	No	No	
VOGELXO	GEL PUMP 1%	Testosterone TD Gel 12.5 MG/ACT (1%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
TESTOSTERONE GEL PUMP 1%		Testosterone TD Gel 12.5 MG/ACT (1%)	ANDROGENS-ANABOLIC	Generic	No	No	
ANDROGEL	GEL 1.62%	Testosterone TD Gel 20.25 MG/1.25GM (1.62%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
ANDROGEL	GEL 1.62%	Testosterone TD Gel 20.25 MG/ACT (1.62%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
TESTOSTERONE GEL 1%(25MG)		Testosterone TD Gel 25 MG/2.5GM (1%)	ANDROGENS-ANABOLIC	Generic	No	No	
ANDROGEL	GEL 1%(25MG)	Testosterone TD Gel 25 MG/2.5GM (1%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
ANDROGEL	GEL 1.62%	Testosterone TD Gel 40.5 MG/2.5GM (1.62%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
TESTOSTERONE GEL 1%(50MG)		Testosterone TD Gel 50 MG/5GM (1%)	ANDROGENS-ANABOLIC	Generic	No	No	PA
VOGELXO	GEL 1%(50MG)	Testosterone TD Gel 50 MG/5GM (1%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
ANDROGEL	GEL 1%(50MG)	Testosterone TD Gel 50 MG/5GM (1%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
TESTIM	GEL 1%(50MG)	Testosterone TD Gel 50 MG/5GM (1%)	ANDROGENS-ANABOLIC	Non-Preferred	No	No	PA
TESTOSTERONE GEL 1%(50MG)		Testosterone TD Gel 50 MG/5GM (1%)	ANDROGENS-ANABOLIC	Generic	No	No	
ANDRODERM	DIS 2MG/24HR	Testosterone TD Patch 24HR 2 MG/24HR	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
ANDRODERM	DIS 4MG/24HR	Testosterone TD Patch 24HR 4 MG/24HR	ANDROGENS-ANABOLIC	Non-Preferred	No	No	
TESTOSTERONE SOL 30MG/ACT		Testosterone TD Soln 30 MG/ACT	ANDROGENS-ANABOLIC	Generic	No	No	
AVEED	INJ 750/3ML	Testosterone Undecanoate IM Inj in Oil 750 MG/3ML (250MG/ML)	ANDROGENS-ANABOLIC	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UCERIS	AER 2MG/ACT	Budesonide Rectal Foam 2 MG/ACT	ANORECTAL AGENTS	Non-Preferred	No	No	
CORTIFOAM	AER 90MG	Hydrocortisone Acetate Rectal Foam 10% (90 MG/DOSE)	ANORECTAL AGENTS	Non-Preferred	No	No	
ANUCORT-HC	SUP 25MG	Hydrocortisone Acetate Suppos 25 MG	ANORECTAL AGENTS	Generic	No	No	
ANUSOL-HC	SUP 25MG	Hydrocortisone Acetate Suppos 25 MG	ANORECTAL AGENTS	Generic	No	No	
HEMMOREX-HC	SUP 25MG	Hydrocortisone Acetate Suppos 25 MG	ANORECTAL AGENTS	Generic	No	No	
HYDROCORT AC	SUP 25MG	Hydrocortisone Acetate Suppos 25 MG	ANORECTAL AGENTS	Generic	No	No	
HYDROCORT AC	SUP 25MG	Hydrocortisone Acetate Suppos 25 MG	ANORECTAL AGENTS	Generic	No	No	
HYDROCORT AC	SUP 30MG	Hydrocortisone Acetate Suppos 30 MG	ANORECTAL AGENTS	Generic	No	No	
PROCTOCORT	SUP 30MG	Hydrocortisone Acetate Suppos 30 MG	ANORECTAL AGENTS	Non-Preferred	No	No	
PROCORT	CRE	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1.85-1.15%	ANORECTAL AGENTS	Non-Preferred	No	No	
ANALPRAM-HC	CRE 1-1%	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%	ANORECTAL AGENTS	Non-Preferred	No	No	
HC PRAMOXINE	CRE 1-1%	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%	ANORECTAL AGENTS	Generic	No	No	
PRAMCORT	CRE 1-1%	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 1-1%	ANORECTAL AGENTS	Generic	No	No	
ANALPRM SNGL	CRE HC 2.5-1	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%	ANORECTAL AGENTS	Non-Preferred	No	No	
HC PRAMOXINE	CRE 2.5-1%	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%	ANORECTAL AGENTS	Generic	No	No	
ANALPRAM HC	CRE 2.5-1%	Hydrocortisone Acetate w/ Pramoxine Rectal Cream 2.5-1%	ANORECTAL AGENTS	Non-Preferred	No	No	
PROCTOFOAM	AER HC 1%	Hydrocortisone Acetate w/ Pramoxine Rectal Foam 1-1%	ANORECTAL AGENTS	Non-Preferred	No	No	
ANALPRAM-HC	LOT 2.5%	Hydrocortisone Acetate w/ Pramoxine Rectal Lotn 2.5-1%	ANORECTAL AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROCORT	ENE 100MG	Hydrocortisone Enema 100 MG/60ML	ANORECTAL AGENTS	Generic	No	No	
CORTENEMA	ENE 100MG	Hydrocortisone Enema 100 MG/60ML	ANORECTAL AGENTS	Non-Preferred	No	No	
COLOCORT	ENE 100MG	Hydrocortisone Enema 100 MG/60ML	ANORECTAL AGENTS	Generic	No	No	
PROCTOCORT	CRE 1%	Hydrocortisone Rectal Cream 1%	ANORECTAL AGENTS	Non-Preferred	No	No	
HYDROCORT	CRE 1%	Hydrocortisone Rectal Cream 1%	ANORECTAL AGENTS	Generic	No	No	
PROCTO-PAK	CRE 1%	Hydrocortisone Rectal Cream 1%	ANORECTAL AGENTS	Generic	No	No	
ANUSOL-HC	CRE 2.5%	Hydrocortisone Rectal Cream 2.5%	ANORECTAL AGENTS	Non-Preferred	No	No	
PROCTOZONE	CRE -HC 2.5%	Hydrocortisone Rectal Cream 2.5%	ANORECTAL AGENTS	Generic	No	No	
PROCTOSOL	HC CRE 2.5%	Hydrocortisone Rectal Cream 2.5%	ANORECTAL AGENTS	Generic	No	No	
HYDROCORTISO	CRE 2.5%	Hydrocortisone Rectal Cream 2.5%	ANORECTAL AGENTS	Generic	No	No	
PROCTO-MED	CRE HC 2.5%	Hydrocortisone Rectal Cream 2.5%	ANORECTAL AGENTS	Generic	No	No	
LIDOCAINE/HC	CRE 3%-0.5%	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%	ANORECTAL AGENTS	Generic	No	No	
LIDOCAINE/HC	KIT 2-2%	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 2-2%	ANORECTAL AGENTS	Generic	No	No	
ANA-LEX	KIT	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 2-2%	ANORECTAL AGENTS	Generic	No	No	
LIDOCAINE/HC	KIT 3%-0.5%	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%	ANORECTAL AGENTS	Generic	No	No	
LIDOCAINE/HC	KIT 3%-1%	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-1%	ANORECTAL AGENTS	Generic	No	No	
LIDO-HYDRO	GEL 2.8-0.55	Lidocaine-Hydrocortisone Acetate Rectal Gel 2.8-0.55%	ANORECTAL AGENTS	Non-Preferred	No	No	
LIDOCAINE/HC	KIT 3-2.5%	Lidocaine-Hydrocortisone Acetate Rectal Gel Kit 3-2.5%	ANORECTAL AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RECTIV	OIN 0.4%	Nitroglycerin Oint 0.4%	ANORECTAL AGENTS	Non-Preferred	No	No	
ALBENDAZOLE	TAB 200MG	Albendazole Tab 200 MG	ANTHELMINTICS	Generic	No	No	
ALBENZA	TAB 200MG	Albendazole Tab 200 MG	ANTHELMINTICS	Non-Preferred	No	No	
BENZNIDAZOLE	TAB 100MG	Benznidazole Tab 100 MG	ANTHELMINTICS	Non-Preferred	No	No	
BENZNIDAZOLE	TAB 12.5MG	Benznidazole Tab 12.5 MG	ANTHELMINTICS	Non-Preferred	No	No	
IVERMECTIN	TAB 3MG	Ivermectin Tab 3 MG	ANTHELMINTICS	Generic	No	No	
STROMECTOL	TAB 3MG	Ivermectin Tab 3 MG	ANTHELMINTICS	Non-Preferred	No	No	
EMVERM	CHW 100MG	Mebendazole Chew Tab 100 MG	ANTHELMINTICS	Preferred	No	No	
MEBENDAZOLE	POW	Mebendazole Powder	ANTHELMINTICS	Non-Preferred	No	No	
MEBENDAZOLE	POW	Mebendazole Powder	ANTHELMINTICS	Non-Preferred	No	No	
PIPERAZINE	POW	Piperazine Citrate Powder	ANTHELMINTICS	Non-Preferred	No	No	
BILTRICIDE	TAB 600MG	Praziquantel Tab 600 MG	ANTHELMINTICS	Non-Preferred	No	No	
PRAZQUANTEL	TAB 600MG	Praziquantel Tab 600 MG	ANTHELMINTICS	Generic	No	No	
THIABENDAZOL	POW	Thiabendazole Powder	ANTHELMINTICS	Non-Preferred	No	No	
THIABENDAZOL	POW	Thiabendazole Powder	ANTHELMINTICS	Non-Preferred	No	No	
DILATRATE SR	CAP 40MG	Isosorbide Dinitrate Cap ER 40 MG	ANTIANGINAL AGENTS	Non-Preferred	No	No	
ISOSORB DIN	TAB 10MG	Isosorbide Dinitrate Tab 10 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISOSORB DIN	TAB 20MG	Isosorbide Dinitrate Tab 20 MG	ANTIANGINAL AGENTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ISOSORB DIN TAB 30MG	Isosorbide Dinitrate Tab 30 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISORDIL TAB 40MG	Isosorbide Dinitrate Tab 40 MG	ANTIANGINAL AGENTS	Preferred	No	No	
ISOSORB DIN TAB 5MG	Isosorbide Dinitrate Tab 5 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISORDIL TAB 5MG	Isosorbide Dinitrate Tab 5 MG	ANTIANGINAL AGENTS	Non-Preferred	No	No	
ISOSORB DIN TAB 40MG ER	Isosorbide Dinitrate Tab ER 40 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISOSORB MONO TAB 10MG	Isosorbide Mononitrate Tab 10 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISOSORB MONO TAB 20MG	Isosorbide Mononitrate Tab 20 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISOSORB MONO TAB 120MG ER	Isosorbide Mononitrate Tab ER 24HR 120 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISOSORB MONO TAB 30MG ER	Isosorbide Mononitrate Tab ER 24HR 30 MG	ANTIANGINAL AGENTS	Generic	No	No	
ISOSORB MONO TAB 60MG ER	Isosorbide Mononitrate Tab ER 24HR 60 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER CAP 2.5MG ER	Nitroglycerin Cap ER 2.5 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-TIME CAP 2.5MG CR	Nitroglycerin Cap ER 2.5 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-TIME CAP 6.5MG CR	Nitroglycerin Cap ER 6.5 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER CAP 6.5MG ER	Nitroglycerin Cap ER 6.5 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-TIME CAP 9MG CR	Nitroglycerin Cap ER 9 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER CAP 9MG ER	Nitroglycerin Cap ER 9 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLY/D5W INJ 25MG	Nitroglycerin IV Soln 100 MCG/ML in D5W	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLY/D5W INJ 50MG	Nitroglycerin IV Soln 200 MCG/ML in D5W	ANTIANGINAL AGENTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NITROGLY/D5W INJ 100MG	Nitroglycerin IV Soln 400 MCG/ML in D5W	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER INJ 5MG/ML	Nitroglycerin IV Soln 5 MG/ML	ANTIANGINAL AGENTS	Non-Preferred	No	No	
NITROMIST AER 400MCG	Nitroglycerin Lingual Aerosol 400 MCG/SPRAY	ANTIANGINAL AGENTS	Non-Preferred	No	No	
NITRO-BID OIN 2%	Nitroglycerin Oint 2%	ANTIANGINAL AGENTS	Non-Preferred	No	No	
NITROSTAT SUB 0.3MG	Nitroglycerin SL Tab 0.3 MG	ANTIANGINAL AGENTS	No Cost	No	No	
NITROGLYCERN SUB 0.3MG	Nitroglycerin SL Tab 0.3 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCERN SUB 0.4MG	Nitroglycerin SL Tab 0.4 MG	ANTIANGINAL AGENTS	Generic	No	No	
NITROSTAT SUB 0.4MG	Nitroglycerin SL Tab 0.4 MG	ANTIANGINAL AGENTS	No Cost	No	No	
NITROSTAT SUB 0.6MG	Nitroglycerin SL Tab 0.6 MG	ANTIANGINAL AGENTS	Non-Preferred	No	No	
NITROGLYCERI SUB 0.6MG	Nitroglycerin SL Tab 0.6 MG	ANTIANGINAL AGENTS	Generic	No	No	
GONITRO POW 400MCG	Nitroglycerin Sublingual Powder Packet 400 MCG	ANTIANGINAL AGENTS	Non-Preferred	No	No	PA
NITRO-DUR DIS 0.1MG/HR	Nitroglycerin TD Patch 24HR 0.1 MG/HR	ANTIANGINAL AGENTS	Non-Preferred	No	No	
MINITRAN DIS 0.1MG/HR	Nitroglycerin TD Patch 24HR 0.1 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER DIS 0.1MG/HR	Nitroglycerin TD Patch 24HR 0.1 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER DIS 0.2MG/HR	Nitroglycerin TD Patch 24HR 0.2 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-DUR DIS 0.2MG/HR	Nitroglycerin TD Patch 24HR 0.2 MG/HR	ANTIANGINAL AGENTS	Non-Preferred	No	No	
MINITRAN DIS 0.2MG/HR	Nitroglycerin TD Patch 24HR 0.2 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-DUR DIS 0.3MG/HR	Nitroglycerin TD Patch 24HR 0.3 MG/HR	ANTIANGINAL AGENTS	Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NITROGLYCER	DIS 0.4MG/HR	Nitroglycerin TD Patch 24HR 0.4 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
MINITRAN	DIS 0.4MG/HR	Nitroglycerin TD Patch 24HR 0.4 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-DUR	DIS 0.4MG/HR	Nitroglycerin TD Patch 24HR 0.4 MG/HR	ANTIANGINAL AGENTS	Non-Preferred	No	No	
MINITRAN	DIS 0.6MG/HR	Nitroglycerin TD Patch 24HR 0.6 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITROGLYCER	DIS 0.6MG/HR	Nitroglycerin TD Patch 24HR 0.6 MG/HR	ANTIANGINAL AGENTS	Generic	No	No	
NITRO-DUR	DIS 0.6MG/HR	Nitroglycerin TD Patch 24HR 0.6 MG/HR	ANTIANGINAL AGENTS	Non-Preferred	No	No	
NITRO-DUR	DIS 0.8MG/HR	Nitroglycerin TD Patch 24HR 0.8 MG/HR	ANTIANGINAL AGENTS	Preferred	No	No	
NITROGLYCRN	SPR 0.4MG	Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	ANTIANGINAL AGENTS	Generic	No	No	
NITROLINGUAL	SPR PUMPSRA	Nitroglycerin TL Soln 0.4 MG/SPRAY (400 MCG/SPRAY)	ANTIANGINAL AGENTS	Non-Preferred	No	No	
RANEXA	TAB 1000MG	Ranolazine Tab ER 12HR 1000 MG	ANTIANGINAL AGENTS	Preferred	No	No	
RANEXA	TAB 500MG	Ranolazine Tab ER 12HR 500 MG	ANTIANGINAL AGENTS	Preferred	No	No	
ALPRAZOLAM	CON 1 MG/ML	Alprazolam Conc 1 MG/ML	ANTIAXIETY AGENTS	Preferred	No	No	QL
ALPRAZOLAM	TAB 0.25 ODT	Alprazolam Orally Disintegrating Tab 0.25 MG	ANTIAXIETY AGENTS	Generic	No	No	QL
ALPRAZOLAM	TAB 0.5MG OD	Alprazolam Orally Disintegrating Tab 0.5 MG	ANTIAXIETY AGENTS	Generic	No	No	QL
ALPRAZOLAM	TAB 1MG ODT	Alprazolam Orally Disintegrating Tab 1 MG	ANTIAXIETY AGENTS	Generic	No	No	QL
ALPRAZOLAM	TAB 2MG ODT	Alprazolam Orally Disintegrating Tab 2 MG	ANTIAXIETY AGENTS	Generic	No	No	QL
ALPRAZOLAM	TAB 0.25MG	Alprazolam Tab 0.25 MG	ANTIAXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 0.25MG	Alprazolam Tab 0.25 MG	ANTIAXIETY AGENTS	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
XANAX	TAB 0.25MG	Alprazolam Tab 0.25 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL
XANAX	TAB 0.5MG	Alprazolam Tab 0.5 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL
ALPRAZOLAM	TAB 0.5MG	Alprazolam Tab 0.5 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 0.5MG	Alprazolam Tab 0.5 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
XANAX	TAB 1MG	Alprazolam Tab 1 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL
ALPRAZOLAM	TAB 1MG	Alprazolam Tab 1 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 1MG	Alprazolam Tab 1 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
ALPRAZOLAM	TAB 2MG	Alprazolam Tab 2 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 2MG	Alprazolam Tab 2 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
XANAX	TAB 2MG	Alprazolam Tab 2 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL
ALPRAZOLAM	TAB 0.5MG ER	Alprazolam Tab ER 24HR 0.5 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 0.5MG XR	Alprazolam Tab ER 24HR 0.5 MG	ANTIANXIETY AGENTS	Generic	No	No	
XANAX XR	TAB 0.5MG	Alprazolam Tab ER 24HR 0.5 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	
ALPRAZOLAM	TAB 1MG ER	Alprazolam Tab ER 24HR 1 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 1MG XR	Alprazolam Tab ER 24HR 1 MG	ANTIANXIETY AGENTS	Generic	No	No	
XANAX XR	TAB 1MG	Alprazolam Tab ER 24HR 1 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	
ALPRAZOLAM	TAB 2MG XR	Alprazolam Tab ER 24HR 2 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 2MG ER	Alprazolam Tab ER 24HR 2 MG	ANTIANXIETY AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
XANAX XR	TAB 2MG	Alprazolam Tab ER 24HR 2 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	
ALPRAZOLAM	TAB 3MG XR	Alprazolam Tab ER 24HR 3 MG	ANTIANXIETY AGENTS	Generic	No	No	
ALPRAZOLAM	TAB 3MG ER	Alprazolam Tab ER 24HR 3 MG	ANTIANXIETY AGENTS	Generic	No	No	
XANAX XR	TAB 3MG	Alprazolam Tab ER 24HR 3 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	
BUSPIRONE	TAB 10MG	Buspirone HCl Tab 10 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 10MG	Buspirone HCl Tab 10 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 15MG	Buspirone HCl Tab 15 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 15MG	Buspirone HCl Tab 15 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 30MG	Buspirone HCl Tab 30 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 30MG	Buspirone HCl Tab 30 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 5MG	Buspirone HCl Tab 5 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 5MG	Buspirone HCl Tab 5 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 7.5MG	Buspirone HCl Tab 7.5 MG	ANTIANXIETY AGENTS	Generic	No	No	
BUSPIRONE	TAB 7.5MG	Buspirone HCl Tab 7.5 MG	ANTIANXIETY AGENTS	Generic	No	No	
CHLORDIAZEP	CAP 10MG	Chlordiazepoxide HCl Cap 10 MG	ANTIANXIETY AGENTS	Generic	No	No	
CHLORDIAZEP	CAP 25MG	Chlordiazepoxide HCl Cap 25 MG	ANTIANXIETY AGENTS	Generic	No	No	
CHLORDIAZEP	CAP 5MG	Chlordiazepoxide HCl Cap 5 MG	ANTIANXIETY AGENTS	Generic	No	No	
CLORAZ DIPOT	TAB 15MG	Clorazepate Dipotassium Tab 15 MG	ANTIANXIETY AGENTS	Generic	No	No	QL

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLORAZ DIPOT TAB 3.75MG	Clorazepate Dipotassium Tab 3.75 MG	ANTIANKXIETY AGENTS	Generic	No	No	QL
CLORAZ DIPOT TAB 7.5MG	Clorazepate Dipotassium Tab 7.5 MG	ANTIANKXIETY AGENTS	Generic	No	No	QL
TRANXENE T TAB 7.5MG	Clorazepate Dipotassium Tab 7.5 MG	ANTIANKXIETY AGENTS	Non-Preferred	No	No	
DIAZEPAM CON 5MG/ML	Diazepam Conc 5 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	QL
DIAZEPAM INJ 10MG/2ML	Diazepam IM Solution Auto-inj 10 MG/2ML	ANTIANKXIETY AGENTS	Non-Preferred	No	No	
DIAZEPAM INJ 5MG/ML	Diazepam Inj 5 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	
DIAZEPAM INJ 5MG/ML	Diazepam Inj 5 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	
DIAZEPAM SOL 5MG/5ML	Diazepam Oral Soln 1 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	QL
VALIUM TAB 10MG	Diazepam Tab 10 MG	ANTIANKXIETY AGENTS	Non-Preferred	No	No	QL
DIAZEPAM TAB 10MG	Diazepam Tab 10 MG	ANTIANKXIETY AGENTS	Generic	No	No	QL
DIAZEPAM TAB 2MG	Diazepam Tab 2 MG	ANTIANKXIETY AGENTS	Generic	No	No	QL
VALIUM TAB 2MG	Diazepam Tab 2 MG	ANTIANKXIETY AGENTS	Non-Preferred	No	No	QL
VALIUM TAB 5MG	Diazepam Tab 5 MG	ANTIANKXIETY AGENTS	Non-Preferred	No	No	QL
DIAZEPAM TAB 5MG	Diazepam Tab 5 MG	ANTIANKXIETY AGENTS	Generic	No	No	QL
DROPERIDOL INJ 2.5MG/ML	Droperidol Inj 2.5 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	
DROPERIDOL POW	Droperidol Powder	ANTIANKXIETY AGENTS	Non-Preferred	No	No	
HYDROXYZ HCL INJ 25MG/ML	Hydroxyzine HCl IM Soln 25 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	
HYDROXYZ HCL INJ 50MG/ML	Hydroxyzine HCl IM Soln 50 MG/ML	ANTIANKXIETY AGENTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROXYZ HCL SYP 10MG/5ML	Hydroxyzine HCl Syrup 10 MG/5ML	ANTIANXIETY AGENTS	Generic	No	No	
HYDROXYZ HCL TAB 10MG	Hydroxyzine HCl Tab 10 MG	ANTIANXIETY AGENTS	Generic	No	No	
HYDROXYZ HCL TAB 25MG	Hydroxyzine HCl Tab 25 MG	ANTIANXIETY AGENTS	Generic	No	No	
HYDROXYZ HCL TAB 50MG	Hydroxyzine HCl Tab 50 MG	ANTIANXIETY AGENTS	Generic	No	No	
HYDROXYZ PAM CAP 100MG	Hydroxyzine Pamoate Cap 100 MG	ANTIANXIETY AGENTS	Generic	No	No	
VISTARIL CAP 25MG	Hydroxyzine Pamoate Cap 25 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	
HYDROXYZ PAM CAP 25MG	Hydroxyzine Pamoate Cap 25 MG	ANTIANXIETY AGENTS	Generic	No	No	
VISTARIL CAP 50MG	Hydroxyzine Pamoate Cap 50 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	
HYDROXYZ PAM CAP 50MG	Hydroxyzine Pamoate Cap 50 MG	ANTIANXIETY AGENTS	Generic	No	No	
HYDROXYZINE POW PAMOATE	Hydroxyzine Pamoate Powder	ANTIANXIETY AGENTS	Non-Preferred	No	No	
LORAZEPAM CON 2MG/ML	Lorazepam Conc 2 MG/ML	ANTIANXIETY AGENTS	Generic	No	No	QL
LORAZEPAM INJ 2MG/ML	Lorazepam Inj 2 MG/ML	ANTIANXIETY AGENTS	Generic	No	No	
LORAZEPAM INJ 2MG/ML	Lorazepam Inj 2 MG/ML	ANTIANXIETY AGENTS	Generic	No	No	QL
ATIVAN INJ 2MG/ML	Lorazepam Inj 2 MG/ML	ANTIANXIETY AGENTS	Non-Preferred	No	No	
LORAZEPAM INJ 4MG/ML	Lorazepam Inj 4 MG/ML	ANTIANXIETY AGENTS	Generic	No	No	
ATIVAN INJ 4MG/ML	Lorazepam Inj 4 MG/ML	ANTIANXIETY AGENTS	Non-Preferred	No	No	
LORAZEPAM TAB 0.5MG	Lorazepam Tab 0.5 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
ATIVAN TAB 0.5MG	Lorazepam Tab 0.5 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATIVAN	TAB 1MG	Lorazepam Tab 1 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL
LORAZEPAM	TAB 1MG	Lorazepam Tab 1 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
ATIVAN	TAB 2MG	Lorazepam Tab 2 MG	ANTIANXIETY AGENTS	Non-Preferred	No	No	QL
LORAZEPAM	TAB 2MG	Lorazepam Tab 2 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
LORAZEP/D5W SOL 100/100		Lorazepam-Dextrose 5% IV Soln 100 MG/100ML	ANTIANXIETY AGENTS	Non-Preferred	No	No	PA
LORAZEP/NACL SOL 100/100		Lorazepam-Sodium Chloride 0.9% IV Soln 100 MG/100ML	ANTIANXIETY AGENTS	Non-Preferred	No	No	PA
MEPROBAMATE TAB 200MG		Meprobamate Tab 200 MG	ANTIANXIETY AGENTS	Generic	No	No	
MEPROBAMATE TAB 400MG		Meprobamate Tab 400 MG	ANTIANXIETY AGENTS	Generic	No	No	
OXAZEPAM	CAP 10MG	Oxazepam Cap 10 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
OXAZEPAM	CAP 15MG	Oxazepam Cap 15 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
OXAZEPAM	CAP 30MG	Oxazepam Cap 30 MG	ANTIANXIETY AGENTS	Generic	No	No	QL
ADENOCARD	INJ 12MG/4ML	Adenosine IV Soln 12 MG/4ML	ANTIARRHYTHMICS	Non-Preferred	No	No	
ADENOSINE	INJ 12MG/4ML	Adenosine IV Soln 12 MG/4ML	ANTIARRHYTHMICS	Generic	No	No	
ADENOSINE	INJ 6MG/2ML	Adenosine IV Soln 6 MG/2ML	ANTIARRHYTHMICS	Generic	No	No	
ADENOCARD	INJ 6MG/2ML	Adenosine IV Soln 6 MG/2ML	ANTIARRHYTHMICS	Non-Preferred	No	No	
ADENOSINE	INJ 6MG/2ML	Adenosine IV Soln 6 MG/2ML	ANTIARRHYTHMICS	Generic	No	No	
ADENOSINE	INJ 3MG/ML	Adenosine IV Soln Prefilled Syringe 60 MG/20ML (3MG/ML)	ANTIARRHYTHMICS	Non-Preferred	No	No	PA
ADENOSINE	INJ 3MG/ML	Adenosine IV Soln Prefilled Syringe 60 MG/20ML (3MG/ML)	ANTIARRHYTHMICS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ADENOSINE INJ 90/30ML	Adenosine IV Soln Prefilled Syringe 90 MG/30ML (3MG/ML)	ANTIARRHYTHMICS	Non-Preferred	No	No	PA
NEXTERONE INJ	Amiodarone HCl in Dextrose 4.14% IV Soln 360 MG/200ML	ANTIARRHYTHMICS	Non-Preferred	No	No	
NEXTERONE INJ	Amiodarone HCl in Dextrose 4.21% IV Soln 150 MG/100ML	ANTIARRHYTHMICS	Non-Preferred	No	No	
AMIODARO/D5W INJ 150/100	Amiodarone HCl in Dextrose 5% IV Soln 150 MG/100ML	ANTIARRHYTHMICS	Non-Preferred	No	No	PA
AMIODARO/D5W INJ 450/250	Amiodarone HCl in Dextrose 5% IV Soln 450 MG/250ML	ANTIARRHYTHMICS	Non-Preferred	No	No	PA
AMIODARO/D5W INJ 750/500	Amiodarone HCl in Dextrose 5% IV Soln 750 MG/500ML	ANTIARRHYTHMICS	Non-Preferred	No	No	PA
AMIODARO/D5W INJ 900/500	Amiodarone HCl in Dextrose 5% IV Soln 900 MG/500ML	ANTIARRHYTHMICS	Non-Preferred	No	No	PA
AMIODARONE INJ 150MG/3M	Amiodarone HCl Inj 150 MG/3ML (50 MG/ML)	ANTIARRHYTHMICS	Generic	No	No	
AMIODARONE INJ 50MG/ML	Amiodarone HCl Inj 150 MG/3ML (50 MG/ML)	ANTIARRHYTHMICS	Generic	No	No	
AMIODARONE INJ 50MG/ML	Amiodarone HCl Inj 450 MG/9ML (50 MG/ML)	ANTIARRHYTHMICS	Generic	No	No	
AMIODARONE INJ 450MG/9M	Amiodarone HCl Inj 450 MG/9ML (50 MG/ML)	ANTIARRHYTHMICS	Generic	No	No	
AMIODARONE INJ 50MG/ML	Amiodarone HCl Inj 900 MG/18ML (50 MG/ML)	ANTIARRHYTHMICS	Generic	No	No	
AMIODARONE INJ 900MG/18	Amiodarone HCl Inj 900 MG/18ML (50 MG/ML)	ANTIARRHYTHMICS	Generic	No	No	
AMIODARONE TAB 100MG	Amiodarone HCl Tab 100 MG	ANTIARRHYTHMICS	Generic	Yes	No	
AMIODARONE TAB 100MG	Amiodarone HCl Tab 100 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PACERONE TAB 100MG	Amiodarone HCl Tab 100 MG	ANTIARRHYTHMICS	Generic	Yes	No	
AMIODARONE TAB 200MG	Amiodarone HCl Tab 200 MG	ANTIARRHYTHMICS	Generic	Yes	No	
AMIODARONE TAB 200MG	Amiodarone HCl Tab 200 MG	ANTIARRHYTHMICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PACERONE	TAB 200MG	Amiodarone HCl Tab 200 MG	ANTIARRHYTHMICS	Generic	Yes	No	
AMIODARONE	TAB 400MG	Amiodarone HCl Tab 400 MG	ANTIARRHYTHMICS	Generic	Yes	No	
AMIODARONE	TAB 400MG	Amiodarone HCl Tab 400 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PACERONE	TAB 400MG	Amiodarone HCl Tab 400 MG	ANTIARRHYTHMICS	Generic	Yes	No	
NORPACE	CAP 100MG	Disopyramide Phosphate Cap 100 MG	ANTIARRHYTHMICS	Non-Preferred	Yes	No	
DISOPYRAMIDE CAP 100MG		Disopyramide Phosphate Cap 100 MG	ANTIARRHYTHMICS	Generic	Yes	No	
DISOPYRAMIDE CAP 100MG		Disopyramide Phosphate Cap 100 MG	ANTIARRHYTHMICS	Generic	Yes	No	
DISOPYRAMIDE CAP 150MG		Disopyramide Phosphate Cap 150 MG	ANTIARRHYTHMICS	Generic	Yes	No	
DISOPYRAMIDE CAP 150MG		Disopyramide Phosphate Cap 150 MG	ANTIARRHYTHMICS	Generic	Yes	No	
NORPACE	CAP 150MG	Disopyramide Phosphate Cap 150 MG	ANTIARRHYTHMICS	Non-Preferred	Yes	No	
NORPACE	CAP 100MG CR	Disopyramide Phosphate Cap ER 12HR 100 MG	ANTIARRHYTHMICS	Preferred	Yes	No	
NORPACE	CAP 150MG CR	Disopyramide Phosphate Cap ER 12HR 150 MG	ANTIARRHYTHMICS	Preferred	Yes	No	
DOFETILIDE	CAP 125MCG	Dofetilide Cap 125 MCG (0.125 MG)	ANTIARRHYTHMICS	Generic	No	Yes	
DOFETILIDE	CAP 125MCG	Dofetilide Cap 125 MCG (0.125 MG)	ANTIARRHYTHMICS	Generic	No	Yes	
DOFETILIDE	CAP 125MCG	Dofetilide Cap 125 MCG (0.125 MG)	ANTIARRHYTHMICS	Generic	No	Yes	*Various UM Required
TIKOSYN	CAP 125MCG	Dofetilide Cap 125 MCG (0.125 MG)	ANTIARRHYTHMICS	Non-Preferred	No	Yes	*Various UM Required
DOFETILIDE	CAP 250MCG	Dofetilide Cap 250 MCG (0.25 MG)	ANTIARRHYTHMICS	Generic	No	Yes	*Various UM Required
DOFETILIDE	CAP 250MCG	Dofetilide Cap 250 MCG (0.25 MG)	ANTIARRHYTHMICS	Generic	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TIKOSYN	CAP 250MCG	Dofetilide Cap 250 MCG (0.25 MG)	ANTIARRHYTHMICS	Non-Preferred	No	Yes	*Various UM Required
DOFETILIDE	CAP 250MCG	Dofetilide Cap 250 MCG (0.25 MG)	ANTIARRHYTHMICS	Generic	No	Yes	
TIKOSYN	CAP 500MCG	Dofetilide Cap 500 MCG (0.5 MG)	ANTIARRHYTHMICS	Non-Preferred	No	Yes	*Various UM Required
DOFETILIDE	CAP 500MCG	Dofetilide Cap 500 MCG (0.5 MG)	ANTIARRHYTHMICS	Generic	No	Yes	*Various UM Required
DOFETILIDE	CAP 500MCG	Dofetilide Cap 500 MCG (0.5 MG)	ANTIARRHYTHMICS	Generic	No	Yes	
DOFETILIDE	CAP 500MCG	Dofetilide Cap 500 MCG (0.5 MG)	ANTIARRHYTHMICS	Generic	No	Yes	
MULTAQ	TAB 400MG	Dronedarone HCl Tab 400 MG (Base Equivalent)	ANTIARRHYTHMICS	Non-Preferred	Yes	No	
FLECAINIDE	TAB 100MG	Flecainide Acetate Tab 100 MG	ANTIARRHYTHMICS	Generic	Yes	No	
FLECAINIDE	TAB 150MG	Flecainide Acetate Tab 150 MG	ANTIARRHYTHMICS	Generic	Yes	No	
FLECAINIDE	TAB 50MG	Flecainide Acetate Tab 50 MG	ANTIARRHYTHMICS	Generic	Yes	No	
IBUTILIDE	INJ 1MG/10ML	Ibutilide Fumarate Inj 1 MG/10ML	ANTIARRHYTHMICS	Generic	No	No	
CORVERT	INJ 1MG/10ML	Ibutilide Fumarate Inj 1 MG/10ML	ANTIARRHYTHMICS	Non-Preferred	No	No	
LIDOCAINE	INJ 10MG/ML	Lidocaine HCl IV Inj 10 MG/ML	ANTIARRHYTHMICS	Generic	No	No	
LIDOCAINE	INJ 20MG/ML	Lidocaine HCl IV Inj 20 MG/ML	ANTIARRHYTHMICS	Generic	No	No	
LIDOCAIN/D5W	INJ 4MG/ML	Lidocaine IV Infusion in D5W Inj 4 MG/ML	ANTIARRHYTHMICS	Generic	No	No	
LIDOCAIN/D5W	INJ 8MG/ML	Lidocaine IV Infusion in D5W Inj 8 MG/ML	ANTIARRHYTHMICS	Generic	No	No	
MEXILETINE	CAP 150MG	Mexiletine HCl Cap 150 MG	ANTIARRHYTHMICS	Generic	Yes	No	
MEXILETINE	CAP 200MG	Mexiletine HCl Cap 200 MG	ANTIARRHYTHMICS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MEXILETINE CAP 250MG	Mexiletine HCl Cap 250 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PROCAINAMIDE INJ 100MG/ML	Procainamide HCl Inj 100 MG/ML	ANTIARRHYTHMICS	Generic	No	No	
PROCAINAMIDE INJ 500MG/ML	Procainamide HCl Inj 500 MG/ML	ANTIARRHYTHMICS	Generic	No	No	
PROCAINAMIDE POW	Procainamide HCl Powder	ANTIARRHYTHMICS	Non-Preferred	No	No	
RYTHMOL SR CAP 225MG	Propafenone HCl Cap ER 12HR 225 MG	ANTIARRHYTHMICS	Non-Preferred	Yes	No	
PROPAFENONE CAP 225MG ER	Propafenone HCl Cap ER 12HR 225 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PROPAFENONE CAP 325MG ER	Propafenone HCl Cap ER 12HR 325 MG	ANTIARRHYTHMICS	Generic	Yes	No	
RYTHMOL SR CAP 325MG	Propafenone HCl Cap ER 12HR 325 MG	ANTIARRHYTHMICS	Non-Preferred	Yes	No	
PROPAFENONE CAP 425MG SR	Propafenone HCl Cap ER 12HR 425 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PROPAFENONE CAP 425MG ER	Propafenone HCl Cap ER 12HR 425 MG	ANTIARRHYTHMICS	Generic	Yes	No	
RYTHMOL SR CAP 425MG	Propafenone HCl Cap ER 12HR 425 MG	ANTIARRHYTHMICS	Non-Preferred	Yes	No	
PROPAFENONE TAB 150MG	Propafenone HCl Tab 150 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PROPAFENONE TAB 225MG	Propafenone HCl Tab 225 MG	ANTIARRHYTHMICS	Generic	Yes	No	
PROPAFENONE TAB 300MG	Propafenone HCl Tab 300 MG	ANTIARRHYTHMICS	Generic	Yes	No	
QUINIDINE GL INJ 80MG/ML	Quinidine Gluconate Inj 80 MG/ML	ANTIARRHYTHMICS	Non-Preferred	No	No	
QUINIDINE GL TAB 324MG ER	Quinidine Gluconate Tab ER 324 MG	ANTIARRHYTHMICS	Generic	Yes	No	
QUINIDINE GL TAB 324MG CR	Quinidine Gluconate Tab ER 324 MG	ANTIARRHYTHMICS	Generic	Yes	No	
QUINIDINE SU TAB 200MG	Quinidine Sulfate Tab 200 MG	ANTIARRHYTHMICS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUINIDINE SU TAB 300MG	Quinidine Sulfate Tab 300 MG	ANTIARRHYTHMICS	Generic	Yes	No	
TUDORZA PRES AER 400/ACT	Acclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
PROAIR RESPI AER	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Preferred	No	No	QL
PROAIR HFA AER	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	No	No	QL
PROVENTIL AER HFA	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	No	No	
VENTOLIN HFA AER	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	No	No	
ALBUTEROL POW SULFATE	Albuterol Sulfate Powder	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
ALBUTEROL NEB 0.083%	Albuterol Sulfate Soln Nebu 0.083% (2.5 MG/3ML)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL NEB 0.5%	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL NEB 0.63MG/3	Albuterol Sulfate Soln Nebu 0.63 MG/3ML (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL NEB 1.25MG/3	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL SYP 2MG/5ML	Albuterol Sulfate Syrup 2 MG/5ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL TAB 2MG	Albuterol Sulfate Tab 2 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL TAB 2MG	Albuterol Sulfate Tab 2 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL TAB 4MG	Albuterol Sulfate Tab 4 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL TAB 4MG	Albuterol Sulfate Tab 4 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL TAB 4MG ER	Albuterol Sulfate Tab ER 12HR 4 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ALBUTEROL TAB 8MG ER	Albuterol Sulfate Tab ER 12HR 8 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMINOPHYLLIN INJ 25MG/ML		Aminophylline Inj 25 MG/ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	No	No	
AMINOPHYLLIN POW ANHYDROU		Aminophylline Powder	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
AMINOPHYLLIN POW ANHYDROU		Aminophylline Powder	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
BROVANA	NEB 15MCG	Arformoterol Tartrate Soln Nebu 15 MCG/2ML (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
QVAR REDIHAL AER 40MCG		Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
QVAR REDIHA AER 80MCG		Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
QVAR	AER 40MCG	Beclomethasone Diprop Inhal Aero Soln 40 MCG/ACT (50/Valve)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
QVAR	AER 80MCG	Beclomethasone Diprop Inhal Aero Soln 80 MCG/ACT (100/Valve)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FASENRA	INJ 30MG/ML	Benralizumab Subcutaneous Soln Prefilled Syringe 30 MG/ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	Yes	*Various UM Required
PULMICORT	INH 180MCG	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
PULMICORT	INH 90MCG	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
PULMICORT	SUS 0.25MG/2	Budesonide Inhalation Susp 0.25 MG/2ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
BUDESONIDE	SUS 0.25MG/2	Budesonide Inhalation Susp 0.25 MG/2ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	QL
PULMICORT	SUS 0.5MG/2	Budesonide Inhalation Susp 0.5 MG/2ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
BUDESONIDE	SUS 0.5MG/2	Budesonide Inhalation Susp 0.5 MG/2ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	QL
PULMICORT	SUS 1MG/2ML	Budesonide Inhalation Susp 1 MG/2ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
BUDESONIDE	SUS 1MG/2ML	Budesonide Inhalation Susp 1 MG/2ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	QL
SYMBICORT	AER 160-4.5	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SYMBICORT	AER 80-4.5	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
ALVESCO	AER 160MCG	Ciclesonide Inhal Aerosol 160 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
ALVESCO	AER 80MCG	Ciclesonide Inhal Aerosol 80 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
CROMOLYN SOD POW		Cromolyn Sodium Powder	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
CROMOLYN SOD NEB 20MG/2ML		Cromolyn Sodium Soln Nebu 20 MG/2ML	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
DIFIL-G FORT LIQ 100-100		Dyphylline-Guaifenesin Liqd 100-100 MG/5ML	ASTHMA AND BRONCHODILATOR AGENTS	Generic	No	No	
EPHEDRINE	POW HCL	Ephedrine HCl Powder	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
EPHEDRINE	POW SULFATE	Ephedrine Sulfate Powder	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
AEROSPAN	AER 80MCG	Flunisolide HFA Inhal Aerosol 80 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
AEROSPAN	AER 80MCG	Flunisolide HFA Inhal Aerosol 80 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FLUNISOLIDE POW ANHYDR		Flunisolide Powder	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	No	No	
ARNUITY ELPT INH 100MCG		Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
ARNUITY ELPT INH 200MCG		Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
ARNUITY ELPT INH 50MCG		Fluticasone Furoate Aerosol Powder Breath Activ 50 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
BREO ELLIPTA INH 100-25		Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
BREO ELLIPTA INH 200-25		Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
FLOVENT DISK AER 100MCG		Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ARMONAIR	AER 113/ACT	Fluticasone Propionate Aer Pow BA 113 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ARMONAIR	AER 232/ACT	Fluticasone Propionate Aer Pow BA 232 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
FLOVENT DISK	AER 250MCG	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FLOVENT DISK	AER 50MCG	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ARMONAIR	AER 55/ACT	Fluticasone Propionate Aer Pow BA 55 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
FLOVENT HFA	AER 110MCG	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FLOVENT HFA	AER 220MCG	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FLOVENT HFA	AER 44MCG	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ADVAIR DISKU	AER 100/50	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FLUTICASONE	INH SALMETER	Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	PA
AIRDUO RESPI	INH 113-14	Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
FLUTICASONE	INH SALMETER	Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	PA
AIRDUO RESPI	INH 232-14	Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
ADVAIR DISKU	AER 250/50	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ADVAIR DISKU	AER 500/50	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
FLUTICASONE	INH SALMETER	Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	PA
AIRDUO RESPI	INH 55-14	Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
ADVAIR HFA	AER 115/21	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ADVAIR HFA	AER 230/21	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ADVAIR HFA AER 45/21	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
TRELEGY AER ELLIPTA	Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
PERFOROMIST NEB 20MCG	Formoterol Fumarate Soln Nebu 20 MCG/2ML	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
SEEBRI NEOHA CAP 15.6MCG	Glycopyrrolate Inhal Cap 15.6 MCG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
LONHALA MAGN SOL 25MCG	Glycopyrrolate Inhal Solution 25 MCG/ML	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
BEVESPI AER 9-4.8MCG	Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
ARCAPTA CAP 75MCG	Indacaterol Maleate Inhal Powder Cap 75 MCG (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
UTIBRON CAP NEOHALER	Indacaterol-Glycopyrrolate Inhal Cap 27.5-15.6 MCG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	PA
ATROVENT HFA AER 17MCG	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
IPRATROPIUM SOL 0.02%INH	Ipratropium Bromide Inhal Soln 0.02%	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
IPRATROPIUM SOL 0.02%INH	Ipratropium Bromide Inhal Soln 0.02%	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
IPRATROPIUM POW BROMIDE	Ipratropium Bromide Powder	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
COMBIVENT AER 20-100	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
IPRATROPIUM/ SOL ALBUTER	Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ISUPREL INJ 0.2MG/ML	Isoproterenol HCl Inj 0.2 MG/ML	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
ISOPROTEREN INJ 0.2MG/ML	Isoproterenol HCl Inj 0.2 MG/ML	ASTHMA AND BRONCHODILATOR AGENTS	Generic	No	No	
ISOPROTEREN INJ 0.2MG/ML	Isoproterenol HCl Inj 0.2 MG/ML	ASTHMA AND BRONCHODILATOR AGENTS	Generic	No	No	
LEVALBUTEROL NEB 0.31MG	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVALBUTEROL NEB 0.31MG		Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
XOPENEX	NEB 0.31MG	Levalbuterol HCl Soln Nebu 0.31 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
LEVALBUTEROL NEB 0.63MG		Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
XOPENEX	NEB 0.63MG	Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
LEVALBUTEROL NEB 0.63MG		Levalbuterol HCl Soln Nebu 0.63 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
XOPENEX	NEB 1.25/3ML	Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
LEVALBUTEROL NEB 1.25MG		Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
LEVALBUTEROL NEB 1.25MG		Levalbuterol HCl Soln Nebu 1.25 MG/3ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
XOPENEX CONC NEB 1.25/0.5		Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
LEVALBUTEROL NEB 1.25/0.5		Levalbuterol HCl Soln Nebu Conc 1.25 MG/0.5ML (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
LEVALBUTEROL AER 45/ACT		Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Generic	No	No	
XOPENEX HFA AER		Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	PA
NUCALA	INJ 100MG	Mepolizumab For Inj 100 MG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	Yes	*Various UM Required
METAPROTEREN POW SULFATE		Metaproterenol Sulfate Powder	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
METAPROTEREN SYP 10MG/5ML		Metaproterenol Sulfate Syrup 10 MG/5ML	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
METAPROTEREN TAB 10MG		Metaproterenol Sulfate Tab 10 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
METAPROTEREN TAB 20MG		Metaproterenol Sulfate Tab 20 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ASMANEX HFA AER 100 MCG		Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ASMANEX HFA AER 200 MCG	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
ASMANEX 30 AER 110MCG	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ASMANEX 7 AER 110MCG	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ASMANEX 30 AER 220MCG	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
ASMANEX 60 AER 220MCG	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ASMANEX 120 AER 220MCG	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
ASMANEX 14 AER 220MCG	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
DULERA AER 100-5MCG	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
DULERA AER 200-5MCG	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	No Cost	Yes	No	QL
SINGULAIR CHW 4MG	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
MONTELUKAST CHW 4MG	Montelukast Sodium Chew Tab 4 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
SINGULAIR CHW 5MG	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
MONTELUKAST CHW 5MG	Montelukast Sodium Chew Tab 5 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
MONTELUKAST GRA 4MG	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
MONTELUKAST GRA 4MG	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
SINGULAIR GRA 4MG	Montelukast Sodium Oral Granules Packet 4 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
SINGULAIR TAB 10MG	Montelukast Sodium Tab 10 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
MONTELUKAST TAB 10MG	Montelukast Sodium Tab 10 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MONTELUKAST TAB 10MG		Montelukast Sodium Tab 10 MG (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
STRIVERDI AER 2.5MCG		Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
XOLAIR SOL 150MG		Omalizumab For Inj 150 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	Yes	*Various UM Required
CINQAIR INJ		Reslizumab IV Infusion Soln 100 MG/10ML (10 MG/ML)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	Yes	PA
DALIRESP TAB 250MCG		Roflumilast Tab 250 MCG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
DALIRESP TAB 500MCG		Roflumilast Tab 500 MCG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
SEREVENT DIS AER 50MCG		Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
TERBUTALINE INJ 1MG/ML		Terbutaline Sulfate Inj 1 MG/ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	No	No	
TERBUTALINE POW SULFATE		Terbutaline Sulfate Powder	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
TERBUTALINE TAB 2.5MG		Terbutaline Sulfate Tab 2.5 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
TERBUTALINE TAB 5MG		Terbutaline Sulfate Tab 5 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEO-24 CAP 100MG CR		Theophylline Cap ER 24HR 100 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
THEO-24 CAP 200MG CR		Theophylline Cap ER 24HR 200 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
THEO-24 CAP 300MG CR		Theophylline Cap ER 24HR 300 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
THEO-24 CAP 400MG ER		Theophylline Cap ER 24HR 400 MG	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
ELIXOPHYLLIN ELX 80/15ML		Theophylline Elixir 80 MG/15ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
THEOPHYL/D5W INJ 0.8MG/ML		Theophylline in D5W Inj 0.8 MG/ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Non-Preferred	No	No	
THEOPHYLLINE SOL 80/15ML		Theophylline Soln 80 MG/15ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
THEOCHRON	TAB 100MG CR	Theophylline Tab ER 12HR 100 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOPHYLLINE TAB 100MG CR		Theophylline Tab ER 12HR 100 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOCHRON	TAB 200MG CR	Theophylline Tab ER 12HR 200 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOPHYLLINE TAB 200MG CR		Theophylline Tab ER 12HR 200 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOCHRON	TAB 300MG CR	Theophylline Tab ER 12HR 300 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOPHYLLINE TAB 300MG ER		Theophylline Tab ER 12HR 300 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOPHYLLINE TAB 450MG ER		Theophylline Tab ER 12HR 450 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOPHYLLINE TAB 400MG ER		Theophylline Tab ER 24HR 400 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
THEOPHYLLINE TAB 600MG ER		Theophylline Tab ER 24HR 600 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
STIOLTO	AER 2.5-2.5	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
SPIRIVA	AER 1.25MCG	Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
SPIRIVA	SPR 2.5MCG	Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
SPIRIVA	CAP HANDIHLR	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	ASTHMA AND BRONCHODILATOR AGENTS	No Cost	Yes	No	
INCRUSE ELPT INH 62.5MCG		Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)	ASTHMA AND BRONCHODILATOR AGENTS	Preferred	Yes	No	QL
ANORO ELLIPT AER 62.5-25		Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	QL
ZAFIRLUKAST	TAB 10MG	Zafirlukast Tab 10 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ACCOLATE	TAB 10MG	Zafirlukast Tab 10 MG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
ZAFIRLUKAST TAB 20MG		Zafirlukast Tab 20 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACCOLATE	TAB 20MG	Zafirlukast Tab 20 MG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
ZYFLO	TAB 600MG	Zileuton Tab 600 MG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
ZILEUTON ER	TAB 600MG	Zileuton Tab ER 12HR 600 MG	ASTHMA AND BRONCHODILATOR AGENTS	Generic	Yes	No	
ZYFLO CR	TAB 600MG	Zileuton Tab ER 12HR 600 MG	ASTHMA AND BRONCHODILATOR AGENTS	Non-Preferred	Yes	No	
NOCLOT-50	SOL ACD-A	*Anticoagulant Citrate Dextrose Solution A**	ANTICOAGULANTS	Non-Preferred	No	No	
ANTICOAG CIT SOL	DEX SOL	*Anticoagulant Citrate Dextrose Solution A**	ANTICOAGULANTS	Non-Preferred	No	No	
ACD FORMULA	SOL A	*Anticoagulant Citrate Dextrose Solution A**	ANTICOAGULANTS	Non-Preferred	No	No	
ACD FORMULA	SOL B	*Anticoagulant Citrate Dextrose Solution B**	ANTICOAGULANTS	Non-Preferred	No	No	
ANTICOAG CPD SOL		*Anticoagulant Citrate Phosphate Dextrose Soln**	ANTICOAGULANTS	Non-Preferred	No	No	
TRICITRASOL	CON	Anticoagulant Sodium Citrate Concentrate 46.7%	ANTICOAGULANTS	Non-Preferred	No	No	
ANTICOAGULNT SOL	SOD CITR	Anticoagulant Sodium Citrate Soln 4%	ANTICOAGULANTS	Non-Preferred	No	No	
ELIQUIS	TAB 2.5MG	Apixaban Tab 2.5 MG	ANTICOAGULANTS	Non-Preferred	No	No	
ELIQUIS	TAB 5MG	Apixaban Tab 5 MG	ANTICOAGULANTS	Non-Preferred	No	No	
ELIQUIS ST P	TAB 5MG	Apixaban Tab 5 MG	ANTICOAGULANTS	Non-Preferred	Yes	No	
ARGATROBAN	INJ 125/125	Argatroban in Sodium Chloride 0.9% IV Soln 125 MG/125ML	ANTICOAGULANTS	Non-Preferred	No	No	
ARGATROBAN	INJ 250/250	Argatroban in Sodium Chloride 0.9% IV Soln 250 MG/250ML	ANTICOAGULANTS	Non-Preferred	No	No	PA
ARGATROBAN	INJ 100MG/ML	Argatroban Inj 250 MG/2.5ML (Concentrate For IV Infusion)	ANTICOAGULANTS	Generic	No	No	
ARGATROBAN	INJ 250/2.5	Argatroban Inj 250 MG/2.5ML (Concentrate For IV Infusion)	ANTICOAGULANTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ARGATROBAN	INJ 100MG/ML	Argatroban Inj 250 MG/2.5ML (Concentrate For IV Infusion)	ANTICOAGULANTS	Non-Preferred	No	No	
ARGATROBAN	INJ 50MG/50M	Argatroban IV Soln 50 MG/50ML (1 MG/ML)	ANTICOAGULANTS	Non-Preferred	No	No	
BEVYXXA	CAP 40MG	Betrixaban Maleate Cap 40 MG (Base Equivalent)	ANTICOAGULANTS	Non-Preferred	Yes	No	PA
BEVYXXA	CAP 80MG	Betrixaban Maleate Cap 80 MG (Base Equivalent)	ANTICOAGULANTS	Non-Preferred	Yes	No	PA
BIVALIRUDIN	INJ 250MG	Bivalirudin Trifluoroacetate For IV Soln 250 MG (Base Equiv)	ANTICOAGULANTS	Generic	No	No	
BIVALIRUDIN	INJ 250MG	Bivalirudin Trifluoroacetate For IV Soln 250 MG (Base Equiv)	ANTICOAGULANTS	Generic	No	No	
ANGIOMAX	INJ 250MG	Bivalirudin Trifluoroacetate For IV Soln 250 MG (Base Equiv)	ANTICOAGULANTS	Non-Preferred	No	No	
BIVALIRUDIN	INJ 250/50	Bivalirudin Trifluoroacetate-NaCl IV Soln 250 MG/50ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
BIVALIRUDIN	INJ 500/100	Bivalirudin Trifluoroacetate-NaCl IV Soln 500 MG/100ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
PRADAXA	CAP 110MG	Dabigatran Etexilate Mesylate Cap 110 MG (Etexilate Base Eq)	ANTICOAGULANTS	Non-Preferred	No	No	PA
PRADAXA	CAP 150MG	Dabigatran Etexilate Mesylate Cap 150 MG (Etexilate Base Eq)	ANTICOAGULANTS	Non-Preferred	No	No	PA
PRADAXA	CAP 75MG	Dabigatran Etexilate Mesylate Cap 75 MG (Etexilate Base Eq)	ANTICOAGULANTS	Non-Preferred	No	No	PA
FRAGMIN	INJ 10000/ML	Dalteparin Sodium Inj 10000 Unit/ML	ANTICOAGULANTS	Non-Preferred	No	No	
FRAGMIN	INJ 12500UNT	Dalteparin Sodium Inj 12500 Unit/0.5ML	ANTICOAGULANTS	Non-Preferred	No	No	
FRAGMIN	INJ 15000UNT	Dalteparin Sodium Inj 15000 Unit/0.6ML	ANTICOAGULANTS	Non-Preferred	No	No	
FRAGMIN	INJ 18000UNT	Dalteparin Sodium Inj 18000 Unit/0.72ML	ANTICOAGULANTS	Non-Preferred	No	No	
FRAGMIN	INJ 2500/0.2	Dalteparin Sodium Inj 2500 Unit/0.2ML	ANTICOAGULANTS	Non-Preferred	No	No	
FRAGMIN	INJ 5000/0.2	Dalteparin Sodium Inj 5000 Unit/0.2ML	ANTICOAGULANTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FRAGMIN	INJ 7500/0.3	Dalteparin Sodium Inj 7500 Unit/0.3ML	ANTICOAGULANTS	Non-Preferred	No	No	
FRAGMIN	INJ 95000UNT	Dalteparin Sodium Inj 95000 Unit/3.8ML	ANTICOAGULANTS	Non-Preferred	No	No	
DEFITELIO	INJ 200/2.5	Defibrotide Sodium IV Soln 200 MG/2.5ML (80 MG/ML)	ANTICOAGULANTS	Non-Preferred	No	No	PA
SAVAYSA	TAB 15MG	Edoxaban Tosylate Tab 15 MG (Base Equivalent)	ANTICOAGULANTS	Non-Preferred	No	No	PA
SAVAYSA	TAB 30MG	Edoxaban Tosylate Tab 30 MG (Base Equivalent)	ANTICOAGULANTS	Non-Preferred	No	No	PA
SAVAYSA	TAB 60MG	Edoxaban Tosylate Tab 60 MG (Base Equivalent)	ANTICOAGULANTS	Non-Preferred	No	No	PA
ENOXAPARIN	INJ 100MG/ML	Enoxaparin Sodium Inj 100 MG/ML	ANTICOAGULANTS	Generic	No	No	
LOVENOX	INJ 100MG/ML	Enoxaparin Sodium Inj 100 MG/ML	ANTICOAGULANTS	Non-Preferred	No	No	
LOVENOX	INJ 120/0.8	Enoxaparin Sodium Inj 120 MG/0.8ML	ANTICOAGULANTS	Non-Preferred	No	No	
ENOXAPARIN	INJ 120/0.8	Enoxaparin Sodium Inj 120 MG/0.8ML	ANTICOAGULANTS	Generic	No	No	
ENOXAPARIN	INJ 150MG/ML	Enoxaparin Sodium Inj 150 MG/ML	ANTICOAGULANTS	Generic	No	No	
LOVENOX	INJ 150MG/ML	Enoxaparin Sodium Inj 150 MG/ML	ANTICOAGULANTS	Non-Preferred	No	No	
ENOXAPARIN	INJ 30/0.3ML	Enoxaparin Sodium Inj 30 MG/0.3ML	ANTICOAGULANTS	Generic	No	No	
LOVENOX	INJ 30/0.3ML	Enoxaparin Sodium Inj 30 MG/0.3ML	ANTICOAGULANTS	Non-Preferred	No	No	
ENOXAPARIN	INJ 300/3ML	Enoxaparin Sodium Inj 300 MG/3ML	ANTICOAGULANTS	Generic	No	No	
LOVENOX	INJ 300/3ML	Enoxaparin Sodium Inj 300 MG/3ML	ANTICOAGULANTS	Non-Preferred	No	No	
LOVENOX	INJ 40/0.4ML	Enoxaparin Sodium Inj 40 MG/0.4ML	ANTICOAGULANTS	Non-Preferred	No	No	
ENOXAPARIN	INJ 40/0.4ML	Enoxaparin Sodium Inj 40 MG/0.4ML	ANTICOAGULANTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LOVENOX	INJ 60/0.6ML	Enoxaparin Sodium Inj 60 MG/0.6ML	ANTICOAGULANTS	Non-Preferred	No	No	
ENOXAPARIN	INJ 60/0.6ML	Enoxaparin Sodium Inj 60 MG/0.6ML	ANTICOAGULANTS	Generic	No	No	
ENOXAPARIN	INJ 80/0.8ML	Enoxaparin Sodium Inj 80 MG/0.8ML	ANTICOAGULANTS	Generic	No	No	
LOVENOX	INJ 80/0.8ML	Enoxaparin Sodium Inj 80 MG/0.8ML	ANTICOAGULANTS	Non-Preferred	No	No	
FONDAPARINUX	INJ 10/0.8ML	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	ANTICOAGULANTS	Generic	No	No	
ARIXTRA	INJ 10/0.8ML	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	ANTICOAGULANTS	Non-Preferred	No	No	
FONDAPARINUX	INJ 2.5/0.5	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	ANTICOAGULANTS	Generic	No	No	
ARIXTRA	INJ 2.5/0.5	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	ANTICOAGULANTS	Non-Preferred	No	No	
ARIXTRA	INJ 5/0.4ML	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	ANTICOAGULANTS	Non-Preferred	No	No	
FONDAPARINUX	INJ 5/0.4ML	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	ANTICOAGULANTS	Generic	No	No	
FONDAPARINUX	INJ 7.5/0.6	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	ANTICOAGULANTS	Generic	No	No	
ARIXTRA	INJ 7.5/0.6	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	ANTICOAGULANTS	Non-Preferred	No	No	
SOLU-PREF	KIT	Heparin 100 Ut/ML Flush & NaCl 0.9% & Lido-Prilo 2.5-2.5% Cr	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPMED	KIT	Heparin 100 Ut/ML Flush & NaCl 0.9% & Lido-Prilo 2.5-2.5% Cr	ANTICOAGULANTS	Generic	No	No	
HEPARIN/NACL	INJ 100/100	Heparin Sod (Porcine) in NaCl IV Soln 100 Unit/100ML-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL	SOL 100/100	Heparin Sod (Porcine) in NaCl IV Soln 100 Unit/100ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL	INJ 10000 UN	Heparin Sod (Porcine) in NaCl IV Soln 10000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL	INJ 15000UNT	Heparin Sod (Porcine) in NaCl IV Soln 15000 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HEPARIN/NACL SOL 250/250	Heparin Sod (Porcine) in NaCl IV Soln 250 Unit/250ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL SOL 2500/500	Heparin Sod (Porcine) in NaCl IV Soln 2500 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 25000UNT	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/250ML-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN SOD INJ 25000UNT	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/250ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEP SOD/NACL INJ 25000UNT	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/500ML-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEP SOD/NACL INJ 25000UNT	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/500ML-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN INJ SODIUM	Heparin Sod (Porcine) in NaCl IV Soln 25000 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL SOL 3000/500	Heparin Sod (Porcine) in NaCl IV Soln 3000 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 30000/L	Heparin Sod (Porcine) in NaCl IV Soln 30000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 30000/L	Heparin Sod (Porcine) in NaCl IV Soln 30000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 500/250	Heparin Sod (Porcine) in NaCl IV Soln 500 Unit/250ML-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL SOL 500/500	Heparin Sod (Porcine) in NaCl IV Soln 500 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL SOL 500/500	Heparin Sod (Porcine) in NaCl IV Soln 500 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL SOL 5000LTR	Heparin Sod (Porcine) in NaCl IV Soln 5000 Unit/L-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 5000/0.9	Heparin Sod (Porcine) in NaCl IV Soln 5000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 6000/L	Heparin Sod (Porcine) in NaCl IV Soln 6000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 1000U/L	Heparin Sod (Porcine)-NaCl IV Soln 1000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 2000/500	Heparin Sod (Porcine)-NaCl IV Soln 2000 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HEPARIN/SODI INJ CHLORIDE		Heparin Sod (Porcine)-NaCl IV Soln 5000 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/SODI INJ CHLORIDE		Heparin Sod (Porcine)-NaCl IV Soln 5000 Unit/500ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 100/50ML		Heparin Sod (Porcine)-NaCl Soln Pref Syr 100 Unit/50ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 20/20ML		Heparin Sod (Porcine)-NaCl Soln Pref Syr 20 Unit/20ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 50/50ML		Heparin Sod (Porcine)-NaCl Soln Pref Syr 50 Unit/50ML-0.45%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN/NACL INJ 50/50ML		Heparin Sod (Porcine)-NaCl Soln Pref Syr 50 Unit/50ML-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
SASH	KIT 100/ML	Heparin Sod Lock Flush & NaCl Lock Flush 100 Unt/ML-0.9% Kit	ANTICOAGULANTS	Generic	No	No	
HEPARIN LOCK KIT 100/ML		Heparin Sod Lock Flush & NaCl Lock Flush 100 Unt/ML-0.9% Kit	ANTICOAGULANTS	Generic	No	No	
HEP SOD/D5W INJ 25000UNT		Heparin Sodium (Porcine) 100 Unit/ML in D5W	ANTICOAGULANTS	Generic	No	No	
HEPARIN/D5W INJ 100/ML		Heparin Sodium (Porcine) 100 Unit/ML in D5W	ANTICOAGULANTS	Generic	No	No	
HEP SOD/DEXT INJ 25000UNT		Heparin Sodium (Porcine) 100 Unit/ML in D5W	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEP SOD/NACL INJ 25000UNT		Heparin Sodium (Porcine) 100 Unt/ML in Sodium Chloride 0.45%	ANTICOAGULANTS	Non-Preferred	No	No	
HEP SOD/NACL INJ 2000UNIT		Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%	ANTICOAGULANTS	Non-Preferred	No	No	
HEP SOD/NACL INJ 2000UNIT		Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%	ANTICOAGULANTS	Generic	No	No	
HEP SOD/NACL INJ 1000UNIT		Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%	ANTICOAGULANTS	Generic	No	No	
HEP SOD/NACL INJ 2UNIT/ML		Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%	ANTICOAGULANTS	Generic	No	No	
HEP SOD/NACL INJ 1000UNIT		Heparin Sodium (Porcine) 2 Unit/ML in Sodium Chloride 0.9%	ANTICOAGULANTS	Non-Preferred	No	No	
HEP SOD/D5W INJ 20000UNT		Heparin Sodium (Porcine) 40 Unit/ML in D5W	ANTICOAGULANTS	Generic	No	No	

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HEP SOD/D5W INJ 20000UNT	Heparin Sodium (Porcine) 40 Unit/ML in D5W	ANTICOAGULANTS	Generic	No	No	
HEP SOD/D5W INJ 25000UNT	Heparin Sodium (Porcine) 50 Unit/ML in D5W	ANTICOAGULANTS	Generic	No	No	
HEP SOD/DEXT INJ 25000UNT	Heparin Sodium (Porcine) 50 Unit/ML in D5W	ANTICOAGULANTS	Non-Preferred	No	No	
HEP SOD/NACL INJ 25000UNT	Heparin Sodium (Porcine) 50 Unit/ML in Sodium Chloride 0.45%	ANTICOAGULANTS	Non-Preferred	No	No	
HEP SOD/NACL INJ 12500UNT	Heparin Sodium (Porcine) 50 Unit/ML in Sodium Chloride 0.45%	ANTICOAGULANTS	Non-Preferred	No	No	
HEPARIN/NACL INJ 4000/L	Heparin Sodium (Porcine) in NaCl IV Soln 4000 Unit/L-0.9%	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN SOD INJ 1000/ML	Heparin Sodium (Porcine) Inj 1000 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN SOD INJ 10000/ML	Heparin Sodium (Porcine) Inj 10000 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN SOD INJ 20000/ML	Heparin Sodium (Porcine) Inj 20000 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN SOD INJ 5000/ML	Heparin Sodium (Porcine) Inj 5000 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN SOD INJ 1000/10	Heparin Sodium (Porcine) IV Soln Pref Syr 10000 Unit/10ML	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN SOD INJ 6000/6ML	Heparin Sodium (Porcine) IV Soln Pref Syr 6000 Unit/6ML	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN SOD INJ 3000/3ML	Heparin Sodium (Porcine) IV Soln Pref Syringe 3000 Unit/3ML	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN SOD INJ 5000/5ML	Heparin Sodium (Porcine) IV Soln Pref Syringe 5000 Unit/5ML	ANTICOAGULANTS	Non-Preferred	No	No	PA
HEPARIN LOCK INJ 1UNIT/ML	Heparin Sodium (Porcine) Lock Flush IV Soln 1 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN LOCK INJ 10UNT/ML	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN LOCK INJ 100/ML	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML	ANTICOAGULANTS	Generic	No	No	
HEPARIN SOD INJ 10000/ML	Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML	ANTICOAGULANTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HEPARIN SOD INJ 5000/0.5		Heparin Sodium (Porcine) PF Inj 5000 Unit/0.5ML	ANTICOAGULANTS	Generic	No	No	
XARELTO	TAB 10MG	Rivaroxaban Tab 10 MG	ANTICOAGULANTS	Preferred	No	No	
XARELTO	TAB 15MG	Rivaroxaban Tab 15 MG	ANTICOAGULANTS	Preferred	No	No	
XARELTO	TAB 20MG	Rivaroxaban Tab 20 MG	ANTICOAGULANTS	Preferred	No	No	
XARELTO STAR TAB 15/20MG		Rivaroxaban Tab Starter Therapy Pack 15 MG & 20 MG	ANTICOAGULANTS	Preferred	No	No	
SOD CIT-GENT INJ 4%-320		Sodium Citrate 4% and Gentamicin Sulfate 320 MCG/ML IV Soln	ANTICOAGULANTS	Non-Preferred	No	No	PA
SODIUM CITRA INJ 4%		Sodium Citrate IV Soln Prefilled Syringe 4%	ANTICOAGULANTS	Non-Preferred	No	No	PA
WARFARIN	POW SODIUM	Warfarin Sodium Powder	ANTICOAGULANTS	No Cost	No	No	
WARFARIN	TAB 1MG	Warfarin Sodium Tab 1 MG	ANTICOAGULANTS	Generic	No	No	
JANTOVEN	TAB 1MG	Warfarin Sodium Tab 1 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 1MG	Warfarin Sodium Tab 1 MG	ANTICOAGULANTS	Non-Preferred	No	No	
JANTOVEN	TAB 10MG	Warfarin Sodium Tab 10 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 10MG	Warfarin Sodium Tab 10 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 10MG	Warfarin Sodium Tab 10 MG	ANTICOAGULANTS	Non-Preferred	No	No	
COUMADIN	TAB 2MG	Warfarin Sodium Tab 2 MG	ANTICOAGULANTS	Non-Preferred	No	No	
JANTOVEN	TAB 2MG	Warfarin Sodium Tab 2 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 2MG	Warfarin Sodium Tab 2 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 2.5MG	Warfarin Sodium Tab 2.5 MG	ANTICOAGULANTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
JANTOVEN	TAB 2.5MG	Warfarin Sodium Tab 2.5 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 2.5MG	Warfarin Sodium Tab 2.5 MG	ANTICOAGULANTS	Generic	No	No	
JANTOVEN	TAB 3MG	Warfarin Sodium Tab 3 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 3MG	Warfarin Sodium Tab 3 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 3MG	Warfarin Sodium Tab 3 MG	ANTICOAGULANTS	Non-Preferred	No	No	
JANTOVEN	TAB 4MG	Warfarin Sodium Tab 4 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 4MG	Warfarin Sodium Tab 4 MG	ANTICOAGULANTS	Non-Preferred	No	No	
WARFARIN	TAB 4MG	Warfarin Sodium Tab 4 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 5MG	Warfarin Sodium Tab 5 MG	ANTICOAGULANTS	Non-Preferred	No	No	
JANTOVEN	TAB 5MG	Warfarin Sodium Tab 5 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 5MG	Warfarin Sodium Tab 5 MG	ANTICOAGULANTS	Generic	No	No	
JANTOVEN	TAB 6MG	Warfarin Sodium Tab 6 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 6MG	Warfarin Sodium Tab 6 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 6MG	Warfarin Sodium Tab 6 MG	ANTICOAGULANTS	Non-Preferred	No	No	
JANTOVEN	TAB 7.5MG	Warfarin Sodium Tab 7.5 MG	ANTICOAGULANTS	Generic	No	No	
COUMADIN	TAB 7.5MG	Warfarin Sodium Tab 7.5 MG	ANTICOAGULANTS	Non-Preferred	No	No	
WARFARIN	TAB 7.5MG	Warfarin Sodium Tab 7.5 MG	ANTICOAGULANTS	Generic	No	No	
WARFARIN	TAB 7.5MG	Warfarin Sodium Tab 7.5 MG	ANTICOAGULANTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FANATREX	SUS 25MG/ML	*Gabapentin Oral Susp 25 MG/ML (Cmpd Kit)**	ANTICONVULSANTS	Non-Preferred	No	No	PA
BRIVIACT	INJ 50MG/5ML	Brivaracetam IV Soln 50 MG/5ML	ANTICONVULSANTS	Non-Preferred	No	No	
BRIVIACT	SOL 10MG/ML	Brivaracetam Oral Soln 10 MG/ML	ANTICONVULSANTS	Non-Preferred	No	No	
BRIVIACT	TAB 10MG	Brivaracetam Tab 10 MG	ANTICONVULSANTS	Non-Preferred	No	No	
BRIVIACT	TAB 100MG	Brivaracetam Tab 100 MG	ANTICONVULSANTS	Non-Preferred	No	No	
BRIVIACT	TAB 25MG	Brivaracetam Tab 25 MG	ANTICONVULSANTS	Non-Preferred	No	No	
BRIVIACT	TAB 50MG	Brivaracetam Tab 50 MG	ANTICONVULSANTS	Non-Preferred	No	No	
BRIVIACT	TAB 75MG	Brivaracetam Tab 75 MG	ANTICONVULSANTS	Non-Preferred	No	No	
EPIDIOLEX	SOL 100MG/ML	Cannabidiol Soln 100 MG/ML	ANTICONVULSANTS	Non-Preferred	Yes	Yes	PA
CARBATROL	CAP 100MG	Carbamazepine Cap ER 12HR 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
CARBAMAZEPIN CAP 100MG ER		Carbamazepine Cap ER 12HR 100 MG	ANTICONVULSANTS	Generic	Yes	No	
CARBAMAZEPIN CAP 200MG ER		Carbamazepine Cap ER 12HR 200 MG	ANTICONVULSANTS	Generic	Yes	No	
CARBATROL	CAP 200MG	Carbamazepine Cap ER 12HR 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
CARBAMAZEPIN CAP 300MG ER		Carbamazepine Cap ER 12HR 300 MG	ANTICONVULSANTS	Generic	Yes	No	
CARBATROL	CAP 300MG	Carbamazepine Cap ER 12HR 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
CARBAMAZEPIN CHW 100MG		Carbamazepine Chew Tab 100 MG	ANTICONVULSANTS	Generic	Yes	No	
CARBAMAZEPIN POW		Carbamazepine Powder	ANTICONVULSANTS	Non-Preferred	No	No	
CARBAMAZEPIN SUS 100/5ML		Carbamazepine Susp 100 MG/5ML	ANTICONVULSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TEGRETOL	SUS 100/5ML	Carbamazepine Susp 100 MG/5ML	ANTICONVULSANTS	Non-Preferred	Yes	No	
TEGRETOL	TAB 200MG	Carbamazepine Tab 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
CARBAMAZEPIN TAB 200MG		Carbamazepine Tab 200 MG	ANTICONVULSANTS	Generic	Yes	No	
EPITOL	TAB 200MG	Carbamazepine Tab 200 MG	ANTICONVULSANTS	Generic	Yes	No	
CARBAMAZEPIN TAB 100MGER		Carbamazepine Tab ER 12HR 100 MG	ANTICONVULSANTS	Generic	Yes	No	
TEGRETOL-XR	TAB 100MG	Carbamazepine Tab ER 12HR 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TEGRETOL-XR	TAB 200MG	Carbamazepine Tab ER 12HR 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
CARBAMAZEPIN TAB 200MG ER		Carbamazepine Tab ER 12HR 200 MG	ANTICONVULSANTS	Generic	Yes	No	
CARBAMAZEPIN TAB 400MG ER		Carbamazepine Tab ER 12HR 400 MG	ANTICONVULSANTS	Generic	Yes	No	
TEGRETOL-XR	TAB 400MG	Carbamazepine Tab ER 12HR 400 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
ONFI	SUS 2.5MG/ML	Clobazam Suspension 2.5 MG/ML	ANTICONVULSANTS	Non-Preferred	No	No	
ONFI	TAB 10MG	Clobazam Tab 10 MG	ANTICONVULSANTS	Non-Preferred	No	No	
ONFI	TAB 20MG	Clobazam Tab 20 MG	ANTICONVULSANTS	Non-Preferred	No	No	
CLONAZEP ODT TAB 0.125MG		Clonazepam Orally Disintegrating Tab 0.125 MG	ANTICONVULSANTS	Generic	No	No	
CLONAZEP ODT TAB 0.25MG		Clonazepam Orally Disintegrating Tab 0.25 MG	ANTICONVULSANTS	Generic	No	No	
CLONAZEP ODT TAB 0.5MG		Clonazepam Orally Disintegrating Tab 0.5 MG	ANTICONVULSANTS	Generic	No	No	
CLONAZEP ODT TAB 1MG		Clonazepam Orally Disintegrating Tab 1 MG	ANTICONVULSANTS	Generic	No	No	
CLONAZEP ODT TAB 2MG		Clonazepam Orally Disintegrating Tab 2 MG	ANTICONVULSANTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLONAZEPAM TAB 0.5MG	Clonazepam Tab 0.5 MG	ANTICONVULSANTS	Generic	No	No	
KLONOPIN TAB 0.5MG	Clonazepam Tab 0.5 MG	ANTICONVULSANTS	Non-Preferred	No	No	
CLONAZEPAM TAB 1MG	Clonazepam Tab 1 MG	ANTICONVULSANTS	Generic	No	No	
KLONOPIN TAB 1MG	Clonazepam Tab 1 MG	ANTICONVULSANTS	Non-Preferred	No	No	
CLONAZEPAM TAB 2MG	Clonazepam Tab 2 MG	ANTICONVULSANTS	Generic	No	No	
KLONOPIN TAB 2MG	Clonazepam Tab 2 MG	ANTICONVULSANTS	Non-Preferred	No	No	
DIAZEPAM GEL 10MG	Diazepam Rectal Gel Delivery System 10 MG	ANTICONVULSANTS	Generic	No	No	
DIASTAT ACDL GEL 5-10MG	Diazepam Rectal Gel Delivery System 10 MG	ANTICONVULSANTS	Non-Preferred	No	No	
DIASTAT PED GEL 2.5M GEL	Diazepam Rectal Gel Delivery System 2.5 MG	ANTICONVULSANTS	Non-Preferred	No	No	
DIAZEPAM GEL 2.5MG	Diazepam Rectal Gel Delivery System 2.5 MG	ANTICONVULSANTS	Generic	No	No	
DIAZEPAM GEL 20MG	Diazepam Rectal Gel Delivery System 20 MG	ANTICONVULSANTS	Generic	No	No	
DIASTAT ACDL GEL 12.5-20	Diazepam Rectal Gel Delivery System 20 MG	ANTICONVULSANTS	Non-Preferred	No	No	
DEPAKOTE SPR CAP 125MG	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
DIVALPROEX CAP 125MG	Divalproex Sodium Cap Delayed Release Sprinkle 125 MG	ANTICONVULSANTS	Generic	Yes	No	
DEPAKOTE TAB 125MG DR	Divalproex Sodium Tab Delayed Release 125 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
DIVALPROEX TAB 125MG DR	Divalproex Sodium Tab Delayed Release 125 MG	ANTICONVULSANTS	Generic	Yes	No	
DIVALPROEX TAB 250MG DR	Divalproex Sodium Tab Delayed Release 250 MG	ANTICONVULSANTS	Generic	Yes	No	
DEPAKOTE TAB 250MG DR	Divalproex Sodium Tab Delayed Release 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEPAKOTE	TAB 500MG DR	Divalproex Sodium Tab Delayed Release 500 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
DIVALPROEX	TAB 500MG DR	Divalproex Sodium Tab Delayed Release 500 MG	ANTICONVULSANTS	Generic	Yes	No	
DEPAKOTE ER	TAB 250MG	Divalproex Sodium Tab ER 24 HR 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
DIVALPROEX	TAB 250MG ER	Divalproex Sodium Tab ER 24 HR 250 MG	ANTICONVULSANTS	Generic	Yes	No	
DIVALPROEX	TAB 500MG ER	Divalproex Sodium Tab ER 24 HR 500 MG	ANTICONVULSANTS	Generic	Yes	No	
DEPAKOTE ER	TAB 500MG	Divalproex Sodium Tab ER 24 HR 500 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
APTiom	TAB 200MG	Eslicarbazepine Acetate Tab 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
APTiom	TAB 400MG	Eslicarbazepine Acetate Tab 400 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
APTiom	TAB 600MG	Eslicarbazepine Acetate Tab 600 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
APTiom	TAB 800MG	Eslicarbazepine Acetate Tab 800 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
ZARONTIN	CAP 250MG	Ethosuximide Cap 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
ETHOSUXIMIDE	CAP 250MG	Ethosuximide Cap 250 MG	ANTICONVULSANTS	Generic	Yes	No	
ZARONTIN	SOL 250/5ML	Ethosuximide Soln 250 MG/5ML	ANTICONVULSANTS	Non-Preferred	Yes	No	
ETHOSUXIMIDE	SOL 250/5ML	Ethosuximide Soln 250 MG/5ML	ANTICONVULSANTS	Generic	Yes	No	
PEGANONE	TAB 250MG	Ethotoin Tab 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
FELBATOL	SUS 600/5ML	Felbamate Susp 600 MG/5ML	ANTICONVULSANTS	Non-Preferred	Yes	No	
FELBAMATE	SUS 600/5ML	Felbamate Susp 600 MG/5ML	ANTICONVULSANTS	Generic	Yes	No	
FELBAMATE	TAB 400MG	Felbamate Tab 400 MG	ANTICONVULSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FELBATOL	TAB 400MG	Felbamate Tab 400 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
FELBATOL	TAB 600MG	Felbamate Tab 600 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
FELBAMATE	TAB 600MG	Felbamate Tab 600 MG	ANTICONVULSANTS	Generic	Yes	No	
FOSPHENYTOIN INJ 100/2ML		Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)	ANTICONVULSANTS	Generic	No	No	
CEREBYX	INJ 100/2ML	Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)	ANTICONVULSANTS	Non-Preferred	No	No	
FOSPHENYTOIN INJ 100/2ML		Fosphenytoin Sodium Inj 100 MG/2ML (Phenytoin Equiv)	ANTICONVULSANTS	Generic	No	No	
FOSPHENYTOIN INJ 500/10ML		Fosphenytoin Sodium Inj 500 MG/10ML (Phenytoin Equiv)	ANTICONVULSANTS	Generic	No	No	
FOSPHENYTOIN INJ 500/10ML		Fosphenytoin Sodium Inj 500 MG/10ML (Phenytoin Equiv)	ANTICONVULSANTS	Generic	No	No	
CEREBYX	INJ 500/10ML	Fosphenytoin Sodium Inj 500 MG/10ML (Phenytoin Equiv)	ANTICONVULSANTS	Non-Preferred	No	No	
NEURONTIN	CAP 100MG	Gabapentin Cap 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
GABAPENTIN	CAP 100MG	Gabapentin Cap 100 MG	ANTICONVULSANTS	Generic	Yes	No	
GABAPENTIN	CAP 100MG	Gabapentin Cap 100 MG	ANTICONVULSANTS	Generic	Yes	No	
GABAPENTIN	CAP 300MG	Gabapentin Cap 300 MG	ANTICONVULSANTS	Generic	Yes	No	
GABAPENTIN	CAP 300MG	Gabapentin Cap 300 MG	ANTICONVULSANTS	Generic	Yes	No	
NEURONTIN	CAP 300MG	Gabapentin Cap 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
NEURONTIN	CAP 400MG	Gabapentin Cap 400 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
GABAPENTIN	CAP 400MG	Gabapentin Cap 400 MG	ANTICONVULSANTS	Generic	Yes	No	
GABAPENTIN	CAP 400MG	Gabapentin Cap 400 MG	ANTICONVULSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NEURONTIN	SOL 250/5ML	Gabapentin Oral Soln 250 MG/5ML	ANTICONVULSANTS	Non-Preferred	Yes	No	
GABAPENTIN	SOL 250/5ML	Gabapentin Oral Soln 250 MG/5ML	ANTICONVULSANTS	Generic	Yes	No	
GABAPENTIN	SOL 300/6ML	Gabapentin Oral Soln 250 MG/5ML	ANTICONVULSANTS	Generic	Yes	No	
GABAPENTIN	TAB 600MG	Gabapentin Tab 600 MG	ANTICONVULSANTS	Generic	Yes	No	
NEURONTIN	TAB 600MG	Gabapentin Tab 600 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
NEURONTIN	TAB 800MG	Gabapentin Tab 800 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
GABAPENTIN	TAB 800MG	Gabapentin Tab 800 MG	ANTICONVULSANTS	Generic	Yes	No	
VIMPAT	INJ 200MG/20	Lacosamide IV Inj 200 MG/20ML (10 MG/ML)	ANTICONVULSANTS	Non-Preferred	No	No	
VIMPAT	SOL 10MG/ML	Lacosamide Oral Solution 10 MG/ML	ANTICONVULSANTS	Non-Preferred	No	No	
VIMPAT	TAB 100MG	Lacosamide Tab 100 MG	ANTICONVULSANTS	Non-Preferred	No	No	
VIMPAT	TAB 150MG	Lacosamide Tab 150 MG	ANTICONVULSANTS	Non-Preferred	No	No	
VIMPAT	TAB 200MG	Lacosamide Tab 200 MG	ANTICONVULSANTS	Non-Preferred	No	No	
VIMPAT	TAB 50MG	Lacosamide Tab 50 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LAMOTRIG ODT TAB 100MG		Lamotrigine Orally Disintegrating Tab 100 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMOTRIGINE	TAB 100MG	Lamotrigine Orally Disintegrating Tab 100 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL ODT TAB 100MG		Lamotrigine Orally Disintegrating Tab 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE	TAB 200MG	Lamotrigine Orally Disintegrating Tab 200 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL ODT TAB 200MG		Lamotrigine Orally Disintegrating Tab 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LAMOTRIGINE TAB 25MG ODT	Lamotrigine Orally Disintegrating Tab 25 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL ODT TAB 25MG	Lamotrigine Orally Disintegrating Tab 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMICTAL ODT TAB 50MG	Lamotrigine Orally Disintegrating Tab 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE TAB 50MG ODT	Lamotrigine Orally Disintegrating Tab 50 MG	ANTICONVULSANTS	Generic	Yes	No	
SUBVENITE TAB 100MG	Lamotrigine Tab 100 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL TAB 100MG	Lamotrigine Tab 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE TAB 100MG	Lamotrigine Tab 100 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMOTRIGINE TAB 150MG	Lamotrigine Tab 150 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL TAB 150MG	Lamotrigine Tab 150 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
SUBVENITE TAB 150MG	Lamotrigine Tab 150 MG	ANTICONVULSANTS	Generic	Yes	No	
SUBVENITE TAB 200MG	Lamotrigine Tab 200 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL TAB 200MG	Lamotrigine Tab 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE TAB 200MG	Lamotrigine Tab 200 MG	ANTICONVULSANTS	Generic	Yes	No	
SUBVENITE TAB 25MG	Lamotrigine Tab 25 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMOTRIGINE TAB 25MG	Lamotrigine Tab 25 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL TAB 25MG	Lamotrigine Tab 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMICTAL KIT START 35	Lamotrigine Tab 25 MG (35) Starter Kit	ANTICONVULSANTS	Non-Preferred	No	No	
SUBVENITE KIT START 35	Lamotrigine Tab 25 MG (35) Starter Kit	ANTICONVULSANTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LAMOTRIGINE KIT START 35	Lamotrigine Tab 25 MG (35) Starter Kit	ANTICONVULSANTS	Generic	No	No	
LAMOTRIGINE KIT START 49	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	ANTICONVULSANTS	Generic	No	No	
SUBVENITE KIT START 49	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	ANTICONVULSANTS	Generic	No	No	
LAMICTAL KIT START 49	Lamotrigine Tab 25 MG (42) & 100 MG (7) Starter Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMOTRIGINE KIT START 98	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit	ANTICONVULSANTS	Generic	No	No	
SUBVENITE KIT START 98	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit	ANTICONVULSANTS	Generic	No	No	
LAMICTAL KIT START 98	Lamotrigine Tab 25 MG (84) & 100 MG (14) Starter Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMICTAL CHW 25MG	Lamotrigine Tab Chewable Dispersible 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE CHW 25MG	Lamotrigine Tab Chewable Dispersible 25 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL CHW 5MG	Lamotrigine Tab Chewable Dispersible 5 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE CHW 5MG	Lamotrigine Tab Chewable Dispersible 5 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL ODT KIT	Lamotrigine Tab Disint 25 (14) & 50 MG (14) & 100 MG (7) Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMICTAL ODT KIT	Lamotrigine Tab Disint 25 MG (21) & 50 MG (7) Titration Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMICTAL ODT KIT	Lamotrigine Tab Disint 50 MG (42)- 100 MG(14) Titration Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMICTAL XR TAB 100MG	Lamotrigine Tab ER 24HR 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE TAB 100MG ER	Lamotrigine Tab ER 24HR 100 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMOTRIGINE TAB 200MG ER	Lamotrigine Tab ER 24HR 200 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL XR TAB 200MG	Lamotrigine Tab ER 24HR 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LAMICTAL XR KIT	Lamotrigine Tab ER 24HR 25 (14) & 50 MG (14) & 100 MG(7) Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMICTAL XR TAB 25MG	Lamotrigine Tab ER 24HR 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE TAB 25MG ER	Lamotrigine Tab ER 24HR 25 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL XR KIT	Lamotrigine Tab ER 24HR 25 MG (21) & 50 MG (7) Titration Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMOTRIGINE TAB 250MG ER	Lamotrigine Tab ER 24HR 250 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL XR TAB 250MG	Lamotrigine Tab ER 24HR 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMICTAL XR TAB 300MG	Lamotrigine Tab ER 24HR 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LAMOTRIGINE TAB 300MG ER	Lamotrigine Tab ER 24HR 300 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL XR KIT	Lamotrigine Tab ER 24HR 50 (14) & 100 MG(14) & 200 MG(7) Kit	ANTICONVULSANTS	Non-Preferred	No	No	
LAMOTRIGINE TAB 50MG ER	Lamotrigine Tab ER 24HR 50 MG	ANTICONVULSANTS	Generic	Yes	No	
LAMICTAL XR TAB 50MG	Lamotrigine Tab ER 24HR 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LEVETIRACETA INJ 10MG/ML	Levetiracetam in Sodium Chloride IV Soln 1000 MG/100ML	ANTICONVULSANTS	Generic	No	No	
LEVETRA/NACL INJ 10MG/ML	Levetiracetam in Sodium Chloride IV Soln 1000 MG/100ML	ANTICONVULSANTS	Generic	No	No	
LEVETIRACETA INJ 15MG/ML	Levetiracetam in Sodium Chloride IV Soln 1500 MG/100ML	ANTICONVULSANTS	Generic	No	No	
LEVETRA/NACL INJ 15MG/ML	Levetiracetam in Sodium Chloride IV Soln 1500 MG/100ML	ANTICONVULSANTS	Generic	No	No	
LEVETRA/NACL SOL 5MG/ML	Levetiracetam in Sodium Chloride IV Soln 500 MG/100ML	ANTICONVULSANTS	Generic	No	No	
LEVETIRACETA INJ 5MG/ML	Levetiracetam in Sodium Chloride IV Soln 500 MG/100ML	ANTICONVULSANTS	Generic	No	No	
KEPPRA INJ 500/5ML	Levetiracetam Inj 500 MG/5ML (100 MG/ML)	ANTICONVULSANTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVETIRACETM INJ 500/5ML		Levetiracetam Inj 500 MG/5ML (100 MG/ML)	ANTICONVULSANTS	Generic	No	No	
LEVETIRACETA SOL 100MG/ML		Levetiracetam Oral Soln 100 MG/ML	ANTICONVULSANTS	Generic	Yes	No	
LEVETIRACETA SOL 500/5ML		Levetiracetam Oral Soln 100 MG/ML	ANTICONVULSANTS	Generic	Yes	No	
KEPPRA	SOL 100MG/ML	Levetiracetam Oral Soln 100 MG/ML	ANTICONVULSANTS	Non-Preferred	Yes	No	
ROWEEPR	TAB 1000MG	Levetiracetam Tab 1000 MG	ANTICONVULSANTS	Generic	Yes	No	
LEVETIRACETA TAB 1000MG		Levetiracetam Tab 1000 MG	ANTICONVULSANTS	Generic	Yes	No	
KEPPRA	TAB 1000MG	Levetiracetam Tab 1000 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
KEPPRA	TAB 250MG	Levetiracetam Tab 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LEVETIRACETA TAB 250MG		Levetiracetam Tab 250 MG	ANTICONVULSANTS	Generic	Yes	No	
ROWEEPR	TAB 500MG	Levetiracetam Tab 500 MG	ANTICONVULSANTS	Generic	Yes	No	
LEVETIRACETA TAB 500MG		Levetiracetam Tab 500 MG	ANTICONVULSANTS	Generic	Yes	No	
KEPPRA	TAB 500MG	Levetiracetam Tab 500 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
LEVETIRACETA TAB 750MG		Levetiracetam Tab 750 MG	ANTICONVULSANTS	Generic	Yes	No	
KEPPRA	TAB 750MG	Levetiracetam Tab 750 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
ROWEEPR	TAB 750MG	Levetiracetam Tab 750 MG	ANTICONVULSANTS	Generic	Yes	No	
SPRITAM	TAB 1000MG	Levetiracetam Tab Disintegrating Soluble 1000 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	PA
SPRITAM	TAB 250MG	Levetiracetam Tab Disintegrating Soluble 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	PA
SPRITAM	TAB 500MG	Levetiracetam Tab Disintegrating Soluble 500 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SPRITAM	TAB 750MG	Levetiracetam Tab Disintegrating Soluble 750 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	PA
LEVETIRACETA TAB 500MG ER		Levetiracetam Tab ER 24HR 500 MG	ANTICONVULSANTS	Generic	Yes	No	
KEPPRA XR	TAB 500MG	Levetiracetam Tab ER 24HR 500 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
ROWEEPRA XR TAB 500MG XR		Levetiracetam Tab ER 24HR 500 MG	ANTICONVULSANTS	Generic	Yes	No	
ROWEEPRA XR TAB 750MG XR		Levetiracetam Tab ER 24HR 750 MG	ANTICONVULSANTS	Generic	Yes	No	
LEVETIRACETA TAB 750MG ER		Levetiracetam Tab ER 24HR 750 MG	ANTICONVULSANTS	Generic	Yes	No	
KEPPRA XR	TAB 750MG	Levetiracetam Tab ER 24HR 750 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
CELONTIN	CAP 300MG	Methsuximide Cap 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
OXCARBAZEPIN SUS 300MG/5M		Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	ANTICONVULSANTS	Generic	Yes	No	
TRILEPTAL	SUS 300MG/5M	Oxcarbazepine Susp 300 MG/5ML (60 MG/ML)	ANTICONVULSANTS	Non-Preferred	Yes	No	
TRILEPTAL	TAB 150MG	Oxcarbazepine Tab 150 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
OXCARBAZEPIN TAB 150MG		Oxcarbazepine Tab 150 MG	ANTICONVULSANTS	Generic	Yes	No	
TRILEPTAL	TAB 300MG	Oxcarbazepine Tab 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
OXCARBAZEPIN TAB 300MG		Oxcarbazepine Tab 300 MG	ANTICONVULSANTS	Generic	Yes	No	
OXCARBAZEPIN TAB 600MG		Oxcarbazepine Tab 600 MG	ANTICONVULSANTS	Generic	Yes	No	
TRILEPTAL	TAB 600MG	Oxcarbazepine Tab 600 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
OXTELLAR XR TAB 150MG		Oxcarbazepine Tab ER 24HR 150 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
OXTELLAR XR TAB 300MG		Oxcarbazepine Tab ER 24HR 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXTELLAR XR TAB 600MG		Oxcarbazepine Tab ER 24HR 600 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
FYCOMPA	SUS 0.5MG/ML	Perampanel Susp 0.5 MG/ML	ANTICONVULSANTS	Non-Preferred	No	No	
FYCOMPA	TAB 10MG	Perampanel Tab 10 MG	ANTICONVULSANTS	Non-Preferred	No	No	
FYCOMPA	TAB 12MG	Perampanel Tab 12 MG	ANTICONVULSANTS	Non-Preferred	No	No	
FYCOMPA	TAB 2MG	Perampanel Tab 2 MG	ANTICONVULSANTS	Non-Preferred	No	No	
FYCOMPA	TAB 4MG	Perampanel Tab 4 MG	ANTICONVULSANTS	Non-Preferred	No	No	
FYCOMPA	TAB 6MG	Perampanel Tab 6 MG	ANTICONVULSANTS	Non-Preferred	No	No	
FYCOMPA	TAB 8MG	Perampanel Tab 8 MG	ANTICONVULSANTS	Non-Preferred	No	No	
DILANTIN	CHW 50MG	Phenytoin Chew Tab 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
PHENYTOIN	CHW 50MG	Phenytoin Chew Tab 50 MG	ANTICONVULSANTS	Generic	Yes	No	
DILANTIN	CAP 100MG	Phenytoin Sodium Extended Cap 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
PHENYTOIN EX CAP 100MG		Phenytoin Sodium Extended Cap 100 MG	ANTICONVULSANTS	Generic	Yes	No	
PHENYTOIN EX CAP 200MG		Phenytoin Sodium Extended Cap 200 MG	ANTICONVULSANTS	Generic	Yes	No	
PHENYTEK	CAP 200MG	Phenytoin Sodium Extended Cap 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
DILANTIN	CAP 30MG	Phenytoin Sodium Extended Cap 30 MG	ANTICONVULSANTS	Preferred	Yes	No	
PHENYTEK	CAP 300MG	Phenytoin Sodium Extended Cap 300 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
PHENYTOIN EX CAP 300MG		Phenytoin Sodium Extended Cap 300 MG	ANTICONVULSANTS	Generic	Yes	No	
PHENYTOIN	INJ 50MG/ML	Phenytoin Sodium Inj 50 MG/ML	ANTICONVULSANTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHENYTOIN	POW	Phenytoin Sodium Powder	ANTICONVULSANTS	Non-Preferred	No	No	
PHENYTOIN	POW SODIUM	Phenytoin Sodium Powder	ANTICONVULSANTS	Non-Preferred	No	No	
DILANTIN-125 SUS 125/5ML		Phenytoin Susp 125 MG/5ML	ANTICONVULSANTS	Non-Preferred	Yes	No	
PHENYTOIN	SUS 125/5ML	Phenytoin Susp 125 MG/5ML	ANTICONVULSANTS	Generic	Yes	No	
LYRICA	CAP 100MG	Pregabalin Cap 100 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 150MG	Pregabalin Cap 150 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 200MG	Pregabalin Cap 200 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 225MG	Pregabalin Cap 225 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 25MG	Pregabalin Cap 25 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 300MG	Pregabalin Cap 300 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 50MG	Pregabalin Cap 50 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	CAP 75MG	Pregabalin Cap 75 MG	ANTICONVULSANTS	Non-Preferred	No	No	
LYRICA	SOL 20MG/ML	Pregabalin Soln 20 MG/ML	ANTICONVULSANTS	Non-Preferred	No	No	
MYSOLINE	TAB 250MG	Primidone Tab 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
PRIMIDONE	TAB 250MG	Primidone Tab 250 MG	ANTICONVULSANTS	Generic	Yes	No	
MYSOLINE	TAB 50MG	Primidone Tab 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
PRIMIDONE	TAB 50MG	Primidone Tab 50 MG	ANTICONVULSANTS	Generic	Yes	No	
BANZEL	SUS 40MG/ML	Rufinamide Susp 40 MG/ML	ANTICONVULSANTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BANZEL	TAB 200MG	Rufinamide Tab 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
BANZEL	TAB 400MG	Rufinamide Tab 400 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
GABITRIL	TAB 12MG	Tiagabine HCl Tab 12 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TIAGABINE	TAB 12MG	Tiagabine HCl Tab 12 MG	ANTICONVULSANTS	Generic	Yes	No	
TIAGABINE	TAB 16MG	Tiagabine HCl Tab 16 MG	ANTICONVULSANTS	Generic	Yes	No	
GABITRIL	TAB 16MG	Tiagabine HCl Tab 16 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TIAGABINE	TAB 2MG	Tiagabine HCl Tab 2 MG	ANTICONVULSANTS	Generic	Yes	No	
GABITRIL	TAB 2MG	Tiagabine HCl Tab 2 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TIAGABINE	TAB 4MG	Tiagabine HCl Tab 4 MG	ANTICONVULSANTS	Generic	Yes	No	
GABITRIL	TAB 4MG	Tiagabine HCl Tab 4 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TROKENDI XR	CAP 100MG	Topiramate Cap ER 24HR 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TROKENDI XR	CAP 200MG	Topiramate Cap ER 24HR 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TROKENDI XR	CAP 25MG	Topiramate Cap ER 24HR 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TROKENDI XR	CAP 50MG	Topiramate Cap ER 24HR 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	CAP ER 100MG	Topiramate Cap ER 24HR Sprinkle 100 MG	ANTICONVULSANTS	Generic	Yes	No	
QUDEXY XR	CAP 100/24HR	Topiramate Cap ER 24HR Sprinkle 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
QUDEXY XR	CAP 150/24HR	Topiramate Cap ER 24HR Sprinkle 150 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	CAP ER 150MG	Topiramate Cap ER 24HR Sprinkle 150 MG	ANTICONVULSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUDEXY XR	CAP 200/24HR	Topiramate Cap ER 24HR Sprinkle 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	CAP ER 200MG	Topiramate Cap ER 24HR Sprinkle 200 MG	ANTICONVULSANTS	Generic	Yes	No	
TOPIRAMATE	CAP ER 25MG	Topiramate Cap ER 24HR Sprinkle 25 MG	ANTICONVULSANTS	Generic	Yes	No	
QUDEXY XR	CAP 25/24HR	Topiramate Cap ER 24HR Sprinkle 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	CAP ER 50MG	Topiramate Cap ER 24HR Sprinkle 50 MG	ANTICONVULSANTS	Generic	Yes	No	
QUDEXY XR	CAP 50/24HR	Topiramate Cap ER 24HR Sprinkle 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	CAP 15MG	Topiramate Sprinkle Cap 15 MG	ANTICONVULSANTS	Generic	Yes	No	
TOPAMAX SPR	CAP 15MG	Topiramate Sprinkle Cap 15 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPAMAX SPR	CAP 25MG	Topiramate Sprinkle Cap 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	CAP 25MG	Topiramate Sprinkle Cap 25 MG	ANTICONVULSANTS	Generic	Yes	No	
TOPIRAMATE	TAB 100MG	Topiramate Tab 100 MG	ANTICONVULSANTS	Generic	Yes	No	
TOPAMAX	TAB 100MG	Topiramate Tab 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	TAB 200MG	Topiramate Tab 200 MG	ANTICONVULSANTS	Generic	Yes	No	
TOPAMAX	TAB 200MG	Topiramate Tab 200 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPAMAX	TAB 25MG	Topiramate Tab 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	TAB 25MG	Topiramate Tab 25 MG	ANTICONVULSANTS	Generic	Yes	No	
TOPAMAX	TAB 50MG	Topiramate Tab 50 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
TOPIRAMATE	TAB 50MG	Topiramate Tab 50 MG	ANTICONVULSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEPACON	INJ 100MG/ML	Valproate Sodium Inj 100 MG/ML	ANTICONVULSANTS	Non-Preferred	No	No	
VALPROATE	INJ 500/5ML	Valproate Sodium Inj 100 MG/ML	ANTICONVULSANTS	Generic	No	No	
VALPROATE	INJ 100MG/ML	Valproate Sodium Inj 100 MG/ML	ANTICONVULSANTS	Generic	No	No	
VALPROIC ACD SOL 250/5ML		Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	ANTICONVULSANTS	Generic	Yes	No	
VALPROIC ACD SOL 250/5ML		Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	ANTICONVULSANTS	Generic	Yes	No	
DEPAKENE	SOL 250/5ML	Valproate Sodium Oral Soln 250 MG/5ML (Base Equiv)	ANTICONVULSANTS	Non-Preferred	Yes	No	
VALPROIC ACD CAP 250MG		Valproic Acid Cap 250 MG	ANTICONVULSANTS	Generic	Yes	No	
DEPAKENE	CAP 250MG	Valproic Acid Cap 250 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	
SABRIL	POW 500MG	Vigabatrin Powd Pack 500 MG	ANTICONVULSANTS	Non-Preferred	No	Yes	*Various UM Required
VIGABATRIN	PAK 500MG	Vigabatrin Powd Pack 500 MG	ANTICONVULSANTS	Generic	No	Yes	
VIGABATRIN	PAK 500MG	Vigabatrin Powd Pack 500 MG	ANTICONVULSANTS	Generic	No	Yes	*Various UM Required
VIGADRONE	POW 500MG	Vigabatrin Powd Pack 500 MG	ANTICONVULSANTS	Generic	Yes	Yes	
SABRIL	TAB 500MG	Vigabatrin Tab 500 MG	ANTICONVULSANTS	Non-Preferred	No	Yes	*Various UM Required
ZONISAMIDE	CAP 100MG	Zonisamide Cap 100 MG	ANTICONVULSANTS	Generic	Yes	No	
ZONEGRAN	CAP 100MG	Zonisamide Cap 100 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	PA
ZONEGRAN	CAP 25MG	Zonisamide Cap 25 MG	ANTICONVULSANTS	Non-Preferred	Yes	No	PA
ZONISAMIDE	CAP 25MG	Zonisamide Cap 25 MG	ANTICONVULSANTS	Generic	Yes	No	
ZONISAMIDE	CAP 50MG	Zonisamide Cap 50 MG	ANTICONVULSANTS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMITRIPTYLIN TAB 10MG	Amitriptyline HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 10MG	Amitriptyline HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 100MG	Amitriptyline HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 100MG	Amitriptyline HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 150MG	Amitriptyline HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 150MG	Amitriptyline HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 25MG	Amitriptyline HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 25MG	Amitriptyline HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 50MG	Amitriptyline HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 50MG	Amitriptyline HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 75MG	Amitriptyline HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	No	No	
AMITRIPTYLIN TAB 75MG	Amitriptyline HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	No	No	
AMOXAPINE TAB 100MG	Amoxapine Tab 100 MG	ANTIDEPRESSANTS	Generic	No	No	
AMOXAPINE TAB 150MG	Amoxapine Tab 150 MG	ANTIDEPRESSANTS	Generic	No	No	
AMOXAPINE TAB 25MG	Amoxapine Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
AMOXAPINE TAB 50MG	Amoxapine Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	
APLENZIN TAB 174MG	Bupropion HBr Tab ER 24HR 174 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
APLENZIN TAB 348MG	Bupropion HBr Tab ER 24HR 348 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
APLENZIN	TAB 522MG	Bupropion HBr Tab ER 24HR 522 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
BUPROPION	TAB 100MG	Bupropion HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 100MG	Bupropion HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 75MG	Bupropion HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 75MG	Bupropion HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	Yes	No	
WELLBUTRIN	TAB 100MG SR	Bupropion HCl Tab ER 12HR 100 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
BUPROPION	TAB 100MG ER	Bupropion HCl Tab ER 12HR 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 100MG ER	Bupropion HCl Tab ER 12HR 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 100MG SR	Bupropion HCl Tab ER 12HR 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
WELLBUTRIN	TAB 150MG SR	Bupropion HCl Tab ER 12HR 150 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
BUPROPION	TAB 150MG ER	Bupropion HCl Tab ER 12HR 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 150MG SR	Bupropion HCl Tab ER 12HR 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 200MG SR	Bupropion HCl Tab ER 12HR 200 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION	TAB 200MG ER	Bupropion HCl Tab ER 12HR 200 MG	ANTIDEPRESSANTS	Generic	Yes	No	
WELLBUTRIN	TAB 200MG SR	Bupropion HCl Tab ER 12HR 200 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
BUPROPN HCL	TAB 150MG XL	Bupropion HCl Tab ER 24HR 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
WELLBUTRIN	TAB XL 150MG	Bupropion HCl Tab ER 24HR 150 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
BUPROPN HCL	TAB 150MG XL	Bupropion HCl Tab ER 24HR 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
WELLBUTRIN TAB XL 300MG	Bupropion HCl Tab ER 24HR 300 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
BUPROPN HCL TAB 300MG XL	Bupropion HCl Tab ER 24HR 300 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPN HCL TAB 300MG XL	Bupropion HCl Tab ER 24HR 300 MG	ANTIDEPRESSANTS	Generic	Yes	No	
BUPROPION TAB 450MG ER	Bupropion HCl Tab ER 24HR 450 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FORFIVO XL TAB 450MG	Bupropion HCl Tab ER 24HR 450 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
CITALOPRAM SOL 10MG/5ML	Citalopram Hydrobromide Oral Soln 10 MG/5ML	ANTIDEPRESSANTS	Generic	Yes	No	
CITALOPRAM TAB 10MG	Citalopram Hydrobromide Tab 10 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
CELEXA TAB 10MG	Citalopram Hydrobromide Tab 10 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
CITALOPRAM TAB 20MG	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
CELEXA TAB 20MG	Citalopram Hydrobromide Tab 20 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
CITALOPRAM TAB 40MG	Citalopram Hydrobromide Tab 40 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
CELEXA TAB 40MG	Citalopram Hydrobromide Tab 40 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
CLOMIPRAMINE CAP 25MG	Clomipramine HCl Cap 25 MG	ANTIDEPRESSANTS	Generic	No	No	
ANAFRANIL CAP 25MG	Clomipramine HCl Cap 25 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
CLOMIPRAMINE CAP 25MG	Clomipramine HCl Cap 25 MG	ANTIDEPRESSANTS	Generic	No	No	
CLOMIPRAMINE CAP 50MG	Clomipramine HCl Cap 50 MG	ANTIDEPRESSANTS	Generic	No	No	
ANAFRANIL CAP 50MG	Clomipramine HCl Cap 50 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
CLOMIPRAMINE CAP 50MG	Clomipramine HCl Cap 50 MG	ANTIDEPRESSANTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ANAFRANIL CAP 75MG	Clomipramine HCl Cap 75 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
CLOMIPRAMINE CAP 75MG	Clomipramine HCl Cap 75 MG	ANTIDEPRESSANTS	Generic	No	No	
CLOMIPRAMINE CAP 75MG	Clomipramine HCl Cap 75 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE POW	Desipramine HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
DESIPRAMINE TAB 10MG	Desipramine HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	No	No	
NORPRAMIN TAB 10MG	Desipramine HCl Tab 10 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
DESIPRAMINE TAB 100MG	Desipramine HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 100MG	Desipramine HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 150MG	Desipramine HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 150MG	Desipramine HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 25MG	Desipramine HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
NORPRAMIN TAB 25MG	Desipramine HCl Tab 25 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
DESIPRAMINE TAB 25MG	Desipramine HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 50MG	Desipramine HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 50MG	Desipramine HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 75MG	Desipramine HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	No	No	
DESIPRAMINE TAB 75MG	Desipramine HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	No	No	
DESVENLAFAX TAB 100MG ER	Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRISTIQ	TAB 100MG	Desvenlafaxine Succinate Tab ER 24HR 100 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PRISTIQ	TAB 25MG	Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	No	No	
DESVENLAFAX	TAB 25MG ER	Desvenlafaxine Succinate Tab ER 24HR 25 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	No	No	
DESVENLAFAX	TAB 50MG ER	Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
PRISTIQ	TAB 50MG	Desvenlafaxine Succinate Tab ER 24HR 50 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
KHEDEZLA	TAB 100MG ER	Desvenlafaxine Tab ER 24HR 100 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
DESVENLAFAX	TAB 100MG ER	Desvenlafaxine Tab ER 24HR 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
DESVENLAFAX	TAB 100MG ER	Desvenlafaxine Tab ER 24HR 100 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
KHEDEZLA	TAB 50MG ER	Desvenlafaxine Tab ER 24HR 50 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
DESVENLAFAX	TAB 50MG ER	Desvenlafaxine Tab ER 24HR 50 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
DESVENLAFAX	TAB 50MG ER	Desvenlafaxine Tab ER 24HR 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	
DOXEPIN HCL	CAP 10MG	Doxepin HCl Cap 10 MG	ANTIDEPRESSANTS	Generic	No	No	
DOXEPIN HCL	CAP 100MG	Doxepin HCl Cap 100 MG	ANTIDEPRESSANTS	Generic	No	No	
DOXEPIN HCL	CAP 150MG	Doxepin HCl Cap 150 MG	ANTIDEPRESSANTS	Generic	No	No	
DOXEPIN HCL	CAP 25MG	Doxepin HCl Cap 25 MG	ANTIDEPRESSANTS	Generic	No	No	
DOXEPIN HCL	CAP 50MG	Doxepin HCl Cap 50 MG	ANTIDEPRESSANTS	Generic	No	No	
DOXEPIN HCL	CAP 75MG	Doxepin HCl Cap 75 MG	ANTIDEPRESSANTS	Generic	No	No	
DOXEPIN HCL	CON 10MG/ML	Doxepin HCl Conc 10 MG/ML	ANTIDEPRESSANTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOXEPIN HCL POW	Doxepin HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
DOXEPIN HCL POW	Doxepin HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
DULOXETINE CAP 20MG	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
DULOXETINE CAP 20MG	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
CYMBALTA CAP 20MG	Duloxetine HCl Enteric Coated Pellets Cap 20 MG (Base Eq)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	PA
DULOXETINE CAP 30MG	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
DULOXETINE CAP 30MG	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
CYMBALTA CAP 30MG	Duloxetine HCl Enteric Coated Pellets Cap 30 MG (Base Eq)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	PA
DULOXETINE CAP 40MG	Duloxetine HCl Enteric Coated Pellets Cap 40 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
CYMBALTA CAP 60MG	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	PA
DULOXETINE CAP 60MG	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
DULOXETINE CAP 60MG	Duloxetine HCl Enteric Coated Pellets Cap 60 MG (Base Eq)	ANTIDEPRESSANTS	Generic	Yes	No	
ESCITALOPRAM SOL 5MG/5ML	Escitalopram Oxalate Soln 5 MG/5ML (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
ESCITALOPRAM TAB 10MG	Escitalopram Oxalate Tab 10 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
LEXAPRO TAB 10MG	Escitalopram Oxalate Tab 10 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
ESCITALOPRAM TAB 20MG	Escitalopram Oxalate Tab 20 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	
LEXAPRO TAB 20MG	Escitalopram Oxalate Tab 20 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
ESCITALOPRAM TAB 5MG	Escitalopram Oxalate Tab 5 MG (Base Equiv)	ANTIDEPRESSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEXAPRO	TAB 5MG	Escitalopram Oxalate Tab 5 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PROZAC	CAP 10MG	Fluoxetine HCl Cap 10 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
FLUOXETINE	CAP 10MG	Fluoxetine HCl Cap 10 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUOXETINE	CAP 20MG	Fluoxetine HCl Cap 20 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PROZAC	CAP 20MG	Fluoxetine HCl Cap 20 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
FLUOXETINE	CAP 40MG	Fluoxetine HCl Cap 40 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PROZAC	CAP 40MG	Fluoxetine HCl Cap 40 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
FLUOXETINE	CAP 90MG DR	Fluoxetine HCl Cap Delayed Release 90 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUOXETINE	SOL 20MG/5ML	Fluoxetine HCl Solution 20 MG/5ML	ANTIDEPRESSANTS	Generic	Yes	No	
FLUOXETINE	TAB 10MG	Fluoxetine HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUOXETINE	TAB 20MG	Fluoxetine HCl Tab 20 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUOXETINE	TAB 60MG	Fluoxetine HCl Tab 60 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUVOXAMINE	CAP 100MG ER	Fluvoxamine Maleate Cap ER 24HR 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUVOXAMINE	CAP 150MG ER	Fluvoxamine Maleate Cap ER 24HR 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUVOXAMINE	TAB 100MG	Fluvoxamine Maleate Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUVOXAMINE	TAB 25MG	Fluvoxamine Maleate Tab 25 MG	ANTIDEPRESSANTS	Generic	Yes	No	
FLUVOXAMINE	TAB 50MG	Fluvoxamine Maleate Tab 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	
IMIPRAMINE	POW HCL	Imipramine HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IMIPRAM HCL TAB 10MG	Imipramine HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	No	No	
TOFRANIL TAB 10MG	Imipramine HCl Tab 10 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
IMIPRAM HCL TAB 25MG	Imipramine HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
TOFRANIL TAB 25MG	Imipramine HCl Tab 25 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
IMIPRAM HCL TAB 50MG	Imipramine HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	
TOFRANIL TAB 50MG	Imipramine HCl Tab 50 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
IMIPRAM PAM CAP 100MG	Imipramine Pamoate Cap 100 MG	ANTIDEPRESSANTS	Generic	No	No	
IMIPRAM PAM CAP 125MG	Imipramine Pamoate Cap 125 MG	ANTIDEPRESSANTS	Generic	No	No	
IMIPRAM PAM CAP 150MG	Imipramine Pamoate Cap 150 MG	ANTIDEPRESSANTS	Generic	No	No	
IMIPRAM PAM CAP 75MG	Imipramine Pamoate Cap 75 MG	ANTIDEPRESSANTS	Generic	No	No	
MARPLAN TAB 10MG	Isocarboxazid Tab 10 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
FETZIMA CAP 120MG	Levomilnacipran HCl Cap ER 24HR 120 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
FETZIMA CAP TITRATIO	Levomilnacipran HCl Cap ER 24HR 20 & 40 MG Therapy Pack	ANTIDEPRESSANTS	Non-Preferred	No	No	
FETZIMA CAP 20MG	Levomilnacipran HCl Cap ER 24HR 20 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
FETZIMA CAP 40MG	Levomilnacipran HCl Cap ER 24HR 40 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
FETZIMA CAP 80MG	Levomilnacipran HCl Cap ER 24HR 80 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
MAPROTILINE TAB 25MG	Maprotiline HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	No	No	
MAPROTILINE TAB 50MG	Maprotiline HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MAPROTILINE TAB 75MG	Maprotiline HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	No	No	
MIRTAZAPINE TAB 15MG ODT	Mirtazapine Orally Disintegrating Tab 15 MG	ANTIDEPRESSANTS	Generic	Yes	No	
REMERON SLTB TAB 15MG	Mirtazapine Orally Disintegrating Tab 15 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
REMERON SLTB TAB 30MG	Mirtazapine Orally Disintegrating Tab 30 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
MIRTAZAPINE TAB 30MG ODT	Mirtazapine Orally Disintegrating Tab 30 MG	ANTIDEPRESSANTS	Generic	Yes	No	
REMERON SLTB TAB 45MG	Mirtazapine Orally Disintegrating Tab 45 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
MIRTAZAPINE TAB 45MG ODT	Mirtazapine Orally Disintegrating Tab 45 MG	ANTIDEPRESSANTS	Generic	Yes	No	
MIRTAZAPINE TAB 15MG	Mirtazapine Tab 15 MG	ANTIDEPRESSANTS	Generic	Yes	No	
REMERON TAB 15MG	Mirtazapine Tab 15 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
MIRTAZAPINE TAB 30MG	Mirtazapine Tab 30 MG	ANTIDEPRESSANTS	Generic	Yes	No	
REMERON TAB 30MG	Mirtazapine Tab 30 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
MIRTAZAPINE TAB 45MG	Mirtazapine Tab 45 MG	ANTIDEPRESSANTS	Generic	Yes	No	
MIRTAZAPINE TAB 7.5MG	Mirtazapine Tab 7.5 MG	ANTIDEPRESSANTS	Generic	Yes	No	
NEFAZODONE TAB 100MG	Nefazodone HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
NEFAZODONE TAB 150MG	Nefazodone HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
NEFAZODONE TAB 200MG	Nefazodone HCl Tab 200 MG	ANTIDEPRESSANTS	Generic	Yes	No	
NEFAZODONE TAB 250MG	Nefazodone HCl Tab 250 MG	ANTIDEPRESSANTS	Generic	Yes	No	
NEFAZODONE TAB 50MG	Nefazodone HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NORTRIPTYLIN CAP 10MG		Nortriptyline HCl Cap 10 MG	ANTIDEPRESSANTS	Generic	No	No	
PAMELOR	CAP 10MG	Nortriptyline HCl Cap 10 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
PAMELOR	CAP 25MG	Nortriptyline HCl Cap 25 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
NORTRIPTYLIN CAP 25MG		Nortriptyline HCl Cap 25 MG	ANTIDEPRESSANTS	Generic	No	No	
NORTRIPTYLIN CAP 50MG		Nortriptyline HCl Cap 50 MG	ANTIDEPRESSANTS	Generic	No	No	
PAMELOR	CAP 50MG	Nortriptyline HCl Cap 50 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
NORTRIPTYLIN CAP 75MG		Nortriptyline HCl Cap 75 MG	ANTIDEPRESSANTS	Generic	No	No	
PAMELOR	CAP 75MG	Nortriptyline HCl Cap 75 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
NORTRIPTYLIN POW HCL		Nortriptyline HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
NORTRIPTYLIN POW HCL		Nortriptyline HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
NORTRIPTYLIN SOL 10MG/5ML		Nortriptyline HCl Soln 10 MG/5ML	ANTIDEPRESSANTS	Generic	No	No	
PAXIL	SUS 10MG/5ML	Paroxetine HCl Oral Susp 10 MG/5ML (Base Equiv)	ANTIDEPRESSANTS	Preferred	Yes	No	
PAXIL	TAB 10MG	Paroxetine HCl Tab 10 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAROXETINE	TAB 10MG	Paroxetine HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAROXETINE	TAB 20MG	Paroxetine HCl Tab 20 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAXIL	TAB 20MG	Paroxetine HCl Tab 20 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAXIL	TAB 20MG	Paroxetine HCl Tab 20 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAROXETINE	TAB 30MG	Paroxetine HCl Tab 30 MG	ANTIDEPRESSANTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PAXIL	TAB 30MG	Paroxetine HCl Tab 30 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAXIL	TAB 40MG	Paroxetine HCl Tab 40 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAROXETINE	TAB 40MG	Paroxetine HCl Tab 40 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAROXETIN ER TAB 12.5MG		Paroxetine HCl Tab ER 24HR 12.5 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAXIL CR	TAB 12.5MG	Paroxetine HCl Tab ER 24HR 12.5 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAROXETIN ER TAB 12.5MG		Paroxetine HCl Tab ER 24HR 12.5 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAROXETINE	TAB 25MG ER	Paroxetine HCl Tab ER 24HR 25 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAXIL CR	TAB 25MG	Paroxetine HCl Tab ER 24HR 25 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PAROXETINE	TAB 25MG ER	Paroxetine HCl Tab ER 24HR 25 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAROXETIN ER TAB 37.5MG		Paroxetine HCl Tab ER 24HR 37.5 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAROXETIN ER TAB 37.5MG		Paroxetine HCl Tab ER 24HR 37.5 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PAXIL CR	TAB 37.5MG	Paroxetine HCl Tab ER 24HR 37.5 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PEXEVA	TAB 10MG	Paroxetine Mesylate Tab 10 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PEXEVA	TAB 20MG	Paroxetine Mesylate Tab 20 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PEXEVA	TAB 30MG	Paroxetine Mesylate Tab 30 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PEXEVA	TAB 40MG	Paroxetine Mesylate Tab 40 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
PHENELZINE	TAB 15MG	Phenelzine Sulfate Tab 15 MG	ANTIDEPRESSANTS	Generic	No	No	
NARDIL	TAB 15MG	Phenelzine Sulfate Tab 15 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROTRIPTYLIN TAB 10MG		Protriptyline HCl Tab 10 MG	ANTIDEPRESSANTS	Generic	No	No	
PROTRIPTYLIN TAB 5MG		Protriptyline HCl Tab 5 MG	ANTIDEPRESSANTS	Generic	No	No	
EMSAM	DIS 12MG/24H	Selegiline TD Patch 24HR 12 MG/24HR	ANTIDEPRESSANTS	Non-Preferred	No	No	
EMSAM	DIS 6MG/24HR	Selegiline TD Patch 24HR 6 MG/24HR	ANTIDEPRESSANTS	Non-Preferred	No	No	
EMSAM	DIS 9MG/24HR	Selegiline TD Patch 24HR 9 MG/24HR	ANTIDEPRESSANTS	Non-Preferred	No	No	
SERTRALINE	CON 20MG/ML	Sertraline HCl Oral Concentrate for Solution 20 MG/ML	ANTIDEPRESSANTS	Generic	Yes	No	
ZOLOFT	CON 20MG/ML	Sertraline HCl Oral Concentrate for Solution 20 MG/ML	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
SERTRALINE	TAB 100MG	Sertraline HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
ZOLOFT	TAB 100MG	Sertraline HCl Tab 100 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
SERTRALINE	TAB 25MG	Sertraline HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	Yes	No	
ZOLOFT	TAB 25MG	Sertraline HCl Tab 25 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
ZOLOFT	TAB 50MG	Sertraline HCl Tab 50 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
SERTRALINE	TAB 50MG	Sertraline HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	
PARNATE	TAB 10MG	Tranylcypromine Sulfate Tab 10 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
TRANLYCYPROM TAB 10MG		Tranylcypromine Sulfate Tab 10 MG	ANTIDEPRESSANTS	Generic	No	No	
TRAZODONE	POW	Trazodone HCl Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
TRAZODONE	TAB 100MG	Trazodone HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRAZODONE	TAB 100MG	Trazodone HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRAZODONE	TAB 150MG	Trazodone HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRAZODONE	TAB 150MG	Trazodone HCl Tab 150 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRAZODONE	TAB 300MG	Trazodone HCl Tab 300 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRAZODONE	TAB 300MG	Trazodone HCl Tab 300 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRAZODONE	TAB 50MG	Trazodone HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRAZODONE	TAB 50MG	Trazodone HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	
TRIMIPRAMINE CAP 100MG		Trimipramine Maleate Cap 100 MG	ANTIDEPRESSANTS	Generic	No	No	
SURMONTIL	CAP 100MG	Trimipramine Maleate Cap 100 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
TRIMIPRAMINE CAP 25MG		Trimipramine Maleate Cap 25 MG	ANTIDEPRESSANTS	Generic	No	No	
SURMONTIL	CAP 25MG	Trimipramine Maleate Cap 25 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
TRIMIPRAMINE CAP 50MG		Trimipramine Maleate Cap 50 MG	ANTIDEPRESSANTS	Generic	No	No	
SURMONTIL	CAP 50MG	Trimipramine Maleate Cap 50 MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
TRIMIPRAMINE POW MALEATE		Trimipramine Maleate Powder	ANTIDEPRESSANTS	Non-Preferred	No	No	
EFFEXOR XR	CAP 150MG	Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	PA
VENLAFAXINE	CAP 150MG ER	Venlafaxine HCl Cap ER 24HR 150 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE	CAP 37.5 ER	Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	
EFFEXOR XR	CAP 37.5MG	Venlafaxine HCl Cap ER 24HR 37.5 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	PA
VENLAFAXINE	CAP 75MG ER	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EFFEXOR XR CAP 75MG	Venlafaxine HCl Cap ER 24HR 75 MG (Base Equivalent)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	PA
VENLAFAXINE TAB 100MG	Venlafaxine HCl Tab 100 MG	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE TAB 25MG	Venlafaxine HCl Tab 25 MG	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE TAB 37.5MG	Venlafaxine HCl Tab 37.5 MG	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE TAB 50MG	Venlafaxine HCl Tab 50 MG	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE TAB 75MG	Venlafaxine HCl Tab 75 MG	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE TAB 150MG ER	Venlafaxine HCl Tab ER 24HR 150 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	PA
VENLAFAXINE TAB 225MG ER	Venlafaxine HCl Tab ER 24HR 225 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	
VENLAFAXINE TAB 37.5 ER	Venlafaxine HCl Tab ER 24HR 37.5 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	PA
VENLAFAXINE TAB 75MG ER	Venlafaxine HCl Tab ER 24HR 75 MG (Base Equivalent)	ANTIDEPRESSANTS	Generic	Yes	No	PA
VIIBRYD TAB 10MG	Vilazodone HCl Tab 10 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
VIIBRYD TAB 20MG	Vilazodone HCl Tab 20 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
VIIBRYD TAB 40MG	Vilazodone HCl Tab 40 MG	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
VIIBRYD KIT STARTER	Vilazodone HCl Tab Starter Kit 10 (7) & 20 (23) MG	ANTIDEPRESSANTS	Non-Preferred	No	No	
TRINTELLIX TAB 10MG	Vortioxetine HBr Tab 10 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
TRINTELLIX TAB 20MG	Vortioxetine HBr Tab 20 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
TRINTELLIX TAB 5MG	Vortioxetine HBr Tab 5 MG (Base Equiv)	ANTIDEPRESSANTS	Non-Preferred	Yes	No	
D-CARE DM2 KIT 500MG	*Metformin HCl Tab ER 24HR 500 MG & Diagnostic Test Strip***	ANTIDIABETICS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACARBOSE	TAB 100MG	Acarbose Tab 100 MG	ANTIDIABETICS	Generic	Yes	No	
PRECOSE	TAB 100MG	Acarbose Tab 100 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
PRECOSE	TAB 25MG	Acarbose Tab 25 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
ACARBOSE	TAB 25MG	Acarbose Tab 25 MG	ANTIDIABETICS	Generic	Yes	No	
PRECOSE	TAB 50MG	Acarbose Tab 50 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
ACARBOSE	TAB 50MG	Acarbose Tab 50 MG	ANTIDIABETICS	Generic	Yes	No	
NESINA	TAB 12.5MG	Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOGLIPTIN	TAB 12.5MG	Alogliptin Benzoate Tab 12.5 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	PA
ALOGLIPTIN	TAB 25MG	Alogliptin Benzoate Tab 25 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	PA
NESINA	TAB 25MG	Alogliptin Benzoate Tab 25 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOGLIPTIN	TAB 6.25MG	Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	PA
NESINA	TAB 6.25MG	Alogliptin Benzoate Tab 6.25 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
KAZANO 12.5-	TAB 1000MG	Alogliptin-Metformin HCl Tab 12.5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOGLIPTIN/	TAB METFORM	Alogliptin-Metformin HCl Tab 12.5-1000 MG	ANTIDIABETICS	Generic	Yes	No	PA
ALOGLIPTIN/	TAB METFORM	Alogliptin-Metformin HCl Tab 12.5-500 MG	ANTIDIABETICS	Generic	Yes	No	PA
KAZANO 12.5-	TAB 500MG	Alogliptin-Metformin HCl Tab 12.5-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOG/PIOGLIT	TAB 12.5-15	Alogliptin-Pioglitazone Tab 12.5-15 MG	ANTIDIABETICS	Generic	Yes	No	PA
OSENI	TAB 12.5-15	Alogliptin-Pioglitazone Tab 12.5-15 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OSENI	TAB 12.5-30	Alogliptin-Pioglitazone Tab 12.5-30 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOG/PIOGLIT TAB 12.5-30		Alogliptin-Pioglitazone Tab 12.5-30 MG	ANTIDIABETICS	Generic	Yes	No	PA
ALOG/PIOGLIT TAB 12.5-45		Alogliptin-Pioglitazone Tab 12.5-45 MG	ANTIDIABETICS	Generic	Yes	No	PA
OSENI	TAB 12.5-45	Alogliptin-Pioglitazone Tab 12.5-45 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOG/PIOGLIT TAB 25-15MG		Alogliptin-Pioglitazone Tab 25-15 MG	ANTIDIABETICS	Generic	Yes	No	PA
OSENI	TAB 25-15MG	Alogliptin-Pioglitazone Tab 25-15 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOG/PIOGLIT TAB 25-30MG		Alogliptin-Pioglitazone Tab 25-30 MG	ANTIDIABETICS	Generic	Yes	No	PA
OSENI	TAB 25-30MG	Alogliptin-Pioglitazone Tab 25-30 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ALOG/PIOGLIT TAB 25-45MG		Alogliptin-Pioglitazone Tab 25-45 MG	ANTIDIABETICS	Generic	Yes	No	PA
OSENI	TAB 25-45MG	Alogliptin-Pioglitazone Tab 25-45 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
CYCLOSET	TAB 0.8MG	Bromocriptine Mesylate Tab 0.8 MG (Base Equivalent)	ANTIDIABETICS	Non-Preferred	Yes	No	
INVOKANA	TAB 100MG	Canagliflozin Tab 100 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKANA	TAB 300MG	Canagliflozin Tab 300 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET	TAB 150-1000	Canagliflozin-Metformin HCl Tab 150-1000 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET	TAB 150-500	Canagliflozin-Metformin HCl Tab 150-500 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET	TAB 50-1000	Canagliflozin-Metformin HCl Tab 50-1000 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET	TAB 50-500MG	Canagliflozin-Metformin HCl Tab 50-500 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET XR TAB 150-1000		Canagliflozin-Metformin HCl Tab ER 24HR 150-1000 MG	ANTIDIABETICS	Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INVOKAMET XR TAB 150-500		Canagliflozin-Metformin HCl Tab ER 24HR 150-500 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET XR TAB 50-1000		Canagliflozin-Metformin HCl Tab ER 24HR 50-1000 MG	ANTIDIABETICS	Preferred	Yes	No	
INVOKAMET XR TAB 50-500MG		Canagliflozin-Metformin HCl Tab ER 24HR 50-500 MG	ANTIDIABETICS	Preferred	Yes	No	
CHLORPROPAM TAB 100MG		Chlorpropamide Tab 100 MG	ANTIDIABETICS	Generic	Yes	No	
CHLORPROPAM TAB 250MG		Chlorpropamide Tab 250 MG	ANTIDIABETICS	Generic	Yes	No	
FARXIGA TAB 10MG		Dapagliflozin Propanediol Tab 10 MG (Base Equivalent)	ANTIDIABETICS	Preferred	Yes	No	
FARXIGA TAB 5MG		Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)	ANTIDIABETICS	Preferred	Yes	No	Step w PA
XIGDUO XR TAB 10-1000		Dapagliflozin-Metformin HCl Tab ER 24HR 10-1000 MG	ANTIDIABETICS	Preferred	Yes	No	
XIGDUO XR TAB 10-500MG		Dapagliflozin-Metformin HCl Tab ER 24HR 10-500 MG	ANTIDIABETICS	Preferred	Yes	No	
XIGDUO XR TAB 2.5-1000		Dapagliflozin-Metformin HCl Tab ER 24HR 2.5-1000 MG	ANTIDIABETICS	Preferred	Yes	No	
XIGDUO XR TAB 5-1000MG		Dapagliflozin-Metformin HCl Tab ER 24HR 5-1000 MG	ANTIDIABETICS	Preferred	Yes	No	
XIGDUO XR TAB 5-500MG		Dapagliflozin-Metformin HCl Tab ER 24HR 5-500 MG	ANTIDIABETICS	Preferred	Yes	No	
QTERN TAB 10MG/5MG		Dapagliflozin-Saxagliptin Tab 10-5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
PROGLYCEM SUS 50MG/ML		Diazoxide Susp 50 MG/ML	ANTIDIABETICS	Non-Preferred	No	No	
TRULICITY INJ 0.75/0.5		Dulaglutide Soln Pen-injector 0.75 MG/0.5ML	ANTIDIABETICS	Preferred	Yes	No	ST
TRULICITY INJ 1.5/0.5		Dulaglutide Soln Pen-injector 1.5 MG/0.5ML	ANTIDIABETICS	Preferred	Yes	No	ST
JARDIANCE TAB 10MG		Empagliflozin Tab 10 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
JARDIANCE TAB 25MG		Empagliflozin Tab 25 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLYXAMBI	TAB 10-5 MG	Empagliflozin-Linagliptin Tab 10-5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
GLYXAMBI	TAB 25-5 MG	Empagliflozin-Linagliptin Tab 25-5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY	TAB	Empagliflozin-Metformin HCl Tab 12.5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY	TAB 12.5-500	Empagliflozin-Metformin HCl Tab 12.5-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY	TAB 5-1000MG	Empagliflozin-Metformin HCl Tab 5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY	TAB 5-500MG	Empagliflozin-Metformin HCl Tab 5-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY XR	TAB 10-1000	Empagliflozin-Metformin HCl Tab ER 24HR 10-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY XR	TAB	Empagliflozin-Metformin HCl Tab ER 24HR 12.5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY XR	TAB 25-1000	Empagliflozin-Metformin HCl Tab ER 24HR 25-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SYNJARDY XR	TAB 5-1000MG	Empagliflozin-Metformin HCl Tab ER 24HR 5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
STEGLATRO	TAB 15MG	Ertugliflozin L-Pyrogutamic Acid Tab 15 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
STEGLATRO	TAB 5MG	Ertugliflozin L-Pyrogutamic Acid Tab 5 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SEGLUOMET	TAB 2.5-1000	Ertugliflozin-Metformin HCl Tab 2.5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SEGLUOMET	TAB 2.5-500	Ertugliflozin-Metformin HCl Tab 2.5-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SEGLUOMET	TAB 7.5-1000	Ertugliflozin-Metformin HCl Tab 7.5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SEGLUOMET	TAB 7.5-500	Ertugliflozin-Metformin HCl Tab 7.5-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
STEGLUJAN	TAB 15-100MG	Ertugliflozin-Sitagliptin Tab 15-100 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
STEGLUJAN	TAB 5-100MG	Ertugliflozin-Sitagliptin Tab 5-100 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BYDUREON PEN INJ 2MG		Exenatide Extended Release for Susp Pen-injector 2 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
BYDUREON	INJ BCISE	Exenatide Extended Release Susp Auto-Injector 2 MG/0.85ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
BYDUREON	INJ 2MG	Exenatide For Inj Extended Release Susp 2 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
BYETTA	INJ 10MCG	Exenatide Soln Pen-injector 10 MCG/0.04ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
BYETTA	INJ 5MCG	Exenatide Soln Pen-injector 5 MCG/0.02ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
AMARYL	TAB 1MG	Glimepiride Tab 1 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIMEPIRIDE	TAB 1MG	Glimepiride Tab 1 MG	ANTIDIABETICS	Generic	Yes	No	
AMARYL	TAB 2MG	Glimepiride Tab 2 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIMEPIRIDE	TAB 2MG	Glimepiride Tab 2 MG	ANTIDIABETICS	Generic	Yes	No	
AMARYL	TAB 4MG	Glimepiride Tab 4 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIMEPIRIDE	TAB 4MG	Glimepiride Tab 4 MG	ANTIDIABETICS	Generic	Yes	No	
GLIPIZIDE	POW	Glipizide Powder	ANTIDIABETICS	No Cost	No	No	
GLIPIZIDE	TAB 10MG	Glipizide Tab 10 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOTROL	TAB 10MG	Glipizide Tab 10 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIPIZIDE	TAB 5MG	Glipizide Tab 5 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOTROL	TAB 5MG	Glipizide Tab 5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIPIZIDE ER TAB 10MG		Glipizide Tab ER 24HR 10 MG	ANTIDIABETICS	Generic	Yes	No	
GLIPIZIDE XL TAB 10MG		Glipizide Tab ER 24HR 10 MG	ANTIDIABETICS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLUCOTROL XL TAB 10MG	Glipizide Tab ER 24HR 10 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIPIZIDE ER TAB 10MG	Glipizide Tab ER 24HR 10 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOTROL XL TAB 2.5MG	Glipizide Tab ER 24HR 2.5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIPIZIDE XL TAB 2.5MG	Glipizide Tab ER 24HR 2.5 MG	ANTIDIABETICS	Generic	Yes	No	
GLIPIZIDE ER TAB 2.5MG	Glipizide Tab ER 24HR 2.5 MG	ANTIDIABETICS	Generic	Yes	No	
GLIPIZIDE ER TAB 2.5MG	Glipizide Tab ER 24HR 2.5 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOTROL XL TAB 5MG	Glipizide Tab ER 24HR 5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLIPIZIDE XL TAB 5MG	Glipizide Tab ER 24HR 5 MG	ANTIDIABETICS	Generic	Yes	No	
GLIPIZIDE ER TAB 5MG	Glipizide Tab ER 24HR 5 MG	ANTIDIABETICS	Generic	Yes	No	
GLIPIZIDE ER TAB 5MG	Glipizide Tab ER 24HR 5 MG	ANTIDIABETICS	Generic	Yes	No	
GLIP/METFORM TAB 2.5-250M	Glipizide-Metformin HCl Tab 2.5-250 MG	ANTIDIABETICS	Generic	Yes	No	
GLIP/METFORM TAB 2.5-500M	Glipizide-Metformin HCl Tab 2.5-500 MG	ANTIDIABETICS	Generic	Yes	No	
GLIP/METFORM TAB 5-500MG	Glipizide-Metformin HCl Tab 5-500 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCAGON KIT 1MG	Glucagon (rDNA) For Inj Kit 1 MG	ANTIDIABETICS	Preferred	No	No	
GLUCAGEN INJ HYPOKIT	Glucagon HCl (rDNA) For Inj 1 MG (Base Equiv)	ANTIDIABETICS	Preferred	No	No	
GLYNASE TAB 1.5MG	Glyburide Micronized Tab 1.5 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLYBURID MCR TAB 1.5MG	Glyburide Micronized Tab 1.5 MG	ANTIDIABETICS	Generic	Yes	No	
GLYNASE TAB 3MG	Glyburide Micronized Tab 3 MG	ANTIDIABETICS	Non-Preferred	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLYBURID MCR TAB 3MG	Glyburide Micronized Tab 3 MG	ANTIDIABETICS	Generic	Yes	No	
GLYBURID MCR TAB 6MG	Glyburide Micronized Tab 6 MG	ANTIDIABETICS	Generic	Yes	No	
GLYNASE TAB 6MG	Glyburide Micronized Tab 6 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
GLYBURIDE POW	Glyburide Powder	ANTIDIABETICS	Non-Preferred	No	No	
GLYBURIDE TAB 1.25MG	Glyburide Tab 1.25 MG	ANTIDIABETICS	Generic	Yes	No	
GLYBURIDE TAB 2.5MG	Glyburide Tab 2.5 MG	ANTIDIABETICS	Generic	Yes	No	
GLYBURIDE TAB 5MG	Glyburide Tab 5 MG	ANTIDIABETICS	Generic	Yes	No	
GLYB/METFORM TAB 1.25-250	Glyburide-Metformin Tab 1.25-250 MG	ANTIDIABETICS	Generic	Yes	No	
GLYB/METFORM TAB 2.5-500	Glyburide-Metformin Tab 2.5-500 MG	ANTIDIABETICS	Generic	Yes	No	
GLYB/METFORM TAB 5-500MG	Glyburide-Metformin Tab 5-500 MG	ANTIDIABETICS	Generic	Yes	No	
NOVOLOG INJ 100/ML	Insulin Aspart Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
FIASP INJ 100/ML	Insulin Aspart Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
NOVOLOG MIX INJ 70/30	Insulin Aspart Prot & Aspart (Human) Inj 100 Unit/ML (70-30)	ANTIDIABETICS	No Cost	Yes	No	
NOVOLOG MIX INJ FLEXPEN	Insulin Aspart Prot & Aspart Sus Pen-inj 100 Unit/ML (70-30)	ANTIDIABETICS	No Cost	Yes	No	
NOVOLOG INJ PENFILL	Insulin Aspart Soln Cartridge 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
FIASP FLEX INJ TOUCH	Insulin Aspart Soln Pen-injector 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
NOVOLOG INJ FLEXPEN	Insulin Aspart Soln Pen-injector 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
TRESIBA FLEX INJ 100UNIT	Insulin Degludec Soln Pen-Injector 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRESIBA FLEX INJ 200UNIT		Insulin Degludec Soln Pen-Injector 200 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	
XULTOPHY	INJ 100/3.6	Insulin Degludec-Liraglutide Sol Pen-Inj 100-3.6 Unit-MG/ML	ANTIDIABETICS	Non-Preferred	Yes	No	
LEVEMIR	INJ	Insulin Detemir Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
LEVEMIR	INJ FLEXTOUNC	Insulin Detemir Soln Pen-injector 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
LANTUS	INJ 100/ML	Insulin Glargine Inj 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
BASAGLAR	INJ 100UNIT	Insulin Glargine Soln Pen-Injector 100 Unit/ML	ANTIDIABETICS	Preferred	Yes	No	
LANTUS	INJ SOLOSTAR	Insulin Glargine Soln Pen-Injector 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
TOUJEO SOLO	INJ 300IU/ML	Insulin Glargine Soln Pen-Injector 300 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
SOLIQUA	INJ 100/33	Insulin Glargine-Lixisenatide Sol Pen-Inj 100-33 Unit-MCG/ML	ANTIDIABETICS	Non-Preferred	Yes	No	
APIDRA	INJ U-100	Insulin Glulisine Inj 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
APIDRA	INJ SOLOSTAR	Insulin Glulisine Soln Pen-Injector Inj 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG	INJ 100/ML	Insulin Lispro Inj 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ADMELOG	INJ 100U/ML	Insulin Lispro Inj 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG MIX	SUS 75/25	Insulin Lispro Prot & Lispro Inj 100 Unit/ML (75-25)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG MIX	INJ 50/50KWP	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (50-50)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG MIX	INJ 75/25KWP	Insulin Lispro Prot & Lispro Sus Pen-inj 100 Unit/ML (75-25)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG MIX	INJ 50/50	Insulin Lispro Protamine & Lispro Inj 100 Unit/ML (50-50)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG	INJ 100/ML	Insulin Lispro Soln Cartridge 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HUMALOG JR INJ 100/ML	Insulin Lispro Soln Pen-injector 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ADMELOG SOLO INJ 100U/ML	Insulin Lispro Soln Pen-injector 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG KWIK INJ 100/ML	Insulin Lispro Soln Pen-injector 100 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMALOG KWIK INJ 200/ML	Insulin Lispro Soln Pen-injector 200 Unit/ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
HUMULIN N INJ U-100	Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
NOVOLIN N INJ RELION	Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
NOVOLIN N INJ U-100	Insulin NPH (Human) (Isophane) Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
NOVOLIN70/30 INJ RELION	Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	ANTIDIABETICS	No Cost	Yes	No	
NOVOLIN INJ 70/30	Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	ANTIDIABETICS	No Cost	Yes	No	
HUMULIN INJ 70/30	Insulin NPH Isophane & Regular Human Inj 100 Unit/ML (70-30)	ANTIDIABETICS	No Cost	Yes	No	
AFREZZA POW 4/8/12UN	Insulin Regular (Human) Inh Powd 4 & 8 & 12 Unit/Cart (60)	ANTIDIABETICS	Non-Preferred	No	No	PA
AFREZZA POW 4&8 UNIT	Insulin Regular (Human) Inhal Powd 4 (90) & 8 (90) Unit/Cart	ANTIDIABETICS	Non-Preferred	No	No	PA
AFREZZA POW 12 UNIT	Insulin Regular (Human) Inhalation Powder 12 Unit/Cartridge	ANTIDIABETICS	Non-Preferred	No	No	PA
AFREZZA POW 4UNIT	Insulin Regular (Human) Inhalation Powder 4 Unit/Cartridge	ANTIDIABETICS	Non-Preferred	No	No	PA
AFREZZA POW 8 UNIT	Insulin Regular (Human) Inhalation Powder 8 Unit/Cartridge	ANTIDIABETICS	Non-Preferred	No	No	PA
NOVOLIN R INJ U-100	Insulin Regular (Human) Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
NOVOLIN R INJ RELION	Insulin Regular (Human) Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
HUMULIN R INJ U-100	Insulin Regular (Human) Inj 100 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HUMULIN R INJ U-500	Insulin Regular (Human) Inj 500 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
HUMULIN R INJ U-500	Insulin Regular (Human) Soln Pen-Injector 500 Unit/ML	ANTIDIABETICS	No Cost	Yes	No	
TRADJENTA TAB 5MG	Linagliptin Tab 5 MG	ANTIDIABETICS	Preferred	Yes	No	ST
JENTADUETO TAB 2.5-1000	Linagliptin-Metformin HCl Tab 2.5-1000 MG	ANTIDIABETICS	Preferred	Yes	No	ST
JENTADUETO TAB 2.5-500	Linagliptin-Metformin HCl Tab 2.5-500 MG	ANTIDIABETICS	Preferred	Yes	No	ST
JENTADUETO TAB 2.5-850	Linagliptin-Metformin HCl Tab 2.5-850 MG	ANTIDIABETICS	Preferred	Yes	No	ST
JENTADUETO TAB XR	Linagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	ANTIDIABETICS	Preferred	Yes	No	ST
JENTADUETO TAB XR	Linagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	ANTIDIABETICS	Preferred	Yes	No	ST
VICTOZA INJ 18MG/3ML	Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	ANTIDIABETICS	Preferred	Yes	No	ST
ADLYXIN INJ 10/20MCG	Lixisenatide Pen-inj Starter Kit 10 MCG/0.2ML & 20 MCG/0.2ML	ANTIDIABETICS	Non-Preferred	No	No	PA
ADLYXIN INJ 20MCG	Lixisenatide Soln Pen-injector 20 MCG/0.2ML (100 MCG/ML)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
METFORMIN SOL 500/5ML	Metformin HCl Oral Soln 500 MG/5ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
RIOMET SOL	Metformin HCl Oral Soln 500 MG/5ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
RIOMET SOL 500/5ML	Metformin HCl Oral Soln 500 MG/5ML	ANTIDIABETICS	Non-Preferred	Yes	No	PA
GLUCOPHAGE TAB 1000MG	Metformin HCl Tab 1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
METFORMIN TAB 1000MG	Metformin HCl Tab 1000 MG	ANTIDIABETICS	Generic	Yes	No	
METFORMIN TAB 500MG	Metformin HCl Tab 500 MG	ANTIDIABETICS	Generic	Yes	No	
METFORMIN TAB 500MG	Metformin HCl Tab 500 MG	ANTIDIABETICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLUCOPHAGE	TAB 500MG	Metformin HCl Tab 500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
METFORMIN	TAB 850MG	Metformin HCl Tab 850 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOPHAGE	TAB 850MG	Metformin HCl Tab 850 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
METFORMIN	TAB 850MG	Metformin HCl Tab 850 MG	ANTIDIABETICS	Generic	Yes	No	
METFORMIN	TAB 500MG ER	Metformin HCl Tab ER 24HR 500 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOPHAGE	TAB 500MG XR	Metformin HCl Tab ER 24HR 500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
METFORMIN	TAB 500MG ER	Metformin HCl Tab ER 24HR 500 MG	ANTIDIABETICS	Generic	Yes	No	
METFORMIN	TAB 750MG ER	Metformin HCl Tab ER 24HR 750 MG	ANTIDIABETICS	Generic	Yes	No	
METFORMIN	TAB 750MG ER	Metformin HCl Tab ER 24HR 750 MG	ANTIDIABETICS	Generic	Yes	No	
GLUCOPHAGE	TAB 750MG XR	Metformin HCl Tab ER 24HR 750 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
METFORMIN	TAB 1000 ER	Metformin HCl Tab ER 24HR Modified Release 1000 MG	ANTIDIABETICS	Generic	Yes	No	
GLUMETZA	TAB 1000MG	Metformin HCl Tab ER 24HR Modified Release 1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
METFORMIN	TAB 500MG ER	Metformin HCl Tab ER 24HR Modified Release 500 MG	ANTIDIABETICS	Generic	Yes	No	
GLUMETZA	TAB 500MG	Metformin HCl Tab ER 24HR Modified Release 500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
METFORMIN ER TAB 1000MG		Metformin HCl Tab ER 24HR Osmotic 1000 MG	ANTIDIABETICS	Generic	Yes	No	
FORTAMET	TAB 1000MG	Metformin HCl Tab ER 24HR Osmotic 1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
FORTAMET	TAB 500MG	Metformin HCl Tab ER 24HR Osmotic 500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
METFORMIN	TAB 500MG ER	Metformin HCl Tab ER 24HR Osmotic 500 MG	ANTIDIABETICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KORLYM	TAB 300MG	Mifepristone Tab 300 MG	ANTIDIABETICS	Non-Preferred	No	Yes	*Various UM Required
GLYSET	TAB 100MG	Miglitol Tab 100 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
MIGLITOL	TAB 100MG	Miglitol Tab 100 MG	ANTIDIABETICS	Generic	Yes	No	
GLYSET	TAB 25MG	Miglitol Tab 25 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
MIGLITOL	TAB 25MG	Miglitol Tab 25 MG	ANTIDIABETICS	Generic	Yes	No	
GLYSET	TAB 50MG	Miglitol Tab 50 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
MIGLITOL	TAB 50MG	Miglitol Tab 50 MG	ANTIDIABETICS	Generic	Yes	No	
NATEGLINIDE	TAB 120MG	Nateglinide Tab 120 MG	ANTIDIABETICS	Generic	Yes	No	
STARLIX	TAB 120MG	Nateglinide Tab 120 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
NATEGLINIDE	TAB 60MG	Nateglinide Tab 60 MG	ANTIDIABETICS	Generic	Yes	No	
STARLIX	TAB 60MG	Nateglinide Tab 60 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
PIOGLITAZONE TAB 15MG		Pioglitazone HCl Tab 15 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	
PIOGLITAZONE TAB 15MG		Pioglitazone HCl Tab 15 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	
ACTOS	TAB 15MG	Pioglitazone HCl Tab 15 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
PIOGLITAZONE TAB 30MG		Pioglitazone HCl Tab 30 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	
ACTOS	TAB 30MG	Pioglitazone HCl Tab 30 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
PIOGLITAZONE TAB 30MG		Pioglitazone HCl Tab 30 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	
PIOGLITAZONE TAB 45MG		Pioglitazone HCl Tab 45 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACTOS	TAB 45MG	Pioglitazone HCl Tab 45 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
PIOGLITAZONE TAB 45MG		Pioglitazone HCl Tab 45 MG (Base Equiv)	ANTIDIABETICS	Generic	Yes	No	
PIOGLIT/GLIM TAB 30-2MG		Pioglitazone HCl-Glimepiride Tab 30-2 MG	ANTIDIABETICS	Generic	Yes	No	
DUETACT	TAB 30-2MG	Pioglitazone HCl-Glimepiride Tab 30-2 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
DUETACT	TAB 30-4MG	Pioglitazone HCl-Glimepiride Tab 30-4 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
PIOGLIT/GLIM TAB 30-4MG		Pioglitazone HCl-Glimepiride Tab 30-4 MG	ANTIDIABETICS	Generic	Yes	No	
ACTOPLUS MET TAB 15-500MG		Pioglitazone HCl-Metformin HCl Tab 15-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
PIOGLITA/MET TAB 15-500MG		Pioglitazone HCl-Metformin HCl Tab 15-500 MG	ANTIDIABETICS	Generic	Yes	No	
ACTOPLUS MET TAB 15-850MG		Pioglitazone HCl-Metformin HCl Tab 15-850 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
PIOGLITA/MET TAB 15-850MG		Pioglitazone HCl-Metformin HCl Tab 15-850 MG	ANTIDIABETICS	Generic	Yes	No	
ACTOPLUS MET TAB XR		Pioglitazone HCl-Metformin HCl Tab ER 24HR 15-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
ACTOPLUS MET TAB XR		Pioglitazone HCl-Metformin HCl Tab ER 24HR 30-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
SYMLINPEN 60 INJ 1000MCG		Pramlintide Acetate Pen-inj 1500 MCG/1.5ML (1000 MCG/ML)	ANTIDIABETICS	Non-Preferred	Yes	No	
SYMLNPEN 120 INJ 1000MCG		Pramlintide Acetate Pen-inj 2700 MCG/2.7ML (1000 MCG/ML)	ANTIDIABETICS	Non-Preferred	Yes	No	
REPAGLINIDE TAB 0.5MG		Repaglinide Tab 0.5 MG	ANTIDIABETICS	Generic	Yes	No	
PRANDIN	TAB 1MG	Repaglinide Tab 1 MG	ANTIDIABETICS	Non-Preferred	Yes	No	
REPAGLINIDE TAB 1MG		Repaglinide Tab 1 MG	ANTIDIABETICS	Generic	Yes	No	
PRANDIN	TAB 2MG	Repaglinide Tab 2 MG	ANTIDIABETICS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
REPAGLINIDE TAB 2MG	Repaglinide Tab 2 MG	ANTIDIABETICS	Generic	Yes	No	
REPAGLINIDE TAB 1-500MG	Repaglinide-Metformin HCl Tab 1-500 MG	ANTIDIABETICS	Generic	Yes	No	
REPAGLINIDE TAB 2-500MG	Repaglinide-Metformin HCl Tab 2-500 MG	ANTIDIABETICS	Generic	Yes	No	
AVANDIA TAB 2MG	Rosiglitazone Maleate Tab 2 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	No	No	
AVANDIA TAB 4MG	Rosiglitazone Maleate Tab 4 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	No	No	
ONGLYZA TAB 2.5MG	Saxagliptin HCl Tab 2.5 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
ONGLYZA TAB 5MG	Saxagliptin HCl Tab 5 MG (Base Equiv)	ANTIDIABETICS	Non-Preferred	Yes	No	PA
KOMBIGLYZ XR TAB 2.5-1000	Saxagliptin-Metformin HCl Tab ER 24HR 2.5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
KOMBIGLYZ XR TAB 5-1000MG	Saxagliptin-Metformin HCl Tab ER 24HR 5-1000 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
KOMBIGLYZ XR TAB 5-500MG	Saxagliptin-Metformin HCl Tab ER 24HR 5-500 MG	ANTIDIABETICS	Non-Preferred	Yes	No	PA
OZEMPIC INJ 2/1.5ML	Semaglutide Soln Pen-inj 0.25 or 0.5 MG/DOSE (2 MG/1.5ML)	ANTIDIABETICS	Preferred	Yes	No	ST
OZEMPIC INJ 2/1.5ML	Semaglutide Soln Pen-inj 1 MG/DOSE (2 MG/1.5ML)	ANTIDIABETICS	Preferred	Yes	No	
JANUVIA TAB 100MG	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	ANTIDIABETICS	Preferred	Yes	No	ST
JANUVIA TAB 25MG	Sitagliptin Phosphate Tab 25 MG (Base Equiv)	ANTIDIABETICS	Preferred	Yes	No	ST
JANUVIA TAB 50MG	Sitagliptin Phosphate Tab 50 MG (Base Equiv)	ANTIDIABETICS	Preferred	Yes	No	ST
JANUMET TAB 50-1000	Sitagliptin-Metformin HCl Tab 50-1000 MG	ANTIDIABETICS	Preferred	Yes	No	Step
JANUMET TAB 50-500MG	Sitagliptin-Metformin HCl Tab 50-500 MG	ANTIDIABETICS	Preferred	Yes	No	Step
JANUMET XR TAB 100-1000	Sitagliptin-Metformin HCl Tab ER 24HR 100-1000 MG	ANTIDIABETICS	Preferred	Yes	No	Step

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
JANUMET XR TAB 50-1000	Sitagliptin-Metformin HCl Tab ER 24HR 50-1000 MG	ANTIDIABETICS	Preferred	Yes	No	Step
JANUMET XR TAB 50-500MG	Sitagliptin-Metformin HCl Tab ER 24HR 50-500 MG	ANTIDIABETICS	Preferred	Yes	No	Step
TOLAZAMIDE TAB 250MG	Tolazamide Tab 250 MG	ANTIDIABETICS	Generic	Yes	No	
TOLAZAMIDE TAB 500MG	Tolazamide Tab 500 MG	ANTIDIABETICS	Generic	Yes	No	
TOLBUTAMIDE TAB 500MG	Tolbutamide Tab 500 MG	ANTIDIABETICS	Generic	Yes	No	
PRODIGEN CAP	*Probiotic Product - Cap**	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
VSL#3 DS PAK 900BIL	*Probiotic Product - Packet**	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
BISMUTH POW SUBGALLA	Bismuth Subgallate Powder	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
MYTESI TAB 125MG	Crofelemer Tab Delayed Release 125 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
MOTOFEN TAB 1-0.025	Difenoxin w/ Atropine Tab 1-0.025 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	PA
DIPHEN/ATROP LIQ 2.5/5	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML	ANTIDIARRHEAL/PROBIOTIC AGENTS	Generic	No	No	
LOMOTIL TAB 2.5MG	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
DIPHEN/ATROP TAB	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Generic	No	No	
DIPHEN/ATROP TAB 2.5MG	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Generic	No	No	
KAOLIN POW COLLOID	Kaolin Powder	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
KAOLIN POW	Kaolin Powder	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
RESTORA RX CAP 60-1.25	Lactobacillus Casei-Folic Acid Cap 60-1.25 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
RESTORA SPRI PAK 15-0.25	Lactobacillus Casei-Folic Acid Packet 15-0.25 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LOPERAMIDE	CAP 2MG	Loperamide HCl Cap 2 MG	ANTIDIARRHEAL/PROBIOTIC AGENTS	Generic	No	No	
LOPERAMIDE	POW HCL	Loperamide HCl Powder	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
OPIUM	TIN 10MG/ML	Opium Tincture 1% (10 MG/ML) (Morphine Equiv)	ANTIDIARRHEAL/PROBIOTIC AGENTS	Generic	No	No	
PAREGORIC	TIN 2MG/5ML	Paregoric Tincture 2 MG/5ML (Morphine Equivalent)	ANTIDIARRHEAL/PROBIOTIC AGENTS	Generic	No	No	
PECTIN	POW	Pectin Powder	ANTIDIARRHEAL/PROBIOTIC AGENTS	Non-Preferred	No	No	
CETYLEV	TAB 2.5GM	Acetylcysteine Effervescent Tab 2.5 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
CETYLEV	TAB 500MG	Acetylcysteine Effervescent Tab 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
ACETYLCYST	INJ 200MG/ML	Acetylcysteine Inj 200 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
ACETYLCYST	INJ 200MG/ML	Acetylcysteine Inj 200 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
ACETADOTE	INJ 200MG/ML	Acetylcysteine Inj 200 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
DUODOTE	INJ	Atropine 2.1 MG/0.7ML-Pralidoxime Cl 600 MG/2ML IM Auto-Inj	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
CHARCOAL	POW	Charcoal Activated Powder	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
ANDEXXA	SOL 100MG	Coagulation Fact Xa (Recomb) Inact-zhzo For IV Soln 100 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
JADENU	SPRKL GRA 180MG	Deferasirox Granules Packet 180 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
JADENU	SPRKL GRA 360MG	Deferasirox Granules Packet 360 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
JADENU	SPRKL GRA 90MG	Deferasirox Granules Packet 90 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
JADENU	TAB 180MG	Deferasirox Tab 180 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
JADENU	TAB 360MG	Deferasirox Tab 360 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
JADENU	TAB 90MG	Deferasirox Tab 90 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
EXJADE	TAB 125MG	Deferasirox Tab For Oral Susp 125 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
EXJADE	TAB 250MG	Deferasirox Tab For Oral Susp 250 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
EXJADE	TAB 500MG	Deferasirox Tab For Oral Susp 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
FERRIPROX	SOL 100MG/ML	Deferiprone Oral Soln 100 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	PA
FERRIPROX	TAB 500MG	Deferiprone Tab 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
DEFEROXAMINE INJ 2GM		Deferoxamine Mesylate For Inj 2 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	Yes	*Various UM Required
DEFEROXAMINE INJ 2GM		Deferoxamine Mesylate For Inj 2 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
DEFEROXAMINE INJ 500MG		Deferoxamine Mesylate For Inj 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	Yes	*Various UM Required
DEFEROX MESY INJ 500MG		Deferoxamine Mesylate For Inj 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	Yes	
DEFEROX MESY INJ 500MG		Deferoxamine Mesylate For Inj 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
DESFERAL	INJ 500MG	Deferoxamine Mesylate For Inj 500 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
DIGIFAB	INJ 40MG	Digoxin Immune Fab For Inj 40 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
BAL IN OIL	INJ 100MG/ML	Dimercaprol Inj 100 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
CALCIUM DISO INJ 1GM/5ML		Edetate Calcium Disodium Inj 1 GM/5ML (200 MG/ML)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
EDETATE CALC POW DISODIUM		Edetate Calcium Disodium Powder	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
FLUMAZENIL	INJ 0.5MG/5	Flumazenil IV Soln 0.5 MG/5ML (0.1 MG/ML)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
FLUMAZENIL	INJ 1MG/10ML	Flumazenil IV Soln 1 MG/10ML (0.1 MG/ML)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FOMEPIZOLE INJ 1.5GM	Fomepizole Inj 1 GM/ML (For IV Infusion)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
FOMEPIZOLE INJ 1.5GM	Fomepizole Inj 1 GM/ML (For IV Infusion)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
ANTIZOL INJ 1GM/ML	Fomepizole Inj 1 GM/ML (For IV Infusion)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
CYANOKIT INJ 5GM	Hydroxocobalamin (Antidote) For IV Soln 5 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
PRAXBIND INJ 2.5/50	Idarucizumab IV Soln 2.5 GM/50ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
METHYLENE BL INJ 1%	Methylene Blue Inj 1%	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
PROVAYBLUE INJ	Methylene Blue IV Soln 50 MG/10ML (5 MG/ML)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
NITHIODOTE KIT	Na Nitrite Inj 300 MG/10ML &Na Thiosulf Inj 12.5 GM/50ML Kit	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
NALOXONE INJ 0.4MG/ML	Naloxone HCl Inj 0.4 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
NALOXONE INJ 0.4MG/ML	Naloxone HCl Inj 4 MG/10ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
NARCAN SPR	Naloxone HCl Nasal Spray 4 MG/0.1ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Preferred	No	No	QL
NALOXONE INJ 0.4MG/ML	Naloxone HCl Soln Cartridge 0.4 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
NALOXONE INJ 1MG/ML	Naloxone HCl Soln Prefilled Syringe 2 MG/2ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
EVZIO INJ 2/0.4ML	Naloxone HCl Solution Auto-injector 2 MG/0.4ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
VIVITROL INJ 380MG	Naltrexone For IM Extended Release Susp 380 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	Yes	*Various UM Required
NALTREXONE TAB 50MG	Naltrexone HCl Tab 50 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
NALTREXONE IMP	Naltrexone-Triamcinolone Implant 200-6.5 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
PENTETATE CA SOL 200MG/ML	Pentetate Calcium Trisodium IV or Inhalation Soln 200 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PENTETATE ZI SOL 200MG/ML		Pentetate Zinc Trisodium IV or Inhalation Soln 200 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
PHYSOS SALIC INJ 1MG/ML		Physostigmine Salicylate Inj 1 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
PROTOPAM CHL INJ 1GM		Pralidoxime Chloride For IV Soln 1 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
PRALIDOXIME INJ 600/2ML		Pralidoxime Chloride IM Soln Auto-Injector 600 MG/2ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
RADIOGARDASE CAP 0.5GM		Prussian Blue Insoluble Cap 0.5 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
SOD NITRITE INJ 30MG/ML		Sodium Nitrite Inj 30 MG/ML	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
SOD THIOSULF INJ 25%		Sodium Thiosulfate Inj 25%	ANTIDOTES AND SPECIFIC ANTAGONISTS	Generic	No	No	
CHEMET	CAP 100MG	Succimer Cap 100 MG	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	
BRIDION	SOL 200/2ML	Sugammadex Sodium IV 200 MG/2ML (Base Equivalent)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
BRIDION	SOL 500/5ML	Sugammadex Sodium IV 500 MG/5ML (Base Equivalent)	ANTIDOTES AND SPECIFIC ANTAGONISTS	Non-Preferred	No	No	PA
VISTOGARD	PAK 10GM	Uridine Triacetate Oral Granules Packet 10 GM	ANTIDOTES AND SPECIFIC ANTAGONISTS	Preferred	No	Yes	
EMEND	CAP 125MG	Aprepitant Capsule 125 MG	ANTIEMETICS	Non-Preferred	No	No	QL
APREPITANT	CAP 125MG	Aprepitant Capsule 125 MG	ANTIEMETICS	Generic	No	No	QL
APREPITANT	CAP 125MG	Aprepitant Capsule 125 MG	ANTIEMETICS	Generic	No	No	
APREPITANT	CAP 40MG	Aprepitant Capsule 40 MG	ANTIEMETICS	Generic	No	No	QL
APREPITANT	CAP 40MG	Aprepitant Capsule 40 MG	ANTIEMETICS	Generic	No	No	
EMEND	CAP 40MG	Aprepitant Capsule 40 MG	ANTIEMETICS	Non-Preferred	No	No	QL
EMEND	CAP 80MG	Aprepitant Capsule 80 MG	ANTIEMETICS	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
APREPITANT	CAP 80MG	Aprepitant Capsule 80 MG	ANTIEMETICS	Generic	No	No	
APREPITANT	CAP 80MG	Aprepitant Capsule 80 MG	ANTIEMETICS	Generic	No	No	QL
EMEND TRIPAC PAK 80 & 125		Aprepitant Capsule Therapy Pack 80 & 125 MG	ANTIEMETICS	Non-Preferred	No	No	QL
APREPITANT	PAK 80 & 125	Aprepitant Capsule Therapy Pack 80 & 125 MG	ANTIEMETICS	Generic	No	No	
APREPITANT	PAK 80 & 125	Aprepitant Capsule Therapy Pack 80 & 125 MG	ANTIEMETICS	Generic	No	No	QL
EMEND	SUS 125MG	Aprepitant For Oral Susp 125 MG (125 MG/5ML)	ANTIEMETICS	Preferred	No	No	QL
CINVANTI	INJ 130/18ML	Aprepitant IV Emulsion 130 MG/18ML	ANTIEMETICS	Non-Preferred	No	No	PA
DIMENHYDRIN	INJ 50MG/ML	Dimenhydrinate Inj 50 MG/ML	ANTIEMETICS	Non-Preferred	No	No	
ANZEMET	TAB 100MG	Dolasetron Mesylate Tab 100 MG	ANTIEMETICS	Non-Preferred	No	No	
ANZEMET	TAB 50MG	Dolasetron Mesylate Tab 50 MG	ANTIEMETICS	Non-Preferred	No	No	
DICLEGIS	TAB 10-10MG	Doxylamine-Pyridoxine Tab Delayed Release 10-10 MG	ANTIEMETICS	Non-Preferred	No	No	
BONJESTA	TAB 20-20MG	Doxylamine-Pyridoxine Tab ER 20-20 MG	ANTIEMETICS	Non-Preferred	No	No	PA
MARINOL	CAP 10MG	Dronabinol Cap 10 MG	ANTIEMETICS	Non-Preferred	No	No	
DRONABINOL	CAP 10MG	Dronabinol Cap 10 MG	ANTIEMETICS	Generic	No	No	
DRONABINOL	CAP 2.5MG	Dronabinol Cap 2.5 MG	ANTIEMETICS	Generic	No	No	
DRONABINOL	CAP 2.5MG	Dronabinol Cap 2.5 MG	ANTIEMETICS	Generic	No	No	
MARINOL	CAP 2.5MG	Dronabinol Cap 2.5 MG	ANTIEMETICS	Non-Preferred	No	No	
DRONABINOL	CAP 5MG	Dronabinol Cap 5 MG	ANTIEMETICS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MARINOL	CAP 5MG	Dronabinol Cap 5 MG	ANTIEMETICS	Non-Preferred	No	No	
DRONABINOL	CAP 5MG	Dronabinol Cap 5 MG	ANTIEMETICS	Generic	No	No	
SYNDROS	SOL 5MG/ML	Dronabinol Soln 5 MG/ML	ANTIEMETICS	Non-Preferred	No	No	PA
EMEND	SOL 150MG	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	ANTIEMETICS	Non-Preferred	No	No	QL
EMEND	SOL 150MG	Fosaprepitant Dimeglumine For IV Infusion 150 MG (Base Eq)	ANTIEMETICS	Non-Preferred	No	No	
AKYNZEO	INJ 235-0.25	Fosnetupitant-Palonosetron For IV Soln 235-0.25 MG	ANTIEMETICS	Non-Preferred	No	No	PA
SUSTOL	INJ 10/0.4ML	Granisetron Extended Release Inj Prefilled Syr 10 MG/0.4ML	ANTIEMETICS	Non-Preferred	No	No	PA
GRANISETRON	INJ 0.1MG/ML	Granisetron HCl Inj 0.1 MG/ML	ANTIEMETICS	Generic	No	No	
GRANISETRON	INJ 1MG/ML	Granisetron HCl Inj 1 MG/ML	ANTIEMETICS	Generic	No	No	
GRANISETRON	INJ 1MG/ML	Granisetron HCl Inj 1 MG/ML	ANTIEMETICS	Generic	No	No	
GRANISETRON	INJ 4MG/4ML	Granisetron HCl Inj 4 MG/4ML (1 MG/ML)	ANTIEMETICS	Generic	No	No	
GRANISETRON	TAB 1MG	Granisetron HCl Tab 1 MG	ANTIEMETICS	Generic	No	No	
SANCUSO	DIS 3.1MG	Granisetron TD Patch 3.1 MG/24HR (Contains 34.3 MG)	ANTIEMETICS	Non-Preferred	No	No	
MECLIZINE	POW HCL MONO	Meclizine HCl Powder	ANTIEMETICS	Non-Preferred	No	No	
MECLIZINE	POW HCL	Meclizine HCl Powder	ANTIEMETICS	Non-Preferred	No	No	
MECLIZINE	TAB 12.5MG	Meclizine HCl Tab 12.5 MG	ANTIEMETICS	Generic	No	No	
MECLIZINE	TAB 25MG	Meclizine HCl Tab 25 MG	ANTIEMETICS	Generic	No	No	
CESAMET	CAP 1MG	Nabilone Cap 1 MG	ANTIEMETICS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AKYNZEO	CAP 300-0.5	Netupitant-Palonosetron Cap 300-0.5 MG	ANTIEMETICS	Non-Preferred	No	No	
ONDANSE/NACL INJ 12/50ML		Ondansetron HCl and Sodium Chloride 0.9% Inj 12 MG/50ML	ANTIEMETICS	Non-Preferred	No	No	PA
ONDANSE/NACL INJ 16/50ML		Ondansetron HCl and Sodium Chloride 0.9% Inj 16 MG/50ML	ANTIEMETICS	Non-Preferred	No	No	PA
ONDANSE/NACL INJ 8MG/50ML		Ondansetron HCl and Sodium Chloride 0.9% Inj 8 MG/50ML	ANTIEMETICS	Non-Preferred	No	No	PA
ONDANSETRON	INJ 4MG/2ML	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	ANTIEMETICS	Generic	No	No	
ONDANSETRON	INJ 4MG/2ML	Ondansetron HCl Inj 4 MG/2ML (2 MG/ML)	ANTIEMETICS	Generic	No	No	
ONDANSETRON	INJ 40/20ML	Ondansetron HCl Inj 40 MG/20ML (2 MG/ML)	ANTIEMETICS	Generic	No	No	
ONDANSETRON	SOL 4MG/5ML	Ondansetron HCl Oral Soln 4 MG/5ML	ANTIEMETICS	Generic	No	No	
ZOFRAN	SOL 4MG/5ML	Ondansetron HCl Oral Soln 4 MG/5ML	ANTIEMETICS	Non-Preferred	No	No	
ONDANSETRON	TAB 24MG	Ondansetron HCl Tab 24 MG	ANTIEMETICS	Generic	No	No	
ONDANSETRON	TAB 4MG	Ondansetron HCl Tab 4 MG	ANTIEMETICS	Generic	No	No	
ONDANSETRON	TAB 4MG	Ondansetron HCl Tab 4 MG	ANTIEMETICS	Generic	No	No	
ZOFRAN	TAB 4MG	Ondansetron HCl Tab 4 MG	ANTIEMETICS	Non-Preferred	No	No	
ONDANSETRON	TAB 8MG	Ondansetron HCl Tab 8 MG	ANTIEMETICS	Generic	No	No	
ONDANSETRON	TAB 8MG	Ondansetron HCl Tab 8 MG	ANTIEMETICS	Generic	No	No	
ZOFRAN	TAB 8MG	Ondansetron HCl Tab 8 MG	ANTIEMETICS	Non-Preferred	No	No	
ONDANSETRON	INJ DEXTROSE	Ondansetron HCl-Dextrose IV Soln 8 MG/50ML-5%	ANTIEMETICS	Non-Preferred	No	No	PA
ZUPLENZ	MIS 4MG	Ondansetron Oral Soluble Film 4 MG	ANTIEMETICS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZUPLENZ	MIS 8MG	Ondansetron Oral Soluble Film 8 MG	ANTIEMETICS	Non-Preferred	No	No	
ONDANSETRON	TAB 4MG ODT	Ondansetron Orally Disintegrating Tab 4 MG	ANTIEMETICS	Generic	No	No	
ONDANSETRON	TAB 8MG ODT	Ondansetron Orally Disintegrating Tab 8 MG	ANTIEMETICS	Generic	No	No	
PALONOSETRON	INJ 0.25/2ML	Palonosetron HCl IV Soln 0.25 MG/2ML (Base Equivalent)	ANTIEMETICS	Non-Preferred	No	No	
PALONOSETRON	INJ 0.25MG/5	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	ANTIEMETICS	Generic	No	No	
PALONOSETRON	INJ 0.25MG/5	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	ANTIEMETICS	Generic	No	No	
ALOXI	INJ 0.25MG/5	Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent)	ANTIEMETICS	Non-Preferred	No	No	
PALONOSETRON	SOL 0.25/5ML	Palonosetron HCl IV Soln Pref Syr 0.25 MG/5ML (Base Equiv)	ANTIEMETICS	Non-Preferred	No	No	PA
VARUBI	INJ	Rolapitant HCl IV Emul 166.5 MG/92.5ML (1.8 MG/ML) (Base Eq)	ANTIEMETICS	Non-Preferred	No	No	
VARUBI	TAB 90MG	Rolapitant HCl Tab 90 MG (Base Equiv)	ANTIEMETICS	Non-Preferred	No	No	QL
TRANSDERM-SC	DIS 1.5MG	Scopolamine TD Patch 72HR 1 MG/3DAYS	ANTIEMETICS	Non-Preferred	No	No	
TIGAN	CAP 300MG	Trimethobenzamide HCl Cap 300 MG	ANTIEMETICS	Non-Preferred	No	No	
TRIMETHOBENZ	CAP 300MG	Trimethobenzamide HCl Cap 300 MG	ANTIEMETICS	Generic	No	No	
TIGAN	INJ 100MG/ML	Trimethobenzamide HCl Inj 100 MG/ML	ANTIEMETICS	Non-Preferred	No	No	
BIO-STATIN	POW	*Nystatin Oral Powder*	ANTIFUNGALS	Generic	No	No	
AMPHOTERICIN	INJ 50MG	Amphotericin B For Inj 50 MG	ANTIFUNGALS	Generic	No	No	
ABELCET	INJ 5MG/ML	Amphotericin B Lipid Inj Susp (For IV Infusion) 5 MG/ML	ANTIFUNGALS	Non-Preferred	No	No	
AMBISOME	INJ 50MG	Amphotericin B Liposome IV For Susp 50 MG	ANTIFUNGALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ERAXIS	INJ 100MG	Anidulafungin For IV Soln 100 MG	ANTIFUNGALS	Non-Preferred	No	No	
ERAXIS	INJ 50MG	Anidulafungin For IV Soln 50 MG	ANTIFUNGALS	Non-Preferred	No	No	
CASPOFUNGIN	INJ 50MG	Caspofungin Acetate For IV Soln 50 MG	ANTIFUNGALS	Non-Preferred	No	No	
CANCIDAS	INJ 50MG	Caspofungin Acetate For IV Soln 50 MG	ANTIFUNGALS	Non-Preferred	No	No	
CASPOFUNGIN	INJ 50MG	Caspofungin Acetate For IV Soln 50 MG	ANTIFUNGALS	Generic	No	No	
CASPOFUNGIN	INJ 70MG	Caspofungin Acetate For IV Soln 70 MG	ANTIFUNGALS	Generic	No	No	
CANCIDAS	INJ 70MG	Caspofungin Acetate For IV Soln 70 MG	ANTIFUNGALS	Non-Preferred	No	No	
CASPOFUNGIN	INJ 70MG	Caspofungin Acetate For IV Soln 70 MG	ANTIFUNGALS	Non-Preferred	No	No	
DIFLUCAN	SUS 10MG/ML	Fluconazole For Susp 10 MG/ML	ANTIFUNGALS	Non-Preferred	No	No	
FLUCONAZOLE	SUS 10MG/ML	Fluconazole For Susp 10 MG/ML	ANTIFUNGALS	Generic	No	No	
DIFLUCAN	SUS 40MG/ML	Fluconazole For Susp 40 MG/ML	ANTIFUNGALS	Non-Preferred	No	No	
FLUCONAZOLE	SUS 40MG/ML	Fluconazole For Susp 40 MG/ML	ANTIFUNGALS	Generic	No	No	
FLUCONAZOLE/	INJ DEX 200	Fluconazole in Dextrose Inj 200 MG/100ML	ANTIFUNGALS	Generic	No	No	
FLUCONAZOLE/	INJ DEX 400	Fluconazole in Dextrose Inj 400 MG/200ML	ANTIFUNGALS	Generic	No	No	
FLUCONAZOLE/	INJ NACL 100	Fluconazole in NaCl 0.9% Inj 100 MG/50ML	ANTIFUNGALS	Non-Preferred	No	No	
FLUCONAZOLE/	INJ NACL 200	Fluconazole in NaCl 0.9% Inj 200 MG/100ML	ANTIFUNGALS	Generic	No	No	
FLUCONAZOLE/	INJ NACL 200	Fluconazole in NaCl 0.9% Inj 200 MG/100ML	ANTIFUNGALS	Generic	No	No	
FLUCONAZOLE/	INJ NACL 400	Fluconazole in NaCl 0.9% Inj 400 MG/200ML	ANTIFUNGALS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLUCONAZOLE/ INJ NACL 400	Fluconazole in NaCl 0.9% Inj 400 MG/200ML	ANTIFUNGALS	Generic	No	No	
DIFLUCAN TAB 100MG	Fluconazole Tab 100 MG	ANTIFUNGALS	Non-Preferred	No	No	
FLUCONAZOLE TAB 100MG	Fluconazole Tab 100 MG	ANTIFUNGALS	Generic	No	No	
FLUCONAZOLE TAB 150MG	Fluconazole Tab 150 MG	ANTIFUNGALS	Generic	No	No	
DIFLUCAN TAB 150MG	Fluconazole Tab 150 MG	ANTIFUNGALS	Non-Preferred	No	No	
FLUCONAZOLE TAB 200MG	Fluconazole Tab 200 MG	ANTIFUNGALS	Generic	No	No	
DIFLUCAN TAB 200MG	Fluconazole Tab 200 MG	ANTIFUNGALS	Non-Preferred	No	No	
FLUCONAZOLE TAB 50MG	Fluconazole Tab 50 MG	ANTIFUNGALS	Generic	No	No	
DIFLUCAN TAB 50MG	Fluconazole Tab 50 MG	ANTIFUNGALS	Non-Preferred	No	No	
ANCOBON CAP 250MG	Flucytosine Cap 250 MG	ANTIFUNGALS	Non-Preferred	No	No	
FLUCYTOSINE CAP 250MG	Flucytosine Cap 250 MG	ANTIFUNGALS	Generic	No	No	
FLUCYTOSINE CAP 500MG	Flucytosine Cap 500 MG	ANTIFUNGALS	Generic	No	No	
ANCOBON CAP 500MG	Flucytosine Cap 500 MG	ANTIFUNGALS	Non-Preferred	No	No	
GRISEOFULVIN SUS 125/5ML	Griseofulvin Microsize Susp 125 MG/5ML	ANTIFUNGALS	Generic	No	No	
GRISEOFULVIN TAB MICR 500	Griseofulvin Microsize Tab 500 MG	ANTIFUNGALS	Generic	No	No	
GRISEOFULVIN TAB ULTR 125	Griseofulvin Ultramicrosize Tab 125 MG	ANTIFUNGALS	Generic	No	No	
GRISEOFULVIN TAB ULTR 125	Griseofulvin Ultramicrosize Tab 125 MG	ANTIFUNGALS	Generic	No	No	
GRISEOFULVIN TAB ULTR 250	Griseofulvin Ultramicrosize Tab 250 MG	ANTIFUNGALS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CRESEMBA	CAP 186 MG	Isavuconazonium Sulfate Cap 186 MG	ANTIFUNGALS	Non-Preferred	No	No	
CRESEMBA	INJ 372MG	Isavuconazonium Sulfate For IV Soln 372 MG	ANTIFUNGALS	Non-Preferred	No	No	
SPORANOX	CAP 100MG	Itraconazole Cap 100 MG	ANTIFUNGALS	Non-Preferred	No	No	
ITRACONAZOLE CAP 100MG		Itraconazole Cap 100 MG	ANTIFUNGALS	Generic	No	No	
SPORANOX	CAP PULSEPAK	Itraconazole Cap 100 MG	ANTIFUNGALS	Non-Preferred	No	No	
SPORANOX	SOL 10MG/ML	Itraconazole Oral Soln 10 MG/ML	ANTIFUNGALS	Non-Preferred	No	No	
ITRACONAZOLE SOL 10MG/ML		Itraconazole Oral Soln 10 MG/ML	ANTIFUNGALS	Generic	No	No	
KETOCONAZOLE TAB 200MG		Ketoconazole Tab 200 MG	ANTIFUNGALS	Generic	No	No	
KETOCONAZOLE TAB 200MG		Ketoconazole Tab 200 MG	ANTIFUNGALS	Generic	No	No	
MYCAMINE	INJ 100MG	Micafungin Sodium For IV Soln 100 MG	ANTIFUNGALS	Non-Preferred	No	No	
MYCAMINE	INJ 50MG	Micafungin Sodium For IV Soln 50 MG	ANTIFUNGALS	Non-Preferred	No	No	
MICONAZOLE	POW	Miconazole Powder	ANTIFUNGALS	Non-Preferred	No	No	
MICONAZOLE	POW	Miconazole Powder	ANTIFUNGALS	Non-Preferred	No	No	
BIO-STATIN	CAP 1000000	Nystatin Cap 1000000 Unit	ANTIFUNGALS	Preferred	No	No	
BIO-STATIN	CAP 500000	Nystatin Cap 500000 Unit	ANTIFUNGALS	Preferred	No	No	
NYSTATIN	TAB 500000	Nystatin Tab 500000 Unit	ANTIFUNGALS	Generic	No	No	
NOXAFIL	INJ 300/16.7	Posaconazole IV Soln 300 MG/16.7ML (18 MG/ML)	ANTIFUNGALS	Non-Preferred	No	No	
NOXAFIL	SUS 40MG/ML	Posaconazole Susp 40 MG/ML	ANTIFUNGALS	Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NOXAFIL	TAB 100MG	Posaconazole Tab Delayed Release 100 MG	ANTIFUNGALS	Preferred	No	No	
TERBINAFINE	TAB 250MG	Terbinafine HCl Tab 250 MG	ANTIFUNGALS	Generic	No	No	
TERBINAFINE	TAB 250MG	Terbinafine HCl Tab 250 MG	ANTIFUNGALS	Generic	No	No	
VORICONAZOLE	INJ 200MG	Voriconazole For Inj 200 MG	ANTIFUNGALS	Generic	No	No	
VFEND IV	INJ 200MG	Voriconazole For Inj 200 MG	ANTIFUNGALS	Non-Preferred	No	No	
VORICONAZOLE	SUS 40MG/ML	Voriconazole For Susp 40 MG/ML	ANTIFUNGALS	Generic	No	No	
VFEND	SUS 40MG/ML	Voriconazole For Susp 40 MG/ML	ANTIFUNGALS	Non-Preferred	No	No	
VFEND	TAB 200MG	Voriconazole Tab 200 MG	ANTIFUNGALS	Non-Preferred	No	No	
VORICONAZOLE	TAB 200MG	Voriconazole Tab 200 MG	ANTIFUNGALS	Generic	No	No	
VFEND	TAB 50MG	Voriconazole Tab 50 MG	ANTIFUNGALS	Non-Preferred	No	No	
VORICONAZOLE	TAB 50MG	Voriconazole Tab 50 MG	ANTIFUNGALS	Generic	No	No	
DICOPANOL	SUS 5MG/ML	*Diphenhydramine HCl For Oral Susp 5 MG/ML (Compound Kit)**	ANTIHISTAMINES	Non-Preferred	No	No	
DICOPANOL	SUS RAPIDPAQ	*Diphenhydramine HCl For Oral Susp 5 MG/ML (Compound Kit)**	ANTIHISTAMINES	Non-Preferred	No	No	
BROMPHENIRAM	INJ 10MG/ML	Brompheniramine Maleate IM Inj 10 MG/ML	ANTIHISTAMINES	Non-Preferred	No	No	PA
BROMPHENIR	POW MALEATE	Brompheniramine Maleate Powder	ANTIHISTAMINES	Non-Preferred	No	No	
BROMPHENIRAM	CHW 12MG	Brompheniramine Tannate Chew Tab 12 MG	ANTIHISTAMINES	Generic	No	No	
KARBINAL ER	SUS 4MG/5ML	Carbinoxamine Maleate Extended Release Susp 4 MG/5ML	ANTIHISTAMINES	Non-Preferred	No	No	
CARBINOXAMIN	SOL 4MG/5ML	Carbinoxamine Maleate Soln 4 MG/5ML	ANTIHISTAMINES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CARBINOXAMIN TAB 4MG	Carbinoxamine Maleate Tab 4 MG	ANTIHISTAMINES	Generic	No	No	
CARBINOXAMIN TAB 6MG	Carbinoxamine Maleate Tab 6 MG	ANTIHISTAMINES	Generic	No	No	
RYVENT TAB 6MG	Carbinoxamine Maleate Tab 6 MG	ANTIHISTAMINES	Generic	No	No	
CETIRIZINE SOL 1MG/ML	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	ANTIHISTAMINES	Generic	No	No	
CETIRIZINE SOL 1MG/ML	Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	ANTIHISTAMINES	Generic	No	No	
CHLORPHENIR POW MALEATE	Chlorpheniramine Maleate Powder	ANTIHISTAMINES	Non-Preferred	No	No	
CLEMASTINE POW FUMARATE	Clemastine Fumarate Powder	ANTIHISTAMINES	Non-Preferred	No	No	
CLEMASTINE TAB 2.68MG	Clemastine Fumarate Tab 2.68 MG	ANTIHISTAMINES	Generic	No	No	
CYPROHEPTAD SYP 2MG/5ML	Cyproheptadine HCl Syrup 2 MG/5ML	ANTIHISTAMINES	Generic	No	No	
CYPROHEPTAD TAB 4MG	Cyproheptadine HCl Tab 4 MG	ANTIHISTAMINES	Generic	No	No	
CYPROHEPTAD TAB 4MG	Cyproheptadine HCl Tab 4 MG	ANTIHISTAMINES	Generic	No	No	
CLARINEX SYP 0.5MG/ML	Desloratadine Syrup 0.5 MG/ML	ANTIHISTAMINES	Non-Preferred	No	No	
DESLORATADIN TAB 5MG	Desloratadine Tab 5 MG	ANTIHISTAMINES	Generic	No	No	
CLARINEX TAB 5MG	Desloratadine Tab 5 MG	ANTIHISTAMINES	Non-Preferred	No	No	
DESLORATADIN TAB 2.5 ODT	Desloratadine Tab Orally Disintegrating 2.5 MG	ANTIHISTAMINES	Generic	No	No	
DESLORATADIN TAB 5MG ODT	Desloratadine Tab Orally Disintegrating 5 MG	ANTIHISTAMINES	Generic	No	No	
PHARBEDRYL CAP 50MG	Diphenhydramine HCl Cap 50 MG	ANTIHISTAMINES	Generic	No	No	
DIPHENHYDRAM ELX 12.5/5ML	Diphenhydramine HCl Elixir 12.5 MG/5ML	ANTIHISTAMINES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DIPHENHYDRAM INJ 50MG/ML	Diphenhydramine HCl Inj 50 MG/ML	ANTIHISTAMINES	Generic	No	No	
DIPHENHYDRAM POW HCL	Diphenhydramine HCl Powder	ANTIHISTAMINES	Non-Preferred	No	No	
DOXYLAMINE POW SUCCINAT	Doxylamine Succinate Powder	ANTIHISTAMINES	Non-Preferred	No	No	
LEVOCETIRIZI SOL 2.5/5ML	Levocetirizine Dihydrochloride Soln 2.5 MG/5ML (0.5 MG/ML)	ANTIHISTAMINES	Generic	No	No	
LEVOCETIRIZI TAB 5MG	Levocetirizine Dihydrochloride Tab 5 MG	ANTIHISTAMINES	Generic	No	No	
LEVOCETIRIZI TAB 5MG	Levocetirizine Dihydrochloride Tab 5 MG	ANTIHISTAMINES	Generic	No	No	
PHENERGAN INJ 25MG/ML	Promethazine HCl Inj 25 MG/ML	ANTIHISTAMINES	Non-Preferred	No	No	
PROMETHAZINE INJ 25MG/ML	Promethazine HCl Inj 25 MG/ML	ANTIHISTAMINES	Generic	No	No	
PHENERGAN INJ 50MG/ML	Promethazine HCl Inj 50 MG/ML	ANTIHISTAMINES	Non-Preferred	No	No	
PROMETHAZINE INJ 50MG/ML	Promethazine HCl Inj 50 MG/ML	ANTIHISTAMINES	Generic	No	No	
PROMETHEGAN SUP 12.5MG	Promethazine HCl Suppos 12.5 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE SUP 12.5MG	Promethazine HCl Suppos 12.5 MG	ANTIHISTAMINES	Generic	No	No	
PHENADOZ SUP 12.5MG	Promethazine HCl Suppos 12.5 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHEGAN SUP 25MG	Promethazine HCl Suppos 25 MG	ANTIHISTAMINES	Generic	No	No	
PHENADOZ SUP 25MG	Promethazine HCl Suppos 25 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE SUP 25MG	Promethazine HCl Suppos 25 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHEGAN SUP 50MG	Promethazine HCl Suppos 50 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE SUP 50MG	Promethazine HCl Suppos 50 MG	ANTIHISTAMINES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROMETHAZINE SYP 6.25/5ML	Promethazine HCl Syrup 6.25 MG/5ML	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE SOL 6.25/5ML	Promethazine HCl Syrup 6.25 MG/5ML	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE TAB 12.5MG	Promethazine HCl Tab 12.5 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE TAB 25MG	Promethazine HCl Tab 25 MG	ANTIHISTAMINES	Generic	No	No	
PROMETHAZINE TAB 50MG	Promethazine HCl Tab 50 MG	ANTIHISTAMINES	Generic	No	No	
PYRILAMINE CRY USP NF	Pyrilamine Maleate Crystals	ANTIHISTAMINES	Non-Preferred	No	No	
PYRILAMINE POW MALEATE	Pyrilamine Maleate Powder	ANTIHISTAMINES	Non-Preferred	No	No	
TRIPLENNAMI POW	Tripelennamine HCl Powder	ANTIHISTAMINES	Non-Preferred	No	No	
TRIPLENNAMI POW	Tripelennamine HCl Powder	ANTIHISTAMINES	Non-Preferred	No	No	
PRALUENT INJ 150MG/ML	Alirocumab Subcutaneous Soln Pen-injector 150 MG/ML	ANTIHYPERLIPIDEMICS	Non-Preferred	No	Yes	PA
PRALUENT INJ 75MG/ML	Alirocumab Subcutaneous Soln Pen-injector 75 MG/ML	ANTIHYPERLIPIDEMICS	Non-Preferred	No	Yes	PA
LIPITOR TAB 10MG	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	No Cost	Yes	No	
ATORVASTATIN TAB 10MG	Atorvastatin Calcium Tab 10 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	No Cost	Yes	No	
ATORVASTATIN TAB 20MG	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	No Cost	Yes	No	
LIPITOR TAB 20MG	Atorvastatin Calcium Tab 20 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	No Cost	Yes	No	
ATORVASTATIN TAB 40MG	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	Generic	Yes	No	
LIPITOR TAB 40MG	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
ATORVASTATIN TAB 40MG	Atorvastatin Calcium Tab 40 MG (Base Equivalent)	ANTIHYPERLIPIDEMICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATORVASTATIN TAB 80MG		Atorvastatin Calcium Tab 80 MG (Base Equivalent)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
LIPITOR	TAB 80MG	Atorvastatin Calcium Tab 80 MG (Base Equivalent)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
ATORVASTATIN TAB 80MG		Atorvastatin Calcium Tab 80 MG (Base Equivalent)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
ATORVA/COQ10 PAK 20-100MG		Atorvastatin Tab 20 MG & Coenzyme Q10 Cap 100 MG Ther Pack	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	PA
CHOLESTYRAM POW 4GM LITE		Cholestyramine Light Powder 4 GM/DOSE	ANTHYPERLIPIDEMICS	Generic	Yes	No	
QUESTRAN	POW 4GM LITE	Cholestyramine Light Powder 4 GM/DOSE	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
PREVALITE	POW 4GM	Cholestyramine Light Powder 4 GM/DOSE	ANTHYPERLIPIDEMICS	Generic	Yes	No	
PREVALITE	POW 4GM PK	Cholestyramine Light Powder Packets 4 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
CHOLESTYRAM POW 4GM LITE		Cholestyramine Light Powder Packets 4 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
QUESTRAN	POW 4GM	Cholestyramine Powder 4 GM/DOSE	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
CHOLESTYRAM POW 4GM		Cholestyramine Powder 4 GM/DOSE	ANTHYPERLIPIDEMICS	Generic	Yes	No	
CHOLESTYRAM POW 4GM		Cholestyramine Powder 4 GM/DOSE	ANTHYPERLIPIDEMICS	Generic	Yes	No	
QUESTRAN	POW 4GM	Cholestyramine Powder Packets 4 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
CHOLESTYRAM POW 4GM		Cholestyramine Powder Packets 4 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
CHOLESTYRAM POW 4GM		Cholestyramine Powder Packets 4 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRIC	CAP 135MG DR	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
TRILIPIX	CAP 135MG	Choline Fenofibrate Cap DR 135 MG (Fenofibric Acid Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
TRILIPIX	CAP 45MG	Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENOFIBRIC	CAP 45MG DR	Choline Fenofibrate Cap DR 45 MG (Fenofibric Acid Equiv)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
WELCHOL	PAK 3.75GM	Colesevelam HCl Packet For Susp 3.75 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESEVELAM	PAK 3.75	Colesevelam HCl Packet For Susp 3.75 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
COLESEVELAM	TAB 625MG	Colesevelam HCl Tab 625 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
COLESEVELAM	TAB 625MG	Colesevelam HCl Tab 625 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
WELCHOL	TAB 625MG	Colesevelam HCl Tab 625 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESTID	POW 5GM	Colestipol HCl Granule Packets 5 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESTID FLA GRA	5/7.5GM	Colestipol HCl Granule Packets 5 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESTIPOL	GRA 5GM	Colestipol HCl Granule Packets 5 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
COLESTIPOL	GRA 5GM	Colestipol HCl Granules 5 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
COLESTID FLA GRA	5GM	Colestipol HCl Granules 5 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESTID	GRA 5GM	Colestipol HCl Granules 5 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESTID	TAB 1GM	Colestipol HCl Tab 1 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
COLESTIPOL	TAB 1GM	Colestipol HCl Tab 1 GM	ANTHYPERLIPIDEMICS	Generic	Yes	No	
REPATHA SURE INJ	140MG/ML	Evolocumab Subcutaneous Soln Auto-Injector 140 MG/ML	ANTHYPERLIPIDEMICS	Preferred	No	Yes	*Various UM Required
REPATHA PUSH INJ	420/3.5	Evolocumab Subcutaneous Soln Cartridge/Infusor 420 MG/3.5ML	ANTHYPERLIPIDEMICS	Preferred	No	Yes	*Various UM Required
REPATHA	INJ 140MG/ML	Evolocumab Subcutaneous Soln Prefilled Syringe 140 MG/ML	ANTHYPERLIPIDEMICS	Preferred	No	Yes	*Various UM Required
ZETIA	TAB 10MG	Ezetimibe Tab 10 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EZETIMIBE	TAB 10MG	Ezetimibe Tab 10 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
EZETIM/SIMVA TAB 10-10MG		Ezetimibe-Simvastatin Tab 10-10 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
EZETIM/SIMVA TAB 10-10MG		Ezetimibe-Simvastatin Tab 10-10 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
VYTORIN	TAB 10-10MG	Ezetimibe-Simvastatin Tab 10-10 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
VYTORIN	TAB 10-20MG	Ezetimibe-Simvastatin Tab 10-20 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
EZETIM/SIMVA TAB 10-20MG		Ezetimibe-Simvastatin Tab 10-20 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
EZETIM/SIMVA TAB 10-20MG		Ezetimibe-Simvastatin Tab 10-20 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
EZETIM/SIMVA TAB 10-40MG		Ezetimibe-Simvastatin Tab 10-40 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
VYTORIN	TAB 10-40MG	Ezetimibe-Simvastatin Tab 10-40 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
EZETIM/SIMVA TAB 10-40MG		Ezetimibe-Simvastatin Tab 10-40 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
EZETIM/SIMVA TAB 10-80MG		Ezetimibe-Simvastatin Tab 10-80 MG	ANTHYPERLIPIDEMICS	Generic	No	No	
VYTORIN	TAB 10-80MG	Ezetimibe-Simvastatin Tab 10-80 MG	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	
EZETIM/SIMVA TAB 10-80MG		Ezetimibe-Simvastatin Tab 10-80 MG	ANTHYPERLIPIDEMICS	Generic	No	No	
LIPOFEN	CAP 150MG	Fenofibrate Cap 150 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRATE CAP 150MG		Fenofibrate Cap 150 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE CAP 50MG		Fenofibrate Cap 50 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
LIPOFEN	CAP 50MG	Fenofibrate Cap 50 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRATE CAP 130MG		Fenofibrate Micronized Cap 130 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENOFIBRATE CAP 134MG	Fenofibrate Micronized Cap 134 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE CAP 134MG	Fenofibrate Micronized Cap 134 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE CAP 200MG	Fenofibrate Micronized Cap 200 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE CAP 200MG	Fenofibrate Micronized Cap 200 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
ANTARA CAP 30MG	Fenofibrate Micronized Cap 30 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRATE CAP 43MG	Fenofibrate Micronized Cap 43 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE CAP 67MG	Fenofibrate Micronized Cap 67 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE CAP 67MG	Fenofibrate Micronized Cap 67 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
ANTARA CAP 90MG	Fenofibrate Micronized Cap 90 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRATE TAB 120MG	Fenofibrate Tab 120 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOGLIDE TAB 120MG	Fenofibrate Tab 120 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRATE TAB 145MG	Fenofibrate Tab 145 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
TRICOR TAB 145MG	Fenofibrate Tab 145 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
FENOFIBRATE TAB 160	Fenofibrate Tab 160 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
TRIGLIDE TAB 160MG	Fenofibrate Tab 160 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRATE TAB 160MG	Fenofibrate Tab 160 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE TAB 160MG	Fenofibrate Tab 160 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE TAB 40MG	Fenofibrate Tab 40 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FENOGLIDE	TAB 40MG	Fenofibrate Tab 40 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
TRICOR	TAB 48MG	Fenofibrate Tab 48 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
FENOFIBRATE	TAB 48MG	Fenofibrate Tab 48 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE	TAB 54MG	Fenofibrate Tab 54 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FENOFIBRATE	TAB 54MG	Fenofibrate Tab 54 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FIBRICOR	TAB 105MG	Fenofibric Acid Tab 105 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRIC	TAB 105MG	Fenofibric Acid Tab 105 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FIBRICOR	TAB 35MG	Fenofibric Acid Tab 35 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
FENOFIBRIC	TAB 35MG	Fenofibric Acid Tab 35 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
FLUVASTATIN	CAP 20MG	Fluvastatin Sodium Cap 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
FLUVASTATIN	CAP 40MG	Fluvastatin Sodium Cap 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
FLUVASTATIN	TAB 80MG ER	Fluvastatin Sodium Tab ER 24 HR 80 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
LESCOL XL	TAB 80MG	Fluvastatin Sodium Tab ER 24 HR 80 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
GEMFIBROZIL	POW	Gemfibrozil Powder	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	
GEMFIBROZIL	TAB 600MG	Gemfibrozil Tab 600 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
GEMFIBROZIL	TAB 600MG	Gemfibrozil Tab 600 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
LOPID	TAB 600MG	Gemfibrozil Tab 600 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
VASCEPA	CAP 0.5GM	Icosapent Ethyl Cap 0.5 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VASCEPA	CAP 1GM	Icosapent Ethyl Cap 1 GM	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
JUXTAPID	CAP 10MG	Lomitapide Mesylate Cap 10 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
JUXTAPID	CAP 20MG	Lomitapide Mesylate Cap 20 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
JUXTAPID	CAP 30MG	Lomitapide Mesylate Cap 30 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
JUXTAPID	CAP 40MG	Lomitapide Mesylate Cap 40 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
JUXTAPID	CAP 5MG	Lomitapide Mesylate Cap 5 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
JUXTAPID	CAP 60MG	Lomitapide Mesylate Cap 60 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
LOVASTATIN	TAB 10MG	Lovastatin Tab 10 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
LOVASTATIN	TAB 20MG	Lovastatin Tab 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
LOVASTATIN	TAB 40MG	Lovastatin Tab 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
MEVACOR	TAB 40MG	Lovastatin Tab 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ALTOPREV	TAB 20MG ER	Lovastatin Tab ER 24HR 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ALTOPREV	TAB 40MG ER	Lovastatin Tab ER 24HR 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ALTOPREV	TAB 60MG ER	Lovastatin Tab ER 24HR 60 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
KYNAMRO	INJ 200MG/ML	Mipomersen Sodium Soln Prefilled Syringe 200 MG/ML	ANTHYPERLIPIDEMICS	Non-Preferred	No	Yes	*Various UM Required
NIACOR	TAB 500MG	Niacin (Antihyperlipidemic) Tab 500 MG	ANTHYPERLIPIDEMICS	Generic	No	No	
NIASPAN	TAB 1000 ER	Niacin Tab ER 1000 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
NIACIN ER	TAB 1000MG	Niacin Tab ER 1000 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NIASPAN	TAB 500MG ER	Niacin Tab ER 500 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
NIACIN ER	TAB 500MG	Niacin Tab ER 500 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
NIACIN ER	TAB 500MG ER	Niacin Tab ER 500 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
NIACIN	TAB 500MG ER	Niacin Tab ER 500 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
NIACIN ER	TAB 750MG	Niacin Tab ER 750 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Generic	Yes	No	
NIASPAN	TAB 750MG ER	Niacin Tab ER 750 MG (Antihyperlipidemic)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	
LOVAZA	CAP 1GM	Omega-3-acid Ethyl Esters Cap 1 GM	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	
OMEGA-3-ACID CAP 1GM		Omega-3-acid Ethyl Esters Cap 1 GM	ANTHYPERLIPIDEMICS	Generic	No	No	
SURE RESULT KIT O3D3 SYS		Omega-3-acid Ethyl Esters Cap 1GM & Vit D3 Cap 1000 Unit Kit	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	PA
OMEGA-3/D-3 KIT WELLNESS		Omega-3-acid Ethyl Esters Cap 1GM & Vit D3 Cap 1000 Unit Kit	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	PA
LIVALO	TAB 1MG	Pitavastatin Calcium Tab 1 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
LIVALO	TAB 2MG	Pitavastatin Calcium Tab 2 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
LIVALO	TAB 4MG	Pitavastatin Calcium Tab 4 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
ZYPITAMAG	TAB 1MG	Pitavastatin Magnesium Tab 1 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
ZYPITAMAG	TAB 2MG	Pitavastatin Magnesium Tab 2 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
ZYPITAMAG	TAB 4MG	Pitavastatin Magnesium Tab 4 MG (Base Equiv)	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
PRAVASTATIN TAB 10MG		Pravastatin Sodium Tab 10 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
PRAVACHOL	TAB 20MG	Pravastatin Sodium Tab 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRAVASTATIN TAB 20MG	Pravastatin Sodium Tab 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
PRAVACHOL TAB 40MG	Pravastatin Sodium Tab 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
PRAVASTATIN TAB 40MG	Pravastatin Sodium Tab 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
PRAVASTATIN TAB 80MG	Pravastatin Sodium Tab 80 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
PRAVACHOL TAB 80MG	Pravastatin Sodium Tab 80 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
CRESTOR TAB 10MG	Rosuvastatin Calcium Tab 10 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ROSUVASTATIN TAB 10MG	Rosuvastatin Calcium Tab 10 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ROSUVASTATIN TAB 20MG	Rosuvastatin Calcium Tab 20 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
ROSUVASTATIN TAB 20MG	Rosuvastatin Calcium Tab 20 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
CRESTOR TAB 20MG	Rosuvastatin Calcium Tab 20 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
ROSUVASTATIN TAB 40MG	Rosuvastatin Calcium Tab 40 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
ROSUVASTATIN TAB 40MG	Rosuvastatin Calcium Tab 40 MG	ANTHYPERLIPIDEMICS	Generic	Yes	No	
CRESTOR TAB 40MG	Rosuvastatin Calcium Tab 40 MG	ANTHYPERLIPIDEMICS	Non-Preferred	Yes	No	PA
CRESTOR TAB 5MG	Rosuvastatin Calcium Tab 5 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ROSUVASTATIN TAB 5MG	Rosuvastatin Calcium Tab 5 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
FLOLIPID SUS 20MG/5ML	Simvastatin Susp 20 MG/5ML (4 MG/ML)	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
FLOLIPID SUS 40MG/5ML	Simvastatin Susp 40 MG/5ML (8 MG/ML)	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ZOCOR TAB 10MG	Simvastatin Tab 10 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SIMVASTATIN TAB 10MG	Simvastatin Tab 10 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
SIMVASTATIN TAB 20MG	Simvastatin Tab 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ZOCOR TAB 20MG	Simvastatin Tab 20 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
SIMVASTATIN TAB 40MG	Simvastatin Tab 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ZOCOR TAB 40MG	Simvastatin Tab 40 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
SIMVASTATIN TAB 5MG	Simvastatin Tab 5 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ZOCOR TAB 5MG	Simvastatin Tab 5 MG	ANTHYPERLIPIDEMICS	No Cost	Yes	No	
ZOCOR TAB 80MG	Simvastatin Tab 80 MG	ANTHYPERLIPIDEMICS	Non-Preferred	No	No	
SIMVASTATIN TAB 80MG	Simvastatin Tab 80 MG	ANTHYPERLIPIDEMICS	Generic	No	No	
TEKTURNA TAB 150MG	Aliskiren Fumarate Tab 150 MG (Base Equivalent)	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
TEKTURNA TAB 300MG	Aliskiren Fumarate Tab 300 MG (Base Equivalent)	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
TEKTURNA HCT TAB 150-12.5	Aliskiren-Hydrochlorothiazide Tab 150-12.5 MG	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
TEKTURNA HCT TAB 150-25MG	Aliskiren-Hydrochlorothiazide Tab 150-25 MG	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
TEKTURNA HCT TAB 300-12.5	Aliskiren-Hydrochlorothiazide Tab 300-12.5 MG	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
TEKTURNA HCT TAB 300-25MG	Aliskiren-Hydrochlorothiazide Tab 300-25 MG	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
LOTREL CAP 10-20MG	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	ANTHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/BENAZP CAP 10-20MG	Amlodipine Besylate-Benazepril HCl Cap 10-20 MG	ANTHYPERTENSIVES	Generic	Yes	No	
AMLOD/BENAZP CAP 10-40MG	Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	ANTHYPERTENSIVES	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LOTREL	CAP 10-40MG	Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/BENAZP CAP 10-40MG		Amlodipine Besylate-Benazepril HCl Cap 10-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/BENAZP CAP 2.5-10MG		Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/BENAZP CAP 5-10MG		Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTREL	CAP 5-10MG	Amlodipine Besylate-Benazepril HCl Cap 5-10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/BENAZP CAP 5-20MG		Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTREL	CAP 5-20MG	Amlodipine Besylate-Benazepril HCl Cap 5-20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/BENAZP CAP 5-40MG		Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/BENAZP CAP 5-40MG		Amlodipine Besylate-Benazepril HCl Cap 5-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AZOR	TAB 10-20MG	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/OLMESA TAB 10-20MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/OLMESA TAB 10-20MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 10-20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AZOR	TAB 10-40MG	Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/OLMESA TAB 10-40MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/OLMESA TAB 10-40MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 10-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/OLMESA TAB 5-20MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/OLMESA TAB 5-20MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AZOR	TAB 5-20MG	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMLOD/OLMESA TAB 5-40MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/OLMESA TAB 5-40MG		Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AZOR	TAB 5-40MG	Amlodipine Besylate-Olmesartan Medoxomil Tab 5-40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AMLOD/VALSAR TAB 10-160MG		Amlodipine Besylate-Valsartan Tab 10-160 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/VALSAR TAB 10-160MG		Amlodipine Besylate-Valsartan Tab 10-160 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGE	TAB 10-160MG	Amlodipine Besylate-Valsartan Tab 10-160 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
AMLOD/VALSAR TAB 10-320MG		Amlodipine Besylate-Valsartan Tab 10-320 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/VALSAR TAB 10-320MG		Amlodipine Besylate-Valsartan Tab 10-320 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGE	TAB 10-320MG	Amlodipine Besylate-Valsartan Tab 10-320 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
AMLOD/VALSAR TAB 5-160MG		Amlodipine Besylate-Valsartan Tab 5-160 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGE	TAB 5-160MG	Amlodipine Besylate-Valsartan Tab 5-160 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
AMLOD/VALSAR TAB 5-160MG		Amlodipine Besylate-Valsartan Tab 5-160 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/VALSAR TAB 5-320MG		Amlodipine Besylate-Valsartan Tab 5-320 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/VALSAR TAB 5-320MG		Amlodipine Besylate-Valsartan Tab 5-320 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGE	TAB 5-320MG	Amlodipine Besylate-Valsartan Tab 5-320 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
EXFORGEH/10- TAB 160-12.5		Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
AMLOD/VALSAR TAB /HCTZ		Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMLOD/VALSAR TAB /HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGEH/10- TAB 160-25	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-160-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
EXFORGEH/10- TAB 320-25	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
AMLOD/VALSAR TAB /HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 10-320-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AMLOD/VALSAR TAB /HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGEH/5- TAB 160-12.5	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
AMLOD/VALSAR TAB /HCTZ	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EXFORGEH/5- TAB 160-25	Amlodipine-Valsartan-Hydrochlorothiazide Tab 5-160-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
ATENOL/CHLOR TAB 100-25MG	Atenolol & Chlorthalidone Tab 100-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TENORETIC TAB 100	Atenolol & Chlorthalidone Tab 100-25 MG	ANTIHYPERTENSIVES	Preferred	Yes	No	
ATENOL/CHLOR TAB 50-25MG	Atenolol & Chlorthalidone Tab 50-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TENORETIC TAB 50	Atenolol & Chlorthalidone Tab 50-25 MG	ANTIHYPERTENSIVES	Preferred	Yes	No	
EDARBI TAB 40MG	Azilsartan Medoxomil Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
EDARBI TAB 80MG	Azilsartan Medoxomil Tab 80 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
EDARBYCLOR TAB 40-12.5	Azilsartan Medoxomil-Chlorthalidone Tab 40-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EDARBYCLOR TAB 40-25MG	Azilsartan Medoxomil-Chlorthalidone Tab 40-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
LOTENSIN HCT TAB 10-12.5	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BENAZEPRIL/HCTZ TAB 10-12.5	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTENSIN HCT TAB 20-12.5	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BENAZEPRIL/HCTZ TAB 20-12.5	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENAZEPRIL/HCTZ TAB 20-25MG	Benazepril & Hydrochlorothiazide Tab 20-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTENSIN HCT TAB 20-25MG	Benazepril & Hydrochlorothiazide Tab 20-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BENAZEPRIL/HCTZ TAB 5-6.25	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTENSIN TAB 10MG	Benazepril HCl Tab 10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BENAZEPRIL TAB 10MG	Benazepril HCl Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENAZEPRIL TAB 20MG	Benazepril HCl Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTENSIN TAB 20MG	Benazepril HCl Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BENAZEPRIL TAB 40MG	Benazepril HCl Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOTENSIN TAB 40MG	Benazepril HCl Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BENAZEPRIL TAB 5MG	Benazepril HCl Tab 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BISOPROLOL/HCTZ TAB 10/6.25	Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZIAC TAB 10/6.25	Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BISOPROLOL/HCTZ TAB 2.5/6.25	Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZIAC	TAB 2.5/6.25	Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
BISOPRL/HCTZ TAB 5-6.25MG		Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZIAC	TAB 5-6.25MG	Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CANDESARTAN TAB 16MG		Candesartan Cilexetil Tab 16 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ATACAND	TAB 16MG	Candesartan Cilexetil Tab 16 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
ATACAND	TAB 32MG	Candesartan Cilexetil Tab 32 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
CANDESARTAN TAB 32MG		Candesartan Cilexetil Tab 32 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESARTAN TAB 4MG		Candesartan Cilexetil Tab 4 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ATACAND	TAB 4MG	Candesartan Cilexetil Tab 4 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
ATACAND	TAB 8MG	Candesartan Cilexetil Tab 8 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
CANDESARTAN TAB 8MG		Candesartan Cilexetil Tab 8 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESA/HCTZ TAB 16-12.5		Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESA/HCTZ TAB 16-12.5		Candesartan Cilexetil-Hydrochlorothiazide Tab 16-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESA/HCTZ TAB 32-12.5		Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESA/HCTZ TAB 32-12.5		Candesartan Cilexetil-Hydrochlorothiazide Tab 32-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESA/HCTZ TAB 32-25MG		Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CANDESA/HCTZ TAB 32-25MG		Candesartan Cilexetil-Hydrochlorothiazide Tab 32-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPR/HCTZ TAB 25-15MG		Captopril & Hydrochlorothiazide Tab 25-15 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CAPTOPR/HCTZ TAB 25-25MG	Captopril & Hydrochlorothiazide Tab 25-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPR/HCTZ TAB 50-15MG	Captopril & Hydrochlorothiazide Tab 50-15 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPR/HCTZ TAB 50-25MG	Captopril & Hydrochlorothiazide Tab 50-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPRIL TAB 100MG	Captopril Tab 100 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPRIL TAB 12.5MG	Captopril Tab 12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPRIL TAB 25MG	Captopril Tab 25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CAPTOPRIL TAB 50MG	Captopril Tab 50 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CLONIDINE POW	Clonidine HCl Powder	ANTIHYPERTENSIVES	Non-Preferred	No	No	
CLONIDINE POW	Clonidine HCl Powder	ANTIHYPERTENSIVES	Non-Preferred	No	No	
CATAPRES TAB 0.1MG	Clonidine HCl Tab 0.1 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CLONIDINE TAB 0.1MG	Clonidine HCl Tab 0.1 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CLONIDINE TAB 0.2MG	Clonidine HCl Tab 0.2 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CATAPRES TAB 0.2MG	Clonidine HCl Tab 0.2 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CLONIDINE TAB 0.3MG	Clonidine HCl Tab 0.3 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CATAPRES TAB 0.3MG	Clonidine HCl Tab 0.3 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CLONIDINE DIS 0.1/24HR	Clonidine TD Patch Weekly 0.1 MG/24HR	ANTIHYPERTENSIVES	Generic	Yes	No	
CATAPRES-TTS DIS 0.1/24HR	Clonidine TD Patch Weekly 0.1 MG/24HR	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CATAPRES-TTS DIS 0.2/24HR	Clonidine TD Patch Weekly 0.2 MG/24HR	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLONIDINE	DIS 0.2/24HR	Clonidine TD Patch Weekly 0.2 MG/24HR	ANTIHYPERTENSIVES	Generic	Yes	No	
CATAPRES-TTS	DIS 0.3/24HR	Clonidine TD Patch Weekly 0.3 MG/24HR	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CLONIDINE	DIS 0.3/24HR	Clonidine TD Patch Weekly 0.3 MG/24HR	ANTIHYPERTENSIVES	Generic	Yes	No	
CARDURA	TAB 1MG	Doxazosin Mesylate Tab 1 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
DOXAZOSIN	TAB 1MG	Doxazosin Mesylate Tab 1 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CARDURA	TAB 2MG	Doxazosin Mesylate Tab 2 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
DOXAZOSIN	TAB 2MG	Doxazosin Mesylate Tab 2 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DOXAZOSIN	TAB 4MG	Doxazosin Mesylate Tab 4 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CARDURA	TAB 4MG	Doxazosin Mesylate Tab 4 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CARDURA	TAB 8MG	Doxazosin Mesylate Tab 8 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
DOXAZOSIN	TAB 8MG	Doxazosin Mesylate Tab 8 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VASERETIC	TAB 10-25MG	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ENALAPR/HCTZ	TAB 10-25MG	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ENALAPR/HCTZ	TAB 5-12.5MG	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EPANED	SOL 1MG/ML	Enalapril Maleate For Oral Soln 1 MG/ML	ANTIHYPERTENSIVES	No Cost	No	No	
EPANED	SOL 1MG/ML	Enalapril Maleate Oral Soln 1 MG/ML	ANTIHYPERTENSIVES	No Cost	No	No	
ENALAPRIL	TAB 10MG	Enalapril Maleate Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VASOTEC	TAB 10MG	Enalapril Maleate Tab 10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ENALAPRIL	TAB 2.5MG	Enalapril Maleate Tab 2.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VASOTEC	TAB 2.5MG	Enalapril Maleate Tab 2.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
VASOTEC	TAB 20MG	Enalapril Maleate Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ENALAPRIL	TAB 20MG	Enalapril Maleate Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VASOTEC	TAB 5MG	Enalapril Maleate Tab 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ENALAPRIL	TAB 5MG	Enalapril Maleate Tab 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ENALAPRILAT	INJ 1.25/ML	Enalaprilat IV Inj 1.25 MG/ML	ANTIHYPERTENSIVES	Generic	No	No	
EPLERENONE	TAB 25MG	Eplerenone Tab 25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
INSPRA	TAB 25MG	Eplerenone Tab 25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
EPLERENONE	TAB 25MG	Eplerenone Tab 25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
INSPRA	TAB 50MG	Eplerenone Tab 50 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
EPLERENONE	TAB 50MG	Eplerenone Tab 50 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EPLERENONE	TAB 50MG	Eplerenone Tab 50 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
EPROSART	MES TAB 600MG	Eprosartan Mesylate Tab 600 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CORLOPAM	INJ 10MG/ML	Fenoldopam Mesylate IV Inj 10 MG/ML (Base Equiv)	ANTIHYPERTENSIVES	Non-Preferred	No	No	
CORLOPAM	INJ 10MG/ML	Fenoldopam Mesylate IV Inj 20 MG/2ML (Base Equiv)	ANTIHYPERTENSIVES	Non-Preferred	No	No	
FOSINOP/HCTZ	TAB 10/12.5	Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
FOSINOP/HCTZ	TAB 20/12.5	Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FOSINOPRIL TAB 10MG	Fosinopril Sodium Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
FOSINOPRIL TAB 20MG	Fosinopril Sodium Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
FOSINOPRIL TAB 40MG	Fosinopril Sodium Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
GUANFACINE TAB 1MG	Guanfacine HCl Tab 1 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
GUANFACINE TAB 2MG	Guanfacine HCl Tab 2 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYDRALAZINE INJ 20MG/ML	Hydralazine HCl Inj 20 MG/ML	ANTIHYPERTENSIVES	Generic	No	No	
HYDRALAZINE TAB 10MG	Hydralazine HCl Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYDRALAZINE TAB 100MG	Hydralazine HCl Tab 100 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYDRALAZINE TAB 25MG	Hydralazine HCl Tab 25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYDRALAZINE TAB 50MG	Hydralazine HCl Tab 50 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AVAPRO TAB 150MG	Irbesartan Tab 150 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
IRBESARTAN TAB 150MG	Irbesartan Tab 150 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
IRBESARTAN TAB 300MG	Irbesartan Tab 300 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AVAPRO TAB 300MG	Irbesartan Tab 300 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
AVAPRO TAB 75MG	Irbesartan Tab 75 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
IRBESARTAN TAB 75MG	Irbesartan Tab 75 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
IRBESAR/HCTZ TAB 150-12.5	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AVALIDE TAB 150-12.5	Irbesartan-Hydrochlorothiazide Tab 150-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IRBESAR/HCTZ TAB 300-12.5		Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
AVALIDE	TAB 300-12.5	Irbesartan-Hydrochlorothiazide Tab 300-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ZESTORETIC	TAB 10-12.5	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOP/HCTZ TAB 10-12.5		Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZESTORETIC	TAB 20-12.5	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOP/HCTZ TAB 20-12.5		Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LISINOP/HCTZ TAB 20-25MG		Lisinopril & Hydrochlorothiazide Tab 20-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZESTORETIC	TAB 20-25MG	Lisinopril & Hydrochlorothiazide Tab 20-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
QBRELIS	SOL 1MG/ML	Lisinopril Oral Soln 1 MG/ML	ANTIHYPERTENSIVES	No Cost	Yes	No	
PRINIVIL	TAB 10MG	Lisinopril Tab 10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOPRIL TAB 10MG		Lisinopril Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LISINOPRIL TAB 10MG		Lisinopril Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZESTRIL	TAB 10MG	Lisinopril Tab 10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ZESTRIL	TAB 2.5MG	Lisinopril Tab 2.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOPRIL TAB 2.5MG		Lisinopril Tab 2.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZESTRIL	TAB 20MG	Lisinopril Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOPRIL TAB 20MG		Lisinopril Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LISINOPRIL TAB 20MG		Lisinopril Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRINIVIL	TAB 20MG	Lisinopril Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ZESTRIL	TAB 30MG	Lisinopril Tab 30 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOPRIL	TAB 30MG	Lisinopril Tab 30 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ZESTRIL	TAB 40MG	Lisinopril Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOPRIL	TAB 40MG	Lisinopril Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
PRINIVIL	TAB 5MG	Lisinopril Tab 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ZESTRIL	TAB 5MG	Lisinopril Tab 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LISINOPRIL	TAB 5MG	Lisinopril Tab 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYZAAR	TAB 100-12.5	Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LOSARTAN/HCT TAB 100-12.5		Losartan Potassium & Hydrochlorothiazide Tab 100-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYZAAR	TAB 100-25	Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LOSARTAN/HCT TAB 100-25		Losartan Potassium & Hydrochlorothiazide Tab 100-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
HYZAAR	TAB 50-12.5	Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LOSARTAN/HCT TAB 50-12.5		Losartan Potassium & Hydrochlorothiazide Tab 50-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOSARTAN POT TAB 100MG		Losartan Potassium Tab 100 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
COZAAR	TAB 100MG	Losartan Potassium Tab 100 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LOSARTAN POT TAB 25MG		Losartan Potassium Tab 25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
COZAAR	TAB 25MG	Losartan Potassium Tab 25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
COZAAR	TAB 50MG	Losartan Potassium Tab 50 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
LOSARTAN POT TAB 50MG		Losartan Potassium Tab 50 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VECAMYL	TAB 2.5MG	Mecamylamine HCl Tab 2.5 MG	ANTIHYPERTENSIVES	Non-Preferred	No	No	
METHYLD/HCTZ TAB 250/15		Methyldopa & Hydrochlorothiazide Tab 250-15 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
METHYLD/HCTZ TAB 250/25		Methyldopa & Hydrochlorothiazide Tab 250-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
METHYLDOPA TAB 250MG		Methyldopa Tab 250 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
METHYLDOPA TAB 500MG		Methyldopa Tab 500 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
METHYLDOPATE INJ 250/5ML		Methyldopate HCl Inj 250 MG/5ML	ANTIHYPERTENSIVES	Generic	No	No	
METOPRL/HCTZ TAB 100-25MG		Metoprolol & Hydrochlorothiazide Tab 100-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
METOPRL/HCTZ TAB 100-50MG		Metoprolol & Hydrochlorothiazide Tab 100-50 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
METOPRL/HCTZ TAB 50-25MG		Metoprolol & Hydrochlorothiazide Tab 50-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
LOPRESS HCT TAB 50-25MG		Metoprolol & Hydrochlorothiazide Tab 50-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
DUTOPROL	TAB 100-12.5	Metoprolol & Hydrochlorothiazide Tab ER 24HR 100-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
METOPRO/HCTZ TAB 100-12.5		Metoprolol & Hydrochlorothiazide Tab ER 24HR 100-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
METOPRO/HCTZ TAB 25-12.5		Metoprolol & Hydrochlorothiazide Tab ER 24HR 25-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
DUTOPROL	TAB 25-12.5	Metoprolol & Hydrochlorothiazide Tab ER 24HR 25-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
DUTOPROL	TAB 50-12.5	Metoprolol & Hydrochlorothiazide Tab ER 24HR 50-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
METOPRO/HCTZ TAB 50-12.5		Metoprolol & Hydrochlorothiazide Tab ER 24HR 50-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEMSER	CAP 250MG	Metyrosine Cap 250 MG	ANTIHYPERTENSIVES	Non-Preferred	No	No	
MINOXIDIL	TAB 10MG	Minoxidil Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MINOXIDIL	TAB 2.5MG	Minoxidil Tab 2.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MOEXIPRIL	TAB 15MG	Moexipril HCl Tab 15 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MOEXIPRIL	TAB 7.5MG	Moexipril HCl Tab 7.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MOEXIPR/HCTZ TAB 15-12.5		Moexipril-Hydrochlorothiazide Tab 15-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MOEXIPR/HCTZ TAB 15-25MG		Moexipril-Hydrochlorothiazide Tab 15-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MOEXIPR/HCTZ TAB 7.5-12.5		Moexipril-Hydrochlorothiazide Tab 7.5-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
NADOLOL/BEND TAB 40-5MG		Nadolol & Bendroflumethiazide Tab 40-5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
CORZIDE	TAB 40-5MG	Nadolol & Bendroflumethiazide Tab 40-5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
CORZIDE	TAB 80-5MG	Nadolol & Bendroflumethiazide Tab 80-5 MG	ANTIHYPERTENSIVES	Preferred	Yes	No	
BYVALSON	TAB 5-80MG	Nebivolol-Valsartan Tab 5-80 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
NIPRIDE RTU	INJ 10/50ML	Nitroprusside Sodium in NaCl 0.9% IV Soln 10 MG/50ML	ANTIHYPERTENSIVES	Non-Preferred	No	No	PA
NIPRIDE RTU	INJ 20/100ML	Nitroprusside Sodium in NaCl 0.9% IV Soln 20 MG/100ML	ANTIHYPERTENSIVES	Non-Preferred	No	No	PA
NIPRIDE RTU	INJ 50/100ML	Nitroprusside Sodium in NaCl 0.9% IV Soln 50 MG/100ML	ANTIHYPERTENSIVES	Non-Preferred	No	No	PA
NITROPRESS	INJ 25MG/ML	Nitroprusside Sodium IV Soln 25 MG/ML	ANTIHYPERTENSIVES	Non-Preferred	No	No	
SODIUM NITRO INJ 25MG/ML		Nitroprusside Sodium IV Soln 25 MG/ML	ANTIHYPERTENSIVES	Generic	No	No	
SODIUM NITRO INJ 25MG/ML		Nitroprusside Sodium IV Soln 25 MG/ML	ANTIHYPERTENSIVES	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OLMESA MEDOX TAB 20MG		Olmesartan Medoxomil Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENICAR	TAB 20MG	Olmesartan Medoxomil Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
OLMESA MEDOX TAB 20MG		Olmesartan Medoxomil Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
OLMESA MEDOX TAB 40MG		Olmesartan Medoxomil Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENICAR	TAB 40MG	Olmesartan Medoxomil Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
OLMESA MEDOX TAB 40MG		Olmesartan Medoxomil Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENICAR	TAB 5MG	Olmesartan Medoxomil Tab 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
OLMESA MEDOX TAB 5MG		Olmesartan Medoxomil Tab 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
OLMESA MEDOX TAB 5MG		Olmesartan Medoxomil Tab 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENICAR HCT TAB 20-12.5		Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
OLM MED/HCTZ TAB 20-12.5		Olmesartan Medoxomil-Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENICAR HCT TAB 40-12.5		Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
OLM MED/HCTZ TAB 40-12.5		Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
BENICAR HCT TAB 40-25MG		Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
OLM MED/HCTZ TAB 40-25MG		Olmesartan Medoxomil-Hydrochlorothiazide Tab 40-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TRIBENZOR20- TAB 5-12.5MG		Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
OLM MED/AMLO TAB /HCTZ		Olmesartan-Amlodipine-Hydrochlorothiazide Tab 20-5-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
OLM MED/AMLO TAB /HCTZ		Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIBENZOR40- TAB 10-12.5	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TRIBENZOR40- TAB 10-25MG	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
OLM MED/AMLO TAB /HCTZ	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-10-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TRIBENZOR40- TAB 5-12.5MG	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
OLM MED/AMLO TAB /HCTZ	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TRIBENZOR40- TAB 5-25MG	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
OLM MED/AMLO TAB /HCTZ	Olmesartan-Amlodipine-Hydrochlorothiazide Tab 40-5-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
PRESTALIA TAB 14-10MG	Perindopril Arginine-Amlodipine Besylate Tab 14-10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
PRESTALIA TAB 3.5-2.5	Perindopril Arginine-Amlodipine Besylate Tab 3.5-2.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
PRESTALIA TAB 7-5MG	Perindopril Arginine-Amlodipine Besylate Tab 7-5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
PERINDOPRIL TAB 2MG	Perindopril Erbumine Tab 2 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
PERINDOPRIL TAB 4MG	Perindopril Erbumine Tab 4 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
PERINDOPRIL TAB 8MG	Perindopril Erbumine Tab 8 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIBENZYLINE CAP 10MG	Phenoxybenzamine HCl Cap 10 MG	ANTIHYPERTENSIVES	Non-Preferred	No	No	
PHENOXYBENZA CAP 10MG	Phenoxybenzamine HCl Cap 10 MG	ANTIHYPERTENSIVES	Generic	No	No	
PHENTOLAMINE INJ 5MG	Phentolamine Mesylate For Inj 5 MG	ANTIHYPERTENSIVES	Generic	No	No	
PRAZOSIN HCL CAP 1MG	Prazosin HCl Cap 1 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MINIPRESS CAP 1MG	Prazosin HCl Cap 1 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRAZOSIN HCL CAP 2MG	Prazosin HCl Cap 2 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MINIPRESS CAP 2MG	Prazosin HCl Cap 2 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
MINIPRESS CAP 5MG	Prazosin HCl Cap 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
PRAZOSIN HCL CAP 5MG	Prazosin HCl Cap 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
PRAZOSIN HCL POW	Prazosin HCl Powder	ANTIHYPERTENSIVES	Non-Preferred	No	No	
PROPRAN/HCTZ TAB 40/25	Propranolol & Hydrochlorothiazide Tab 40-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
PROPRAN/HCTZ TAB 80/25	Propranolol & Hydrochlorothiazide Tab 80-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ACCUPRIL TAB 10MG	Quinapril HCl Tab 10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
QUINAPRIL TAB 10MG	Quinapril HCl Tab 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
QUINAPRIL TAB 20MG	Quinapril HCl Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ACCUPRIL TAB 20MG	Quinapril HCl Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
QUINAPRIL TAB 40MG	Quinapril HCl Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ACCUPRIL TAB 40MG	Quinapril HCl Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
ACCUPRIL TAB 5MG	Quinapril HCl Tab 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
QUINAPRIL TAB 5MG	Quinapril HCl Tab 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ACCURETIC TAB 10-12.5	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
QNAPRIL/HCTZ TAB 10-12.5	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ACCURETIC TAB 20-12.5	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QNAPRIL/HCTZ TAB 20-12.5	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ACCURETIC TAB 20-25MG	Quinapril-Hydrochlorothiazide Tab 20-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
QNAPRIL/HCTZ TAB 20-25MG	Quinapril-Hydrochlorothiazide Tab 20-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
RAMIPRIL CAP 1.25MG	Ramipril Cap 1.25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ALTACE CAP 1.25MG	Ramipril Cap 1.25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
RAMIPRIL CAP 10MG	Ramipril Cap 10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ALTACE CAP 10MG	Ramipril Cap 10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
RAMIPRIL CAP 2.5MG	Ramipril Cap 2.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ALTACE CAP 2.5MG	Ramipril Cap 2.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
RAMIPRIL CAP 5MG	Ramipril Cap 5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
ALTACE CAP 5MG	Ramipril Cap 5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
RESERPINE POW	Reserpine Powder	ANTIHYPERTENSIVES	Non-Preferred	No	No	
MICARDIS TAB 20MG	Telmisartan Tab 20 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMISARTAN TAB 20MG	Telmisartan Tab 20 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MICARDIS TAB 40MG	Telmisartan Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMISARTAN TAB 40MG	Telmisartan Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MICARDIS TAB 80MG	Telmisartan Tab 80 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMISARTAN TAB 80MG	Telmisartan Tab 80 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TELMIS/AMLOD TAB 40-10MG		Telmisartan-Amlodipine Tab 40-10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TWYNSTA	TAB 40-10MG	Telmisartan-Amlodipine Tab 40-10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TWYNSTA	TAB 40-5MG	Telmisartan-Amlodipine Tab 40-5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMIS/AMLOD TAB 40-5MG		Telmisartan-Amlodipine Tab 40-5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TWYNSTA	TAB 80-10MG	Telmisartan-Amlodipine Tab 80-10 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMIS/AMLOD TAB 80-10MG		Telmisartan-Amlodipine Tab 80-10 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TWYNSTA	TAB 80-5MG	Telmisartan-Amlodipine Tab 80-5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMIS/AMLOD TAB 80-5MG		Telmisartan-Amlodipine Tab 80-5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TELMISA/HCTZ TAB 40-12.5		Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MICARDIS HCT TAB 40/12.5		Telmisartan-Hydrochlorothiazide Tab 40-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMISA/HCTZ TAB 80-12.5		Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
MICARDIS HCT TAB 80/12.5		Telmisartan-Hydrochlorothiazide Tab 80-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
MICARDIS HCT TAB 80-25MG		Telmisartan-Hydrochlorothiazide Tab 80-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TELMISA/HCTZ TAB 80-25MG		Telmisartan-Hydrochlorothiazide Tab 80-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TERAZOSIN	CAP 1MG	Terazosin HCl Cap 1 MG (Base Equivalent)	ANTIHYPERTENSIVES	Generic	Yes	No	
TERAZOSIN	CAP 10MG	Terazosin HCl Cap 10 MG (Base Equivalent)	ANTIHYPERTENSIVES	Generic	Yes	No	
TERAZOSIN	CAP 2MG	Terazosin HCl Cap 2 MG (Base Equivalent)	ANTIHYPERTENSIVES	Generic	Yes	No	
TERAZOSIN	CAP 5MG	Terazosin HCl Cap 5 MG (Base Equivalent)	ANTIHYPERTENSIVES	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRANDOLAPRIL TAB 1MG		Trandolapril Tab 1 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TRANDOLAPRIL TAB 2MG		Trandolapril Tab 2 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TRANDOLAPRIL TAB 4MG		Trandolapril Tab 4 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TRANDO/VERAP TAB 1-240 ER		Trandolapril-Verapamil HCl Tab ER 1-240 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TARKA	TAB 2-180 CR	Trandolapril-Verapamil HCl Tab ER 2-180 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TRANDO/VERAP TAB 2-180 ER		Trandolapril-Verapamil HCl Tab ER 2-180 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TARKA	TAB 2-240 CR	Trandolapril-Verapamil HCl Tab ER 2-240 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TRANDO/VERAP TAB 2-240 ER		Trandolapril-Verapamil HCl Tab ER 2-240 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
TARKA	TAB 4-240 CR	Trandolapril-Verapamil HCl Tab ER 4-240 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	
TRANDO/VERAP TAB 4-240 ER		Trandolapril-Verapamil HCl Tab ER 4-240 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VALSARTAN	TAB 160MG	Valsartan Tab 160 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VALSARTAN	TAB 160MG	Valsartan Tab 160 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN	TAB 160MG	Valsartan Tab 160 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSARTAN	TAB 320MG	Valsartan Tab 320 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VALSARTAN	TAB 320MG	Valsartan Tab 320 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN	TAB 320MG	Valsartan Tab 320 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
DIOVAN	TAB 40MG	Valsartan Tab 40 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSARTAN	TAB 40MG	Valsartan Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VALSARTAN	TAB 40MG	Valsartan Tab 40 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
VALSARTAN	TAB 80MG	Valsartan Tab 80 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN	TAB 80MG	Valsartan Tab 80 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSARTAN	TAB 80MG	Valsartan Tab 80 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN HCT	TAB 160-12.5	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSART/HCTZ	TAB 160-12.5	Valsartan-Hydrochlorothiazide Tab 160-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN HCT	TAB 160-25MG	Valsartan-Hydrochlorothiazide Tab 160-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSART/HCTZ	TAB 160-25MG	Valsartan-Hydrochlorothiazide Tab 160-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN HCT	TAB 320-12.5	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSART/HCTZ	TAB 320-12.5	Valsartan-Hydrochlorothiazide Tab 320-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN HCT	TAB 320-25MG	Valsartan-Hydrochlorothiazide Tab 320-25 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSART/HCTZ	TAB 320-25MG	Valsartan-Hydrochlorothiazide Tab 320-25 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
DIOVAN HCT	TAB 80/12.5	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	ANTIHYPERTENSIVES	Non-Preferred	Yes	No	PA
VALSART/HCTZ	TAB 80-12.5	Valsartan-Hydrochlorothiazide Tab 80-12.5 MG	ANTIHYPERTENSIVES	Generic	Yes	No	
FIRST-METRON SUS 100MG/ML		*Metronidazole Benzoate For Susp 100 MG/ML (Cmpd Kit)*	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
FIRST-METRON SUS 50MG/ML		*Metronidazole Benzoate For Susp 50 MG/ML (Cmpd Kit)*	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
METRONIDAZOL SUS 50MG/ML		*Metronidazole Benzoate For Susp 50 MG/ML (Cmpd Kit)*	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
FIRST-VANC SOL 25MG/ML		*Vancomycin HCl Oral Soln 25 MG/ML (Compound Kit)**	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FIRST-VANC	SOL 50MG/ML	*Vancomycin HCl Oral Soln 50 MG/ML (Compound Kit)**	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYCIN	SUS +SYRSPEN	*Vancomycin HCl Oral Susp 50 MG/ML (Compound Kit)**	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
ATOVAQUONE	SUS 750/5ML	Atovaquone Susp 750 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
ATOVAQUONE	SUS 750/5ML	Atovaquone Susp 750 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
MEPRON	SUS	Atovaquone Susp 750 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
AZACTAM	INJ 1GM	Aztreonam For Inj 1 GM	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
AZTREONAM	INJ 1GM	Aztreonam For Inj 1 GM	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
AZACTAM	INJ 2GM	Aztreonam For Inj 2 GM	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
AZTREONAM	INJ 2GM	Aztreonam For Inj 2 GM	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
AZACTAM/DEX	INJ 1GM	Aztreonam in Dextrose Inj 1 GM/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
AZACTAM/DEX	INJ 2GM	Aztreonam in Dextrose Inj 2 GM/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CAYSTON	INH 75MG	Aztreonam Lysine For Inhal Soln 75 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BACITRACIN	INJ 50000UNT	Bacitracin Intramuscular For Soln 50000 Unit	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
BACIIM	INJ 50000UNT	Bacitracin Intramuscular For Soln 50000 Unit	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CHLORAMPHEN	INJ 1GM	Chloramphenicol Sodium Succinate For IV Inj 1 GM	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLINDAMYCIN	CAP 150MG	Clindamycin HCl Cap 150 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN	CAP 150MG	Clindamycin HCl Cap 150 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLEOCIN	CAP 300MG	Clindamycin HCl Cap 300 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLINDAMYCIN CAP 300MG	Clindamycin HCl Cap 300 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN CAP 75MG	Clindamycin HCl Cap 75 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN CAP 75MG	Clindamycin HCl Cap 75 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLINDAMYCIN SOL 75MG/5ML	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PED SOL 75MG/5ML	Clindamycin Palmitate HCl For Soln 75 MG/5ML (Base Equiv)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLEOCIN/D5W INJ 300MG	Clindamycin Phosphate in D5W IV Soln 300 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 300MG	Clindamycin Phosphate in D5W IV Soln 300 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN/D5W INJ 600MG	Clindamycin Phosphate in D5W IV Soln 600 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 600MG	Clindamycin Phosphate in D5W IV Soln 600 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN/D5W INJ 900MG	Clindamycin Phosphate in D5W IV Soln 900 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 900MG	Clindamycin Phosphate in D5W IV Soln 900 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLINDMYC/NAC INJ 300/50ML	Clindamycin Phosphate in NaCl 0.9% IV Soln 300 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
CLINDMYC/NAC INJ 600/50ML	Clindamycin Phosphate in NaCl 0.9% IV Soln 600 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
CLINDMYC/NAC INJ 900/50ML	Clindamycin Phosphate in NaCl 0.9% IV Soln 900 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
CLINDAMYCIN INJ 300/2ML	Clindamycin Phosphate Inj 300 MG/2ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PHOS INJ 300/2ML	Clindamycin Phosphate Inj 300 MG/2ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLIN SINGLE KIT USE	Clindamycin Phosphate Inj 300 MG/2ML Kit	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
CLEOCIN PHOS INJ 600/4ML	Clindamycin Phosphate Inj 600 MG/4ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLINDAMYCIN INJ 600/4ML	Clindamycin Phosphate Inj 600 MG/4ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PHOS INJ 9GM/60ML	Clindamycin Phosphate Inj 9 GM/60ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 9GM/60ML	Clindamycin Phosphate Inj 9 GM/60ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PHOS INJ 900/6ML	Clindamycin Phosphate Inj 900 MG/6ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 900/6ML	Clindamycin Phosphate Inj 900 MG/6ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PHOS INJ 300/2ML	Clindamycin Phosphate IV Soln 300 MG/2ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 300/2ML	Clindamycin Phosphate IV Soln 300 MG/2ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PHOS INJ 600/4ML	Clindamycin Phosphate IV Soln 600 MG/4ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CLINDAMYCIN INJ 600/4ML	Clindamycin Phosphate IV Soln 600 MG/4ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLINDAMYCIN INJ 900/6ML	Clindamycin Phosphate IV Soln 900 MG/6ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
CLEOCIN PHOS INJ 900/6ML	Clindamycin Phosphate IV Soln 900 MG/6ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
COLISTIMETH INJ 150MG	Colistimethate Sod For Inj 150 MG (Colistin Base Activity)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
COLY-MYCIN M INJ 150MG	Colistimethate Sod For Inj 150 MG (Colistin Base Activity)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
DALVANCE SOL 500MG	Dalbavancin HCl For IV Soln 500 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
DAPSONE TAB 100MG	Dapsone Tab 100 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
DAPSONE TAB 25MG	Dapsone Tab 25 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
DAPTOMYCIN SOL 350MG	Daptomycin For IV Soln 350 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
DAPTOMYCIN INJ 500MG	Daptomycin For IV Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CUBICIN RF SOL 500MG	Daptomycin For IV Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
CUBICIN SOL 500MG	Daptomycin For IV Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
DAPTOMYCIN INJ 500MG	Daptomycin For IV Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
DORIPENEM INJ 250MG	Doripenem For IV Infusion 250 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
DORIPENEM INJ 500MG	Doripenem For IV Infusion 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
INVANZ INJ 1GM	Ertapenem Sodium For Inj 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
ERTAPENEM INJ 1GM	Ertapenem Sodium For Inj 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
ERTAPENEM INJ 1GM	Ertapenem Sodium For Inj 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
IMIPENEM/CIL INJ 250MG	Imipenem-Cilastatin Intravenous For Soln 250 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
IMIPENEM/CIL INJ 500MG	Imipenem-Cilastatin Intravenous For Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
PRIMAXIN IV INJ 500MG	Imipenem-Cilastatin Intravenous For Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
LINCOCIN INJ 300MG/ML	Lincomycin HCl Inj 300 MG/ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
LINCOMYCIN INJ 300MG/ML	Lincomycin HCl Inj 300 MG/ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
LINEZOLID SUS 100/5ML	Linezolid For Susp 100 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	PA
ZYVOX SUS 100MG/5M	Linezolid For Susp 100 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
LINEZOLID INJ 2MG/ML	Linezolid in Sodium Chloride IV Soln 600 MG/300ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	PA
ZYVOX SOL 2MG/ML	Linezolid IV Soln 200 MG/100ML (2 MG/ML)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
LINEZOLID INJ 2MG/ML	Linezolid IV Soln 600 MG/300ML (2 MG/ML)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LINEZOLID	INJ 2MG/ML	Linezolid IV Soln 600 MG/300ML (2 MG/ML)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	PA
ZYVOX	SOL 2MG/ML	Linezolid IV Soln 600 MG/300ML (2 MG/ML)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
LINEZOLID	TAB 600MG	Linezolid Tab 600 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	PA
ZYVOX	TAB 600MG	Linezolid Tab 600 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
MEROP/NACL	INJ 1GM/50ML	Meropenem & Sodium Chloride 0.9% For IV Soln 1 GM/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
MEROP/NACL	INJ 500/50ML	Meropenem & Sodium Chloride 0.9% For IV Soln 500 MG/50ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
MEROPENEM	INJ 1GM	Meropenem IV For Soln 1 GM	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
MERREM	INJ 1GM	Meropenem IV For Soln 1 GM	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
MEROPENEM	INJ 500MG	Meropenem IV For Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
MERREM	INJ 500MG	Meropenem IV For Soln 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VABOMERE	INJ 2GM(1-1)	Meropenem-Vaborbactam For IV Soln 2 GM (1-1 GM)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
FLAGYL	CAP 375MG	Metronidazole Cap 375 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
METRONIDAZOL	CAP 375MG	Metronidazole Cap 375 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
METRONIDAZOL	INJ 5MG/ML	Metronidazole in NaCl 0.74% IV Soln 500 MG/100ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
METRON/NACL	INJ 500MG	Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
METRONIDAZOL	INJ 5MG/ML	Metronidazole IV Soln 5 MG/ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
METRONIDAZOL	TAB 250MG	Metronidazole Tab 250 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
METRONIDAZOL	TAB 250MG	Metronidazole Tab 250 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLAGYL	TAB 250MG	Metronidazole Tab 250 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
FLAGYL	TAB 500MG	Metronidazole Tab 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
METRONIDAZOL TAB 500MG		Metronidazole Tab 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
METRONIDAZOL TAB 500MG		Metronidazole Tab 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
IMPAVIDO	CAP 50MG	Miltefosine Cap 50 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
ALINIA	SUS 100/5ML	Nitazoxanide For Susp 100 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
ALINIA	TAB 500MG	Nitazoxanide Tab 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
ORBACTIV	SOL 400MG	Oritavancin Diphosphate For IV Soln 400 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
NEBUPENT	INH 300MG	Pentamidine Isethionate For Nebulization Soln 300 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
PENTAM 300	INJ 300MG	Pentamidine Isethionate For Soln 300 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
POLYMYXIN B	INJ 500000	Polymyxin B Sulfate For Inj 500000 Unit	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
POLYMYXIN B	INJ 500000	Polymyxin B Sulfate For Inj 500000 Unit	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
POLYMYXIN B	POW SULFATE	Polymyxin B Sulfate Powder	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
SYNERCID	INJ 500MG	Quinupristin-Dalfopristin for Inj 500 MG (150-350 MG)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
XIFAXAN	TAB 200MG	Rifaximin Tab 200 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
XIFAXAN	TAB 550MG	Rifaximin Tab 550 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
SMZ-TMP	INJ 400-80/5	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
SMZ-TMP	SUS 200-40/5	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SULFATRIM PD SUS 200-40/5		Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
SULFATRIM PD SUS 200-40/5		Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
BACTRIM	TAB 400-80MG	Sulfamethoxazole-Trimethoprim Tab 400-80 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
SMZ-TMP	TAB 400-80MG	Sulfamethoxazole-Trimethoprim Tab 400-80 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
SMZ/TMP DS	TAB 800-160	Sulfamethoxazole-Trimethoprim Tab 800-160 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
SMZ-TMP DS	TAB 800-160	Sulfamethoxazole-Trimethoprim Tab 800-160 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
BACTRIM DS	TAB 800-160	Sulfamethoxazole-Trimethoprim Tab 800-160 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
SIVEXTRO	INJ 200MG	Tedizolid Phosphate For IV Soln 200 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
SIVEXTRO	TAB 200MG	Tedizolid Phosphate Tab 200 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VIBATIV	INJ 750MG	Telavancin HCl For IV Soln 750 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
TIGECYCLINE	INJ 50MG	Tigecycline For IV Soln 50 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
TIGECYCLINE	INJ 50MG	Tigecycline For IV Soln 50 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
TYGACIL	INJ 50MG	Tigecycline For IV Soln 50 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
TINIDAZOLE	TAB 250MG	Tinidazole Tab 250 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
TINDAMAX	TAB 500MG	Tinidazole Tab 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
TINIDAZOLE	TAB 500MG	Tinidazole Tab 500 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
TRIMPEX	SOL 50MG/5ML	Trimethoprim HCl Oral Soln 50 MG/5ML (Base Equiv)	ANTI-INFECTIVE AGENTS - MISC.	Preferred	No	No	
PRIMSOL	SOL 50MG/5ML	Trimethoprim HCl Oral Soln 50 MG/5ML (Base Equiv)	ANTI-INFECTIVE AGENTS - MISC.	Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIMETHOPRIM POW	Trimethoprim Powder	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
TRIMETHOPRIM TAB 100MG	Trimethoprim Tab 100 MG	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANOCIN HCL CAP 125MG	Vancomycin HCl Cap 125 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	ST
VANCOMYCIN CAP 125MG	Vancomycin HCl Cap 125 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	ST
VANOCIN HCL CAP 250MG	Vancomycin HCl Cap 250 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	ST
VANCOMYCIN CAP 250MG	Vancomycin HCl Cap 250 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	ST
VANCOMYCIN INJ 1000MG	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 1000MG	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 1GM	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 1 GM	Vancomycin HCl For IV Soln 1 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOSOL KIT 1GM-0.9%	Vancomycin HCl for IV Soln 1 GM and NaCl 0.9% Kit	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYCIN INJ 10GM	Vancomycin HCl For IV Soln 10 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 100GM	Vancomycin HCl For IV Soln 100 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 250MG	Vancomycin HCl For IV Soln 250 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYCIN INJ 5GM	Vancomycin HCl For IV Soln 5 GM (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 500MG	Vancomycin HCl For IV Soln 500 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 750MG	Vancomycin HCl For IV Soln 750 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	
VANCOMYCIN INJ 750MG	Vancomycin HCl For IV Soln 750 MG (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FIRVANQ	SOL 25MG/ML	Vancomycin HCl For Oral Soln 25 MG/ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
FIRVANQ	SOL 50MG/ML	Vancomycin HCl For Oral Soln 50 MG/ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYCIN	INJ	Vancomycin HCl IV Soln 1000 MG/10ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYCIN	INJ	Vancomycin HCl IV Soln 1250 MG/12.5ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYCIN	INJ	Vancomycin HCl IV Soln 1500 MG/15ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYCIN	INJ	Vancomycin HCl IV Soln 1750 MG/17.5ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYCIN	INJ	Vancomycin HCl IV Soln 2000 MG/20ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYCIN	INJ	Vancomycin HCl IV Soln 750 MG/7.5ML (Base Equivalent)	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	PA
VANCOMYC/D5W INJ 1/100ML		Vancomycin HCl-Dextrose IV Soln 1 GM/100ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/DEX INJ 1GM		Vancomycin HCl-Dextrose IV Soln 1 GM/200ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1/250ML		Vancomycin HCl-Dextrose IV Soln 1 GM/250ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1.25/250		Vancomycin HCl-Dextrose IV Soln 1.25 GM/250ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1.25/250		Vancomycin HCl-Dextrose IV Soln 1.25 GM/250ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1.5/250		Vancomycin HCl-Dextrose IV Soln 1.5 GM/250ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1.5/250		Vancomycin HCl-Dextrose IV Soln 1.5 GM/250ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1.5/500		Vancomycin HCl-Dextrose IV Soln 1.5 GM/500ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 1.75/500		Vancomycin HCl-Dextrose IV Soln 1.75 GM/500ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 2/500ML		Vancomycin HCl-Dextrose IV Soln 2 GM/500ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	

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VANCOMYC/DEX INJ 500MG	Vancomycin HCl-Dextrose IV Soln 500 MG/100ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/DEX INJ 750MG	Vancomycin HCl-Dextrose IV Soln 750 MG/150ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYC/D5W INJ 750/150	Vancomycin HCl-Dextrose IV Soln 750 MG/150ML-5%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1/150ML	Vancomycin HCl-Sodium Chloride IV Soln 1 GM/150ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYCIN INJ 1 GM	Vancomycin HCl-Sodium Chloride IV Soln 1 GM/200ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1/250ML	Vancomycin HCl-Sodium Chloride IV Soln 1 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1/250ML	Vancomycin HCl-Sodium Chloride IV Soln 1 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.25/250	Vancomycin HCl-Sodium Chloride IV Soln 1.25 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.25/250	Vancomycin HCl-Sodium Chloride IV Soln 1.25 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.5/150	Vancomycin HCl-Sodium Chloride IV Soln 1.5 GM/150ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.5/250	Vancomycin HCl-Sodium Chloride IV Soln 1.5 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.5/250	Vancomycin HCl-Sodium Chloride IV Soln 1.5 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.5/300	Vancomycin HCl-Sodium Chloride IV Soln 1.5 GM/300ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.5/500	Vancomycin HCl-Sodium Chloride IV Soln 1.5 GM/500ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.75/250	Vancomycin HCl-Sodium Chloride IV Soln 1.75 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.75/300	Vancomycin HCl-Sodium Chloride IV Soln 1.75 GM/300ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 1.75/500	Vancomycin HCl-Sodium Chloride IV Soln 1.75 GM/500ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 2/250ML	Vancomycin HCl-Sodium Chloride IV Soln 2 GM/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VANCOMY/NACL INJ 2/500ML	Vancomycin HCl-Sodium Chloride IV Soln 2 GM/500ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 2/500ML	Vancomycin HCl-Sodium Chloride IV Soln 2 GM/500ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 2.5/500	Vancomycin HCl-Sodium Chloride IV Soln 2.5 GM/500ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYCIN INJ 500MG	Vancomycin HCl-Sodium Chloride IV Soln 500 MG/100ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 750/150	Vancomycin HCl-Sodium Chloride IV Soln 750 MG/150ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMYCIN INJ 750MG	Vancomycin HCl-Sodium Chloride IV Soln 750 MG/150ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 750/150	Vancomycin HCl-Sodium Chloride IV Soln 750 MG/150ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
VANCOMY/NACL INJ 750/250	Vancomycin HCl-Sodium Chloride IV Soln 750 MG/250ML-0.9%	ANTI-INFECTIVE AGENTS - MISC.	Non-Preferred	No	No	
COARTEM TAB 20-120MG	Artemether-Lumefantrine Tab 20-120 MG	ANTIMALARIALS	Non-Preferred	No	No	
MALARONE TAB 250-100	Atovaquone-Proguanil HCl Tab 250-100 MG	ANTIMALARIALS	Non-Preferred	No	No	
ATOVAQ/PROGU TAB 250-100	Atovaquone-Proguanil HCl Tab 250-100 MG	ANTIMALARIALS	Generic	No	No	
MALARONE TAB 62.5-25	Atovaquone-Proguanil HCl Tab 62.5-25 MG	ANTIMALARIALS	Non-Preferred	No	No	
ATOVAQ/PROGU TAB 62.5-25	Atovaquone-Proguanil HCl Tab 62.5-25 MG	ANTIMALARIALS	Generic	No	No	
CHLOROQUINE POW PHOSPHAT	Chloroquine Phosphate Powder	ANTIMALARIALS	Non-Preferred	No	No	
CHLOROQUINE TAB 250MG	Chloroquine Phosphate Tab 250 MG	ANTIMALARIALS	Generic	No	No	
CHLOROQUINE TAB 500MG	Chloroquine Phosphate Tab 500 MG	ANTIMALARIALS	Generic	No	No	
HYDROXYCHLOR TAB 200MG	Hydroxychloroquine Sulfate Tab 200 MG	ANTIMALARIALS	Generic	No	No	
HYDROXYCHLOR TAB 200MG	Hydroxychloroquine Sulfate Tab 200 MG	ANTIMALARIALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PLAQUENIL	TAB 200MG	Hydroxychloroquine Sulfate Tab 200 MG	ANTIMALARIALS	Non-Preferred	No	No	
MEFLOQUINE	TAB 250MG	Mefloquine HCl Tab 250 MG	ANTIMALARIALS	Generic	No	No	
PRIMAQUINE	TAB 26.3MG	Primaquine Phosphate Tab 26.3 MG (15 MG Base)	ANTIMALARIALS	Non-Preferred	No	No	
DARAPRIM	TAB 25MG	Pyrimethamine Tab 25 MG	ANTIMALARIALS	Non-Preferred	No	No	
QUINACRINE	POW	Quinacrine HCl Powder	ANTIMALARIALS	Non-Preferred	No	No	
QUININE SULF	CAP 324MG	Quinine Sulfate Cap 324 MG	ANTIMALARIALS	Generic	No	No	
QUALAQUIN	CAP 324MG	Quinine Sulfate Cap 324 MG	ANTIMALARIALS	Non-Preferred	No	No	
QUININE SULF	POW DIHYDRAT	Quinine Sulfate Powder	ANTIMALARIALS	Non-Preferred	No	No	
QUININE	POW SULFATE	Quinine Sulfate Powder	ANTIMALARIALS	Non-Preferred	No	No	
GUANIDINE	TAB 125MG	Guanidine HCl Tab 125 MG	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
NEOSTIG METH	INJ 10/10ML	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Generic	No	No	
NEOSTIG METH	INJ 10/10ML	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Generic	No	No	
NEOSTIG METH	INJ 10/10ML	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
BLOXIVERZ	INJ 10/10ML	Neostigmine Methylsulfate IV Soln 10 MG/10 ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
NEOSTIGMINE	INJ 5MG/10ML	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
NEOSTIGMINE	INJ 5MG/10ML	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Generic	No	No	
NEOSTIGMINE	INJ 5MG/10ML	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Generic	No	No	
BLOXIVERZ	INJ 5MG/10ML	Neostigmine Methylsulfate IV Soln 5 MG/10 ML (0.5 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NEOSTIG METH INJ 2MG/2ML		Neostigmine Methylsulfate Soln Pref Syr 2 MG/2ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 2MG/2ML		Neostigmine Methylsulfate Soln Pref Syr 2 MG/2ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 3MG/3ML		Neostigmine Methylsulfate Soln Pref Syr 3 MG/3ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 3MG/3ML		Neostigmine Methylsulfate Soln Pref Syr 3 MG/3ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 4MG/4ML		Neostigmine Methylsulfate Soln Pref Syr 4 MG/4ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 4MG/4ML		Neostigmine Methylsulfate Soln Pref Syr 4 MG/4ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 5MG/5ML		Neostigmine Methylsulfate Soln Pref Syr 5 MG/5ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
NEOSTIG METH INJ 5MG/5ML		Neostigmine Methylsulfate Soln Pref Syr 5 MG/5ML (1 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	PA
REGONOL	INJ 5MG/ML	Pyridostigmine Bromide IV Soln 10 MG/2ML (5 MG/ML)	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
MESTINON	SYP 60MG/5ML	Pyridostigmine Bromide Syrup 60 MG/5ML	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Preferred	No	No	
MESTINON	TAB 60MG	Pyridostigmine Bromide Tab 60 MG	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
PYRIDOSTIGM TAB 60MG		Pyridostigmine Bromide Tab 60 MG	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Generic	No	No	
MESTINON	TAB TIMESPAN	Pyridostigmine Bromide Tab ER 180 MG	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Non-Preferred	No	No	
PYRIDOSTIGMI TAB ER 180MG		Pyridostigmine Bromide Tab ER 180 MG	ANTIMYASTHENIC/CHOLINERGIC AGENTS	Generic	No	No	
RIFAMPIN	SUS 25MG/ML	*Rifampin Susp 25 MG/ML (Compound Kit)**	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	PA
PASER	GRA 4GM	Aminosalicyclic Acid ER Granules Packet 4 GM	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
AMINOSAL ACD POW -4		Aminosalicyclic Acid Powder	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
SIRTURO	TAB 100MG	Bedaquiline Fumarate Tab 100 MG (Base Equiv)	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CAPASTAT SUL INJ 1GM	Capreomycin Sulfate For Inj 1 GM	ANTIMYCOBACTERIAL AGENTS	Preferred	No	No	
CYCLOSERINE CAP 250MG	Cycloserine Cap 250 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
ETHAMBUTOL POW HCL	Ethambutol HCl Powder	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
ETHAMBUTOL TAB 100MG	Ethambutol HCl Tab 100 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
MYAMBUTOL TAB 100MG	Ethambutol HCl Tab 100 MG	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
ETHAMBUTOL TAB 400MG	Ethambutol HCl Tab 400 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
MYAMBUTOL TAB 400MG	Ethambutol HCl Tab 400 MG	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
TRECATOR TAB 250MG	Ethionamide Tab 250 MG	ANTIMYCOBACTERIAL AGENTS	Preferred	No	No	
RIFAMATE CAP	Isoniazid & Rifampin Cap 150-300 MG	ANTIMYCOBACTERIAL AGENTS	Preferred	No	No	
ISONIAZID INJ 100MG/ML	Isoniazid Inj 100 MG/ML	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
ISONIAZID POW	Isoniazid Powder	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
ISONIAZID SYP 50MG/5ML	Isoniazid Syrup 50 MG/5ML	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
ISONIAZID TAB 100MG	Isoniazid Tab 100 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
ISONIAZID TAB 300MG	Isoniazid Tab 300 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
RIFATER TAB	Isoniazid-Rifampin w/ Pyrazinamide Tab 50-120-300 MG	ANTIMYCOBACTERIAL AGENTS	Preferred	No	No	
PYRAZINAMIDE TAB 500MG	Pyrazinamide Tab 500 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
PYRAZINAMIDE TAB 500MG	Pyrazinamide Tab 500 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
RIFABUTIN CAP 150MG	Rifabutin Cap 150 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MYCOBUTIN	CAP 150MG	Rifabutin Cap 150 MG	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
RIFADIN	CAP 150MG	Rifampin Cap 150 MG	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
RIFAMPIN	CAP 150MG	Rifampin Cap 150 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
RIFADIN	CAP 300MG	Rifampin Cap 300 MG	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
RIFAMPIN	CAP 300MG	Rifampin Cap 300 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
RIFAMPIN	INJ 600 MG	Rifampin For Inj 600 MG	ANTIMYCOBACTERIAL AGENTS	Generic	No	No	
RIFADIN	INJ 600 MG	Rifampin For Inj 600 MG	ANTIMYCOBACTERIAL AGENTS	Non-Preferred	No	No	
PRIFTIN	TAB 150MG	Rifapentine Tab 150 MG	ANTIMYCOBACTERIAL AGENTS	Preferred	No	No	
VERZENIO	TAB 100MG	Abemaciclib Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VERZENIO	TAB 150MG	Abemaciclib Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VERZENIO	TAB 200MG	Abemaciclib Tab 200 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VERZENIO	TAB 50MG	Abemaciclib Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
YONSA	TAB 125MG	Abiraterone Acetate Tab 125 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
ZYTIGA	TAB 250MG	Abiraterone Acetate Tab 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ZYTIGA	TAB 500MG	Abiraterone Acetate Tab 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
CALQUENCE	CAP 100MG	Acalabrutinib Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KADCYLA	INJ 100MG	Ado-Trastuzumab Emtansine For IV Soln 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
KADCYLA	INJ 160MG	Ado-Trastuzumab Emtansine For IV Soln 160 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GILOTRIF	TAB 20MG	Afatinib Dimaleate Tab 20 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
GILOTRIF	TAB 30MG	Afatinib Dimaleate Tab 30 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
GILOTRIF	TAB 40MG	Afatinib Dimaleate Tab 40 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
PROLEUKIN	INJ 22MU	Aldesleukin For IV Soln 22000000 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALECENSA	CAP 150MG	Alectinib HCl Cap 150 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
CAMPATH	INJ 30MG/ML	Alemtuzumab IV Inj 30 MG/ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
ETHYOL	INJ 500MG	Amifostine For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
ARIMIDEX	TAB 1MG	Anastrozole Tab 1 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	Yes	No	
ANASTROZOLE	TAB 1MG	Anastrozole Tab 1 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	Yes	No	
ERLEADA	TAB 60MG	Apalutamide Tab 60 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
ARSENIC TRIO	INJ 10/10ML	Arsenic Trioxide Inj 10 MG/10ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
TRISENOX	INJ 12MG/6ML	Arsenic Trioxide IV Soln 12 MG/6ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
ERWINAZE	INJ 10000UNT	Asparaginase Erwinia Chrysanthemi For Inj 10000 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TECENTRIQ	INJ 1200/20	Atezolizumab IV Soln 1200 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BAVENCIO	INJ 20MG/ML	Avelumab Soln for IV Infusion 200 MG/10ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
YESCARTA	INJ	Axicabtagene Ciloleucel Suspension for IV Infusion	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
INLYTA	TAB 1MG	Axitinib Tab 1 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
INLYTA	TAB 5MG	Axitinib Tab 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AZACITIDINE INJ 100MG	Azacitidine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
VIDAZA INJ 100MG	Azacitidine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
AZACITIDINE INJ 100MG	Azacitidine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
AZACITIDINE INJ 100MG	Azacitidine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TICE BCG INJ	BCG Live Intravesical For Susp 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
TICE BCG INJ	BCG Live Intravesical For Susp 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
THERACYS INJ	BCG Live Intravesical For Susp 81 MG/VIAL	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
BELEODAQ INJ 500MG	Belinostat For IV Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TREANDA INJ 100MG	Bendamustine HCl For IV Soln 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TREANDA INJ 25MG	Bendamustine HCl For IV Soln 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BENDEKA INJ 100/4ML	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BENDAMUSTINE SOL 100/4ML	Bendamustine HCl IV Soln 100 MG/4ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
AVASTIN INJ	Bevacizumab IV Soln 100 MG/4ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
AVASTIN INJ 400/16ML	Bevacizumab IV Soln 400 MG/16ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BEXAROTENE CAP 75MG	Bexarotene Cap 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BEXAROTENE CAP 75MG	Bexarotene Cap 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TARGRETIN CAP 75MG	Bexarotene Cap 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BEXAROTENE CAP 75MG	Bexarotene Cap 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BICALUTAMIDE TAB 50MG		Bicalutamide Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
BICALUTAMIDE TAB 50MG		Bicalutamide Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
CASODEX	TAB 50MG	Bicalutamide Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
MEKTOVI	TAB 15MG	Binimetinib Tab 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
BLEOMYCIN	INJ 15UNIT	Bleomycin Sulfate For Inj 15 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BLEOMYCIN	INJ 15UNIT	Bleomycin Sulfate For Inj 15 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
BLEOMYCIN	INJ 15UNIT	Bleomycin Sulfate For Inj 15 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BLEOMYCIN	INJ 30UNIT	Bleomycin Sulfate For Inj 30 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BLEOMYCIN	INJ 30UNIT	Bleomycin Sulfate For Inj 30 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
BLEOMYCIN	INJ 30UNIT	Bleomycin Sulfate For Inj 30 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BLINCYTO	INJ 35MCG	Blinatumomab For IV Infusion 35 MCG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VELCADE	INJ 3.5MG	Bortezomib For Inj 3.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BORTEZOMIB	INJ 3.5MG	Bortezomib For IV Inj 3.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BOSULIF	TAB 100MG	Bosutinib Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
BOSULIF	TAB 400MG	Bosutinib Tab 400 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
BOSULIF	TAB 500MG	Bosutinib Tab 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ADCETRIS	INJ 50MG	Brentuximab Vedotin For IV Soln 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALUNBRIG	TAB 180MG	Brigatinib Tab 180 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALUNBRIG	TAB 30MG	Brigatinib Tab 30 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALUNBRIG	TAB 90MG	Brigatinib Tab 90 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALUNBRIG	PAK	Brigatinib Tab Initiation Therapy Pack 90 MG & 180 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BUSULFAN	INJ 6MG/ML	Busulfan Inj 6 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
BUSULFAN	INJ 6MG/ML	Busulfan Inj 6 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BUSULFEX	INJ 6MG/ML	Busulfan Inj 6 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
MYLERAN	TAB 2MG	Busulfan Tab 2 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
JEVTANA	INJ 60/1.5ML	Cabazitaxel Inj 60 MG/1.5ML (For IV Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
COMETRIQ	KIT 100MG	Cabozantinib S-Mal Cap 1 X 80 MG & 1 X 20 MG (100 Dose) Kit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
COMETRIQ	KIT 140MG	Cabozantinib S-Mal Cap 1 X 80 MG & 3 X 20 MG (140 Dose) Kit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
COMETRIQ	KIT 60MG	Cabozantinib S-Malate Cap 3 X 20 MG (60 MG Dose) Kit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
CABOMETYX	TAB 20MG	Cabozantinib S-Malate Tab 20 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
CABOMETYX	TAB 40MG	Cabozantinib S-Malate Tab 40 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
CABOMETYX	TAB 60MG	Cabozantinib S-Malate Tab 60 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
CAPECITABINE TAB 150MG		Capecitabine Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CAPECITABINE TAB 150MG		Capecitabine Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
XELODA	TAB 150MG	Capecitabine Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
XELODA	TAB 500MG	Capecitabine Tab 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CAPECITABINE TAB 500MG	Capecitabine Tab 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CAPECITABINE TAB 500MG	Capecitabine Tab 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CARBOPLATIN INJ 150/15ML	Carboplatin IV Soln 150 MG/15ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CARBOPLATIN INJ 150/15ML	Carboplatin IV Soln 150 MG/15ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CARBOPLATIN INJ 450/45ML	Carboplatin IV Soln 450 MG/45ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CARBOPLATIN INJ 450/45ML	Carboplatin IV Soln 450 MG/45ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CARBOPLATIN INJ 50MG/5ML	Carboplatin IV Soln 50 MG/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CARBOPLATIN INJ 50MG/5ML	Carboplatin IV Soln 50 MG/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CARBOPLATIN INJ 600/60ML	Carboplatin IV Soln 600 MG/60ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CARBOPLATIN INJ 600/60ML	Carboplatin IV Soln 600 MG/60ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
KYPROLIS SOL 10MG	Carfilzomib For Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
KYPROLIS SOL 30MG	Carfilzomib For Inj 30 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
KYPROLIS SOL 60MG	Carfilzomib For Inj 60 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
CARMUSTINE INJ 100MG	Carmustine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
BICNU INJ 100MG	Carmustine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
BICNU INJ 100MG	Carmustine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GLIADEL WAF 7.7MG	Carmustine in Polifeprosan Intracranial Implant Wafer 7.7 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
LIBTAYO INJ 350/7ML	Cemiplimab-rwlc IV Soln 350 MG/7ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZYKADIA	CAP 150MG	Ceritinib Cap 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ERBITUX	INJ 100MG	Cetuximab IV Soln 100 MG/50ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ERBITUX	INJ 200MG	Cetuximab IV Soln 200 MG/100ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
LEUKERAN	TAB 2MG	Chlorambucil Tab 2 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
CISPLATIN	INJ 100MG	Cisplatin Inj 100 MG/100ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CISPLATIN	INJ 100MG	Cisplatin Inj 100 MG/100ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CISPLATIN	INJ 200MG	Cisplatin Inj 200 MG/200ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CISPLATIN	INJ 50/50ML	Cisplatin Inj 50 MG/50ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CISPLATIN	INJ 50/50ML	Cisplatin Inj 50 MG/50ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CLADRIBINE	INJ 1MG/ML	Cladribine IV Soln 10 MG/10ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CLOFARABINE	INJ 20/20ML	Clofarabine IV Soln 1 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CLOLAR	INJ 1MG/ML	Clofarabine IV Soln 1 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
CLOFARABINE	INJ 20/20ML	Clofarabine IV Soln 1 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
COTELLIC	TAB 20MG	Cobimetinib Fumarate Tab 20 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALIQOPA	INJ 60MG	Copanlisib HCl For IV Soln 60 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
XALKORI	CAP 200MG	Crizotinib Cap 200 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
XALKORI	CAP 250MG	Crizotinib Cap 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
CYCLOPHOSPH	CAP 25MG	Cyclophosphamide Cap 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CYCLOPHOSPH CAP 50MG	Cyclophosphamide Cap 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
CYCLOPHOSPH INJ 1GM	Cyclophosphamide For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CYCLOPHOSPH INJ 1GM	Cyclophosphamide For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CYCLOPHOSPH INJ 2GM	Cyclophosphamide For Inj 2 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CYCLOPHOSPH INJ 2GM	Cyclophosphamide For Inj 2 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CYCLOPHOSPH INJ 500MG	Cyclophosphamide For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CYCLOPHOSPH INJ 500MG	Cyclophosphamide For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CYTARABINE INJ 20MG/ML	Cytarabine Inj 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CYTARABINE INJ 100MG/ML	Cytarabine Inj PF 100 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CYTARABINE INJ 20MG/ML	Cytarabine Inj PF 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CYTARABINE INJ 20MG/ML	Cytarabine Inj PF 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TAFINLAR CAP 50MG	Dabrafenib Mesylate Cap 50 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TAFINLAR CAP 75MG	Dabrafenib Mesylate Cap 75 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
DACARBAZINE INJ 100MG	Dacarbazine For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DACARBAZINE INJ 200MG	Dacarbazine For Inj 200 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DACTINOMYCIN INJ 0.5MG	Dactinomycin For Inj 0.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
COSMEGEN INJ 0.5MG	Dactinomycin For Inj 0.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DARZALEX SOL 100MG/5M	Daratumumab IV Soln 100 MG/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DARZALEX	SOL 400MG/20	Daratumumab IV Soln 400 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
SPRYCEL	TAB 100MG	Dasatinib Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SPRYCEL	TAB 140MG	Dasatinib Tab 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SPRYCEL	TAB 20MG	Dasatinib Tab 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SPRYCEL	TAB 50MG	Dasatinib Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SPRYCEL	TAB 70MG	Dasatinib Tab 70 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SPRYCEL	TAB 80MG	Dasatinib Tab 80 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
DAUNORUBICIN INJ 20MG/4ML		Daunorubicin HCl IV Soln 20 MG/4ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
DAUNORUBICIN INJ 5MG/ML		Daunorubicin HCl IV Soln 20 MG/4ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DAUNORUBICIN INJ 50MG		Daunorubicin HCl IV Soln 50 MG/10ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
VYXEOS	INJ 44-100MG	Daunorubicin-Cytarabine Liposome For IV Inj 44-100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DECITABINE	INJ 50MG	Decitabine For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DACOGEN	INJ 50MG	Decitabine For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
DECITABINE	INJ 50MG	Decitabine For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
DECITABINE	INJ 50MG	Decitabine For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FIRMAGON	INJ 120MG	Degarelix Acetate For Inj 120 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
FIRMAGON	INJ 80MG	Degarelix Acetate For Inj 80 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
DEXRAZOXANE	INJ 250MG	Dexrazoxane For Inj 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEXRAZOXANE INJ 250MG	Dexrazoxane For Inj 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
ZINECARD INJ 250MG	Dexrazoxane For Inj 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DEXRAZOXANE INJ 500MG	Dexrazoxane For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
DEXRAZOXANE INJ 500MG	Dexrazoxane For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TOTECT INJ 500MG	Dexrazoxane For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
ZINECARD INJ 500MG	Dexrazoxane For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
UNITUXIN INJ	Dinutuximab IV Soln 17.5 MG/5ML (3.5 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ NON-ALCO	Docetaxel (Non-Alcohol Formula) IV Soln 160 MG/8ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ NON-ALCO	Docetaxel (Non-Alcohol Formula) IV Soln 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ NON-ALCO	Docetaxel (Non-Alcohol Formula) IV Soln 80 MG/4ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ 160/8ML	Docetaxel For Inj Conc 160 MG/8ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ 20MG/ML	Docetaxel For Inj Conc 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TAXOTERE INJ 20MG/ML	Docetaxel For Inj Conc 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ 20MG/ML	Docetaxel For Inj Conc 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOCETAXEL INJ 200/10	Docetaxel For Inj Conc 200 MG/10ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
TAXOTERE INJ 80MG/4ML	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOCETAXEL INJ 80MG/4ML	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOCETAXEL INJ 80MG/4ML	Docetaxel For Inj Conc 80 MG/4ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOCETAXEL	INJ 160/16ML	Docetaxel Soln for IV Infusion 160 MG/16ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
DOCETAXEL	INJ 160/16ML	Docetaxel Soln for IV Infusion 160 MG/16ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
DOCETAXEL	INJ 160/16ML	Docetaxel Soln for IV Infusion 160 MG/16ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOCETAXEL	INJ 20MG/2ML	Docetaxel Soln for IV Infusion 20 MG/2ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
DOCETAXEL	INJ 20MG/2ML	Docetaxel Soln for IV Infusion 20 MG/2ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOCETAXEL	INJ 20MG/2ML	Docetaxel Soln for IV Infusion 20 MG/2ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
DOCETAXEL	INJ 80MG/8ML	Docetaxel Soln for IV Infusion 80 MG/8ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
DOCETAXEL	INJ 80MG/8ML	Docetaxel Soln for IV Infusion 80 MG/8ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
DOCETAXEL	INJ 80MG/8ML	Docetaxel Soln for IV Infusion 80 MG/8ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRIAMYCIN	INJ 10MG	Doxorubicin HCl For Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRIAMYCIN	INJ 50MG	Doxorubicin HCl For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 50MG	Doxorubicin HCl For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 10MG/5ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 150/75ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 10MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 200/100	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 10/5ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN	INJ 200MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOXORUBICIN INJ 2MG/ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN INJ 2MG/ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
DOXORUBICIN INJ 50/25ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN INJ 50MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN INJ 20/10ML	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRIAMYCIN INJ 200MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRIAMYCIN INJ 20MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRIAMYCIN INJ 50MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRIAMYCIN INJ 10MG	Doxorubicin HCl Inj 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXIL INJ 2MG/ML	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
DOXORUBICIN INJ 2MG/ML	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LIPODOX 50 INJ 2MG/ML	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN INJ 20/10ML	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
DOXORUBICIN INJ 50/25ML	Doxorubicin HCl Liposomal Inj (For IV Infusion) 2 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IMFINZI INJ 120/2.4	Durvalumab Soln for IV Infusion 120 MG/2.4ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IMFINZI INJ 500/10	Durvalumab Soln for IV Infusion 500 MG/10ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
COPIKTRA CAP 15MG	Duvelisib Cap 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
COPIKTRA CAP 25MG	Duvelisib Cap 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EMPLICITI	INJ 300MG	Elotuzumab For IV Soln 300 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
EMPLICITI	INJ 400MG	Elotuzumab For IV Soln 400 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IDHIFA	TAB 100MG	Enasidenib Mesylate Tab 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IDHIFA	TAB 50MG	Enasidenib Mesylate Tab 50 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
BRAFTOVI	CAP 50MG	Encorafenib Cap 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
BRAFTOVI	CAP 75MG	Encorafenib Cap 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
XTANDI	CAP 40MG	Enzalutamide Cap 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ELLECE	INJ 2MG/ML	Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
EPIRUBICIN	INJ 200MG	Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
EPIRUBICIN	INJ 200MG	Epirubicin HCl IV Soln 200 MG/100ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
EPIRUBICIN	INJ 50/25ML	Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
EPIRUBICIN	INJ 50/25ML	Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ELLECE	INJ 2MG/ML	Epirubicin HCl IV Soln 50 MG/25ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
HALAVEN	INJ 1MG/2ML	Eribulin Mesylate Inj 1 MG/2ML (0.5 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TARCEVA	TAB 100MG	Erlotinib HCl Tab 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
TARCEVA	TAB 150MG	Erlotinib HCl Tab 150 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
TARCEVA	TAB 25MG	Erlotinib HCl Tab 25 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
EMCYT	CAP 140MG	Estramustine Phosphate Sodium Cap 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ETOPOSIDE	CAP 50MG	Etoposide Cap 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TOPOSAR	INJ 1GM/50ML	Etoposide Inj 1 GM/50ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ETOPOSIDE	INJ 1GM/50ML	Etoposide Inj 1 GM/50ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ETOPOSIDE	INJ 1GM/50ML	Etoposide Inj 1 GM/50ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
ETOPOSIDE	INJ 20MG/ML	Etoposide Inj 1 GM/50ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ETOPOSIDE	INJ 20MG/ML	Etoposide Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TOPOSAR	INJ 100/5ML	Etoposide Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ETOPOSIDE	INJ 100/5ML	Etoposide Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ETOPOSIDE	INJ 100/5ML	Etoposide Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
ETOPOSIDE	INJ 500/25ML	Etoposide Inj 500 MG/25ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TOPOSAR	INJ 500/25ML	Etoposide Inj 500 MG/25ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ETOPOSIDE	INJ 500/25ML	Etoposide Inj 500 MG/25ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
ETOPOPHOS	INJ 100MG	Etoposide Phosphate IV For Inj 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
AFINITOR	TAB 10MG	Everolimus Tab 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
AFINITOR	TAB 2.5MG	Everolimus Tab 2.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
AFINITOR	TAB 5MG	Everolimus Tab 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
AFINITOR	TAB 7.5MG	Everolimus Tab 7.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
AFINITOR DIS TAB 2MG		Everolimus Tab for Oral Susp 2 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AFINITOR DIS TAB 3MG	Everolimus Tab for Oral Susp 3 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
AFINITOR DIS TAB 5MG	Everolimus Tab for Oral Susp 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
AROMASIN TAB 25MG	Exemestane Tab 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	Yes	No	
EXEMESTANE TAB 25MG	Exemestane Tab 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	Yes	No	
FLOXURIDINE INJ 0.5GM	Floxuridine For Inj 0.5 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLOXURIDINE INJ 0.5GM	Floxuridine For Inj 0.5 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUDARABINE INJ 50MG	Fludarabine Phosphate For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUDARABINE INJ 50MG	Fludarabine Phosphate For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
FLUDARABINE INJ 50MG/2ML	Fludarabine Phosphate Inj 25 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUOROURACIL INJ 1GM/20ML	Fluorouracil IV Soln 1 GM/20ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUOROURACIL INJ 2.5G/50M	Fluorouracil IV Soln 2.5 GM/50ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRUCIL INJ 2.5G/50M	Fluorouracil IV Soln 2.5 GM/50ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRUCIL INJ 5GM/100M	Fluorouracil IV Soln 5 GM/100ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUOROURACIL INJ 5GM/100M	Fluorouracil IV Soln 5 GM/100ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ADRUCIL INJ 500/10ML	Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUOROURACIL INJ 500/10ML	Fluorouracil IV Soln 500 MG/10ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
FLUTAMIDE CAP 125MG	Flutamide Cap 125 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
FASLODEX INJ 250/5ML	Fulvestrant Inj 250 MG/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IRESSA	TAB 250MG	Gefitinib Tab 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
GEMCITABINE	INJ 1GM	Gemcitabine HCl For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
GEMZAR	INJ 1GM	Gemcitabine HCl For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GEMCITABINE	INJ 1GM	Gemcitabine HCl For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMCITABINE	INJ 2GM	Gemcitabine HCl For Inj 2 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMCITABINE	INJ 200MG	Gemcitabine HCl For Inj 200 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMZAR	INJ 200MG	Gemcitabine HCl For Inj 200 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GEMCITABINE	INJ 1GM/10ML	Gemcitabine HCl Inj 1 GM/10ML (100 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GEMCITABINE	INJ 1GM	Gemcitabine HCl Inj 1 GM/26.3ML (38 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMCITABINE	INJ 1.5GM/15	Gemcitabine HCl Inj 1.5 GM/15ML (100 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GEMCITABINE	INJ 2GM/20ML	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GEMCITABINE	INJ 2GM/20ML	Gemcitabine HCl Inj 2 GM/20ML (100 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMCITABINE	INJ 2GM	Gemcitabine HCl Inj 2 GM/52.6ML (38 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMCITABINE	INJ 200MG	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
GEMCITABINE	INJ 200MG	Gemcitabine HCl Inj 200 MG/2ML (100 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GEMCITABINE	INJ 200MG	Gemcitabine HCl Inj 200 MG/5.26ML (38 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
MYLOTARG	INJ 4.5MG	Gemtuzumab Ozogamicin For IV Soln 4.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
VORAXAZE	INJ 1000UNIT	Glucarpidase For IV Inj 1000 UNIT	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZOLADEX	IMP 10.8MG	Goserelin Acetate Implant 10.8 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
ZOLADEX	IMP 3.6MG	Goserelin Acetate Implant 3.6 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
VANTAS	KIT 50MG	Histrelin Acetate Implant Kit 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
HYDROXY CAPR INJ 1.25/5ML		Hydroxyprogesterone Caproate IM in Oil 1.25 GM/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
HYDREA	CAP 500MG	Hydroxyurea Cap 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
HYDROXYUREA CAP 500MG		Hydroxyurea Cap 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
ZEVALIN	KIT Y-90	Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
IMBRUVICA	CAP 140MG	Ibrutinib Cap 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
IMBRUVICA	CAP 70MG	Ibrutinib Cap 70 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IMBRUVICA	TAB 140MG	Ibrutinib Tab 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IMBRUVICA	TAB 280MG	Ibrutinib Tab 280 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IMBRUVICA	TAB 420MG	Ibrutinib Tab 420 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IMBRUVICA	TAB 560MG	Ibrutinib Tab 560 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IDARUBICIN	INJ 10/10ML	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IDAMYCIN PFS INJ 10/10ML		Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IDARUBICIN	INJ 10/10ML	Idarubicin HCl IV Inj 10 MG/10ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IDARUBICIN	INJ 20/20ML	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IDARUBICIN	INJ 20/20ML	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IDAMYCIN PFS INJ 20/20ML	Idarubicin HCl IV Inj 20 MG/20ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IDAMYCIN PFS INJ 5MG/5ML	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IDARUBICIN INJ 5MG/5ML	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IDARUBICIN INJ 5MG/5ML	Idarubicin HCl IV Inj 5 MG/5ML (1 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
ZYDELIG TAB 100MG	Idelalisib Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ZYDELIG TAB 150MG	Idelalisib Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IFEX INJ 1GM	Ifosfamide For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IFOSFAMIDE INJ 1GM	Ifosfamide For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IFEX INJ 3GM	Ifosfamide For Inj 3 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IFOSFAMIDE INJ 3GM	Ifosfamide For Inj 3 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IFOSFAMIDE INJ 1GM/20ML	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IFOSFAMIDE INJ 1GM/20ML	Ifosfamide IV Inj 1 GM/20ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IFOSFAMIDE INJ 3GM/60ML	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IFOSFAMIDE INJ 3GM/60ML	Ifosfamide IV Inj 3 GM/60ML (50 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IMATINIB MES TAB 100MG	Imatinib Mesylate Tab 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IMATINIB MES TAB 100MG	Imatinib Mesylate Tab 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IMATINIB MES TAB 100MG	Imatinib Mesylate Tab 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
GLEEVEC TAB 100MG	Imatinib Mesylate Tab 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IMATINIB MES TAB 400MG		Imatinib Mesylate Tab 400 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IMATINIB MES TAB 400MG		Imatinib Mesylate Tab 400 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
IMATINIB MES TAB 400MG		Imatinib Mesylate Tab 400 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
GLEEVEC	TAB 400MG	Imatinib Mesylate Tab 400 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
BESPONSA	INJ 0.9MG	Inotuzumab Ozogamicin For IV Soln 0.9 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
INTRON A	INJ 10MU	Interferon Alfa-2B For Inj 10000000 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
INTRON A	INJ 18MU	Interferon Alfa-2B For Inj 18000000 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
INTRON A	INJ 50MU	Interferon Alfa-2B For Inj 50000000 Unit	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
INTRON A	INJ 25MU	Interferon Alfa-2B Inj 10000000 Unit/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
INTRON A	INJ 18MU	Interferon Alfa-2B Inj 6000000 Unit/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALFERON N	INJ 5MU/ML	Interferon Alfa-n3 Inj 5000000 Unit/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ACTIMMUNE	INJ 2MU/0.5	Interferon Gamma-1B Inj 100 MCG/0.5ML (2000000 Unit/0.5ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
YERVOY	INJ 200MG	Ipilimumab Soln for IV Infusion 200 MG/40ML (5 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
YERVOY	INJ 50MG	Ipilimumab Soln for IV Infusion 50 MG/10ML (5 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IRINOTECAN	INJ 100/5ML	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
CAMPTOSAR	INJ 100/5ML	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IRINOTECAN	INJ 100/5ML	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
IRINOTECAN	INJ 100/5ML	Irinotecan HCl Inj 100 MG/5ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CAMPTOSAR	INJ 300/15ML	Irinotecan HCl Inj 300 MG/15ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IRINOTECAN	INJ 40MG/2ML	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
IRINOTECAN	INJ 40MG/2ML	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
CAMPTOSAR	INJ 40MG/2ML	Irinotecan HCl Inj 40 MG/2ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IRINOTECAN	INJ 500MG/25	Irinotecan HCl Inj 500 MG/25ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ONIVYDE	INJ 4.3MG/ML	Irinotecan HCl Liposome IV Inj 43 MG/10ML (4.3 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
TIBSOVO	TAB 250MG	Ivosidenib Tab 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
IXEMPRA KIT	INJ 15MG	Ixabepilone For IV Infusion 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IXEMPRA KIT	INJ 45MG	Ixabepilone For IV Infusion 45 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
NINLARO	CAP 2.3MG	Ixazomib Citrate Cap 2.3 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
NINLARO	CAP 3MG	Ixazomib Citrate Cap 3 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
NINLARO	CAP 4MG	Ixazomib Citrate Cap 4 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TYKERB	TAB 250MG	Lapatinib Ditosylate Tab 250 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LENVIMA	CAP 18 MG	Lenvatinib Cap Therapy Pack 10 & 4 (2) MG (18 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LENVIMA	CAP 14 MG	Lenvatinib Cap Therapy Pack 10 & 4 MG (14 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LENVIMA	CAP 24 MG	Lenvatinib Cap Therapy Pack 10 (2) & 4 MG (24 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LENVIMA	CAP 20 MG	Lenvatinib Cap Therapy Pack 10 (2) MG (20 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LENVIMA	CAP 10 MG	Lenvatinib Cap Therapy Pack 10 MG (10 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LENVIMA	CAP 8 MG	Lenvatinib Cap Therapy Pack 4 (2) MG (8 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LENVIMA	CAP 12MG	Lenvatinib Cap Therapy Pack 4 (3) MG (12 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
LENVIMA	CAP 4MG	Lenvatinib Cap Therapy Pack 4 MG (4 MG Daily Dose)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
LETROZOLE	TAB 2.5MG	Letrozole Tab 2.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	Yes	No	
FEMARA	TAB 2.5MG	Letrozole Tab 2.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	Yes	No	
LEUCOVOR CA	INJ 100MG	Leucovorin Calcium For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEUCOVOR CA	INJ 200MG	Leucovorin Calcium For Inj 200 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEUCOVOR CA	INJ 350MG	Leucovorin Calcium For Inj 350 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEUCOVOR CA	INJ 50MG	Leucovorin Calcium For Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEUCOVORIN	INJ 500MG	Leucovorin Calcium For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEUCOVORIN	INJ CALCIUM	Leucovorin Calcium For Inj 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEUCOVOR CA	TAB 10MG	Leucovorin Calcium Tab 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
LEUCOVOR CA	TAB 15MG	Leucovorin Calcium Tab 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
LEUCOVOR CA	TAB 25MG	Leucovorin Calcium Tab 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
LEUCOVOR CA	TAB 5MG	Leucovorin Calcium Tab 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
LUPRON DEPOT INJ	11.25MG	Leuprolide Acetate (3 Month) For Inj Kit 11.25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LUPRON DEPOT INJ	22.5MG	Leuprolide Acetate (3 Month) For Inj Kit 22.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ELIGARD	INJ 22.5MG	Leuprolide Acetate (3 Month) For Subcutaneous Inj Kit 22.5MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LUPRON DEPOT INJ 30MG		Leuprolide Acetate (4 Month) For Inj Kit 30 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ELIGARD	INJ 30MG	Leuprolide Acetate (4 Month) For Subcutaneous Inj Kit 30 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LUPRON DEPOT INJ 45MG		Leuprolide Acetate (6 Month) For Inj Kit 45 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ELIGARD	INJ 45MG	Leuprolide Acetate (6 Month) For Subcutaneous Inj Kit 45 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LUPRON DEPOT INJ 3.75MG		Leuprolide Acetate For Inj Kit 3.75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LUPRON DEPOT INJ 7.5MG		Leuprolide Acetate For Inj Kit 7.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ELIGARD	INJ 7.5MG	Leuprolide Acetate For Subcutaneous Inj Kit 7.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
LEUPROLIDE	INJ 1MG/0.2	Leuprolide Acetate Inj Kit 5 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
LEUPR/BUPIV SOL 25-5MG		Leuprolide Acetate-Bupivacaine HCl IM Soln 25-5 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	PA
LEVAMISOLE	POW HCL	Levamisole HCl Powder	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
LEVOLEUCOVOR INJ 175MG		Levoleucovorin Calcium For IV Inj 175 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
FUSILEV	INJ 50MG	Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
LEVOLEUCOVOR INJ 50MG		Levoleucovorin Calcium For IV Inj 50 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
LEVOLEUCOVOR INJ 50MG		Levoleucovorin Calcium Inj 175 MG/17.5ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
LEVOLEUCOVOR INJ 175/17.5		Levoleucovorin Calcium Inj 175 MG/17.5ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
LEVOLEUCOVOR INJ 175/17.5		Levoleucovorin Calcium Inj 175 MG/17.5ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEVOLEUCOVOR SOL 250MG/25		Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
LEVOLEUCOVOR SOL 250MG/25		Levoleucovorin Calcium IV Soln PF 250 MG/25ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLEOSTINE	CAP 10MG	Lomustine Cap 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
GLEOSTINE	CAP 100MG	Lomustine Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
GLEOSTINE	CAP 40MG	Lomustine Cap 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
MUSTARGEN	INJ 10MG	Mechlorethamine HCl For Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
DEPO-PROVERA INJ 400/ML		Medroxyprogesterone Acetate IM Susp 400 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
MEGESTROL	POW ACETATE	Megestrol Acetate Powder	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
MEGESTROL	POW ACETATE	Megestrol Acetate Powder	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
MEGESTROL AC SUS 400MG/10		Megestrol Acetate Susp 40 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
MEGESTROL AC SUS 40MG/ML		Megestrol Acetate Susp 40 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
MEGESTROL AC TAB 20MG		Megestrol Acetate Tab 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
MEGESTROL AC TAB 40MG		Megestrol Acetate Tab 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
MELPHALAN	INJ 50MG	Melphalan HCl For Inj 50 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
MELPHALAN	INJ 50MG	Melphalan HCl For Inj 50 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ALKERAN	INJ 50MG	Melphalan HCl For Inj 50 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
EVOMELA	INJ 50MG	Melphalan HCl For Inj 50 MG (Propylene Glycol (PG) Free)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
MELPHALAN	TAB 2MG	Melphalan Tab 2 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
ALKERAN	TAB 2MG	Melphalan Tab 2 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
PURIXAN	SUS 20MG/ML	Mercaptopurine Susp 2000 MG/100ML (20 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MERCAPTOPUR TAB 50MG		Mercaptopurine Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
MESNEX	INJ 1GM	Mesna Inj 100 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
MESNA	INJ 1GM	Mesna Inj 100 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MESNA	INJ 1GM	Mesna Inj 100 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
MESNEX	TAB 400MG	Mesna Tab 400 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
XATMEP	SOL 2.5MG/ML	Methotrexate Oral Soln 2.5 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
XATMEP	SOL 2.5MG/ML	Methotrexate Oral Soln 2.5 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
METHOTREXATE POW		Methotrexate Powder	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
METHOTREXATE POW		Methotrexate Powder	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
METHOTREXATE INJ 1GM		Methotrexate Sodium For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
METHOTREXATE INJ 1GM		Methotrexate Sodium For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
METHOTREXATE INJ 25MG/ML		Methotrexate Sodium Inj 250 MG/10ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
METHOTREXATE INJ 25MG/ML		Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
METHOTREXATE INJ 25MG/ML		Methotrexate Sodium Inj 50 MG/2ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
METHOTREXATE INJ 1GM/40ML		Methotrexate Sodium Inj PF 1000 MG/40ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
METHOTREXATE INJ 250/10ML		Methotrexate Sodium Inj PF 250 MG/10ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
METHOTREXATE INJ 50MG/2ML		Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
METHOTREXATE INJ 50MG/2ML		Methotrexate Sodium Inj PF 50 MG/2ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TREXALL	TAB 10MG	Methotrexate Sodium Tab 10 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
TREXALL	TAB 15MG	Methotrexate Sodium Tab 15 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
METHOTREXATE TAB 2.5MG		Methotrexate Sodium Tab 2.5 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
TREXALL	TAB 5MG	Methotrexate Sodium Tab 5 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
TREXALL	TAB 7.5MG	Methotrexate Sodium Tab 7.5 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
RYDAPT	CAP 25MG	Midostaurin Cap 25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
MITOMYCIN	INJ 20MG	Mitomycin For IV Soln 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
MUTAMYCIN	INJ 20MG	Mitomycin For IV Soln 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MITOMYCIN	INJ 20MG	Mitomycin For IV Soln 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MITOMYCIN	INJ 40MG	Mitomycin For IV Soln 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
MITOMYCIN	INJ 40MG	Mitomycin For IV Soln 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MUTAMYCIN	INJ 40MG	Mitomycin For IV Soln 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MUTAMYCIN	INJ 5MG	Mitomycin For IV Soln 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MITOMYCIN	INJ 5MG	Mitomycin For IV Soln 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
MITOMYCIN	INJ 5MG	Mitomycin For IV Soln 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MITOMYCIN	SOL 20MG	Mitomycin Soln For Intravesical Instillation 20 MG/40ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
LYSODREN	TAB 500MG	Mitotane Tab 500 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
MITOXANTRON	INJ 2MG/ML	Mitoxantrone HCl Inj Conc 20 MG/10ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MITOXANTRON INJ 2MG/ML	Mitoxantrone HCl Inj Conc 25 MG/12.5ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
MITOXANTRON INJ 2MG/ML	Mitoxantrone HCl Inj Conc 30 MG/15ML (2 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
POTELIGEO INJ 20MG/5ML	Mogamulizumab-kpkc IV Soln 20 MG/5ML (4 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
PORTRAZZA INJ 800/50ML	Necitumumab IV Soln 800 MG/50ML (16 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ARRANON INJ 5MG/ML	Nelarabine IV Soln 5 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
NERLYNX TAB 40MG	Neratinib Maleate Tab 40 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TASIGNA CAP 150MG	Nilotinib HCl Cap 150 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
TASIGNA CAP 200MG	Nilotinib HCl Cap 200 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
TASIGNA CAP 50MG	Nilotinib HCl Cap 50 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
NILANDRON TAB 150MG	Nilutamide Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	PA
NILUTAMIDE TAB 150MG	Nilutamide Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
ZEJULA CAP 100MG	Niraparib Tosylate Cap 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ZEJULA CAP 100MG	Niraparib Tosylate Cap 100 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
OPDIVO INJ 100MG/10	Nivolumab IV Soln 100 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
OPDIVO INJ 240/24	Nivolumab IV Soln 240 MG/24ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
OPDIVO INJ 40MG/4ML	Nivolumab IV Soln 40 MG/4ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
GAZYVA INJ 25MG/ML	Obinutuzumab Soln for IV Infusion 1000 MG/40ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ARZERRA CON 100/5ML	Ofatumumab Conc For IV Infusion 100 MG/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ARZERRA	CON 100/5ML	Ofatumumab Conc For IV Infusion 1000 MG/50ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
LYNPARZA	TAB 100MG	Olaparib Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
LYNPARZA	TAB 150MG	Olaparib Tab 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
LARTRUVO	INJ 190/19ML	Olaratumab Soln for IV Infusion 190 MG/19ML (10 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
LARTRUVO	INJ 10MG/ML	Olaratumab Soln for IV Infusion 500 MG/50ML (10 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
SYNRIBO	INJ 3.5MG	Omacetaxine Mepesuccinate For Inj 3.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TAGRISSO	TAB 40MG	Osimertinib Mesylate Tab 40 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TAGRISSO	TAB 80MG	Osimertinib Mesylate Tab 80 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
OXALIPLATIN	INJ 100MG	Oxaliplatin For IV Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN	INJ 100MG	Oxaliplatin For IV Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
OXALIPLATIN	INJ 50MG	Oxaliplatin For IV Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
OXALIPLATIN	INJ 50MG	Oxaliplatin For IV Inj 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN	INJ 100MG	Oxaliplatin IV Soln 100 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN	SOL 100MG	Oxaliplatin IV Soln 100 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
OXALIPLATIN	INJ 100MG	Oxaliplatin IV Soln 100 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
OXALIPLATIN	INJ 100MG	Oxaliplatin IV Soln 100 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN	INJ 50MG	Oxaliplatin IV Soln 50 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN	INJ 50/10ML	Oxaliplatin IV Soln 50 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXALIPLATIN INJ 50/10ML	Oxaliplatin IV Soln 50 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN INJ 50MG	Oxaliplatin IV Soln 50 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
OXALIPLATIN INJ 50MG	Oxaliplatin IV Soln 50 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
PACLITAXEL INJ 100MG	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
PACLITAXEL INJ 100MG	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
PACLITAXEL INJ 100MG	Paclitaxel IV Conc 100 MG/16.7ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
PACLITAXEL INJ 150/25ML	Paclitaxel IV Conc 150 MG/25ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
PACLITAXEL INJ 30MG/5ML	Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
PACLITAXEL INJ 30MG/5ML	Paclitaxel IV Conc 30 MG/5ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
PACLITAXEL INJ 300/50ML	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
PACLITAXEL INJ 300/50ML	Paclitaxel IV Conc 300 MG/50ML (6 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ABRAXANE INJ 100MG	Paclitaxel Protein-Bound Particles For IV Susp 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
IBRANCE CAP 100MG	Palbociclib Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
IBRANCE CAP 125MG	Palbociclib Cap 125 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
IBRANCE CAP 75MG	Palbociclib Cap 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KEPIVANCE INJ 6.25MG	Palifermin For IV Inj 6.25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
VECTIBIX INJ 100MG	Panitumumab IV Soln 100 MG/5ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VECTIBIX INJ 400MG	Panitumumab IV Soln 400 MG/20ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FARYDAK	CAP 10MG	Panobinostat Lactate Cap 10 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
FARYDAK	CAP 15MG	Panobinostat Lactate Cap 15 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
FARYDAK	CAP 20MG	Panobinostat Lactate Cap 20 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	PA
VOTRIENT	TAB 200MG	Pazopanib HCl Tab 200 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ONCASPAR	INJ 750/ML	Pegaspargase Inj 750 Unit/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
SYLATRON	KIT 200MCG	Peginterferon alfa-2b For Inj Kit 200 MCG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
SYLATRON	KIT 300MCG	Peginterferon alfa-2b For Inj Kit 300 MCG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
SYLATRON	KIT 600MCG	Peginterferon alfa-2b For Inj Kit 600 MCG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
KEYTRUDA	INJ 100MG/4M	Pembrolizumab IV Soln 100 MG/4ML (25 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ALIMTA	INJ 100MG	Pemetrexed Disodium For IV Soln 100 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
ALIMTA	INJ 500MG	Pemetrexed Disodium For IV Soln 500 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
NIPENT	INJ 10MG	Pentostatin For Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
PERJETA	INJ 420/14ML	Pertuzumab Soln for IV Infusion 420 MG/14ML (30 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
POMALYST	CAP 1MG	Pomalidomide Cap 1 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
POMALYST	CAP 2MG	Pomalidomide Cap 2 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
POMALYST	CAP 3MG	Pomalidomide Cap 3 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
POMALYST	CAP 4MG	Pomalidomide Cap 4 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ICLUSIG	TAB 15MG	Ponatinib HCl Tab 15 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ICLUSIG	TAB 15MG	Ponatinib HCl Tab 15 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ICLUSIG	TAB 45MG	Ponatinib HCl Tab 45 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
PHOTOFRIN	INJ 75MG	Porfimer Sodium For Inj 75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
FOLOTYN	INJ 20MG/ML	Pralatrexate IV Inj 20 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
FOLOTYN	INJ 40MG/2ML	Pralatrexate IV Inj 40 MG/2ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
MATULANE	CAP 50MG	Procarbazine HCl Cap 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
CYRAMZA	INJ 100/10ML	Ramucirumab IV Soln 100 MG/10ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
CYRAMZA	INJ 500/50ML	Ramucirumab IV Soln 500 MG/50ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ELITEK	INJ 1.5MG	Rasburicase For IV Soln 1.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
ELITEK	INJ 7.5MG	Rasburicase For IV Soln 7.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
STIVARGA	TAB 40MG	Regorafenib Tab 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
KISQALI	TAB 200DOSE	Ribociclib Succinate Tab 200 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KISQALI	TAB 600DOSE	Ribociclib Succinate Tab 200 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KISQALI	TAB 400DOSE	Ribociclib Succinate Tab 200 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KISQALI 400 PAK FEMARA		Ribociclib Tab 200 MG & Letrozole Tab 2.5 MG Therapy Pack	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KISQALI 200 PAK FEMARA		Ribociclib Tab 200 MG & Letrozole Tab 2.5 MG Therapy Pack	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
KISQALI 600 PAK FEMARA		Ribociclib Tab 200 MG & Letrozole Tab 2.5 MG Therapy Pack	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
RITUXAN	INJ 100MG	Rituximab IV Soln 100 MG/10ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RITUXAN	INJ 500MG	Rituximab IV Soln 500 MG/50ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
RITUXAN	INJ HYCELA	Rituximab-Hyaluronidase Human Inj 1400-23400 MG-Unit/11.7ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
RITUXAN	INJ HYCELA	Rituximab-Hyaluronidase Human Inj 1600-26800 MG-Unit/13.4ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ROMIDEPSIN	INJ 10MG	Romidepsin For IV Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ISTODAX OVR	INJ 10MG	Romidepsin For IV Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ROMIDEPSIN	INJ 10MG	Romidepsin For IV Inj 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
RUBRACA	TAB 200MG	Rucaparib Camsylate Tab 200 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
RUBRACA	TAB 250MG	Rucaparib Camsylate Tab 250 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
RUBRACA	TAB 300MG	Rucaparib Camsylate Tab 300 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
JAKAFI	TAB 10MG	Ruxolitinib Phosphate Tab 10 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
JAKAFI	TAB 15MG	Ruxolitinib Phosphate Tab 15 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
JAKAFI	TAB 20MG	Ruxolitinib Phosphate Tab 20 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
JAKAFI	TAB 25MG	Ruxolitinib Phosphate Tab 25 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
JAKAFI	TAB 5MG	Ruxolitinib Phosphate Tab 5 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
PROVENGE	INJ	Sipuleucel-T Suspension for IV Infusion	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	No	
ODOMZO	CAP 200MG	Sonidegib Phosphate Cap 200 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
NEXAVAR	TAB 200MG	Sorafenib Tosylate Tab 200 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ZANOSAR	INJ 1GM	Streptozocin For Inj 1 GM	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SUTENT	CAP 12.5MG	Sunitinib Malate Cap 12.5 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SUTENT	CAP 25MG	Sunitinib Malate Cap 25 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SUTENT	CAP 37.5MG	Sunitinib Malate Cap 37.5 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
SUTENT	CAP 50MG	Sunitinib Malate Cap 50 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
IMLYGIC	INJ	Talimogene Laherparepvec Intralesional Inj 1000000 Unit/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
IMLYGIC	INJ	Talimogene Laherparepvec Intralesional Inj 100000000 Unit/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
SOLTAMOX	SOL 10MG/5ML	Tamoxifen Citrate Oral Soln 10 MG/5ML (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	Yes	No	
TAMOXIFEN	TAB 10MG	Tamoxifen Citrate Tab 10 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	No Cost	Yes	No	
TAMOXIFEN	TAB 20MG	Tamoxifen Citrate Tab 20 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	No Cost	Yes	No	
TEMOZOLOMIDE CAP 100MG		Temozolomide Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 100MG		Temozolomide Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMODAR	CAP 100MG	Temozolomide Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 100MG		Temozolomide Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 140MG		Temozolomide Cap 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TEMODAR	CAP 140MG	Temozolomide Cap 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 140MG		Temozolomide Cap 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 140MG		Temozolomide Cap 140 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 180MG		Temozolomide Cap 180 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TEMODAR	CAP 180MG	Temozolomide Cap 180 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 180MG		Temozolomide Cap 180 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 180MG		Temozolomide Cap 180 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMODAR	CAP 20MG	Temozolomide Cap 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 20MG		Temozolomide Cap 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 20MG		Temozolomide Cap 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 20MG		Temozolomide Cap 20 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TEMODAR	CAP 250MG	Temozolomide Cap 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 250MG		Temozolomide Cap 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 250MG		Temozolomide Cap 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 250MG		Temozolomide Cap 250 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 5MG		Temozolomide Cap 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
TEMOZOLOMIDE CAP 5MG		Temozolomide Cap 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMOZOLOMIDE CAP 5MG		Temozolomide Cap 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TEMODAR	CAP 5MG	Temozolomide Cap 5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMODAR	INJ 100MG	Temozolomide For IV Soln 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEMESIROLIMUS SOL 25MG/ML		Temsirolimus Soln For IV Infusion 25 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
TORISEL	SOL 25MG/ML	Temsirolimus Soln For IV Infusion 25 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TENIPOSIDE	INJ 50MG/5ML	Teniposide IV Soln 10 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
TABLOID	TAB 40MG	Thioguanine Tab 40 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	No	
TEPADINA	INJ 100MG	Thiotepa For Inj 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TEPADINA	INJ 15MG	Thiotepa For Inj 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
THIOTEPA	INJ 15MG	Thiotepa For Inj 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
THIOTEPA	INJ 15MG	Thiotepa For Inj 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
THIOTEPA	INJ 15MG	Thiotepa For Inj 15 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
KYMRIAH	SUS	Tisagenlecleucel Suspension for IV Infusion	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
HYCAMTIN	CAP 0.25MG	Topotecan HCl Cap 0.25 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
HYCAMTIN	CAP 1MG	Topotecan HCl Cap 1 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TOPOTECAN	INJ 4MG	Topotecan HCl For Inj 4 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
HYCAMTIN	INJ 4MG	Topotecan HCl For Inj 4 MG (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
TOPOTECAN	INJ 4MG/4ML	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	
TOPOTECAN	INJ 4MG/4ML	Topotecan HCl Inj 4 MG/4ML (Base Equiv) (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	*Various UM Required
FARESTON	TAB 60MG	Toremifene Citrate Tab 60 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	Yes	No	
YONDELIS	INJ 1MG	Trabectedin For Inj 1 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
MEKINIST	TAB 0.5MG	Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
MEKINIST	TAB 2MG	Trametinib Dimethyl Sulfoxide Tab 2 MG (Base Equivalent)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HERCEPTIN	INJ 150MG	Trastuzumab For IV Soln 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
HERCEPTIN	INJ 440MG	Trastuzumab For IV Soln 440 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TRETINOIN	CAP 10MG	Tretinoin Cap 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	No	
LONSURF	TAB 15-6.14	Trifluridine-Tipiracil Tab 15-6.14 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
LONSURF	TAB 20-8.19	Trifluridine-Tipiracil Tab 20-8.19 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TRELSTAR MIX	INJ 11.25MG	Triptorelin Pamoate For IM Susp 11.25 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TRELSTAR MIX	INJ 22.5MG	Triptorelin Pamoate For IM Susp 22.5 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
TRELSTAR MIX	INJ 3.75MG	Triptorelin Pamoate For IM Susp 3.75 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VALSTAR	SOL 40MG/ML	Valrubicin Soln For Intravesical Instillation 40 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
CAPRELSA	TAB 100MG	Vandetanib Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
CAPRELSA	TAB 300MG	Vandetanib Tab 300 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ZELBORAF	TAB 240MG	Vemurafenib Tab 240 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
VENCLEXTA	TAB 10MG	Venetoclax Tab 10 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
VENCLEXTA	TAB 100MG	Venetoclax Tab 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
VENCLEXTA	TAB 50MG	Venetoclax Tab 50 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
VENCLEXTA	TAB START PK	Venetoclax Tab Therapy Starter Pack 10 & 50 & 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
VINBLASTINE	INJ 1MG/ML	Vinblastine Sulfate Inj 1 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
VINCASAR PFS	INJ 1MG/ML	Vincristine Sulfate IV Soln 1 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VINCRI	INJ 1MG/ML	Vincristine Sulfate IV Soln 1 MG/ML	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
MARQIBO	INJ 5MG/31ML	Vincristine Sulfate Liposome IV Susp 5 MG/31ML (0.16 MG/ML)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
VINORELBINE	INJ 10MG/ML	Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
NAVELBINE	INJ 10MG/ML	Vinorelbine Tartrate Inj 10 MG/ML (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
NAVELBINE	INJ 50MG/5ML	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	
VINORELBINE	INJ 50MG/5ML	Vinorelbine Tartrate Inj 50 MG/5ML (10 MG/ML) (Base Equiv)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Generic	No	Yes	
ERIVEDGE	CAP 150MG	Vismodegib Cap 150 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ZOLINZA	CAP 100MG	Vorinostat Cap 100 MG	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Preferred	No	Yes	*Various UM Required
ZALTRAP	INJ 100/4ML	Ziv-Aflibercept IV Soln 100 MG/4ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
ZALTRAP	INJ 200/8ML	Ziv-Aflibercept IV Soln 200 MG/8ML (For Infusion)	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	Non-Preferred	No	Yes	*Various UM Required
AMANTADINE	CAP 100MG	Amantadine HCl Cap 100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
GOCOVRI	CAP 137MG	Amantadine HCl Cap ER 24HR 137 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA
GOCOVRI	CAP 68.5MG	Amantadine HCl Cap ER 24HR 68.5 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA
AMANTADINE	SYP 50MG/5ML	Amantadine HCl Syrup 50 MG/5ML	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
AMANTADINE	TAB 100MG	Amantadine HCl Tab 100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
AMANTADINE	TAB 100MG	Amantadine HCl Tab 100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
OSMOLEX ER	TAB 129MG	Amantadine HCl Tab ER 24HR 129 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA
OSMOLEX ER	TAB 193MG	Amantadine HCl Tab ER 24HR 193 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OSMOLEX ER TAB 258MG	Amantadine HCl Tab ER 24HR 258 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA
APOKYN INJ 10MG/ML	Apomorphine HCl Soln Cartridge 30 MG/3ML	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	Yes	*Various UM Required
COGENTIN INJ 1MG/ML	Benztropine Mesylate Inj 1 MG/ML	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
BENZTROPINE INJ 1MG/ML	Benztropine Mesylate Inj 1 MG/ML	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
BENZTROPINE TAB 0.5MG	Benztropine Mesylate Tab 0.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
BENZTROPINE TAB 1MG	Benztropine Mesylate Tab 1 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
BENZTROPINE TAB 2MG	Benztropine Mesylate Tab 2 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
BROMOCRIPTIN CAP 5MG	Bromocriptine Mesylate Cap 5 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
PARLODEL CAP 5MG	Bromocriptine Mesylate Cap 5 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
BROMOCRIPTIN POW MESYLATE	Bromocriptine Mesylate Powder	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
BROMOCRIPTIN TAB 2.5MG	Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
PARLODEL TAB 2.5MG	Bromocriptine Mesylate Tab 2.5 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
RYTARY CAP 95MG	Carbidopa & Levodopa Cap ER 23.75-95 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
RYTARY CAP 145MG	Carbidopa & Levodopa Cap ER 36.25-145 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
RYTARY CAP 195MG	Carbidopa & Levodopa Cap ER 48.75-195 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
RYTARY CAP 245MG	Carbidopa & Levodopa Cap ER 61.25-245 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO TAB 10-100MG	Carbidopa & Levodopa Orally Disintegrating Tab 10-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO TAB 25-100MG	Carbidopa & Levodopa Orally Disintegrating Tab 25-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CARB/LEVO	TAB 25-250MG	Carbidopa & Levodopa Orally Disintegrating Tab 25-250 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
SINEMET	TAB 10-100MG	Carbidopa & Levodopa Tab 10-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO	TAB 10-100MG	Carbidopa & Levodopa Tab 10-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO	TAB 10-100MG	Carbidopa & Levodopa Tab 10-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO	TAB 25-100MG	Carbidopa & Levodopa Tab 25-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
SINEMET	TAB 25-100MG	Carbidopa & Levodopa Tab 25-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO	TAB 25-100MG	Carbidopa & Levodopa Tab 25-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO	TAB 25-250MG	Carbidopa & Levodopa Tab 25-250 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO	TAB 25-250MG	Carbidopa & Levodopa Tab 25-250 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
SINEMET	TAB 25-250MG	Carbidopa & Levodopa Tab 25-250 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
SINEMET CR	TAB 25-100MG	Carbidopa & Levodopa Tab ER 25-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO ER	TAB 25-100MG	Carbidopa & Levodopa Tab ER 25-100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO ER	TAB 50-200MG	Carbidopa & Levodopa Tab ER 50-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
SINEMET CR	TAB 50-200MG	Carbidopa & Levodopa Tab ER 50-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARBIDOPA	TAB 25MG	Carbidopa Tab 25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
LODOSYN	TAB 25MG	Carbidopa Tab 25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
DUOPA	SUS 4.63-20	Carbidopa-Levodopa Enteral Susp 4.63-20 MG/ML	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	Yes	
CARB/LEVO 50 TAB	/ENTACAP	Carbidopa-Levodopa-Entacapone Tabs 12.5-50-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
STALEVO 50 TAB	Carbidopa-Levodopa-Entacapone Tabs 12.5-50-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO 75 TAB /ENTACAP	Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
STALEVO 75 TAB	Carbidopa-Levodopa-Entacapone Tabs 18.75-75-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
STALEVO 100 TAB	Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO100 TAB /ENTACAP	Carbidopa-Levodopa-Entacapone Tabs 25-100-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
STALEVO 125 TAB	Carbidopa-Levodopa-Entacapone Tabs 31.25-125-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO125 TAB /ENTACAP	Carbidopa-Levodopa-Entacapone Tabs 31.25-125-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
STALEVO 150 TAB	Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
CARB/LEVO150 TAB /ENTACAP	Carbidopa-Levodopa-Entacapone Tabs 37.5-150-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
CARB/LEVO200 TAB /ENTACAP	Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
STALEVO 200 TAB	Carbidopa-Levodopa-Entacapone Tabs 50-200-200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
COMTAN TAB 200MG	Entacapone Tab 200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ENTACAPONE TAB 200MG	Entacapone Tab 200 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
LEVODOPA POW	Levodopa Powder	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
MIRAPEX TAB 0.125MG	Pramipexole Dihydrochloride Tab 0.125 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 0.125MG	Pramipexole Dihydrochloride Tab 0.125 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
PRAMIPEXOLE TAB 0.25MG	Pramipexole Dihydrochloride Tab 0.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX TAB 0.25MG	Pramipexole Dihydrochloride Tab 0.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRAMIPEXOLE TAB 0.5MG	Pramipexole Dihydrochloride Tab 0.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX TAB 0.5MG	Pramipexole Dihydrochloride Tab 0.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
MIRAPEX TAB 0.75MG	Pramipexole Dihydrochloride Tab 0.75 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 0.75MG	Pramipexole Dihydrochloride Tab 0.75 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
PRAMIPEXOLE TAB 1MG	Pramipexole Dihydrochloride Tab 1 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX TAB 1MG	Pramipexole Dihydrochloride Tab 1 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 1.5MG	Pramipexole Dihydrochloride Tab 1.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX TAB 1.5MG	Pramipexole Dihydrochloride Tab 1.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 0.375 ER	Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX ER TAB 0.375MG	Pramipexole Dihydrochloride Tab ER 24HR 0.375 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 0.75 ER	Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX ER TAB 0.75MG	Pramipexole Dihydrochloride Tab ER 24HR 0.75 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
MIRAPEX ER TAB 1.5MG	Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 1.5MG ER	Pramipexole Dihydrochloride Tab ER 24HR 1.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
PRAMIPEXOLE TAB 2.25 ER	Pramipexole Dihydrochloride Tab ER 24HR 2.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX ER TAB 2.25MG	Pramipexole Dihydrochloride Tab ER 24HR 2.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
MIRAPEX ER TAB 3MG	Pramipexole Dihydrochloride Tab ER 24HR 3 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 3MG ER	Pramipexole Dihydrochloride Tab ER 24HR 3 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MIRAPEX ER TAB 3.75MG	Pramipexole Dihydrochloride Tab ER 24HR 3.75 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
PRAMIPEXOLE TAB 3.75 ER	Pramipexole Dihydrochloride Tab ER 24HR 3.75 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
PRAMIPEXOLE TAB 4.5MG ER	Pramipexole Dihydrochloride Tab ER 24HR 4.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
MIRAPEX ER TAB 4.5MG	Pramipexole Dihydrochloride Tab ER 24HR 4.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
RASAGILINE TAB 0.5MG	Rasagiline Mesylate Tab 0.5 MG (Base Equiv)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
AZILECT TAB 0.5MG	Rasagiline Mesylate Tab 0.5 MG (Base Equiv)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
AZILECT TAB 1MG	Rasagiline Mesylate Tab 1 MG (Base Equiv)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
RASAGILINE TAB 1MG	Rasagiline Mesylate Tab 1 MG (Base Equiv)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
REQUIP TAB 0.25MG	Ropinirole Hydrochloride Tab 0.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ROPINIROLE TAB 0.25MG	Ropinirole Hydrochloride Tab 0.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE TAB 0.25MG	Ropinirole Hydrochloride Tab 0.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE TAB 0.5MG	Ropinirole Hydrochloride Tab 0.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE TAB 0.5MG	Ropinirole Hydrochloride Tab 0.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP TAB 0.5MG	Ropinirole Hydrochloride Tab 0.5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
REQUIP TAB 1MG	Ropinirole Hydrochloride Tab 1 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ROPINIROLE TAB 1MG	Ropinirole Hydrochloride Tab 1 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE TAB 1MG	Ropinirole Hydrochloride Tab 1 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE TAB 2MG	Ropinirole Hydrochloride Tab 2 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ROPINIROLE	TAB 2MG	Ropinirole Hydrochloride Tab 2 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP	TAB 2MG	Ropinirole Hydrochloride Tab 2 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
REQUIP	TAB 3MG	Ropinirole Hydrochloride Tab 3 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ROPINIROLE	TAB 3MG	Ropinirole Hydrochloride Tab 3 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE	TAB 3MG	Ropinirole Hydrochloride Tab 3 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE	TAB 4MG	Ropinirole Hydrochloride Tab 4 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP	TAB 4MG	Ropinirole Hydrochloride Tab 4 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ROPINIROLE	TAB 4MG	Ropinirole Hydrochloride Tab 4 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE	TAB 5MG	Ropinirole Hydrochloride Tab 5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE	TAB 5MG	Ropinirole Hydrochloride Tab 5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP	TAB 5MG	Ropinirole Hydrochloride Tab 5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ROPINIROLE	TAB 12MG ER	Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP XL	TAB 12MG	Ropinirole Hydrochloride Tab ER 24HR 12 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
REQUIP XL	TAB 2MG	Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
ROPINIROLE	TAB 2MG ER	Ropinirole Hydrochloride Tab ER 24HR 2 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE	TAB 4MG ER	Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP XL	TAB 4MG	Ropinirole Hydrochloride Tab ER 24HR 4 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
REQUIP XL	TAB 6MG	Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ROPINIROLE	TAB 6MG ER	Ropinirole Hydrochloride Tab ER 24HR 6 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ROPINIROLE	TAB 8MG ER	Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
REQUIP XL	TAB 8MG	Ropinirole Hydrochloride Tab ER 24HR 8 MG (Base Equivalent)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
NEUPRO	DIS 1MG/24HR	Rotigotine TD Patch 24HR 1 MG/24HR	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
NEUPRO	DIS 2MG/24HR	Rotigotine TD Patch 24HR 2 MG/24HR	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
NEUPRO	DIS 3MG/24HR	Rotigotine TD Patch 24HR 3 MG/24HR	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
NEUPRO	DIS 4MG/24HR	Rotigotine TD Patch 24HR 4 MG/24HR	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
NEUPRO	DIS 6MG/24HR	Rotigotine TD Patch 24HR 6 MG/24HR	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
NEUPRO	DIS 8MG/24HR	Rotigotine TD Patch 24HR 8 MG/24HR	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
XADAGO	TAB 100MG	Safinamide Mesylate Tab 100 MG (Base Equiv)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA
XADAGO	TAB 50MG	Safinamide Mesylate Tab 50 MG (Base Equiv)	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	PA
SELEGILINE	CAP 5MG	Selegiline HCl Cap 5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
ZELAPAR	TAB 1.25MG	Selegiline HCl Orally Disintegrating Tab 1.25 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
SELEGILINE	POW HCL	Selegiline HCl Powder	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
SELEGILINE	POW HCL	Selegiline HCl Powder	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	No	No	
SELEGILINE	TAB 5MG	Selegiline HCl Tab 5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	No	No	
TASMAR	TAB 100MG	Tolcapone Tab 100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Non-Preferred	Yes	No	
TOLCAPONE	TAB 100MG	Tolcapone Tab 100 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIHXYPHEN ELX 0.4MG/ML	Trihexyphenidyl HCl Elixir 0.4 MG/ML	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
TRIHXYPHEN TAB 2MG	Trihexyphenidyl HCl Tab 2 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
TRIHXYPHEN TAB 5MG	Trihexyphenidyl HCl Tab 5 MG	ANTIPARKINSON AND RELATED THERAPY AGENTS	Generic	Yes	No	
ABILIFY MAIN INJ 300MG	Aripiprazole IM For ER Susp Prefilled Syringe 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ABILIFY MAIN INJ 400MG	Aripiprazole IM For ER Susp Prefilled Syringe 400 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ABILIFY MAIN INJ 300MG	Aripiprazole IM For Extended Release Susp 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ABILIFY MAIN INJ 400MG	Aripiprazole IM For Extended Release Susp 400 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ARISTADA INJ 1064MG	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 1064 MG/3.9ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Preferred	No	No	
ARISTADA INJ 441MG/1.	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 441 MG/1.6ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Preferred	No	No	
ARISTADA INJ 662MG/2	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 662 MG/2.4ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Preferred	No	No	
ARISTADA INJ INITIO	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 675 MG/2.4ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
ARISTADA INJ 882MG/3	Aripiprazole Lauroxil IM ER Susp Prefilled Syr 882 MG/3.2ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Preferred	No	No	
ARIPIRAZOLE SOL 1MG/ML	Aripiprazole Oral Solution 1 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 10MG ODT	Aripiprazole Orally Disintegrating Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 15MG ODT	Aripiprazole Orally Disintegrating Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 10MG	Aripiprazole Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 10MG	Aripiprazole Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ABILIFY TAB 10MG	Aripiprazole Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ABILIFY	TAB 15MG	Aripiprazole Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
ARIPIRAZOLE TAB 15MG		Aripiprazole Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 15MG		Aripiprazole Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ABILIFY	TAB 2MG	Aripiprazole Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
ARIPIRAZOLE TAB 2MG		Aripiprazole Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 2MG		Aripiprazole Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ABILIFY	TAB 20MG	Aripiprazole Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
ARIPIRAZOLE TAB 20MG		Aripiprazole Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 20MG		Aripiprazole Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 30MG		Aripiprazole Tab 30 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 30MG		Aripiprazole Tab 30 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ABILIFY	TAB 30MG	Aripiprazole Tab 30 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
ARIPIRAZOLE TAB 5MG		Aripiprazole Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ARIPIRAZOLE TAB 5MG		Aripiprazole Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ABILIFY	TAB 5MG	Aripiprazole Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
SAPHRIS	SUB 10MG	Asenapine Maleate SL Tab 10 MG (Base Equiv)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
SAPHRIS	SUB 2.5MG	Asenapine Maleate SL Tab 2.5 MG (Base Equiv)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
SAPHRIS	SUB 5MG	Asenapine Maleate SL Tab 5 MG (Base Equiv)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
REXULTI	TAB 0.25MG	Brexpiprazole Tab 0.25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
REXULTI	TAB 0.5MG	Brexpiprazole Tab 0.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
REXULTI	TAB 1MG	Brexpiprazole Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
REXULTI	TAB 2MG	Brexpiprazole Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
REXULTI	TAB 3MG	Brexpiprazole Tab 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
REXULTI	TAB 4MG	Brexpiprazole Tab 4 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
EQUETRO	CAP 100MG	Carbamazepine (Antipsychotic) Cap ER 12HR 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
EQUETRO	CAP 200MG	Carbamazepine (Antipsychotic) Cap ER 12HR 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
EQUETRO	CAP 300MG	Carbamazepine (Antipsychotic) Cap ER 12HR 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
VRAYLAR	CAP 1.5MG	Cariprazine HCl Cap 1.5 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
VRAYLAR	CAP 3MG	Cariprazine HCl Cap 3 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
VRAYLAR	CAP 4.5MG	Cariprazine HCl Cap 4.5 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
VRAYLAR	CAP 6MG	Cariprazine HCl Cap 6 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
VRAYLAR	CAP 1.5-3MG	Cariprazine HCl Cap Therapy Pack 1.5 MG (1) & 3 MG (6)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CHLORPROMAZ	INJ 25MG/ML	Chlorpromazine HCl Inj 25 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CHLORPROMAZ	INJ 50MG/2ML	Chlorpromazine HCl Inj 50 MG/2ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CHLORPROMAZ	TAB 10MG	Chlorpromazine HCl Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ	TAB 10MG	Chlorpromazine HCl Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CHLORPROMAZ TAB 100MG	Chlorpromazine HCl Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 100MG	Chlorpromazine HCl Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 200MG	Chlorpromazine HCl Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 200MG	Chlorpromazine HCl Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 25MG	Chlorpromazine HCl Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 25MG	Chlorpromazine HCl Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 50MG	Chlorpromazine HCl Tab 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CHLORPROMAZ TAB 50MG	Chlorpromazine HCl Tab 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FAZACLO TAB 100 ODT	Clozapine Orally Disintegrating Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZAPINE TAB 100/ODT	Clozapine Orally Disintegrating Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FAZACLO TAB 12.5 ODT	Clozapine Orally Disintegrating Tab 12.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZAPINE TAB 12.5/ODT	Clozapine Orally Disintegrating Tab 12.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FAZACLO TAB 150 ODT	Clozapine Orally Disintegrating Tab 150 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZAPINE TAB 150/ODT	Clozapine Orally Disintegrating Tab 150 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CLOZAPINE TAB 200/ODT	Clozapine Orally Disintegrating Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FAZACLO TAB 200 ODT	Clozapine Orally Disintegrating Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
FAZACLO TAB 25MG ODT	Clozapine Orally Disintegrating Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZAPINE TAB 25MG ODT	Clozapine Orally Disintegrating Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VERSACLOZ	SUS 50MG/ML	Clozapine Susp 50 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZARIL	TAB 100MG	Clozapine Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZAPINE	TAB 100MG	Clozapine Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CLOZAPINE	TAB 200MG	Clozapine Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CLOZARIL	TAB 25MG	Clozapine Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
CLOZAPINE	TAB 25MG	Clozapine Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
CLOZAPINE	TAB 50MG	Clozapine Tab 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZ DE	INJ 25MG/ML	Fluphenazine Decanoate Inj 25 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZ DE	INJ 25MG/ML	Fluphenazine Decanoate Inj 25 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE ELX	2.5/5ML	Fluphenazine HCl Elixir 2.5 MG/5ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE INJ	2.5MG/ML	Fluphenazine HCl Inj 2.5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE CON	5MG/ML	Fluphenazine HCl Oral Conc 5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE TAB	1MG	Fluphenazine HCl Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE TAB	10MG	Fluphenazine HCl Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE TAB	2.5MG	Fluphenazine HCl Tab 2.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FLUPHENAZINE TAB	5MG	Fluphenazine HCl Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPER DEC	INJ 500/5ML	Haloperidol Decanoate IM Soln 100 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPER DEC	INJ 100MG/ML	Haloperidol Decanoate IM Soln 100 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HALOPER DEC INJ 100MG/ML	Haloperidol Decanoate IM Soln 100 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALDOL DECAN INJ 100MG/ML	Haloperidol Decanoate IM Soln 100 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
HALOPER DEC INJ 50MG/ML	Haloperidol Decanoate IM Soln 50 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPER DEC INJ 50MG/ML	Haloperidol Decanoate IM Soln 50 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALDOL DECAN INJ 50MG/ML	Haloperidol Decanoate IM Soln 50 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
HALOPER LAC INJ 5MG/ML	Haloperidol Lactate Inj 5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALDOL INJ 5MG/ML	Haloperidol Lactate Inj 5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
HALOPERIDOL INJ 5MG/ML	Haloperidol Lactate Inj 5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL INJ 50/10ML	Haloperidol Lactate Inj 5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL CON 2MG/ML	Haloperidol Lactate Oral Conc 2 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL TAB 0.5MG	Haloperidol Tab 0.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL TAB 1MG	Haloperidol Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL TAB 10MG	Haloperidol Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL TAB 2MG	Haloperidol Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL TAB 20MG	Haloperidol Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
HALOPERIDOL TAB 5MG	Haloperidol Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
FANAPT TAB 1MG	Iloperidone Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
FANAPT PAK	Iloperidone Tab 1 MG & 2 MG & 4 MG & 6 MG Titration Pak	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FANAPT	TAB 10MG	Iloperidone Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
FANAPT	TAB 12MG	Iloperidone Tab 12 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
FANAPT	TAB 2MG	Iloperidone Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
FANAPT	TAB 4MG	Iloperidone Tab 4 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
FANAPT	TAB 6MG	Iloperidone Tab 6 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
FANAPT	TAB 8MG	Iloperidone Tab 8 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
LITHIUM CARB CAP 150MG		Lithium Carbonate Cap 150 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LITHIUM CARB CAP 300MG		Lithium Carbonate Cap 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LITHIUM CARB CAP 600MG		Lithium Carbonate Cap 600 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LITHIUM CARB POW		Lithium Carbonate Powder	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
LITHIUM CARB TAB 300MG		Lithium Carbonate Tab 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LITHOBID	TAB 300MG CR	Lithium Carbonate Tab ER 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
LITHIUM CARB TAB 300MG ER		Lithium Carbonate Tab ER 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LITHIUM CARB TAB 450MG ER		Lithium Carbonate Tab ER 450 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LITHIUM	SOL 8MEQ/5ML	Lithium Oral Solution 8 mEq/5ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ADASUVE	INH 10MG	Loxapine Aerosol Powder Breath Activated 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
LOXAPINE	CAP 10MG	Loxapine Succinate Cap 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LOXAPINE	CAP 25MG	Loxapine Succinate Cap 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LOXAPINE	CAP 5MG	Loxapine Succinate Cap 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LOXAPINE	CAP 50MG	Loxapine Succinate Cap 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
LATUDA	TAB 120MG	Lurasidone HCl Tab 120 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
LATUDA	TAB 20MG	Lurasidone HCl Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
LATUDA	TAB 40MG	Lurasidone HCl Tab 40 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
LATUDA	TAB 60MG	Lurasidone HCl Tab 60 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
LATUDA	TAB 80MG	Lurasidone HCl Tab 80 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ZYPREXA	INJ 10MG	Olanzapine For IM Inj 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
OLANZAPINE	INJ 10MG	Olanzapine For IM Inj 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
ZYPREXA ZYDI TAB 10MG		Olanzapine Orally Disintegrating Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE	TAB 10MG ODT	Olanzapine Orally Disintegrating Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA ZYDI TAB 15MG		Olanzapine Orally Disintegrating Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE	TAB 15MG ODT	Olanzapine Orally Disintegrating Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
OLANZAPINE	TAB 20MG ODT	Olanzapine Orally Disintegrating Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA ZYDI TAB 20MG		Olanzapine Orally Disintegrating Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ZYPREXA ZYDI TAB 5MG		Olanzapine Orally Disintegrating Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE	TAB 5MG ODT	Olanzapine Orally Disintegrating Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA RELP INJ 210MG		Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZYPREXA RELP INJ 300MG	Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ZYPREXA RELP INJ 405MG	Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ZYPREXA TAB 10MG	Olanzapine Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE TAB 10MG	Olanzapine Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
OLANZAPINE TAB 15MG	Olanzapine Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA TAB 15MG	Olanzapine Tab 15 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE TAB 2.5MG	Olanzapine Tab 2.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA TAB 2.5MG	Olanzapine Tab 2.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE TAB 20MG	Olanzapine Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA TAB 20MG	Olanzapine Tab 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE TAB 5MG	Olanzapine Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZYPREXA TAB 5MG	Olanzapine Tab 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ZYPREXA TAB 7.5MG	Olanzapine Tab 7.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
OLANZAPINE TAB 7.5MG	Olanzapine Tab 7.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
INVEGA SUST INJ 156MG/ML	Paliperidone Palmitate IM Extended-Release Susp 156 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
INVEGA SUST INJ 234/1.5	Paliperidone Palmitate IM Extended-Release Susp 234 MG/1.5ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
INVEGA SUST INJ 39/0.25	Paliperidone Palmitate IM Extended-Release Susp 39 MG/0.25ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
INVEGA SUST INJ 78/0.5ML	Paliperidone Palmitate IM Extended-Release Susp 78 MG/0.5ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INVEGA SUST INJ 117/0.75	Paliperidone Palmitate IM Extend-Release Susp 117 MG/0.75ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
INVEGA TRINZ INJ 273MG	Paliperidone Palmitate IM Extend-Release Susp 273 MG/0.875ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
INVEGA TRINZ INJ 410MG	Paliperidone Palmitate IM Extend-Release Susp 410 MG/1.315ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
INVEGA TRINZ INJ 546MG	Paliperidone Palmitate IM Extend-Release Susp 546 MG/1.75ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
INVEGA TRINZ INJ 819MG	Paliperidone Palmitate IM Extend-Release Susp 819 MG/2.625ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	PA
INVEGA TAB 1.5MG	Paliperidone Tab ER 24HR 1.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
PALIPERIDONE TAB ER 1.5MG	Paliperidone Tab ER 24HR 1.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
PALIPERIDONE TAB ER 1.5MG	Paliperidone Tab ER 24HR 1.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
PALIPERIDONE TAB ER 3MG	Paliperidone Tab ER 24HR 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
INVEGA TAB 3MG	Paliperidone Tab ER 24HR 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
PALIPERIDONE TAB ER 3MG	Paliperidone Tab ER 24HR 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
PALIPERIDONE TAB ER 6MG	Paliperidone Tab ER 24HR 6 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
PALIPERIDONE TAB ER 6MG	Paliperidone Tab ER 24HR 6 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
INVEGA TAB 6MG	Paliperidone Tab ER 24HR 6 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
PALIPERIDONE TAB ER 9MG	Paliperidone Tab ER 24HR 9 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
PALIPERIDONE TAB ER 9MG	Paliperidone Tab ER 24HR 9 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
INVEGA TAB 9MG	Paliperidone Tab ER 24HR 9 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
PERPHENAZINE TAB 16MG	Perphenazine Tab 16 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PERPHENAZINE TAB 2MG	Perphenazine Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
PERPHENAZINE TAB 4MG	Perphenazine Tab 4 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
PERPHENAZINE TAB 8MG	Perphenazine Tab 8 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
NUPLAZID CAP 34MG	Pimavanserin Tartrate Cap 34 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	Yes	
NUPLAZID TAB 10MG	Pimavanserin Tartrate Tab 10 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	Yes	
NUPLAZID TAB 17MG	Pimavanserin Tartrate Tab 17 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROCHLORPER INJ 10MG/2ML	Prochlorperazine Edisylate Inj 5 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
PROCHLORPER POW MALEATE	Prochlorperazine Maleate Powder	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
PROCHLORPER TAB 10MG	Prochlorperazine Maleate Tab 10 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
PROCHLORPER TAB 5MG	Prochlorperazine Maleate Tab 5 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
COMPRO SUP 25MG	Prochlorperazine Suppos 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
PROCHLORPER SUP 25MG	Prochlorperazine Suppos 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
QUETIAPINE TAB 100MG	Quetiapine Fumarate Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL TAB 100MG	Quetiapine Fumarate Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
QUETIAPINE TAB 200MG	Quetiapine Fumarate Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL TAB 200MG	Quetiapine Fumarate Tab 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
QUETIAPINE TAB 25MG	Quetiapine Fumarate Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL TAB 25MG	Quetiapine Fumarate Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUETIAPINE	TAB 300MG	Quetiapine Fumarate Tab 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL	TAB 300MG	Quetiapine Fumarate Tab 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
SEROQUEL	TAB 400MG	Quetiapine Fumarate Tab 400 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
QUETIAPINE	TAB 400MG	Quetiapine Fumarate Tab 400 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL	TAB 50MG	Quetiapine Fumarate Tab 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
QUETIAPINE	TAB 50MG	Quetiapine Fumarate Tab 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL XR	TAB 150MG	Quetiapine Fumarate Tab ER 24HR 150 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
QUETIAPINE	TAB 150MG ER	Quetiapine Fumarate Tab ER 24HR 150 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
QUETIAPINE	TAB 200MG ER	Quetiapine Fumarate Tab ER 24HR 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL XR	TAB 200MG	Quetiapine Fumarate Tab ER 24HR 200 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
QUETIAPINE	TAB 300MG ER	Quetiapine Fumarate Tab ER 24HR 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL XR	TAB 300MG	Quetiapine Fumarate Tab ER 24HR 300 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
SEROQUEL XR	TAB 400MG	Quetiapine Fumarate Tab ER 24HR 400 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
QUETIAPINE	TAB 400MG ER	Quetiapine Fumarate Tab ER 24HR 400 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
QUETIAPINE	TAB 50MG ER	Quetiapine Fumarate Tab ER 24HR 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
SEROQUEL XR	TAB 50MG	Quetiapine Fumarate Tab ER 24HR 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
RISPERDAL	INJ 12.5MG	Risperidone Microspheres For Inj 12.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
RISPERDAL	INJ 25MG	Risperidone Microspheres For Inj 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RISPERDAL	INJ 37.5MG	Risperidone Microspheres For Inj 37.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
RISPERDAL	INJ 50MG	Risperidone Microspheres For Inj 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
RISPERIDONE	TAB 0.25 ODT	Risperidone Orally Disintegrating Tab 0.25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	TAB 0.5MG OD	Risperidone Orally Disintegrating Tab 0.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	TAB 1MG ODT	Risperidone Orally Disintegrating Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	TAB 2MG ODT	Risperidone Orally Disintegrating Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	TAB 3MG ODT	Risperidone Orally Disintegrating Tab 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	TAB 4MG ODT	Risperidone Orally Disintegrating Tab 4 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	SOL 1MG/ML	Risperidone Soln 1 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERIDONE	SOL 1MG/ML	Risperidone Soln 1 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERDAL	SOL 1MG/ML	Risperidone Soln 1 MG/ML	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
PERSERIS	INJ 120MG	Risperidone Subcutaneous For ER Susp Prefilled Syr 120 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
PERSERIS	INJ 90MG	Risperidone Subcutaneous For ER Susp Prefilled Syr 90 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	PA
RISPERIDONE	TAB 0.25MG	Risperidone Tab 0.25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERDAL	TAB 0.25MG	Risperidone Tab 0.25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
RISPERIDONE	TAB 0.5MG	Risperidone Tab 0.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERDAL	TAB 0.5MG	Risperidone Tab 0.5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
RISPERIDONE	TAB 1MG	Risperidone Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RISPERDAL	TAB 1MG	Risperidone Tab 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
RISPERDAL	TAB 2MG	Risperidone Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
RISPERIDONE	TAB 2MG	Risperidone Tab 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERDAL	TAB 3MG	Risperidone Tab 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
RISPERIDONE	TAB 3MG	Risperidone Tab 3 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
RISPERDAL	TAB 4MG	Risperidone Tab 4 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
RISPERIDONE	TAB 4MG	Risperidone Tab 4 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
THIORIDAZINE	TAB 10MG	Thioridazine HCl Tab 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
THIORIDAZINE	TAB 100MG	Thioridazine HCl Tab 100 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
THIORIDAZINE	TAB 25MG	Thioridazine HCl Tab 25 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
THIORIDAZINE	TAB 50MG	Thioridazine HCl Tab 50 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
THIOTHIXENE	CAP 1MG	Thiothixene Cap 1 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
THIOTHIXENE	CAP 10MG	Thiothixene Cap 10 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
THIOTHIXENE	CAP 2MG	Thiothixene Cap 2 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
THIOTHIXENE	CAP 5MG	Thiothixene Cap 5 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
TRIFLUOPERAZ	TAB 1MG	Trifluoperazine HCl Tab 1 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
TRIFLUOPERAZ	TAB 10MG	Trifluoperazine HCl Tab 10 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
TRIFLUOPERAZ	TAB 2MG	Trifluoperazine HCl Tab 2 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIFLUOPERAZ TAB 5MG		Trifluoperazine HCl Tab 5 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	No	No	
GEODON	CAP 20MG	Ziprasidone HCl Cap 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ZIPRASIDONE CAP 20MG		Ziprasidone HCl Cap 20 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
ZIPRASIDONE CAP 40MG		Ziprasidone HCl Cap 40 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
GEODON	CAP 40MG	Ziprasidone HCl Cap 40 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
GEODON	CAP 60MG	Ziprasidone HCl Cap 60 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ZIPRASIDONE CAP 60MG		Ziprasidone HCl Cap 60 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
GEODON	CAP 80MG	Ziprasidone HCl Cap 80 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	Yes	No	
ZIPRASIDONE CAP 80MG		Ziprasidone HCl Cap 80 MG	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Generic	Yes	No	
GEODON	INJ 20MG	Ziprasidone Mesylate For Inj 20 MG (Base Equivalent)	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Non-Preferred	No	No	
ABACAVIR	SOL 20MG/ML	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
ZIAGEN	SOL 20MG/ML	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ZIAGEN	TAB 300MG	Abacavir Sulfate Tab 300 MG (Base Equiv)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ABACAVIR	TAB 300MG	Abacavir Sulfate Tab 300 MG (Base Equiv)	ANTIVIRALS	Generic	No	Yes	
ABACA/LAMIVU TAB 600-300		Abacavir Sulfate-Lamivudine Tab 600-300 MG	ANTIVIRALS	Generic	No	Yes	
EPZICOM	TAB 600-300	Abacavir Sulfate-Lamivudine Tab 600-300 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ABACAV/LAMIV TAB /ZIDOVUD		Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	ANTIVIRALS	Generic	No	Yes	
TRIZIVIR	TAB	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIUMEQ	TAB	Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
SITAVIG	TAB 50MG	Acyclovir Buccal Tab 50 MG	ANTIVIRALS	Non-Preferred	No	No	
ACYCLOVIR	CAP 200MG	Acyclovir Cap 200 MG	ANTIVIRALS	Generic	No	No	
ZOVIRAX	CAP 200MG	Acyclovir Cap 200 MG	ANTIVIRALS	Non-Preferred	No	No	
ACYCLOVIR NA INJ 50MG/ML		Acyclovir Sodium IV Soln 50 MG/ML	ANTIVIRALS	Generic	No	No	
ZOVIRAX	SUS 200/5ML	Acyclovir Susp 200 MG/5ML	ANTIVIRALS	Non-Preferred	No	No	
ACYCLOVIR	SUS 200/5ML	Acyclovir Susp 200 MG/5ML	ANTIVIRALS	Generic	No	No	
ZOVIRAX	TAB 400MG	Acyclovir Tab 400 MG	ANTIVIRALS	Non-Preferred	No	No	
ACYCLOVIR	TAB 400MG	Acyclovir Tab 400 MG	ANTIVIRALS	Generic	No	No	
ACYCLOVIR	TAB 400MG	Acyclovir Tab 400 MG	ANTIVIRALS	Generic	No	No	
ACYCLOVIR	TAB 800MG	Acyclovir Tab 800 MG	ANTIVIRALS	Generic	No	No	
ACYCLOVIR	TAB 800MG	Acyclovir Tab 800 MG	ANTIVIRALS	Generic	No	No	
ZOVIRAX	TAB 800MG	Acyclovir Tab 800 MG	ANTIVIRALS	Non-Preferred	No	No	
ADEFOV DIPIV TAB 10MG		Adefovir Dipivoxil Tab 10 MG	ANTIVIRALS	Generic	No	Yes	
HEPSERA	TAB 10MG	Adefovir Dipivoxil Tab 10 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ADEFOV DIPIV TAB 10MG		Adefovir Dipivoxil Tab 10 MG	ANTIVIRALS	Generic	No	Yes	
ATAZANAVIR	CAP 150MG	Atazanavir Sulfate Cap 150 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
REYATAZ	CAP 150MG	Atazanavir Sulfate Cap 150 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATAZANAVIR	CAP 150MG	Atazanavir Sulfate Cap 150 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
ATAZANAVIR	CAP 200MG	Atazanavir Sulfate Cap 200 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
REYATAZ	CAP 200MG	Atazanavir Sulfate Cap 200 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ATAZANAVIR	CAP 200MG	Atazanavir Sulfate Cap 200 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
REYATAZ	CAP 300MG	Atazanavir Sulfate Cap 300 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ATAZANAVIR	CAP 300MG	Atazanavir Sulfate Cap 300 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
ATAZANAVIR	CAP 300MG	Atazanavir Sulfate Cap 300 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
REYATAZ	POW 50MG	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
EVOTAZ	TAB 300-150	Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
BIKTARVY	TAB	Bictegravir-Emtricitabine-Tenofovir AF Tab 50-200-25 MG	ANTIVIRALS	Preferred	Yes	Yes	*Various UM Required
CIDOFOVIR	INJ 75MG/ML	Cidofovir IV Inj 75 MG/ML	ANTIVIRALS	Generic	No	No	
TYBOST	TAB 150MG	Cobicistat Tab 150 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
DAKLINZA	TAB 30MG	Daclatasvir Dihydrochloride Tab 30 MG (Base Equivalent)	ANTIVIRALS	Non-Preferred	No	Yes	PA
DAKLINZA	TAB 60MG	Daclatasvir Dihydrochloride Tab 60 MG (Base Equivalent)	ANTIVIRALS	Non-Preferred	No	Yes	PA
DAKLINZA	TAB 90MG	Daclatasvir Dihydrochloride Tab 90 MG (Base Equivalent)	ANTIVIRALS	Non-Preferred	No	Yes	PA
PREZISTA	SUS 100MG/ML	Darunavir Ethanolate Susp 100 MG/ML (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
PREZISTA	TAB 150MG	Darunavir Ethanolate Tab 150 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
PREZISTA	TAB 600MG	Darunavir Ethanolate Tab 600 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREZISTA	TAB 75MG	Darunavir Ethanolate Tab 75 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
PREZISTA	TAB 800MG	Darunavir Ethanolate Tab 800 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
SYMTUZA	TAB	Darunavir-Cobic-Emtricitab-Tenofov AF Tab 800-150-200-10 MG	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
PREZCOBIX	TAB 800-150	Darunavir-Cobicistat Tab 800-150 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
VIEKIRA XR	TAB	Dasab-Ombit-Paritap-Riton Tab ER 24HR 200-8.33-50-33.33 MG	ANTIVIRALS	Non-Preferred	No	Yes	PA
RESCRIPTOR	TAB 100 MG	Delavirdine Mesylate Tab 100 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RESCRIPTOR	TAB 200MG	Delavirdine Mesylate Tab 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VIDEX EC	CAP 125MG	Didanosine Delayed Release Capsule 125 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VIDEX EC	CAP 200MG	Didanosine Delayed Release Capsule 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
DIDANOSINE	CAP 200MG	Didanosine Delayed Release Capsule 200 MG	ANTIVIRALS	Generic	No	Yes	
VIDEX EC	CAP 250MG	Didanosine Delayed Release Capsule 250 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
DIDANOSINE	CAP 250MG	Didanosine Delayed Release Capsule 250 MG	ANTIVIRALS	Generic	No	Yes	
VIDEX EC	CAP 400MG	Didanosine Delayed Release Capsule 400 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
DIDANOSINE	CAP 400MG	Didanosine Delayed Release Capsule 400 MG	ANTIVIRALS	Generic	No	Yes	
VIDEX	SOL 2GM	Didanosine For Soln 2 GM	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VIDEX	SOL 4GM	Didanosine For Soln 4 GM	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
TIVICAY	TAB 10MG	Dolutegravir Sodium Tab 10 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
TIVICAY	TAB 25MG	Dolutegravir Sodium Tab 25 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TIVICAY	TAB 50MG	Dolutegravir Sodium Tab 50 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
JULUCA	TAB 50-25MG	Dolutegravir Sodium-Rilpivirine HCl Tab 50-25 MG (Base Eq)	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
PIFELTRO	TAB 100MG	Doravirine Tab 100 MG	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
DELSTRIGO	TAB	Doravirine-Lamivudine-Tenofovir DF Tab 100-300-300 MG	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
EFAVIRENZ	CAP 200MG	Efavirenz Cap 200 MG	ANTIVIRALS	Generic	Yes	Yes	
SUSTIVA	CAP 200MG	Efavirenz Cap 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
EFAVIRENZ	CAP 50MG	Efavirenz Cap 50 MG	ANTIVIRALS	Generic	Yes	Yes	
SUSTIVA	CAP 50MG	Efavirenz Cap 50 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
EFAVIRENZ	TAB 600MG	Efavirenz Tab 600 MG	ANTIVIRALS	Generic	Yes	Yes	
SUSTIVA	TAB 600MG	Efavirenz Tab 600 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ATRIPLA	TAB	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
SYMFI LO	TAB	Efavirenz-Lamivudine-Tenofovir DF Tab 400-300-300 MG	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
SYMFI	TAB	Efavirenz-Lamivudine-Tenofovir DF Tab 600-300-300 MG	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
ZEPATIER	TAB 50-100MG	Elbasvir-Grazoprevir Tab 50-100 MG	ANTIVIRALS	Non-Preferred	No	Yes	PA
GENVOYA	TAB	Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
STRIBILD	TAB	Elvitegrav-Cobic-Emtricitab-TenofovDF Tab 150-150-200-300 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
EMTRIVA	CAP 200MG	Emtricitabine Caps 200 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
EMTRIVA	SOL 10MG/ML	Emtricitabine Soln 10 MG/ML	ANTIVIRALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ODEFSEY	TAB	Emtricitabine-Rilpivirine-Tenofovir AF Tab 200-25-25 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
COMPLERA	TAB	Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
DESCOVY	TAB 200/25	Emtricitabine-Tenofovir Alafenamide Fumarate Tab 200-25 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
TRUVADA	TAB 100-150	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 100-150 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
TRUVADA	TAB 133-200	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 133-200 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
TRUVADA	TAB 167-250	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 167-250 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
TRUVADA	TAB 200-300	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
FUZEON	INJ 90MG	Enfuvirtide For Inj 90 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
BARACLUDE	SOL .05MG/ML	Entecavir Oral Soln 0.05 MG/ML	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ENTECAVIR	TAB 0.5MG	Entecavir Tab 0.5 MG	ANTIVIRALS	Generic	No	Yes	
BARACLUDE	TAB 0.5MG	Entecavir Tab 0.5 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
BARACLUDE	TAB 1MG	Entecavir Tab 1 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ENTECAVIR	TAB 1MG	Entecavir Tab 1 MG	ANTIVIRALS	Generic	No	Yes	
INTELENCE	TAB 100MG	Etravirine Tab 100 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
INTELENCE	TAB 200MG	Etravirine Tab 200 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
INTELENCE	TAB 25MG	Etravirine Tab 25 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
FAMCICLOVIR	TAB 125MG	Famciclovir Tab 125 MG	ANTIVIRALS	Generic	No	No	
FAMCICLOVIR	TAB 250MG	Famciclovir Tab 250 MG	ANTIVIRALS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FAMCICLOVIR	TAB 500MG	Famciclovir Tab 500 MG	ANTIVIRALS	Generic	No	No	
LEXIVA	SUS 50MG/ML	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
LEXIVA	TAB 700MG	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
FOSAMPRENAVI	TAB 700MG	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	ANTIVIRALS	Generic	Yes	Yes	
FOSCAVIR	INJ 24MG/ML	Foscarnet Sodium Inj 6000 MG/250ML (24 MG/ML)	ANTIVIRALS	Non-Preferred	No	No	
GANCICLOVIR	INJ 500/25	Ganciclovir IV Soln 500 MG/250ML	ANTIVIRALS	Non-Preferred	No	No	PA
CYTOVENE	INJ 500MG	Ganciclovir Sodium For Inj 500 MG	ANTIVIRALS	Non-Preferred	No	No	
GANCICLOVIR	INJ 500MG	Ganciclovir Sodium For Inj 500 MG	ANTIVIRALS	Generic	No	No	
GANCICLOVIR	INJ 500MG	Ganciclovir Sodium IV Soln 500 MG/10ML (50 MG/ML) (Base Eq)	ANTIVIRALS	Non-Preferred	Yes	No	PA
MAVYRET	TAB 100-40MG	Glecaprevir-Pibrentasvir Tab 100-40 MG	ANTIVIRALS	Non-Preferred	No	Yes	PA
TROGARZO	INJ 150MG/ML	Ibalizumab-uiyk IV Soln 200 MG/1.33ML (150 MG/ML)	ANTIVIRALS	Preferred	Yes	Yes	
CRIXIVAN	CAP 200MG	Indinavir Sulfate Cap 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
CRIXIVAN	CAP 400MG	Indinavir Sulfate Cap 400 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
EPIVIR	SOL 10MG/ML	Lamivudine Oral Soln 10 MG/ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
LAMIVUDINE	SOL 10MG/ML	Lamivudine Oral Soln 10 MG/ML	ANTIVIRALS	Generic	No	Yes	
EPIVIR HBV	SOL 5MG/ML	Lamivudine Oral Soln 5 MG/ML (HBV)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
EPIVIR HBV	TAB 100MG	Lamivudine Tab 100 MG (HBV)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
LAMIVUDINE	TAB 100MG	Lamivudine Tab 100 MG (HBV)	ANTIVIRALS	Generic	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EPIVIR	TAB 150MG	Lamivudine Tab 150 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
LAMIVUDINE	TAB 150MG	Lamivudine Tab 150 MG	ANTIVIRALS	Generic	No	Yes	
LAMIVUDINE	TAB 150MG	Lamivudine Tab 150 MG	ANTIVIRALS	Generic	No	Yes	
LAMIVUDINE	TAB 300MG	Lamivudine Tab 300 MG	ANTIVIRALS	Generic	No	Yes	
EPIVIR	TAB 300MG	Lamivudine Tab 300 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
LAMIVUDINE	TAB 300MG	Lamivudine Tab 300 MG	ANTIVIRALS	Generic	No	Yes	
CIMDUO	TAB 300-300	Lamivudine-Tenofovir Disoproxil Fumarate Tab 300-300 MG	ANTIVIRALS	Non-Preferred	Yes	Yes	PA
LAMIVUD/ZIDO	TAB 150-300	Lamivudine-Zidovudine Tab 150-300 MG	ANTIVIRALS	Generic	No	Yes	
COMBIVIR	TAB 150-300	Lamivudine-Zidovudine Tab 150-300 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
HARVONI	TAB 90-400MG	Ledipasvir-Sofosbuvir Tab 90-400 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
PREVYMIS	INJ 240/12	Letermovir IV Soln 240 MG/12ML	ANTIVIRALS	Non-Preferred	No	No	
PREVYMIS	INJ 480/24	Letermovir IV Soln 480 MG/24ML	ANTIVIRALS	Non-Preferred	No	No	
PREVYMIS	TAB 240MG	Letermovir Tab 240 MG	ANTIVIRALS	Non-Preferred	Yes	No	
PREVYMIS	TAB 480MG	Letermovir Tab 480 MG	ANTIVIRALS	Non-Preferred	Yes	No	
KALETRA	SOL	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
LOPIN/RITON	SOL 80-20/ML	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	ANTIVIRALS	Generic	No	Yes	
KALETRA	TAB 100-25MG	Lopinavir-Ritonavir Tab 100-25 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
KALETRA	TAB 200-50MG	Lopinavir-Ritonavir Tab 200-50 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SELZENTRY	SOL 20MG/ML	Maraviroc Oral Soln 20 MG/ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
SELZENTRY	TAB 150MG	Maraviroc Tab 150 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
SELZENTRY	TAB 25MG	Maraviroc Tab 25 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
SELZENTRY	TAB 300MG	Maraviroc Tab 300 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
SELZENTRY	TAB 75MG	Maraviroc Tab 75 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VIRACEPT	TAB 250MG	Nelfinavir Mesylate Tab 250 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VIRACEPT	TAB 625MG	Nelfinavir Mesylate Tab 625 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
NEVIRAPINE	SUS 50MG/5ML	Nevirapine Susp 50 MG/5ML	ANTIVIRALS	Generic	No	Yes	
VIRAMUNE	SUS 50MG/5ML	Nevirapine Susp 50 MG/5ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
NEVIRAPINE	TAB 200MG	Nevirapine Tab 200 MG	ANTIVIRALS	Generic	No	Yes	
VIRAMUNE	TAB 200MG	Nevirapine Tab 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VIRAMUNE XR	TAB 100MG	Nevirapine Tab ER 24HR 100 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
NEVIRAPINE	TAB 100MG	Nevirapine Tab ER 24HR 100 MG	ANTIVIRALS	Generic	No	Yes	
VIRAMUNE XR	TAB 400MG	Nevirapine Tab ER 24HR 400 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
NEVIRAPINE	TAB 400MG ER	Nevirapine Tab ER 24HR 400 MG	ANTIVIRALS	Generic	No	Yes	
VIEKIRA PAK	TAB	Ombitas-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG	ANTIVIRALS	Non-Preferred	No	Yes	PA
TECHNIVIE	TAB	Ombitasvir-Paritaprevir-Ritonavir Tab 12.5-75-50 MG	ANTIVIRALS	Non-Preferred	No	Yes	PA
TAMIFLU	CAP 30MG	Oseltamivir Phosphate Cap 30 MG (Base Equiv)	ANTIVIRALS	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OSELTAMIVIR CAP 30MG		Oseltamivir Phosphate Cap 30 MG (Base Equiv)	ANTIVIRALS	Generic	No	No	
OSELTAMIVIR CAP 30MG		Oseltamivir Phosphate Cap 30 MG (Base Equiv)	ANTIVIRALS	Generic	No	No	QL
OSELTAMIVIR CAP 45MG		Oseltamivir Phosphate Cap 45 MG (Base Equiv)	ANTIVIRALS	Generic	No	No	QL
OSELTAMIVIR CAP 45MG		Oseltamivir Phosphate Cap 45 MG (Base Equiv)	ANTIVIRALS	Generic	No	No	
TAMIFLU	CAP 45MG	Oseltamivir Phosphate Cap 45 MG (Base Equiv)	ANTIVIRALS	Non-Preferred	No	No	QL
OSELTAMIVIR CAP 75MG		Oseltamivir Phosphate Cap 75 MG (Base Equiv)	ANTIVIRALS	Generic	No	No	
OSELTAMIVIR CAP 75MG		Oseltamivir Phosphate Cap 75 MG (Base Equiv)	ANTIVIRALS	Generic	No	No	QL
TAMIFLU	CAP 75MG	Oseltamivir Phosphate Cap 75 MG (Base Equiv)	ANTIVIRALS	Non-Preferred	No	No	QL
TAMIFLU	SUS 6MG/ML	Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	ANTIVIRALS	Non-Preferred	No	No	QL
OSELTAMIVIR SUS 6MG/ML		Oseltamivir Phosphate For Susp 6 MG/ML (Base Equiv)	ANTIVIRALS	Generic	No	No	QL
PEGASYS	INJ PROCLICK	Peginterferon alfa-2a Inj 135 MCG/0.5ML	ANTIVIRALS	Non-Preferred	No	Yes	PA
PEGASYS	INJ	Peginterferon alfa-2a Inj 180 MCG/0.5ML	ANTIVIRALS	Non-Preferred	No	Yes	PA
PEGASYS	INJ PROCLICK	Peginterferon alfa-2a Inj 180 MCG/0.5ML	ANTIVIRALS	Non-Preferred	No	Yes	PA
PEGASYS	INJ 180MCG/M	Peginterferon alfa-2a Inj 180 MCG/ML	ANTIVIRALS	Non-Preferred	No	Yes	PA
PEGINTRON	KIT 50MCG	Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
RAPIVAB	INJ 200MG/20	Peramivir Inj 200 MG/20ML (10 MG/ML)	ANTIVIRALS	Non-Preferred	No	No	
ISENTRESS	CHW 100MG	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ISENTRESS	CHW 25MG	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ISENTRESS	POW 100MG	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ISENTRESS	TAB 400MG	Raltegravir Potassium Tab 400 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ISENTRESS HD TAB 600MG		Raltegravir Potassium Tab 600 MG (Base Equiv)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
REBETOL	CAP 200MG	Ribavirin Cap 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RIBAVIRIN	CAP 200MG	Ribavirin Cap 200 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
RIBASPHERE	CAP 200MG	Ribavirin Cap 200 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
VIRAZOLE	INH 6GM	Ribavirin For Inhal Soln 6 GM	ANTIVIRALS	Non-Preferred	No	No	
RIBAVIRIN	INH 6GM	Ribavirin For Inhal Soln 6 GM	ANTIVIRALS	Generic	No	No	
REBETOL	SOL 40MG/ML	Ribavirin Soln 40 MG/ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
MODERIBA	TAB 200MG	Ribavirin Tab 200 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
RIBASPHERE	TAB 200MG	Ribavirin Tab 200 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
RIBAVIRIN	TAB 200MG	Ribavirin Tab 200 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
RIBAPAK	TAB 600/DAY	Ribavirin Tab 200 MG & Ribavirin 400 MG Tab Therapy Pack	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
MODERIBA	TAB 600/DAY	Ribavirin Tab 200 MG & Ribavirin 400 MG Tab Therapy Pack	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
MODERIBA	PAK 800/DAY	Ribavirin Tab 400 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RIBAPAK	PAK 800/DAY	Ribavirin Tab 400 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RIBASPHERE	TAB 400MG	Ribavirin Tab 400 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
RIBAPAK	TAB 1000/DAY	Ribavirin Tab 400 MG & Ribavirin 600 MG Tab Therapy Pack	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MODERIBA	TAB 1000/DAY	Ribavirin Tab 400 MG & Ribavirin 600 MG Tab Therapy Pack	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
MODERIBA	PAK 1200/DAY	Ribavirin Tab 600 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RIBAPAK	PAK 1200/DAY	Ribavirin Tab 600 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RIBASPHERE	TAB 600MG	Ribavirin Tab 600 MG	ANTIVIRALS	Generic	No	Yes	*Various UM Required
EDURANT	TAB 25MG	Rilpivirine HCl Tab 25 MG (Base Equivalent)	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
RIMANTADINE	TAB 100MG	Rimantadine Hydrochloride Tab 100 MG	ANTIVIRALS	Generic	No	No	
FLUMADINE	TAB 100MG	Rimantadine Hydrochloride Tab 100 MG	ANTIVIRALS	Non-Preferred	No	No	
NORVIR	SOL 80MG/ML	Ritonavir Oral Soln 80 MG/ML	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
NORVIR	POW 100MG	Ritonavir Powder Packet 100 MG	ANTIVIRALS	Preferred	Yes	Yes	*Various UM Required
NORVIR	TAB 100MG	Ritonavir Tab 100 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
RITONAVIR	TAB 100MG	Ritonavir Tab 100 MG	ANTIVIRALS	Generic	Yes	Yes	
RITONAVIR	TAB 100MG	Ritonavir Tab 100 MG	ANTIVIRALS	Generic	Yes	Yes	
INVIRASE	CAP 200MG	Saquinavir Mesylate Cap 200 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
INVIRASE	TAB 500MG	Saquinavir Mesylate Tab 500 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
SOVALDI	TAB 400MG	Sofosbuvir Tab 400 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
EPCLUSA	TAB 400-100	Sofosbuvir-Velpatasvir Tab 400-100 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
VOSEVI	TAB	Sofosbuvir-Velpatasvir-Voxilaprevir Tab 400-100-100 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
ZERIT	CAP 15MG	Stavudine Cap 15 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
STAVUDINE	CAP 15MG	Stavudine Cap 15 MG	ANTIVIRALS	Generic	No	Yes	
ZERIT	CAP 20MG	Stavudine Cap 20 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
STAVUDINE	CAP 20MG	Stavudine Cap 20 MG	ANTIVIRALS	Generic	No	Yes	
ZERIT	CAP 30MG	Stavudine Cap 30 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
STAVUDINE	CAP 30MG	Stavudine Cap 30 MG	ANTIVIRALS	Generic	No	Yes	
ZERIT	CAP 40MG	Stavudine Cap 40 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
STAVUDINE	CAP 40MG	Stavudine Cap 40 MG	ANTIVIRALS	Generic	No	Yes	
VEMLIDY	TAB 25MG	Tenofovir Alafenamide Fumarate Tab 25 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
VIREAD	POW 40MG/GM	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
VIREAD	TAB 150MG	Tenofovir Disoproxil Fumarate Tab 150 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
VIREAD	TAB 200MG	Tenofovir Disoproxil Fumarate Tab 200 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
VIREAD	TAB 250MG	Tenofovir Disoproxil Fumarate Tab 250 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
TENOFOVIR	TAB 300MG	Tenofovir Disoproxil Fumarate Tab 300 MG	ANTIVIRALS	Generic	Yes	Yes	
VIREAD	TAB 300MG	Tenofovir Disoproxil Fumarate Tab 300 MG	ANTIVIRALS	Preferred	No	Yes	*Various UM Required
APTIVUS	CAP 250MG	Tipranavir Cap 250 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
APTIVUS	SOL	Tipranavir Oral Soln 100 MG/ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
VALACYCLOVIR TAB 1GM		Valacyclovir HCl Tab 1 GM	ANTIVIRALS	Generic	No	No	
VALTREX	TAB 1GM	Valacyclovir HCl Tab 1 GM	ANTIVIRALS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VALACYCLOVIR TAB 500MG		Valacyclovir HCl Tab 500 MG	ANTIVIRALS	Generic	No	No	
VALTREX	TAB 500MG	Valacyclovir HCl Tab 500 MG	ANTIVIRALS	Non-Preferred	No	No	PA
VALCYTE	SOL 50MG/ML	Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	ANTIVIRALS	Non-Preferred	No	No	PA
VALGANCICLOV SOL 50MG/ML		Valganciclovir HCl For Soln 50 MG/ML (Base Equiv)	ANTIVIRALS	Generic	No	No	
VALGANCICLOV TAB 450MG		Valganciclovir HCl Tab 450 MG (Base Equivalent)	ANTIVIRALS	Generic	No	No	
VALGANCICLOV TAB 450MG		Valganciclovir HCl Tab 450 MG (Base Equivalent)	ANTIVIRALS	Generic	No	No	
VALCYTE	TAB 450MG	Valganciclovir HCl Tab 450 MG (Base Equivalent)	ANTIVIRALS	Non-Preferred	No	No	PA
RELENZA	MIS DISKHALE	Zanamivir Aero Powder Breath Activated 5 MG/BLISTER	ANTIVIRALS	Non-Preferred	No	No	QL
RETROVIR	CAP 100MG	Zidovudine Cap 100 MG	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ZIDOVUDINE	CAP 100MG	Zidovudine Cap 100 MG	ANTIVIRALS	Generic	No	Yes	
RETROVIR	INJ 10MG/ML	Zidovudine IV Soln 10 MG/ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
RETROVIR	SYP 50MG/5ML	Zidovudine Syrup 10 MG/ML	ANTIVIRALS	Non-Preferred	No	Yes	*Various UM Required
ZIDOVUDINE	SYP 50MG/5ML	Zidovudine Syrup 10 MG/ML	ANTIVIRALS	Generic	No	Yes	
ZIDOVUDINE	TAB 300MG	Zidovudine Tab 300 MG	ANTIVIRALS	Generic	No	Yes	
ATENOLOL	SUS 1GM/ML	*Atenolol Oral Suspension 1 MG/ML (Cmpd Kit)**	BETA BLOCKERS	No Cost	No	No	
ACEBUTOLOL	CAP 200MG	Acebutolol HCl Cap 200 MG	BETA BLOCKERS	Generic	Yes	No	
ACEBUTOLOL	CAP 400MG	Acebutolol HCl Cap 400 MG	BETA BLOCKERS	Generic	Yes	No	
ACEBUTOLOL	POW	Acebutolol HCl Powder	BETA BLOCKERS	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATENOLOL	POW	Atenolol Powder	BETA BLOCKERS	No Cost	No	No	
ATENOLOL	TAB 100MG	Atenolol Tab 100 MG	BETA BLOCKERS	Generic	Yes	No	
TENORMIN	TAB 100MG	Atenolol Tab 100 MG	BETA BLOCKERS	Preferred	Yes	No	
TENORMIN	TAB 25MG	Atenolol Tab 25 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
ATENOLOL	TAB 25MG	Atenolol Tab 25 MG	BETA BLOCKERS	Generic	Yes	No	
ATENOLOL	TAB 50MG	Atenolol Tab 50 MG	BETA BLOCKERS	Generic	Yes	No	
TENORMIN	TAB 50MG	Atenolol Tab 50 MG	BETA BLOCKERS	Preferred	Yes	No	
BETAXOLOL	TAB 10MG	Betaxolol HCl Tab 10 MG	BETA BLOCKERS	Generic	Yes	No	
BETAXOLOL	TAB 20MG	Betaxolol HCl Tab 20 MG	BETA BLOCKERS	Generic	Yes	No	
BISOPROL FUM TAB 10MG		Bisoprolol Fumarate Tab 10 MG	BETA BLOCKERS	Generic	Yes	No	
BISOPROL FUM TAB 5MG		Bisoprolol Fumarate Tab 5 MG	BETA BLOCKERS	Generic	Yes	No	
COREG CR	CAP 10MG	Carvedilol Phosphate Cap ER 24HR 10 MG	BETA BLOCKERS	No Cost	Yes	No	
CARVEDILOL	CAP 10MG ER	Carvedilol Phosphate Cap ER 24HR 10 MG	BETA BLOCKERS	Generic	Yes	No	
COREG CR	CAP 20MG	Carvedilol Phosphate Cap ER 24HR 20 MG	BETA BLOCKERS	No Cost	Yes	No	
CARVEDILOL	CAP 20MG ER	Carvedilol Phosphate Cap ER 24HR 20 MG	BETA BLOCKERS	Generic	Yes	No	
COREG CR	CAP 40MG	Carvedilol Phosphate Cap ER 24HR 40 MG	BETA BLOCKERS	No Cost	Yes	No	
CARVEDILOL	CAP 40MG ER	Carvedilol Phosphate Cap ER 24HR 40 MG	BETA BLOCKERS	Generic	Yes	No	
COREG CR	CAP 80MG	Carvedilol Phosphate Cap ER 24HR 80 MG	BETA BLOCKERS	No Cost	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CARVEDILOL	CAP 80MG ER	Carvedilol Phosphate Cap ER 24HR 80 MG	BETA BLOCKERS	Generic	Yes	No	
COREG	TAB 12.5MG	Carvedilol Tab 12.5 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
CARVEDILOL	TAB 12.5MG	Carvedilol Tab 12.5 MG	BETA BLOCKERS	Generic	Yes	No	
COREG	TAB 25MG	Carvedilol Tab 25 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
CARVEDILOL	TAB 25MG	Carvedilol Tab 25 MG	BETA BLOCKERS	Generic	Yes	No	
COREG	TAB 3.125MG	Carvedilol Tab 3.125 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
CARVEDILOL	TAB 3.125MG	Carvedilol Tab 3.125 MG	BETA BLOCKERS	Generic	Yes	No	
CARVEDILOL	TAB 6.25MG	Carvedilol Tab 6.25 MG	BETA BLOCKERS	Generic	Yes	No	
COREG	TAB 6.25MG	Carvedilol Tab 6.25 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
ESMOLOL HCL	INJ 10MG/ML	Esmolol HCl Inj 100 MG/10ML	BETA BLOCKERS	Generic	No	No	
ESMOLOL HCL	INJ 100MG/10	Esmolol HCl Inj 100 MG/10ML	BETA BLOCKERS	Generic	No	No	
BREVIBLOC	INJ 10MG/ML	Esmolol HCl Inj 100 MG/10ML	BETA BLOCKERS	Non-Preferred	No	No	
ESMOLOL HCL	SOL 2000/100	Esmolol HCl Inj 2000 MG/100ML (20 MG/ML)	BETA BLOCKERS	Non-Preferred	No	No	
ESMOLOL HCL	SOL 2500/250	Esmolol HCl Inj 2500 MG/250ML (10 MG/ML)	BETA BLOCKERS	Non-Preferred	No	No	
ESMOLOL HCL	INJ 100/10ML	Esmolol HCl IV Soln Prefilled Syringe 100 MG/10ML (10 MG/ML)	BETA BLOCKERS	Non-Preferred	No	No	PA
ESMOLOL HCL	INJ 100/10ML	Esmolol HCl IV Soln Prefilled Syringe 100 MG/10ML (10 MG/ML)	BETA BLOCKERS	Non-Preferred	No	No	PA
ESMOLOL/NACL	SOL 2000MG	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	BETA BLOCKERS	Generic	No	No	
BREVIBLOC DS	SOL 2000MG	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	BETA BLOCKERS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BREVIBLOC	SOL 2000MG	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	BETA BLOCKERS	Non-Preferred	No	No	
BREVIBLOC	SOL	Esmolol HCl-Sodium Chloride IV Soln 2000 MG/100ML	BETA BLOCKERS	Non-Preferred	No	No	
BREVIBLOC	SOL 2500MG	Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	BETA BLOCKERS	Non-Preferred	No	No	
BREVIBLOC PM SOL 2500MG		Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	BETA BLOCKERS	Non-Preferred	No	No	
ESMOLOL/NACL SOL 2500MG		Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	BETA BLOCKERS	Generic	No	No	
BREVIBLOC	SOL 10MG/ML	Esmolol HCl-Sodium Chloride IV Soln 2500 MG/250ML	BETA BLOCKERS	Non-Preferred	No	No	
LABETALOL	INJ 5MG/ML	Labetalol HCl IV Soln 5 MG/ML	BETA BLOCKERS	Generic	No	No	
LABETALOL	INJ 20MG/4ML	Labetalol HCl IV Soln Prefilled Syringe 20 MG/4ML (5 MG/ML)	BETA BLOCKERS	No Cost	No	No	
LABETALOL	INJ 5MG/ML	Labetalol HCl IV Soln Prefilled Syringe 25 MG/5ML (5 MG/ML)	BETA BLOCKERS	No Cost	No	No	
LABETALOL HC INJ 5MG/ML		Labetalol HCl IV Soln Prefilled Syringe 50 MG/10ML (5 MG/ML)	BETA BLOCKERS	No Cost	No	No	
LABETALOL	TAB 100MG	Labetalol HCl Tab 100 MG	BETA BLOCKERS	Generic	Yes	No	
LABETALOL	TAB 100MG	Labetalol HCl Tab 100 MG	BETA BLOCKERS	Generic	Yes	No	
LABETALOL	TAB 200MG	Labetalol HCl Tab 200 MG	BETA BLOCKERS	Generic	Yes	No	
LABETALOL	TAB 200MG	Labetalol HCl Tab 200 MG	BETA BLOCKERS	Generic	Yes	No	
LABETALOL	TAB 300MG	Labetalol HCl Tab 300 MG	BETA BLOCKERS	Generic	Yes	No	
LABETALOL	TAB 300MG	Labetalol HCl Tab 300 MG	BETA BLOCKERS	Generic	Yes	No	
TOPROL XL	TAB 100MG	Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	BETA BLOCKERS	Non-Preferred	Yes	No	
METOPROL SUC TAB 100MG ER		Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METOPROLOL SUC TAB 100MG ER	Metoprolol Succinate Tab ER 24HR 100 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
METOPROLOL SUC TAB 200MG ER	Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
TOPROL XL TAB 200MG	Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	BETA BLOCKERS	Non-Preferred	Yes	No	
METOPROLOL SUC TAB 200MG ER	Metoprolol Succinate Tab ER 24HR 200 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
TOPROL XL TAB 25MG	Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	BETA BLOCKERS	Non-Preferred	Yes	No	
METOPROLOL SUC TAB 25MG ER	Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
METOPROLOL SUC TAB 25MG ER	Metoprolol Succinate Tab ER 24HR 25 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
METOPROLOL SUC TAB 50MG ER	Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
METOPROLOL SUC TAB 50MG ER	Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	BETA BLOCKERS	Generic	Yes	No	
TOPROL XL TAB 50MG	Metoprolol Succinate Tab ER 24HR 50 MG (Tartrate Equiv)	BETA BLOCKERS	Non-Preferred	Yes	No	
METOPROLOL INJ 5MG/5ML	Metoprolol Tartrate IV Soln 5 MG/5ML	BETA BLOCKERS	Generic	No	No	
METOPROLOL INJ 1MG/ML	Metoprolol Tartrate IV Soln 5 MG/5ML	BETA BLOCKERS	Generic	No	No	
METOPROLOL INJ 1MG/ML	Metoprolol Tartrate IV Soln Cart Inj 5 MG/5ML (1 MG/ML)	BETA BLOCKERS	No Cost	No	No	
METOPROLOL INJ 5MG/5ML	Metoprolol Tartrate IV Soln Prefilled Syr 5 MG/5ML	BETA BLOCKERS	No Cost	No	No	
METOPROLOL POW TARTRATE	Metoprolol Tartrate Powder	BETA BLOCKERS	No Cost	No	No	
METOPROLOL TAR TAB 100MG	Metoprolol Tartrate Tab 100 MG	BETA BLOCKERS	Generic	Yes	No	
LOPRESSOR TAB 100MG	Metoprolol Tartrate Tab 100 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
METOPROLOL TAR TAB 25MG	Metoprolol Tartrate Tab 25 MG	BETA BLOCKERS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METOPROLOL	TAB 37.5MG	Metoprolol Tartrate Tab 37.5 MG	BETA BLOCKERS	No Cost	Yes	No	
LOPRESSOR	TAB 50MG	Metoprolol Tartrate Tab 50 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
METOPROLOL	TAB 50MG	Metoprolol Tartrate Tab 50 MG	BETA BLOCKERS	Generic	Yes	No	
METOPROLOL	TAB 75MG	Metoprolol Tartrate Tab 75 MG	BETA BLOCKERS	No Cost	Yes	No	
NADOLOL	POW	Nadolol Powder	BETA BLOCKERS	Non-Preferred	No	No	
CORGARD	TAB 20MG	Nadolol Tab 20 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
NADOLOL	TAB 20MG	Nadolol Tab 20 MG	BETA BLOCKERS	Generic	Yes	No	
NADOLOL	TAB 20MG	Nadolol Tab 20 MG	BETA BLOCKERS	Generic	Yes	No	
NADOLOL	TAB 40MG	Nadolol Tab 40 MG	BETA BLOCKERS	Generic	Yes	No	
NADOLOL	TAB 40MG	Nadolol Tab 40 MG	BETA BLOCKERS	Generic	Yes	No	
CORGARD	TAB 40MG	Nadolol Tab 40 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
NADOLOL	TAB 80MG	Nadolol Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
NADOLOL	TAB 80MG	Nadolol Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
CORGARD	TAB 80MG	Nadolol Tab 80 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
BYSTOLIC	TAB 10MG	Nebivolol HCl Tab 10 MG (Base Equivalent)	BETA BLOCKERS	Non-Preferred	Yes	No	
BYSTOLIC	TAB 2.5MG	Nebivolol HCl Tab 2.5 MG (Base Equivalent)	BETA BLOCKERS	Non-Preferred	Yes	No	
BYSTOLIC	TAB 20MG	Nebivolol HCl Tab 20 MG (Base Equivalent)	BETA BLOCKERS	Non-Preferred	Yes	No	
BYSTOLIC	TAB 5MG	Nebivolol HCl Tab 5 MG (Base Equivalent)	BETA BLOCKERS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PINDOLOL	TAB 10MG	Pindolol Tab 10 MG	BETA BLOCKERS	Generic	Yes	No	
PINDOLOL	TAB 5MG	Pindolol Tab 5 MG	BETA BLOCKERS	Generic	Yes	No	
INDERAL LA	CAP 120MG	Propranolol HCl Cap ER 24HR 120 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
PROPRANOLOL	CAP 120MG ER	Propranolol HCl Cap ER 24HR 120 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL	CAP 160MG ER	Propranolol HCl Cap ER 24HR 160 MG	BETA BLOCKERS	Generic	Yes	No	
INDERAL LA	CAP 160MG	Propranolol HCl Cap ER 24HR 160 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
INDERAL LA	CAP 60MG	Propranolol HCl Cap ER 24HR 60 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
PROPRANOLOL	CAP 60MG ER	Propranolol HCl Cap ER 24HR 60 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL	CAP 80MG ER	Propranolol HCl Cap ER 24HR 80 MG	BETA BLOCKERS	Generic	Yes	No	
INDERAL LA	CAP 80MG	Propranolol HCl Cap ER 24HR 80 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
PROPRANOLOL	INJ 1MG/ML	Propranolol HCl Inj 1 MG/ML	BETA BLOCKERS	Generic	No	No	
PROPRANOLOL	SOL 20MG/5ML	Propranolol HCl Oral Soln 20 MG/5ML	BETA BLOCKERS	Generic	Yes	No	
HEMANGEOL	SOL 4.28/ML	Propranolol HCl Oral Soln 4.28 MG/ML (3.75 MG/ML Base Equiv)	BETA BLOCKERS	Non-Preferred	No	No	
PROPRANOLOL	SOL 40MG/5ML	Propranolol HCl Oral Soln 40 MG/5ML	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL	POW HCL	Propranolol HCl Powder	BETA BLOCKERS	Non-Preferred	No	No	
PROPRANOLOL	POW HCL	Propranolol HCl Powder	BETA BLOCKERS	Non-Preferred	No	No	
INNOPRAN XL	CAP 120MG	Propranolol HCl Sustained-Release Beads Cap ER 24HR 120 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
INDERAL XL	CAP 120MG	Propranolol HCl Sustained-Release Beads Cap ER 24HR 120 MG	BETA BLOCKERS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INDERAL XL CAP 80MG	Propranolol HCl Sustained-Release Beads Cap ER 24HR 80 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
INNOPRAN XL CAP 80MG	Propranolol HCl Sustained-Release Beads Cap ER 24HR 80 MG	BETA BLOCKERS	Non-Preferred	Yes	No	
PROPRANOLOL TAB 10MG	Propranolol HCl Tab 10 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL TAB 20MG	Propranolol HCl Tab 20 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL TAB 20MG	Propranolol HCl Tab 20 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL TAB 40MG	Propranolol HCl Tab 40 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL TAB 60MG	Propranolol HCl Tab 60 MG	BETA BLOCKERS	Generic	Yes	No	
PROPRANOLOL TAB 80MG	Propranolol HCl Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL AF TAB 120MG	Sotalol HCl (AFIB/AFL) Tab 120 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL AF TAB 120MG	Sotalol HCl (AFIB/AFL) Tab 120 MG	BETA BLOCKERS	Generic	Yes	No	
BETAPACE AF TAB 120MG	Sotalol HCl (AFIB/AFL) Tab 120 MG	BETA BLOCKERS	Non-Preferred	Yes	No	PA
SOTALOL AF TAB 160MG	Sotalol HCl (AFIB/AFL) Tab 160 MG	BETA BLOCKERS	Generic	Yes	No	
BETAPACE AF TAB 160MG	Sotalol HCl (AFIB/AFL) Tab 160 MG	BETA BLOCKERS	Non-Preferred	Yes	No	PA
SOTALOL AF TAB 160MG	Sotalol HCl (AFIB/AFL) Tab 160 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL AF TAB 80MG	Sotalol HCl (AFIB/AFL) Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL AF TAB 80MG	Sotalol HCl (AFIB/AFL) Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
BETAPACE AF TAB 80MG	Sotalol HCl (AFIB/AFL) Tab 80 MG	BETA BLOCKERS	Non-Preferred	Yes	No	PA
SOTALOL HCL INJ 150/10ML	Sotalol HCl Inj 150 MG/10ML (15 MG/ML)	BETA BLOCKERS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SOTYLIZE	SOL 5MG/ML	Sotalol HCl Oral Solution 5 MG/ML	BETA BLOCKERS	Non-Preferred	No	No	
SOTALOL HCL	TAB 120MG	Sotalol HCl Tab 120 MG	BETA BLOCKERS	Generic	Yes	No	
BETAPACE	TAB 120MG	Sotalol HCl Tab 120 MG	BETA BLOCKERS	Non-Preferred	Yes	No	PA
SORINE	TAB 120MG	Sotalol HCl Tab 120 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL HCL	TAB 160MG	Sotalol HCl Tab 160 MG	BETA BLOCKERS	Generic	Yes	No	
SORINE	TAB 160MG	Sotalol HCl Tab 160 MG	BETA BLOCKERS	Generic	Yes	No	
BETAPACE	TAB 160MG	Sotalol HCl Tab 160 MG	BETA BLOCKERS	Non-Preferred	Yes	No	PA
SORINE	TAB 240MG	Sotalol HCl Tab 240 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL HCL	TAB 240MG	Sotalol HCl Tab 240 MG	BETA BLOCKERS	Generic	Yes	No	
SOTALOL HCL	TAB 80MG	Sotalol HCl Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
BETAPACE	TAB 80MG	Sotalol HCl Tab 80 MG	BETA BLOCKERS	Non-Preferred	Yes	No	PA
SORINE	TAB 80MG	Sotalol HCl Tab 80 MG	BETA BLOCKERS	Generic	Yes	No	
TIMOLOL	POW MALEATE	Timolol Maleate Powder	BETA BLOCKERS	Non-Preferred	No	No	
TIMOLOL	POW MALEATE	Timolol Maleate Powder	BETA BLOCKERS	Non-Preferred	No	No	
TIMOLOL MAL	TAB 10MG	Timolol Maleate Tab 10 MG	BETA BLOCKERS	Generic	Yes	No	
TIMOLOL MAL	TAB 20MG	Timolol Maleate Tab 20 MG	BETA BLOCKERS	Generic	Yes	No	
TIMOLOL MAL	TAB 5MG	Timolol Maleate Tab 5 MG	BETA BLOCKERS	Generic	Yes	No	
AMLODIPINE	SUS 1MG/ML	*Amlodipine Besylate Oral Susp 1 MG/ML (Cmpd Kit) (Base Eq)*	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMLODIPINE	TAB 10MG	Amlodipine Besylate Tab 10 MG (Base Equivalent)	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NORVASC	TAB 10MG	Amlodipine Besylate Tab 10 MG (Base Equivalent)	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
NORVASC	TAB 2.5MG	Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
AMLODIPINE	TAB 2.5MG	Amlodipine Besylate Tab 2.5 MG (Base Equivalent)	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
AMLODIPINE	TAB 5MG	Amlodipine Besylate Tab 5 MG (Base Equivalent)	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NORVASC	TAB 5MG	Amlodipine Besylate Tab 5 MG (Base Equivalent)	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
CLEVIPREX	EMU 0.5MG/ML	Clevidipine IV Emulsion 25 MG/50ML	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
CLEVIPREX	EMU 0.5MG/ML	Clevidipine IV Emulsion 50 MG/100ML	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
DILTIAZM/D5W INJ 100/100		Diltiazem HCl 100 MG/100ML in Dextrose 5% IV Soln (1 MG/ML)	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIZAM/D5W INJ 100/100		Diltiazem HCl 100 MG/100ML in Dextrose 5% IV Soln (1 MG/ML)	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIAZM/D5W SOL 125/125		Diltiazem HCl 125 MG/125ML in Dextrose 5% IV Soln (1 MG/ML)	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIAZM/D5W INJ 125/125		Diltiazem HCl 125 MG/125ML in Dextrose 5% IV Soln (1 MG/ML)	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIAZM/D5W INJ 250/250		Diltiazem HCl 250 MG/250ML in Dextrose 5% IV Soln (1 MG/ML)	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIAZEM	CAP 120MG ER	Diltiazem HCl Cap ER 12HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 60MG ER	Diltiazem HCl Cap ER 12HR 60 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 90MG ER	Diltiazem HCl Cap ER 12HR 90 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILT-XR	CAP 120MG	Diltiazem HCl Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 120MG ER	Diltiazem HCl Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DILT-XR	CAP 180MG	Diltiazem HCl Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 180MG ER	Diltiazem HCl Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILT-XR	CAP 240MG	Diltiazem HCl Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 240MG ER	Diltiazem HCl Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARTIA XT	CAP 120/24HR	Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM CD	CAP 120MG/24	Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
DILTIAZEM	CAP 120MG ER	Diltiazem HCl Coated Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 180MG ER	Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM CD	CAP 180MG/24	Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
CARTIA XT	CAP 180/24HR	Diltiazem HCl Coated Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARTIA XT	CAP 240/24HR	Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 240MG ER	Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM CD	CAP 240MG/24	Diltiazem HCl Coated Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
CARTIA XT	CAP 300/24HR	Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 300MG ER	Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM CD	CAP 300MG/24	Diltiazem HCl Coated Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
DILTIAZEM ER	CAP 360MG	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 360MG ER	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DILTIAZEM CAP 360MG CD	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM CD CAP 360MG/24	Diltiazem HCl Coated Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
CARDIZEM LA TAB 120MG	Diltiazem HCl Coated Beads Tab ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	No Cost	Yes	No	
MATZIM LA TAB 180MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
DILTIAZEM ER TAB 180MG	Diltiazem HCl Coated Beads Tab ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
CARDIZEM LA TAB 180MG	Diltiazem HCl Coated Beads Tab ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
MATZIM LA TAB 240MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
DILTIAZEM ER TAB 240MG	Diltiazem HCl Coated Beads Tab ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
CARDIZEM LA TAB 240MG	Diltiazem HCl Coated Beads Tab ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
CARDIZEM LA TAB 300MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
MATZIM LA TAB 300MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
DILTIAZEM ER TAB 300MG	Diltiazem HCl Coated Beads Tab ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
DILTIAZEM ER TAB 360MG	Diltiazem HCl Coated Beads Tab ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
MATZIM LA TAB 360MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
CARDIZEM LA TAB 360MG	Diltiazem HCl Coated Beads Tab ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
MATZIM LA TAB 420MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 420 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA
CARDIZEM LA TAB 420MG/24	Diltiazem HCl Coated Beads Tab ER 24HR 420 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
DILTIAZEM ER TAB 420MG	Diltiazem HCl Coated Beads Tab ER 24HR 420 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TIAZAC	CAP 120MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
TAZTIA XT	CAP 120MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 120MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 120MG ER	Diltiazem HCl Extended Release Beads Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 180MG ER	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TAZTIA XT	CAP 180MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 180MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TIAZAC	CAP 180MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
DILTIAZEM	CAP 240MG ER	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TAZTIA XT	CAP 240MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 240MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TIAZAC	CAP 240MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
TIAZAC	CAP 300MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
DILTIAZEM	CAP 300MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 300MG ER	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TAZTIA XT	CAP 300MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TAZTIA XT	CAP 360MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	CAP 360MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DILTIAZEM	CAP 360MG ER	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
TIAZAC	CAP 360MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
TIAZAC	CAP 420MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
DILTIAZEM	CAP 420MG/24	Diltiazem HCl Extended Release Beads Cap ER 24HR 420 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	INJ 100MG	Diltiazem HCl IV For Soln 100 MG	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIAZEM	INJ 125/25ML	Diltiazem HCl IV Soln 125 MG/25ML (5 MG/ML)	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
DILTIAZEM	INJ 25MG/5ML	Diltiazem HCl IV Soln 25 MG/5ML (5 MG/ML)	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
DILTIAZEM	INJ 50/10ML	Diltiazem HCl IV Soln 50 MG/10ML (5 MG/ML)	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
CARDIZEM	TAB 120MG	Diltiazem HCl Tab 120 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
DILTIAZEM	TAB 120MG	Diltiazem HCl Tab 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZEM	TAB 30MG	Diltiazem HCl Tab 30 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM	TAB 30MG	Diltiazem HCl Tab 30 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
DILTIAZEM	TAB 60MG	Diltiazem HCl Tab 60 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CARDIZEM	TAB 60MG	Diltiazem HCl Tab 60 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	PA
DILTIAZEM	TAB 90MG	Diltiazem HCl Tab 90 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
DILTIAZ/NACL INJ 100/100		Diltiazem HCl-Sodium Chloride IV Soln 100 MG/100ML-0.9%	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
DILTIAZ/NACL INJ 125/125		Diltiazem HCl-Sodium Chloride IV Soln 125 MG/125ML-0.9%	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
FELODIPINE	TAB 10MG ER	Felodipine Tab ER 24HR 10 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FELODIPINE TAB 2.5MG ER	Felodipine Tab ER 24HR 2.5 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
FELODIPINE TAB 5MG ER	Felodipine Tab ER 24HR 5 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
ISRADIPINE CAP 2.5MG	Isradipine Cap 2.5 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
ISRADIPINE CAP 5MG	Isradipine Cap 5 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NICARDIPINE CAP 20MG	Nicardipine HCl Cap 20 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NICARDIPINE CAP 30MG	Nicardipine HCl Cap 30 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NICARDIPINE INJ 2.5MG/ML	Nicardipine HCl IV Soln 2.5 MG/ML	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
NICARDIPINE INJ 25/10ML	Nicardipine HCl IV Soln 2.5 MG/ML	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
CARDENE IV SOL 20/200ML	Nicardipine HCl IV Soln 20 MG/200ML in Dextrose 4.8%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
CARDENE IV SOL 20/200ML	Nicardipine HCl IV Soln 20 MG/200ML in Sodium Chloride 0.86%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
NICARDIPINE INJ	Nicardipine HCl IV Soln 25 MG/250ML in Dextrose 5%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	PA
CARDENE IV INJ 40/200ML	Nicardipine HCl IV Soln 40 MG/200ML in Sodium Chloride 0.83%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
NICARDIPINE INJ NACL	Nicardipine HCl-NaCl IV Soln Prefilled Syr 1 MG/10ML-0.9%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	PA
NICARDIPINE INJ NACL	Nicardipine HCl-NaCl IV Soln Prefilled Syr 1 MG/10ML-0.9%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	PA
NICARD/NACL INJ 25/250ML	Nicardipine HCl-Sodium Chloride IV Soln 25 MG/250ML-0.9%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	PA
NICARDI/NACL INJ 50/250ML	Nicardipine HCl-Sodium Chloride IV Soln 50 MG/250ML-0.9%	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	PA
NIFEDIPINE CAP 10MG	Nifedipine Cap 10 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
PROCARDIA CAP 10MG	Nifedipine Cap 10 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NIFEDIPINE	CAP 20MG	Nifedipine Cap 20 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NIFEDIPINE	POW	Nifedipine Powder	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
NIFEDIPINE	POW	Nifedipine Powder	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	
ADALAT CC	TAB 30MG ER	Nifedipine Tab ER 24HR 30 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NIFEDIPINE	TAB 30MG ER	Nifedipine Tab ER 24HR 30 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
ADALAT CC	TAB 60MG ER	Nifedipine Tab ER 24HR 60 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NIFEDIPINE	TAB 60MG ER	Nifedipine Tab ER 24HR 60 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
ADALAT CC	TAB 90MG ER	Nifedipine Tab ER 24HR 90 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NIFEDIPINE	TAB 90MG ER	Nifedipine Tab ER 24HR 90 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NIFEDIPINE	TAB 30MG ER	Nifedipine Tab ER 24HR Osmotic Release 30 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
PROCARDIA XL	TAB 30MG CR	Nifedipine Tab ER 24HR Osmotic Release 30 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NIFEDIPINE	TAB 60MG ER	Nifedipine Tab ER 24HR Osmotic Release 60 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
PROCARDIA XL	TAB 60MG CR	Nifedipine Tab ER 24HR Osmotic Release 60 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
PROCARDIA XL	TAB 90MG CR	Nifedipine Tab ER 24HR Osmotic Release 90 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NIFEDIPINE	TAB 90MG ER	Nifedipine Tab ER 24HR Osmotic Release 90 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NIMODIPINE	CAP 30MG	Nimodipine Cap 30 MG	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
NYMALIZE	SOL 30/10ML	Nimodipine Oral Soln 60 MG/20ML	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NYMALIZE	SOL 60/20ML	Nimodipine Oral Soln 60 MG/20ML	CALCIUM CHANNEL BLOCKERS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NISOLDIPINE TAB 17MG ER		Nisoldipine Tab ER 24HR 17 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
SULAR	TAB 17MG	Nisoldipine Tab ER 24HR 17 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NISOLDIPINE TAB 20MG ER		Nisoldipine Tab ER 24HR 20 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NISOLDIPINE TAB 25.5MG		Nisoldipine Tab ER 24HR 25.5 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NISOLDIPINE TAB 30MG ER		Nisoldipine Tab ER 24HR 30 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
SULAR	TAB 34MG	Nisoldipine Tab ER 24HR 34 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
NISOLDIPINE TAB 34MG ER		Nisoldipine Tab ER 24HR 34 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NISOLDIPINE TAB 40MG ER		Nisoldipine Tab ER 24HR 40 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
NISOLDIPINE TAB 8.5MG ER		Nisoldipine Tab ER 24HR 8.5 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
SULAR	TAB 8.5MG	Nisoldipine Tab ER 24HR 8.5 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERELAN PM CAP 100MG ER		Verapamil HCl Cap ER 24HR 100 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL CAP 100MG ER		Verapamil HCl Cap ER 24HR 100 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL CAP 120MG SR		Verapamil HCl Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERELAN	CAP 120MG SR	Verapamil HCl Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL CAP 120MG ER		Verapamil HCl Cap ER 24HR 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL CAP 180MG SR		Verapamil HCl Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL CAP 180MG ER		Verapamil HCl Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERELAN	CAP 180MG SR	Verapamil HCl Cap ER 24HR 180 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VERAPAMIL	CAP 200MG ER	Verapamil HCl Cap ER 24HR 200 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERELAN PM	CAP 200MG ER	Verapamil HCl Cap ER 24HR 200 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERELAN	CAP 240MG SR	Verapamil HCl Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL	CAP 240MG ER	Verapamil HCl Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL	CAP 240MG SR	Verapamil HCl Cap ER 24HR 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERELAN PM	CAP 300MG ER	Verapamil HCl Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL	CAP 300MG ER	Verapamil HCl Cap ER 24HR 300 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERELAN	CAP 360MG SR	Verapamil HCl Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL	CAP 360MG SR	Verapamil HCl Cap ER 24HR 360 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL	INJ 2.5MG/ML	Verapamil HCl IV Soln 2.5 MG/ML	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
VERAPAMIL	INJ 2.5MG/ML	Verapamil HCl IV Soln 2.5 MG/ML	CALCIUM CHANNEL BLOCKERS	Generic	No	No	
VERAPAMIL	POW	Verapamil HCl Powder	CALCIUM CHANNEL BLOCKERS	No Cost	No	No	
VERAPAMIL	TAB 120MG	Verapamil HCl Tab 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL	TAB 120MG	Verapamil HCl Tab 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CALAN	TAB 120MG	Verapamil HCl Tab 120 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL	TAB 40MG	Verapamil HCl Tab 40 MG	CALCIUM CHANNEL BLOCKERS	No Cost	Yes	No	
CALAN	TAB 80MG	Verapamil HCl Tab 80 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL	TAB 80MG	Verapamil HCl Tab 80 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VERAPAMIL	TAB 120MG ER	Verapamil HCl Tab ER 120 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CALAN SR	TAB 120MG	Verapamil HCl Tab ER 120 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
CALAN SR	TAB 180MG	Verapamil HCl Tab ER 180 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
VERAPAMIL	TAB 180MG ER	Verapamil HCl Tab ER 180 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
VERAPAMIL	TAB 240MG ER	Verapamil HCl Tab ER 240 MG	CALCIUM CHANNEL BLOCKERS	Generic	Yes	No	
CALAN SR	TAB 240MG	Verapamil HCl Tab ER 240 MG	CALCIUM CHANNEL BLOCKERS	Non-Preferred	Yes	No	
LANOXIN PED	INJ 0.1MG/ML	Digoxin Inj 0.1 MG/ML	CARDIOTONICS	Non-Preferred	No	No	
LANOXIN	INJ 0.25MG/1	Digoxin Inj 0.25 MG/ML	CARDIOTONICS	Non-Preferred	No	No	
DIGOXIN	INJ 0.25MG/1	Digoxin Inj 0.25 MG/ML	CARDIOTONICS	Generic	No	No	
DIGOXIN	SOL 50MCG/ML	Digoxin Oral Soln 0.05 MG/ML	CARDIOTONICS	Generic	No	No	
LANOXIN	TAB 0.125MG	Digoxin Tab 125 MCG (0.125 MG)	CARDIOTONICS	Non-Preferred	No	No	PA
DIGOXIN	TAB 0.125MG	Digoxin Tab 125 MCG (0.125 MG)	CARDIOTONICS	Generic	No	No	
DIGOX	TAB 0.125MG	Digoxin Tab 125 MCG (0.125 MG)	CARDIOTONICS	Generic	No	No	
DIGITEK	TAB 0.125MG	Digoxin Tab 125 MCG (0.125 MG)	CARDIOTONICS	Generic	No	No	
LANOXIN	TAB 0.1875MG	Digoxin Tab 187.5 MCG (0.1875 MG)	CARDIOTONICS	Preferred	No	No	
DIGOX	TAB 0.25MG	Digoxin Tab 250 MCG (0.25 MG)	CARDIOTONICS	Generic	No	No	
DIGOXIN	TAB 0.25MG	Digoxin Tab 250 MCG (0.25 MG)	CARDIOTONICS	Generic	No	No	
LANOXIN	TAB 0.25MG	Digoxin Tab 250 MCG (0.25 MG)	CARDIOTONICS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DIGITEK	TAB 0.25MG	Digoxin Tab 250 MCG (0.25 MG)	CARDIOTONICS	Generic	No	No	
LANOXIN	TAB 0.0625MG	Digoxin Tab 62.5 MCG (0.0625 MG)	CARDIOTONICS	Preferred	No	No	
MILRINONE/D5 INJ 20/100ML		Milrinone Lactate in Dextrose 5% IV Soln 20 MG/100ML	CARDIOTONICS	Generic	No	No	
MILRINONE/D5 INJ 40/200ML		Milrinone Lactate in Dextrose 5% IV Soln 40 MG/200ML	CARDIOTONICS	Generic	No	No	
MILRINONE	INJ 10/10ML	Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)	CARDIOTONICS	Generic	No	No	
MILRINONE	INJ 1MG/ML	Milrinone Lactate IV Soln 10 MG/10ML (Base Equivalent)	CARDIOTONICS	Generic	No	No	
MILRINONE	INJ 20/20ML	Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)	CARDIOTONICS	Generic	No	No	
MILRINONE	INJ 1MG/ML	Milrinone Lactate IV Soln 20 MG/20ML (Base Equivalent)	CARDIOTONICS	Generic	No	No	
MILRINONE	INJ 50/50ML	Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)	CARDIOTONICS	Generic	No	No	
MILRINONE	INJ 1MG/ML	Milrinone Lactate IV Soln 50 MG/50ML (Base Equivalent)	CARDIOTONICS	Generic	No	No	
CARDIOPLEGIC SOL		*Cardioplegic Soln**	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
PLEGISOL	SOL	*Cardioplegic Soln**	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
CAVERJECT	INJ 20MCG	Alprostadil For Inj 20 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
CAVERJECT	INJ 40MCG	Alprostadil For Inj 40 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
CAVERJECT	KIT 10MCG	Alprostadil For Inj Kit 10 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
EDEX	KIT 10MCG	Alprostadil For Inj Kit 10 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
CAVERJECT	KIT 20MCG	Alprostadil For Inj Kit 20 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
EDEX	KIT 20MCG	Alprostadil For Inj Kit 20 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EDEX	KIT 40MCG	Alprostadil For Inj Kit 40 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
IFE-PG20	INJ 20MCG/ML	Alprostadil Inj 20 MCG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
MUSE	SUP 1000MCG	Alprostadil Urethral Pellet 1000 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
MUSE	SUP 125MCG	Alprostadil Urethral Pellet 125 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
MUSE	SUP 250MCG	Alprostadil Urethral Pellet 250 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
MUSE	SUP 500MCG	Alprostadil Urethral Pellet 500 MCG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
LETAIRIS	TAB 10MG	Ambrisentan Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
LETAIRIS	TAB 5MG	Ambrisentan Tab 5 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
CADUET	TAB 10-10MG	Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 10-10MG		Amlodipine Besylate-Atorvastatin Calcium Tab 10-10 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 10-20MG	Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 10-20MG		Amlodipine Besylate-Atorvastatin Calcium Tab 10-20 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 10-40MG	Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 10-40MG		Amlodipine Besylate-Atorvastatin Calcium Tab 10-40 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 10-80MG	Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 10-80MG		Amlodipine Besylate-Atorvastatin Calcium Tab 10-80 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
AMLOD/ATORVA TAB 2.5-10MG		Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-10 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
AMLOD/ATORVA TAB 2.5-20MG		Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-20 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMLOD/ATORVA TAB 2.5-40MG		Amlodipine Besylate-Atorvastatin Calcium Tab 2.5-40 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 5-10MG	Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 5-10MG		Amlodipine Besylate-Atorvastatin Calcium Tab 5-10 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 5-20MG	Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 5-20MG		Amlodipine Besylate-Atorvastatin Calcium Tab 5-20 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 5-40MG	Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 5-40MG		Amlodipine Besylate-Atorvastatin Calcium Tab 5-40 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
CADUET	TAB 5-80MG	Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
AMLOD/ATORVA TAB 5-80MG		Amlodipine Besylate-Atorvastatin Calcium Tab 5-80 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
STENDRA	TAB 100MG	Avanafil Tab 100 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
STENDRA	TAB 200MG	Avanafil Tab 200 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
STENDRA	TAB 50MG	Avanafil Tab 50 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
TRACLEER	TAB 125MG	Bosentan Tab 125 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
TRACLEER	TAB 62.5MG	Bosentan Tab 62.5 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
TRACLEER	TAB 32MG	Bosentan Tab For Oral Susp 32 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	Yes	Yes	*Various UM Required
VELETRI	INJ 0.5MG	Epoprostenol Sodium For Inj 0.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
EPOPROSTENOL INJ 0.5MG		Epoprostenol Sodium For Inj 0.5 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	Yes	*Various UM Required
FLOLAN	INJ 0.5MG	Epoprostenol Sodium For Inj 0.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VELETRI	INJ 1.5MG	Epoprostenol Sodium For Inj 1.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
EPOPROSTENOL INJ 1.5MG		Epoprostenol Sodium For Inj 1.5 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	Yes	*Various UM Required
FLOLAN	INJ 1.5MG	Epoprostenol Sodium For Inj 1.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
VENTAVIS	SOL 10MCG/ML	Iloprost Inhalation Solution 10 MCG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
VENTAVIS	SOL 20MCG/ML	Iloprost Inhalation Solution 20 MCG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BIDIL	TAB	Isosorbide Dinitrate-Hydralazine HCl Tab 20-37.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	Yes	No	
ISOXSUPRINE	TAB 10MG	Isoxsuprine HCl Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
ISOXSUPRINE	TAB HCL 20MG	Isoxsuprine HCl Tab 20 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
CORLANOR	TAB 5MG	Ivabradine HCl Tab 5 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	Yes	No	
CORLANOR	TAB 7.5MG	Ivabradine HCl Tab 7.5 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	Yes	No	
OPSUMIT	TAB 10MG	Macitentan Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NATRECOR	INJ 1.5MG	Nesiritide For Inj 1.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
NYLIDRIN HCL POW		Nylidrin HCl Powder	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
PAPAVERINE	SOL 30MG/ML	Papaverine HCl Inj 30 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
PAPAVERINE	POW HCL	Papaverine HCl Powder	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
PAPAVERINE	POW HCL	Papaverine HCl Powder	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
PAPAVERINE	SOL PHENTOLA	Papaverine-Phentolamine Inj 30-1 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
IFE-BIMIX	INJ 30-1MG	Papaverine-Phentolamine Inj 30-1 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PAPAVER-PHEN SOL ALPROSTI		Papaverine-Phentolamine-Alprostadil Inj 12-1-0.01 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
PAPAVER-PHEN SOL ALRPOS		Papaverine-Phentolamine-Alprostadil Inj 30-1-0.02 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
ADEMPAS	TAB 0.5MG	Riociguat Tab 0.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADEMPAS	TAB 1MG	Riociguat Tab 1 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADEMPAS	TAB 1.5MG	Riociguat Tab 1.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADEMPAS	TAB 2MG	Riociguat Tab 2 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADEMPAS	TAB 2.5MG	Riociguat Tab 2.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ENTRESTO	TAB 24-26MG	Sacubitril-Valsartan Tab 24-26 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	Yes	No	
ENTRESTO	TAB 49-51MG	Sacubitril-Valsartan Tab 49-51 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	Yes	No	
ENTRESTO	TAB 97-103MG	Sacubitril-Valsartan Tab 97-103 MG	CARDIOVASCULAR AGENTS - MISC.	Preferred	Yes	No	
UPTRAVI	TAB 1000MCG	Selexipag Tab 1000 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 1200MCG	Selexipag Tab 1200 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 1400MCG	Selexipag Tab 1400 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 1600MCG	Selexipag Tab 1600 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 200MCG	Selexipag Tab 200 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 400MCG	Selexipag Tab 400 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 600MCG	Selexipag Tab 600 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
UPTRAVI	TAB 800MCG	Selexipag Tab 800 MCG	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UPTRAVI	TAB 200/800	Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60)	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
REVATIO	SUS 10MG/ML	Sildenafil Citrate For Suspension 10 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	PA
SILDENAFIL	INJ	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	CARDIOVASCULAR AGENTS - MISC.	Generic	No	Yes	*Various UM Required
REVATIO	INJ	Sildenafil Citrate IV Soln 10 MG/12.5ML (Base Equivalent)	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	PA
SILDENAFIL	TAB 100MG	Sildenafil Citrate Tab 100 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
VIAGRA	TAB 100MG	Sildenafil Citrate Tab 100 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
SILDENAFIL	TAB 100MG	Sildenafil Citrate Tab 100 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
REVATIO	TAB 20MG	Sildenafil Citrate Tab 20 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	PA
SILDENAFIL	TAB 20MG	Sildenafil Citrate Tab 20 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	Yes	*Various UM Required
VIAGRA	TAB 25MG	Sildenafil Citrate Tab 25 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
SILDENAFIL	TAB 25MG	Sildenafil Citrate Tab 25 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
SILDENAFIL	TAB 25MG	Sildenafil Citrate Tab 25 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
SILDENAFIL	TAB 50MG	Sildenafil Citrate Tab 50 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
SILDENAFIL	TAB 50MG	Sildenafil Citrate Tab 50 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
VIAGRA	TAB 50MG	Sildenafil Citrate Tab 50 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	PA
CIALIS	TAB 10MG	Tadalafil Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
TADALAFIL	TAB 10MG	Tadalafil Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
CIALIS	TAB 2.5MG	Tadalafil Tab 2.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TADALAFIL	TAB 2.5MG	Tadalafil Tab 2.5 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
TADALAFIL	TAB 20MG	Tadalafil Tab 20 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	No	No	
CIALIS	TAB 20MG	Tadalafil Tab 20 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
TADALAFIL	TAB 20MG	Tadalafil Tab 20 MG (PAH)	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	Yes	
ADCIRCA	TAB 20MG	Tadalafil Tab 20 MG (PAH)	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	PA
CIALIS	TAB 5MG	Tadalafil Tab 5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
TADALAFIL	TAB 5MG	Tadalafil Tab 5 MG	CARDIOVASCULAR AGENTS - MISC.	Generic	Yes	No	
ORENITRAM	TAB 0.125MG	Treprostinil Diolamine Tab ER 0.125 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORENITRAM	TAB 0.25MG	Treprostinil Diolamine Tab ER 0.25 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORENITRAM	TAB 1MG	Treprostinil Diolamine Tab ER 1 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORENITRAM	TAB 2.5MG	Treprostinil Diolamine Tab ER 2.5 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORENITRAM	TAB 5MG	Treprostinil Diolamine Tab ER 5 MG (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
TYVASO REFIL SOL 0.6MG/ML		Treprostinil Inhalation Solution 0.6 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
TYVASO START SOL 0.6MG/ML		Treprostinil Inhalation Solution 0.6 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
TYVASO	SOL 0.6MG/ML	Treprostinil Inhalation Solution 0.6 MG/ML	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REMODULIN	INJ 1MG/ML	Treprostinil Sodium Inj 1 MG/ML (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REMODULIN	INJ 10MG/ML	Treprostinil Sodium Inj 10 MG/ML (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REMODULIN	INJ 2.5MG/ML	Treprostinil Sodium Inj 2.5 MG/ML (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
REMODULIN	INJ 5MG/ML	Treprostinil Sodium Inj 5 MG/ML (Base Equiv)	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
STAXYN	TAB 10MG	Vardenafil HCl Orally Disintegrating Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
LEVITRA	TAB 10MG	Vardenafil HCl Tab 10 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
LEVITRA	TAB 2.5MG	Vardenafil HCl Tab 2.5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
LEVITRA	TAB 20MG	Vardenafil HCl Tab 20 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
LEVITRA	TAB 5MG	Vardenafil HCl Tab 5 MG	CARDIOVASCULAR AGENTS - MISC.	Non-Preferred	No	No	
CEFTRI-IM	KIT	*Ceftriaxone for Inj 2 GM & Lido-Prilo Cr 2.5-2.5% Kit***	CEPHALOSPORINS	Non-Preferred	No	No	
CEFACLOR	CAP 250MG	Cefaclor Cap 250 MG	CEPHALOSPORINS	Generic	No	No	
CEFACLOR	CAP 500MG	Cefaclor Cap 500 MG	CEPHALOSPORINS	Generic	No	No	
CEFACLOR	SUS 125/5ML	Cefaclor For Susp 125 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFACLOR	SUS 250/5ML	Cefaclor For Susp 250 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFACLOR	SUS 375/5ML	Cefaclor For Susp 375 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFACLOR ER	TAB 500MG	Cefaclor Monohydrate Tab ER 12HR 500 MG	CEPHALOSPORINS	Non-Preferred	No	No	
CEFADROXIL	CAP 500MG	Cefadroxil Cap 500 MG	CEPHALOSPORINS	Generic	No	No	
CEFADROXIL	SUS 250/5ML	Cefadroxil For Susp 250 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFADROXIL	SUS 500/5ML	Cefadroxil For Susp 500 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFADROXIL	TAB 1GM	Cefadroxil Tab 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFAZOL/NACL INJ 1GM/10ML		Cefazolin Sod in NaCl 0.9% IV Soln Pref Syringe 1 GM/10ML	CEPHALOSPORINS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CEFAZOL/NACL SOL 2GM/10ML		Cefazolin Sod in NaCl 0.9% IV Soln Pref Syringe 2 GM/10ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOLIN	INJ 100GM	Cefazolin Sodium (Bulk) For Inj 100 GM	CEPHALOSPORINS	Non-Preferred	No	No	
CEFAZOLIN	INJ 300GM	Cefazolin Sodium (Bulk) For Inj 300 GM	CEPHALOSPORINS	Non-Preferred	No	No	
CEFAZOLIN	INJ 1GM	Cefazolin Sodium For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFAZOLIN	INJ 10GM	Cefazolin Sodium For Inj 10 GM	CEPHALOSPORINS	Generic	No	No	
CEFAZOLIN	INJ 20GM	Cefazolin Sodium For Inj 20 GM	CEPHALOSPORINS	Generic	No	No	
CEFAZOLIN	INJ 500MG	Cefazolin Sodium For Inj 500 MG	CEPHALOSPORINS	Generic	No	No	
CEFAZOLIN	INJ 1GM	Cefazolin Sodium For IV Soln 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFAZOL/DEX SOL 1GM		Cefazolin Sodium for IV Soln 1 GM and Dextrose 4% (50 ML)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFAZOL/DEX SOL 2GM		Cefazolin Sodium for IV Soln 2 GM and Dextrose 3% (50 ML)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFAZOL/NACL INJ 2/100ML		Cefazolin Sodium in Sodium Chloride 0.9% IV Soln 2 GM/100ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOL/NACL INJ 2GM/50ML		Cefazolin Sodium in Sodium Chloride 0.9% IV Soln 2 GM/50ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOL/NACL INJ 3/100ML		Cefazolin Sodium in Sodium Chloride 0.9% IV Soln 3 GM/100ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOL/NACL INJ 3/100ML		Cefazolin Sodium in Sodium Chloride 0.9% IV Soln 3 GM/100ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOLIN	INJ 1GM/10ML	Cefazolin Sodium IV Soln Pref Syringe 1 GM/10ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOLIN	INJ 1GM/10ML	Cefazolin Sodium IV Soln Pref Syringe 1 GM/10ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOLIN	INJ 2GM/20ML	Cefazolin Sodium IV Soln Pref Syringe 2 GM/20ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOLIN	INJ 2GM/20ML	Cefazolin Sodium IV Soln Pref Syringe 2 GM/20ML	CEPHALOSPORINS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CEFAZOLN SOD SOL 3GM/20ML	Cefazolin Sodium IV Soln Pref Syringe 3 GM/20ML	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOLIN INJ 1GM/50ML	Cefazolin Sodium-Dextrose IV Solution 1 GM/50ML-4%	CEPHALOSPORINS	Non-Preferred	No	No	
CEFAZOLIN SOL	Cefazolin Sodium-Dextrose IV Solution 2 GM/100ML-4%	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOL/D5W INJ 2/100ML	Cefazolin Sodium-Dextrose IV Solution 2 GM/100ML-5%	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOL/D5W INJ 2/100ML	Cefazolin Sodium-Dextrose IV Solution 2 GM/100ML-5%	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFAZOL/D5W INJ 2GM/50ML	Cefazolin Sodium-Dextrose IV Solution 2 GM/50ML-5%	CEPHALOSPORINS	Non-Preferred	No	No	PA
CEFDINIR CAP 300MG	Cefdinir Cap 300 MG	CEPHALOSPORINS	Generic	No	No	
CEFDINIR CAP 300MG	Cefdinir Cap 300 MG	CEPHALOSPORINS	Generic	No	No	
CEFDINIR SUS 125/5ML	Cefdinir For Susp 125 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFDINIR SUS 250/5ML	Cefdinir For Susp 250 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFDITOREN TAB 200MG	Cefditoren Pivoxil Tab 200 MG (Base Equivalent)	CEPHALOSPORINS	Generic	No	No	
SPECTRACEF TAB 400MG	Cefditoren Pivoxil Tab 400 MG (Base Equivalent)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFDITOREN TAB 400MG	Cefditoren Pivoxil Tab 400 MG (Base Equivalent)	CEPHALOSPORINS	Generic	No	No	
MAXIPIME INJ 1GM	Cefepime HCl For Inj 1 GM	CEPHALOSPORINS	Non-Preferred	No	No	
CEFEPIME INJ 1GM	Cefepime HCl For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFEPIME INJ 1GM	Cefepime HCl For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFEPIME INJ 2GM	Cefepime HCl For Inj 2 GM	CEPHALOSPORINS	Generic	No	No	
MAXIPIME INJ 2GM	Cefepime HCl For Inj 2 GM	CEPHALOSPORINS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MAXIPIME	INJ 1GM	Cefepime HCl For IV Soln 1 GM	CEPHALOSPORINS	Non-Preferred	No	No	
CEFEPIME/DEX INJ 1GM		Cefepime HCl For IV Soln 1 GM and Dextrose 5% (50 ML)	CEPHALOSPORINS	Non-Preferred	No	No	
MAXIPIME	INJ 2GM	Cefepime HCl For IV Soln 2 GM	CEPHALOSPORINS	Non-Preferred	No	No	
CEFEPIME/DEX INJ 2GM		Cefepime HCl For IV Soln 2 GM and Dextrose 5% (50 ML)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFEPIME	INJ 1GM	Cefepime HCl IV Soln 1 GM/50ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFEPIME	INJ 2GM	Cefepime HCl IV Soln 2 GM/100ML	CEPHALOSPORINS	Non-Preferred	No	No	
SUPRAX	CAP 400MG	Cefixime Cap 400 MG	CEPHALOSPORINS	Non-Preferred	No	No	
SUPRAX	CHW 100MG	Cefixime Chew Tab 100 MG	CEPHALOSPORINS	Non-Preferred	No	No	
SUPRAX	CHW 200MG	Cefixime Chew Tab 200 MG	CEPHALOSPORINS	Non-Preferred	No	No	
SUPRAX	SUS 100/5ML	Cefixime For Susp 100 MG/5ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFIXIME	SUS 100/5ML	Cefixime For Susp 100 MG/5ML	CEPHALOSPORINS	Generic	No	No	
SUPRAX	SUS 200/5ML	Cefixime For Susp 200 MG/5ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFIXIME	SUS 200/5ML	Cefixime For Susp 200 MG/5ML	CEPHALOSPORINS	Generic	No	No	
SUPRAX	SUS 500/5ML	Cefixime For Susp 500 MG/5ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFOTAXIME	INJ 1GM	Cefotaxime Sodium For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFOTAXIME	INJ 500MG	Cefotaxime Sodium For Inj 500 MG	CEPHALOSPORINS	Generic	No	No	
CEFOTETAN	INJ 1GM/10ML	Cefotetan Disodium For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFOTAN	INJ 1GM/10ML	Cefotetan Disodium For Inj 1 GM	CEPHALOSPORINS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CEFOTETAN	INJ 1GM	Cefotetan Disodium For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFOTETAN	INJ 10G	Cefotetan Disodium For Inj 10 GM	CEPHALOSPORINS	Generic	No	No	
CEFOTETAN	INJ 2GM/20ML	Cefotetan Disodium For Inj 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFOTETAN	INJ 2GM	Cefotetan Disodium For Inj 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFOTAN	INJ 2GM	Cefotetan Disodium For Inj 2 GM	CEPHALOSPORINS	Non-Preferred	No	No	
CEFOTET/DEX	INJ 1-3.58%	Cefotetan Disodium for IV Soln 1 GM and Dextrose 3.58% 50 ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFOTET/DEX	INJ 2-2.08%	Cefotetan Disodium for IV Soln 2 GM and Dextrose 2.08% 50 ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFOXITIN	INJ 10GM	Cefoxitin Sodium For Inj 10 GM	CEPHALOSPORINS	Generic	No	No	
CEFOXITIN	INJ 1GM	Cefoxitin Sodium For IV Soln 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFOXITIN	INJ 2GM	Cefoxitin Sodium For IV Soln 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFOXITIN	INJ 1GM	Cefoxitin Sodium IV For Soln 1 GM and Dextrose 4% (50 ML)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFOXITIN	INJ 2GM	Cefoxitin Sodium IV For Soln 2 GM and Dextrose 2.2% (50 ML)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFPODO PROX SUS	100/5ML	Cefpodoxime Proxetil For Susp 100 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFPODO PROX SUS	50MG/5ML	Cefpodoxime Proxetil For Susp 50 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFPODOXIME	TAB 100MG	Cefpodoxime Proxetil Tab 100 MG	CEPHALOSPORINS	Generic	No	No	
CEFPODOXIME	TAB 200MG	Cefpodoxime Proxetil Tab 200 MG	CEPHALOSPORINS	Generic	No	No	
CEFPROZIL	SUS 125/5ML	Cefprozil For Susp 125 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEFPROZIL	SUS 250/5ML	Cefprozil For Susp 250 MG/5ML	CEPHALOSPORINS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CEFPROZIL	TAB 250MG	Cefprozil Tab 250 MG	CEPHALOSPORINS	Generic	No	No	
CEFPROZIL	TAB 500MG	Cefprozil Tab 500 MG	CEPHALOSPORINS	Generic	No	No	
TEFLARO	INJ 400MG	Ceftaroline Fosamil for IV Soln 400 MG	CEPHALOSPORINS	Non-Preferred	No	No	
TEFLARO	INJ 600MG	Ceftaroline Fosamil for IV Soln 600 MG	CEPHALOSPORINS	Non-Preferred	No	No	
TAZICEF	INJ 1GM	Ceftazidime For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFTAZIDIME	INJ 1GM	Ceftazidime For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
TAZICEF	INJ 2GM	Ceftazidime For Inj 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFTAZIDIME	INJ 2GM	Ceftazidime For Inj 2 GM	CEPHALOSPORINS	Generic	No	No	
TAZICEF	INJ 6GM	Ceftazidime For Inj 6 GM	CEPHALOSPORINS	Generic	No	No	
CEFTAZIDIME	INJ 6GM	Ceftazidime For Inj 6 GM	CEPHALOSPORINS	Generic	No	No	
TAZICEF	INJ 1GM	Ceftazidime For IV Soln 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFTAZIDIME/ SOL D5W	1GM	Ceftazidime For IV Soln 1 GM and Dextrose 5% (50ML)	CEPHALOSPORINS	Non-Preferred	No	No	
TAZICEF	INJ 2GM	Ceftazidime For IV Soln 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFTAZIDIME/ SOL D5W	2GM	Ceftazidime For IV Soln 2 GM and Dextrose 5% (50ML)	CEPHALOSPORINS	Non-Preferred	No	No	
TAZICEF	INJ 1GM/50ML	Ceftazidime Sodium in Dextrose Inj 1 GM/50ML	CEPHALOSPORINS	Non-Preferred	No	No	
AVYCAZ	INJ 2-0.5GM	Ceftazidime-Avibactam Sodium For IV Soln 2.5 GM (2-0.5 GM)	CEPHALOSPORINS	Non-Preferred	No	No	
ZERBAXA	INJ 1.5GM	Ceftolozane-Tazobactam For Inj 1.5 GM (1-0.5 GM)	CEPHALOSPORINS	Non-Preferred	No	No	
CEFTRIAXONE	INJ 100GM	Ceftriaxone Sodium (Bulk) For Inj 100 GM	CEPHALOSPORINS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CEFTRIAXONE INJ 1GM	Ceftriaxone Sodium For Inj 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFTRIAXONE INJ 10GM	Ceftriaxone Sodium For Inj 10 GM	CEPHALOSPORINS	Generic	No	No	
CEFTRIAXONE INJ 2GM	Ceftriaxone Sodium For Inj 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFTRISOL KIT PLUS	Ceftriaxone Sodium for Inj 2 GM and NaCl 0.9% Kit	CEPHALOSPORINS	Non-Preferred	No	No	
CEFTRIAXONE INJ 250MG	Ceftriaxone Sodium For Inj 250 MG	CEPHALOSPORINS	Generic	No	No	
CEFTRIAXONE INJ 500MG	Ceftriaxone Sodium For Inj 500 MG	CEPHALOSPORINS	Generic	No	No	
CEFTRIAXONE INJ 1GM	Ceftriaxone Sodium For IV Soln 1 GM	CEPHALOSPORINS	Generic	No	No	
CEFTRIAX/DEX INJ 1GM	Ceftriaxone Sodium for IV Soln 1 GM and Dextrose 3.74% 50 ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFTRIAXONE INJ 2GM	Ceftriaxone Sodium For IV Soln 2 GM	CEPHALOSPORINS	Generic	No	No	
CEFTRIAX/DEX INJ 2GM	Ceftriaxone Sodium for IV Soln 2 GM and Dextrose 2.22% 50 ML	CEPHALOSPORINS	Non-Preferred	No	No	
CEFTRIAXONE/ INJ DEX 1GM	Ceftriaxone Sodium in Dextrose Inj 20 MG/ML	CEPHALOSPORINS	Generic	No	No	
CEFTRIAXONE/ INJ DEX 2GM	Ceftriaxone Sodium in Dextrose Inj 40 MG/ML	CEPHALOSPORINS	Generic	No	No	
CEFUROXIME TAB 250MG	Cefuroxime Axetil Tab 250 MG	CEPHALOSPORINS	Generic	No	No	
CEFUROXIME TAB 500MG	Cefuroxime Axetil Tab 500 MG	CEPHALOSPORINS	Generic	No	No	
CEFUROXIME INJ 7.5GM	Cefuroxime Sodium For Inj 7.5 GM	CEPHALOSPORINS	Generic	No	No	
CEFUROXIME INJ 750MG	Cefuroxime Sodium For Inj 750 MG	CEPHALOSPORINS	Generic	No	No	
CEFUROXIME INJ 1.5GM	Cefuroxime Sodium For IV Soln 1.5 GM	CEPHALOSPORINS	Generic	No	No	
KEFLEX CAP 250MG	Cephalexin Cap 250 MG	CEPHALOSPORINS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CEPHALEXIN	CAP 250MG	Cephalexin Cap 250 MG	CEPHALOSPORINS	Generic	No	No	
KEFLEX	CAP 500MG	Cephalexin Cap 500 MG	CEPHALOSPORINS	Non-Preferred	No	No	
CEPHALEXIN	CAP 500MG	Cephalexin Cap 500 MG	CEPHALOSPORINS	Generic	No	No	
CEPHALEXIN	CAP 750MG	Cephalexin Cap 750 MG	CEPHALOSPORINS	Generic	No	No	
KEFLEX	CAP 750MG	Cephalexin Cap 750 MG	CEPHALOSPORINS	Non-Preferred	No	No	
CEPHALEXIN	SUS 125/5ML	Cephalexin For Susp 125 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEPHALEXIN	SUS 250/5ML	Cephalexin For Susp 250 MG/5ML	CEPHALOSPORINS	Generic	No	No	
CEPHALEXIN	TAB 250MG	Cephalexin Tab 250 MG	CEPHALOSPORINS	Generic	No	No	
CEPHALEXIN	TAB 500MG	Cephalexin Tab 500 MG	CEPHALOSPORINS	Generic	No	No	
PARAGARD	IUD T380A	*Copper IUD**	CONTRACEPTIVES	No Cost	No	No	
FALESSA	KIT	*Levonorgest-Eth Estrad Tab 0.1 MG-20 MCG & FA Tab 1 MG Kit*	CONTRACEPTIVES	No Cost	Yes	No	
BEKYREE	TAB	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
PIMTREA	TAB	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
KIMIDESS	TAB	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
MIRCETTE	TAB 28 DAY	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
VIORELE	TAB	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
AZURETTE	TAB 28 DAY	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
KARIVA	TAB 28 DAY	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DESO/ETHINYL TAB ESTRADIO	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)	CONTRACEPTIVES	No Cost	Yes	No	
CYCLESSA PAK	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	CONTRACEPTIVES	No Cost	Yes	No	
CAZANT PAK	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	CONTRACEPTIVES	No Cost	Yes	No	
VELIVET PAK	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	CONTRACEPTIVES	No Cost	Yes	No	
DESOGEN-28 TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ISIBLOOM TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
EMOQUETTE TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
CYRED TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
RECLIPSEN TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
DESO/ETHINYL TAB ESTRADIO	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ENSKYCE TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ISIBLOOM TAB 0.15-30	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
APRI TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
JULEBER TAB	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
DROSPIRENONE TAB ETHY EST	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	
DROSPIR/ETHI TAB 3-0.02MG	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	
GIANVI TAB 3-0.02MG	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	
NIKKI TAB 3-0.02MG	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VESTURA	TAB 3-0.02MG	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	
LORYNA	TAB 3-0.02MG	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	
YAZ	TAB 3-0.02MG	Drospirenone-Ethinyl Estradiol Tab 3-0.02 MG	CONTRACEPTIVES	No Cost	Yes	No	
YASMIN 28	TAB 3-0.03MG	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
DROSPIR/ETHI TAB 3-0.03MG		Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
SYEDA	TAB 3-0.03MG	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
OCELLA	TAB 3-0.03MG	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
ZARAH	TAB 3-0.03MG	Drospirenone-Ethinyl Estradiol Tab 3-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
BEYAZ	TAB	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	CONTRACEPTIVES	No Cost	Yes	No	
DROSPIRE/ETH TAB ESTR/LEV		Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	CONTRACEPTIVES	No Cost	Yes	No	
RAJANI	TAB	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.02-0.451 MG	CONTRACEPTIVES	No Cost	Yes	No	
SAFYRAL	TAB	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 MG	CONTRACEPTIVES	No Cost	Yes	No	
DROS/ETH EST TAB LEVOMEFO		Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 MG	CONTRACEPTIVES	No Cost	Yes	No	
TYDEMY	TAB	Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 MG	CONTRACEPTIVES	No Cost	Yes	No	
NATAZIA	TAB	Estradiol Valerate-Dienogest Tab 3 MG /2-2 MG/2-3 MG/1 MG	CONTRACEPTIVES	No Cost	Yes	No	
ETHY ETH EST TAB 1-35		Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ZOVIA 1/35E TAB		Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
KELNOR	TAB 1/35	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ETHYNODIOL TAB 1-50	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	CONTRACEPTIVES	No Cost	Yes	No	
KELNOR 1/50 TAB	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ZOVIA 1/50E TAB	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NEXPLANON IMP 68MG	Etonogestrel Subdermal Implant 68 MG	CONTRACEPTIVES	No Cost	No	No	*Various UM Required
NUVARING MIS	Etonogestrel-Ethinyl Estradiol VA Ring 0.120-0.015 MG/24HR	CONTRACEPTIVES	No Cost	Yes	No	
LEVONOR/ETHI TAB ESTRADIO	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	CONTRACEPTIVES	No Cost	Yes	No	
QUARTETTE TAB	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	CONTRACEPTIVES	No Cost	Yes	No	
FAYOSIM TAB	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	CONTRACEPTIVES	No Cost	Yes	No	
RIVELSA TAB	Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 MG & Eth Est 0.01 MG	CONTRACEPTIVES	No Cost	Yes	No	
LEVONOR/ETHI TAB ESTRADIO	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
QUASENSE TAB	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
SETLAKIN TAB	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
INTROVALE TAB	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
JOLESSA TAB	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG	CONTRACEPTIVES	No Cost	Yes	No	
LESSINA TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
AUBRA TAB 0.1-0.02	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
AVIANE TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
DELYLA TAB 0.1-0.02	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ORSYTHIA	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LUTERA	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LARISSIA	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LEVONOR/ETHI TAB 0.1-0.02		Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
FALMINA	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
SRONYX	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
VIENVA	TAB 0.1-20	Levonorgestrel & Ethinyl Estradiol Tab 0.1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LILLOW	TAB 0.15/30	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
KURVELO	TAB 0.15/30	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MARLISSA	TAB 0.15/30	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
PORTIA-28	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
CHATEAL	TAB 0.15/30	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LEVORA-28	TAB 0.15/30	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ALTAVERA	TAB	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LEVONOR/ETHI TAB ESTRADIO		Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
SKYLA	IUD 13.5MG	Levonorgestrel Releasing IUD 14 MCG/DAY (13.5 MG Total)	CONTRACEPTIVES	No Cost	No	No	*Various UM Required
KYLEENA	IUD 19.5MG	Levonorgestrel Releasing IUD 17.5 MCG/DAY (19.5 MG Total)	CONTRACEPTIVES	No Cost	No	No	*Various UM Required
LILETTA	IUD 52MG	Levonorgestrel Releasing IUD 19.5 MCG/DAY (52 MG Total)	CONTRACEPTIVES	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MIRENA	IUD SYSTEM	Levonorgestrel Releasing IUD 20 MCG/DAY (52 MG Total)	CONTRACEPTIVES	No Cost	No	No	*Various UM Required
REACT	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
AFTERA	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
ECONTRA EZ	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
ECONTRA OS	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
FALLBACK	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
PLAN B	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
MY CHOICE	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
OPCICON	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
TAKE ACTION	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
NEXT CHOICE	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
OPTION 2	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
LEVONORGESTR	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
MY WAY	TAB 1.5MG	Levonorgestrel Tab 1.5 MG	CONTRACEPTIVES	No Cost	No	No	
MYZILRA	TAB	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRIVORA-28	TAB	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
LEVONEST	TAB	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
ENPRESSE-28	TAB	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVONOR/ETHI TAB	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
AMETHYST TAB 90-20MCG	Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LEVO-ETH EST TAB 90-20MCG	Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
BALCOLTRA TAB 0.1-20	Levonorgestrel-Ethinyl Estradiol-FE Tab 0.1 MG-20 MCG (21)	CONTRACEPTIVES	No Cost	Yes	No	
LEVONOR/ETHI TAB ESTRADIO	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
AMETHIA LO TAB	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
LOSEASONIQUE TAB	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
CAMRESE LO TAB	Levonorg-Eth Est Tab 0.1-0.02MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
CAMRESE TAB	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
AMETHIA TAB	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
SEASONIQUE TAB	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
DAYSEE TAB	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
ASHLYNA TAB	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
LEVONOR/ETHI TAB ESTRADIO	Levonorg-Eth Est Tab 0.15-0.03MG(84) & Eth Est Tab 0.01MG(7)	CONTRACEPTIVES	No Cost	Yes	No	
DEPO-PROVERA INJ 150MG/ML	Medroxyprogesterone Acetate IM Susp 150 MG/ML	CONTRACEPTIVES	No Cost	No	No	
MEDROXYPR AC INJ 150MG/ML	Medroxyprogesterone Acetate IM Susp 150 MG/ML	CONTRACEPTIVES	No Cost	No	No	
DEPO-PROVERA INJ 150MG/ML	Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML	CONTRACEPTIVES	No Cost	No	No	
MEDROXYPR AC INJ 150MG/ML	Medroxyprogesterone Acetate IM Susp Prefilled Syr 150 MG/ML	CONTRACEPTIVES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEPO-SQ PROV INJ 104		Medroxyprogesterone Acetate Susp Pref Syr 104 MG/0.65ML	CONTRACEPTIVES	No Cost	No	No	
XULANE	DIS 150-35	Norelgestromin-Ethinyl Estradiol TD PTWK 150-35 MCG/24HR	CONTRACEPTIVES	No Cost	Yes	No	
OVCON-35	TAB	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
VYFEMLA	TAB 0.4-35	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
BRIELLYN	TAB	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
GILDAGIA	TAB 0.4-35	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
PHILITH	TAB 0.4-35	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ZENCHENT	TAB	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
BALZIVA	TAB	Norethindrone & Ethinyl Estradiol Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORTREL	TAB 0.5/35	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
WERA	TAB 0.5/35	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
BREVICON	TAB 0.5/35	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MODICON	TAB 0.5/35	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NECON	TAB 0.5/35	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ALYACEN	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
CYCLAFEM	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
DASETTA	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ORTHO-NOVUM	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PIRMELLA	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORTREL	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NECON	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORINYL	TAB 1/35	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
WYMZYA FE	CHW 0.4MG-35	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
FEMCON FE	CHW	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORE/ETH/FER	CHW 0.4MG-35	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ZENCHENT FE	CHW 0.4MG-35	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
KAITLIB FE	CHW	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LAYOLIS FE	CHW	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	CONTRACEPTIVES	No Cost	Yes	No	
GENERESS FE	CHW	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORETH/ETHIN	CHW FE	Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 MG-25 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NECON	TAB 1/50-28	Norethindrone & Mestranol Tab 1 MG-50 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LOESTRIN	TAB 1/20-21	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MICROGESTIN	TAB 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORETH/ETHIN	TAB 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LARIN	TAB 1/20	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
JUNEL 1/20	TAB	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
JUNEL 1.5/30 TAB	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LOESTRIN 21 TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LARIN TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MICROGESTIN TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
BLISOVI FE TAB 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
TARINA FE TAB 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
JUNEL FE TAB 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LARIN FE TAB 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORETH/ETHIN TAB FE 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LOESTRIN FE TAB 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MICROGESTIN TAB FE 1/20	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1 MG-20 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LOESTRIN FE TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
BLISOVI FE TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MICROGESTIN TAB FE1.5/30	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
JUNEL FE TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
LARIN FE TAB 1.5/30	Norethindrone Ace & Ethinyl Estradiol- FE Tab 1.5 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORETH/ETHIN CHW FE 1/20	Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
MIBELAS 24 CHW FE	Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MELODETTA	CHW 24 FE	Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
MINASTRIN	24 CHW FE	Norethindrone Ace-Eth Estradiol-FE Chew Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
TAYTULLA	CAP 1MG/20MC	Norethindrone Ace-Ethinyl Estradiol-FE Cap 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
LOMEDIA	24 TAB FE	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
JUNEL FE	24 TAB 1/20	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
MICRGSTIN	24 TAB FE 1/20	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
NORETH/ETHIN	TAB FE 1/20	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
LARIN	24 TAB FE 1/20	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
BLISOVI	24 TAB FE 1/20	Norethindrone Ace-Ethinyl Estradiol-FE Tab 1 MG-20 MCG (24)	CONTRACEPTIVES	No Cost	Yes	No	
TRI-LEGEST	TAB FE	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TILIA FE	TAB	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
ESTROSTEP	FE TAB	Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
LYZA	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
TULANA	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
SHAROBEL	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
ORTHO MICRON	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
NOR-QD	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
NORLYROC	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NORLYDA	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
NORA-BE	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
JOLIVETTE	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
JENCYCLA	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
HEATHER	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
ERRIN	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
DEBLITANE	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
CAMILA	TAB 0.35MG	Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
NORETHINDRON TAB 0.35MG		Norethindrone Tab 0.35 MG	CONTRACEPTIVES	No Cost	Yes	No	
NORTREL	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
PIRMELLA	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
CYCLAFEM	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
ALYACEN	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
NECON	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
DASETTA	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
ORTHO-NOVUM	TAB 7/7/7	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
NECON	TAB 10/11-28	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)	CONTRACEPTIVES	No Cost	Yes	No	
ARANELLE	TAB	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEENA	TAB	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-NORINYL	TAB 28	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
LO LOESTRIN	TAB 1-10-10	Norethin-Eth Estradiol-Fe Tab 1 MG-10 MCG (24)/10 MCG (2)	CONTRACEPTIVES	No Cost	Yes	No	
FEMYNOR	TAB 0.25-35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ESTARYLLA	TAB 0.25-35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MONONESSA	TAB	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MONO-LINYAH	TAB 0.25-35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
MILI	TAB 0.25/35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
VYLIBRA	TAB 0.25-35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
SPRINTEC 28	TAB 28 DAY	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ORTHO-CYCLEN	TAB 0.25/35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORGEST/ETHI	TAB 0.25/35	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
PREVIFEM	TAB	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-LO-	TAB MARZIA	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-LO-	TAB SPRINTEC	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORGEST/ETHI	TAB ESTRADIO	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
ORTHO TRI-	TAB CYCLN LO	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-LO	TAB ESTARYLL	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRINESSA LO TAB	Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-VYLIBRA TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI FEMYNOR TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-MILI TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRINESSA TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
ORTHO TRI- TAB CYCLEN	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
NORGEST/ETHI TAB ESTRADIO	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-LINYAH TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-PREVIFEM TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-ESTARYLL TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
TRI-SPRINTEC TAB	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG	CONTRACEPTIVES	No Cost	Yes	No	
LOW-OGESTREL TAB	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ELINEST TAB	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
CRYSSELLE-28 TAB 28 TABS	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG	CONTRACEPTIVES	No Cost	Yes	No	
OGESTREL TAB	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG	CONTRACEPTIVES	No Cost	Yes	No	
ELLA TAB 30MG	Ulipristal Acetate Tab 30 MG	CONTRACEPTIVES	No Cost	No	No	
ACTIVE INJEC KIT BLM-1	*Betameth Na Pho&Ace Inj 6 MG/ML & Bupiv 0.25% & Lido1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
MARBETA-L KIT	*Betameth Na Pho&Ace Inj 6 MG/ML & Bupiv 0.25% & Lido1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
POD-CARE 100 KIT CMX	*Betameth Na Pho&Ace Inj 6 MG/ML & Bupiv 0.5% & Lido1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
READYSHARP + KIT BETAMETH	*Betameth Na Pho&Ace Inj 6 MG/ML & Bupiv 0.5% & Lido1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
BETALOEAN SUI INJ 3-3MG/ML	*Betameth Sod Phos-Ace Inj 30 MG/5 ML & Anesthetic Spr Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
POD-CARE 100 KIT 30MG/5ML	*Betameth Sod Phos-Ace Inj 30 MG/5 ML & Anesthetic Spr Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC KIT BM	*Betamethasone Sod Phos & Ace Inj 6 MG/ML & Bupiv 0.25% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
MARBETA-25 KIT	*Betamethasone Sod Phos & Ace Inj 6 MG/ML & Bupiv 0.25% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
BETALIDO KIT	*Betamethasone Sod Phos & Ace Inj 6 MG/ML & Lido Inj 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
READYSHARP + KIT DEXAMETH	*Dexamethasone Inj 10 MG/ML & Bupiv 0.5% & Lido 1% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXLIDO-M KIT	*Dexamethasone PF Inj 10 MG/ML & Bupiv 0.25% & Lido 1% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC KIT DLM	*Dexamethasone PF Inj 10 MG/ML & Bupiv 0.25% & Lido 1% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
DMT SUIK KIT 10MG/ML	*Dexamethasone Sod Phos Inj 10 MG/ML & Anesth Spray Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
MARDEX-25 KIT	*Dexamethasone Sod Phos PF Inj 10 MG/ML & Bupiv 0.25% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC INJ M-1	*Dexamethasone Sod Phos PF Inj 10 MG/ML & Bupiv 0.25% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXLIDO KIT	*Dexamethasone Sod Phos PF Inj 10 MG/ML & Lidocaine 1% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC INJ DL	*Dexamethasone Sod Phos PF Inj 10 MG/ML & Lidocaine 1% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
READY DEXAME KIT 10MG/ML	*Dexamethasone Sodium Phosphate Inj 10 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DOUBLEDEX KIT	*Dexamethasone Sodium Phosphate PF Inj 10 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
TOPIDEX KIT 10MG/1ML	*Dexamethasone Sodium Phosphate PF Inj 10 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACTIVE INJEC KIT D	*Dexamethasone Sodium Phosphate PF Inj 10 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
MAS CARE-PAK KIT 10MG/ML	*Dexamethasone Sodium Phosphate PF Inj 10 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE D40 KIT 40MG/ML	*Methylprednisolone Acetate Inj Susp 40 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
P-CARE D80 KIT 40MG/ML	*Methylprednisolone Acetate Inj Susp 40 MG/ML Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
MEDROLOAN II KIT 40MG/ML	*Methylprednisolone Inj 40 MG/ML & Anesthetic Spray Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
MEDROLOAN KIT 40MG/ML	*Methylprednisolone Inj 40 MG/ML & Anesthetic Spray Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
P-CARE D80G KIT 40MG/ML	*Methylprednisolone Inj 40 MG/ML & Anesthetic Spray Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
P-CARE D40G KIT 40MG/ML	*Methylprednisolone Inj 40 MG/ML & Anesthetic Spray Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DYURAL-LM KIT	*Methylprednisolone Inj 40 MG/ML & Bupiv 0.25% &Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
POINT OF CAR KIT LM DEP 2	*Methylprednisolone Inj 40 MG/ML & Bupiv 0.25% &Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
DYURAL-40 KIT	*Methylprednisolone Inj 40 MG/ML & Bupiv 0.25% &Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC KIT LM-DEP-2	*Methylprednisolone Inj 40 MG/ML & Bupiv 0.25% &Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE D40MX KIT 40MG/ML	*Methylprednisolone Inj 40 MG/ML & Bupiv 0.5% &Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	PA
P-CARE D80MX KIT	*Methylprednisolone Inj 40 MG/ML & Bupiv 0.5% &Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	PA
ACTIVE KIT INJECT L	*Methylprednisolone Inj 40 MG/ML & Lidocaine Inj 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
POINT OF KIT CARE L.2	*Methylprednisolone Inj 40 MG/ML & Lidocaine Inj 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
MULTI- KIT SPECIALT	*Methylprednisolone Inj 40 MG/ML & Lidocaine Inj 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
POINT OF KIT CARE L.5	*Methylprednisolone Inj 40 MG/ML & Lidocaine Inj 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DYURAL-L KIT	*Methylprednisolone Inj 40 MG/ML & Lidocaine Inj 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
DYURAL-80 KIT	*Methylprednisolone Inj 80 MG/ML & Bupiv 0.25% & Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC KIT LM-DEP-1	*Methylprednisolone Inj 80 MG/ML & Bupiv 0.25% & Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
READYSHARP + KIT METHYLPR	*Methylprednisolone Inj 80 MG/ML & Bupiv 0.5% & Lido 1% Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	PA
TRILOAN II KIT 40MG/ML	*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
TRILOAN SUIK KIT 40MG/ML	*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
POD-CARE 100 KIT 40MG/ML	*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE K40G KIT 40MG/ML	*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE K80G KIT 40MG/ML	*Triamcinolone Acetonide Inj 40 MG/ML & Anesthetic Spr Kit*	CORTICOSTEROIDS	Non-Preferred	No	No	
PRO-C-DURE 5 KIT 40MG/ML	*Triamcinolone Acetonide Inj Kit 2 X 40 MG/ML**	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE K80 KIT 40MG/ML	*Triamcinolone Acetonide Inj Kit 2 X 40 MG/ML**	CORTICOSTEROIDS	Non-Preferred	No	No	
PRO-C-DURE 6 KIT 40MG/ML	*Triamcinolone Acetonide Inj Kit 3 X 40 MG/ML**	CORTICOSTEROIDS	Non-Preferred	No	No	PA
POD-CARE 100 KIT 40MG/ML	*Triamcinolone Acetonide Inj Kit 40 MG/ML**	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE K40 KIT 40MG/ML	*Triamcinolone Acetonide Inj Kit 40 MG/ML**	CORTICOSTEROIDS	Non-Preferred	No	No	
POD-CARE 100 KIT KMX	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE K80MX KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
P-CARE K40MX KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
READYSHARP-K KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 1% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MLK F1	KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
MLP A-1	KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
MLK F4	KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
MLK F3	KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
MLK F2	KIT	*Triamcinolone Inj 40 MG/ML & Bupiv 0.5% & Lido 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
BUPIVILOG	KIT	*Triamcinolone Inj 40 MG/ML & Bupivacaine HCl Inj 0.5% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC KIT KM		*Triamcinolone Inj 40 MG/ML & Bupivacaine HCl Inj 0.5% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
BT INJECTION KIT 40-0.5%		*Triamcinolone Inj 40 MG/ML & Bupivacaine HCl Inj 0.5% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
POINT OF	KIT CARE KM	*Triamcinolone Inj 40 MG/ML & Bupivacaine HCl Inj 0.5% Kit**	CORTICOSTEROIDS	Non-Preferred	No	No	
LIDOLOG	KIT	*Triamcinolone Inj 40 MG/ML & Lidocaine HCl Inj 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
LT INJECTION KIT		*Triamcinolone Inj 40 MG/ML & Lidocaine HCl Inj 2% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	
DERMACINRX	PAK CINLONE	*Triamcinolone Inj 40 MG/ML & Lido-Prilo Cr 2.5-2.5% Kit***	CORTICOSTEROIDS	Non-Preferred	No	No	PA
POD-CARE100C INJ 30MG/5ML		Betamethasone Sod Phos & Acet Inj Kit 30 MG/5 ML (6 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
BETA 1 KIT	KIT 30MG/5ML	Betamethasone Sod Phos & Acet Inj Kit 30 MG/5 ML (6 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
READY BETAME KIT 30MG/5ML		Betamethasone Sod Phos & Acet Inj Kit 30 MG/5 ML (6 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
BETA-PHOS/AC INJ 3-3MG/ML		Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML	CORTICOSTEROIDS	Generic	No	No	
CELESTONE	INJ SOLUSPAN	Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
BETAMETH	INJ 12MG/2ML	Betamethasone Sod Phosphate & Acetate Inj Susp 6 (3-3) MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BETAMETH COM INJ 7MG/ML	Betamethasone Sod Phosphate & Acetate Inj Susp 7 (4-3) MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
BETAMETH SOD INJ 12MG/2ML	Betamethasone Sodium Phosphate Inj 12 MG/2ML (6 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	
BETAMETH SOD INJ 6MG/ML	Betamethasone Sodium Phosphate Inj 6 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
BETAMETHASON POW SOD PHOS	Betamethasone Sodium Phosphate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
BUDESONIDE CAP 3MG	Budesonide Delayed Release Particles Cap 3 MG	CORTICOSTEROIDS	Generic	No	No	
BUDESONIDE CAP 3MG DR	Budesonide Delayed Release Particles Cap 3 MG	CORTICOSTEROIDS	Generic	No	No	
BUDESONIDE CAP 3MG DR	Budesonide Delayed Release Particles Cap 3 MG	CORTICOSTEROIDS	Generic	No	No	
ENTOCORT EC CAP 3MG DR	Budesonide Delayed Release Particles Cap 3 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
BUDESONIDE CAP 3MG ER	Budesonide Delayed Release Particles Cap 3 MG	CORTICOSTEROIDS	Generic	No	No	
BUDESONIDE TAB ER 9MG	Budesonide Tab ER 24HR 9 MG	CORTICOSTEROIDS	Generic	No	No	
UCERIS TAB 9MG	Budesonide Tab ER 24HR 9 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
CORTISONE AC POW MICRONIZ	Cortisone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
CORTISONE AC POW	Cortisone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
CORTISONE AC POW MICRO	Cortisone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
CORTISONE AC TAB 25MG	Cortisone Acetate Tab 25 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON SUS 8-4MG/ML	Dexamethasone Acetate & Sod Phosphate Inj Susp 8-4 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMETH LA INJ 16MG/ML	Dexamethasone Acetate Inj Susp 16 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMETHASON SUS 8MG/ML	Dexamethasone Acetate Inj Susp 8 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEXAMETHASON POW ACETATE	Dexamethasone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMETHASON CON 1MG/ML	Dexamethasone Conc 1 MG/ML	CORTICOSTEROIDS	Preferred	No	No	
DECADRON ELX 0.5/5ML	Dexamethasone Elixir 0.5 MG/5ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON ELX 0.5/5ML	Dexamethasone Elixir 0.5 MG/5ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON POW	Dexamethasone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMETHASON POW MICRONIZ	Dexamethasone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMET/NACL INJ 10/50ML	Dexamethasone Sod Phos-NaCl IV Soln 10 MG/50ML-0.9%	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMET/NACL INJ 12/50ML	Dexamethasone Sod Phos-NaCl IV Soln 12 MG/50ML-0.9%	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMET/NACL INJ 20/50ML	Dexamethasone Sod Phos-NaCl IV Soln 20 MG/50ML-0.9%	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMET/NACL INJ 8MG/50ML	Dexamethasone Sod Phos-NaCl IV Soln 8 MG/50ML-0.9%	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETH PHO INJ 10MG/ML	Dexamethasone Sod Phosphate Preservative Free Inj 10 MG/ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETH PHO INJ 10MG/ML	Dexamethasone Sodium Phosphate Inj 10 MG/ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETH PHO INJ 10MG/ML	Dexamethasone Sodium Phosphate Inj 100 MG/10ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETH PHO INJ 120MG/30	Dexamethasone Sodium Phosphate Inj 120 MG/30ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETH PHO INJ 20MG/5ML	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETH PHO INJ 4MG/ML	Dexamethasone Sodium Phosphate Inj 20 MG/5ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETH PHO INJ 4MG/ML	Dexamethasone Sodium Phosphate Inj 4 MG/ML	CORTICOSTEROIDS	Generic	No	No	
DEXONTO 0.4% SOL 20MG/5ML	Dexamethasone Sodium Phosphate Iontophoresis Soln 20 MG/5ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEXAMETH SOD INJ 4MG/ML	Dexamethasone Sodium Phosphate IV Soln Pref Syr 4 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETH SOD SOL 8MG/2ML	Dexamethasone Sodium Phosphate IV Soln Pref Syr 8 MG/2ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETH SOD SOL 8MG/2ML	Dexamethasone Sodium Phosphate IV Soln Pref Syr 8 MG/2ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETH SOD POW PHOSPHAT	Dexamethasone Sodium Phosphate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMETH SOD POW PHOSPHAT	Dexamethasone Sodium Phosphate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
DEXAMETHASON SOL 0.5/5ML	Dexamethasone Soln 0.5 MG/5ML	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 0.5MG	Dexamethasone Tab 0.5 MG	CORTICOSTEROIDS	Generic	No	No	
DECADRON TAB 0.5MG	Dexamethasone Tab 0.5 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 0.75MG	Dexamethasone Tab 0.75 MG	CORTICOSTEROIDS	Generic	No	No	
DECADRON TAB 0.75MG	Dexamethasone Tab 0.75 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 1MG	Dexamethasone Tab 1 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 1.5MG	Dexamethasone Tab 1.5 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 2MG	Dexamethasone Tab 2 MG	CORTICOSTEROIDS	Generic	No	No	
DECADRON TAB 4MG	Dexamethasone Tab 4 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 4MG	Dexamethasone Tab 4 MG	CORTICOSTEROIDS	Generic	No	No	
DEXAMETHASON TAB 6MG	Dexamethasone Tab 6 MG	CORTICOSTEROIDS	Generic	No	No	
DECADRON TAB 6MG	Dexamethasone Tab 6 MG	CORTICOSTEROIDS	Generic	No	No	
TAPERDEX PAK 6 DAY	Dexamethasone Tab Therapy Pack 1.5 MG (21)	CORTICOSTEROIDS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEXPAK	PAK 6 DAY	Dexamethasone Tab Therapy Pack 1.5 MG (21)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETHASON TAB 6-DAY		Dexamethasone Tab Therapy Pack 1.5 MG (21)	CORTICOSTEROIDS	Generic	No	No	
DEXPAK	PAK 10 DAY	Dexamethasone Tab Therapy Pack 1.5 MG (35)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETHASON TAB 10-DAY		Dexamethasone Tab Therapy Pack 1.5 MG (35)	CORTICOSTEROIDS	Generic	No	No	
TAPERDEX	PAK 12-DAY	Dexamethasone Tab Therapy Pack 1.5 MG (49)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEXAMETHASON TAB 13-DAY		Dexamethasone Tab Therapy Pack 1.5 MG (51)	CORTICOSTEROIDS	Generic	No	No	
DEXPAK	PAK 13 DAY	Dexamethasone Tab Therapy Pack 1.5 MG (51)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
LIDOCIDEX I INJ 5-10MG		Dexamethasone-Lidocaine Inj 5-10 MG/1.5ML (3.33-6.67 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
FLUDROCORT	POW ACETATE	Fludrocortisone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
FLUDROCORT	TAB 0.1MG	Fludrocortisone Acetate Tab 0.1 MG	CORTICOSTEROIDS	Generic	No	No	
SOLU-CORTEF INJ 100MG		Hydrocortisone Sodium Succinate PF For Inj 100 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-CORTEF INJ 1000MG		Hydrocortisone Sodium Succinate PF For Inj 1000 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-CORTEF INJ 250MG		Hydrocortisone Sodium Succinate PF For Inj 250 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-CORTEF INJ 500MG		Hydrocortisone Sodium Succinate PF For Inj 500 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
HYDROCORT	TAB 10MG	Hydrocortisone Tab 10 MG	CORTICOSTEROIDS	Generic	No	No	
CORTEF	TAB 10MG	Hydrocortisone Tab 10 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
HYDROCORT	TAB 20MG	Hydrocortisone Tab 20 MG	CORTICOSTEROIDS	Generic	No	No	
CORTEF	TAB 20MG	Hydrocortisone Tab 20 MG	CORTICOSTEROIDS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CORTEF	TAB 5MG	Hydrocortisone Tab 5 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
HYDROCORT	TAB 5MG	Hydrocortisone Tab 5 MG	CORTICOSTEROIDS	Generic	No	No	
PHYS EZ USE	KIT M-PRED	Methylprednisolone Ace 40 MG/ML & Bupivacaine Inj 0.5% Kit	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLP/LIDO	INJ 80-10/ML	Methylprednisolone Ace-Lidocaine Inj 80 MG/ML-1% (10 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
DEPO-MEDROL	INJ 20MG/ML	Methylprednisolone Acetate Inj Susp 20 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
DEPO-MEDROL	INJ 40MG/ML	Methylprednisolone Acetate Inj Susp 40 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPR ACE	INJ 40MG/ML	Methylprednisolone Acetate Inj Susp 40 MG/ML	CORTICOSTEROIDS	Generic	No	No	
METHYLPREDNI	SUS 50MG/ML	Methylprednisolone Acetate Inj Susp 50 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
METHYLPR ACE	INJ 80MG/ML	Methylprednisolone Acetate Inj Susp 80 MG/ML	CORTICOSTEROIDS	Generic	No	No	
DEPO-MEDROL	INJ 80MG/ML	Methylprednisolone Acetate Inj Susp 80 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPR ACE	INJ 80MG/ML	Methylprednisolone Acetate Inj Susp 80 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPRED	POW ACETATE	Methylprednisolone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPRED	POW ACETATE	Methylprednisolone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLP/LIDO	INJ 40-10/ML	Methylprednisolone Acetate w/ Lidocaine Inj 40-10 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
METHYL-BUPIV	SUS 40-5MG	Methylprednisolone Acetate-Bupivacaine Inj Susp 40-5 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
METHY-BUPIVA	SUS 8-5MG/ML	Methylprednisolone Acetate-Bupivacaine Inj Susp 80-5 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
METHYLPRED	POW	Methylprednisolone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPR SS	INJ 1000MG	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)	CORTICOSTEROIDS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SOLU-MEDROL INJ 1000MG	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-MEDROL INJ 1GM	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-MEDROL INJ 1GM	Methylprednisolone Sod Succ For Inj 1000 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPR SS INJ 125MG	Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)	CORTICOSTEROIDS	Generic	No	No	
SOLU-MEDROL INJ 125MG	Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-MEDROL INJ 125MG	Methylprednisolone Sod Succ For Inj 125 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-MEDROL INJ 2GM	Methylprednisolone Sod Succ For Inj 2000 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPR SS INJ 40MG	Methylprednisolone Sod Succ For Inj 40 MG (Base Equiv)	CORTICOSTEROIDS	Generic	No	No	
SOLU-MEDROL INJ 40MG	Methylprednisolone Sod Succ For Inj 40 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-MEDROL INJ 40MG	Methylprednisolone Sod Succ For Inj 40 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
SOLU-MEDROL INJ 500MG	Methylprednisolone Sod Succ For Inj 500 MG (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
MEDROL TAB 16MG	Methylprednisolone Tab 16 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPRED TAB 16MG	Methylprednisolone Tab 16 MG	CORTICOSTEROIDS	Generic	No	No	
METHYLPRED TAB 16MG	Methylprednisolone Tab 16 MG	CORTICOSTEROIDS	Generic	No	No	
MEDROL TAB 2MG	Methylprednisolone Tab 2 MG	CORTICOSTEROIDS	Preferred	No	No	
METHYLPRED TAB 32MG	Methylprednisolone Tab 32 MG	CORTICOSTEROIDS	Generic	No	No	
METHYLPRED TAB 32MG	Methylprednisolone Tab 32 MG	CORTICOSTEROIDS	Generic	No	No	
MEDROL TAB 32MG	Methylprednisolone Tab 32 MG	CORTICOSTEROIDS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHYLPRED	TAB 4MG	Methylprednisolone Tab 4 MG	CORTICOSTEROIDS	Generic	No	No	
MEDROL	TAB 4MG	Methylprednisolone Tab 4 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPRED	TAB 4MG	Methylprednisolone Tab 4 MG	CORTICOSTEROIDS	Generic	No	No	
MEDROL	TAB 8MG	Methylprednisolone Tab 8 MG	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPRED	TAB 8MG	Methylprednisolone Tab 8 MG	CORTICOSTEROIDS	Generic	No	No	
METHYLPRED	TAB 8MG	Methylprednisolone Tab 8 MG	CORTICOSTEROIDS	Generic	No	No	
MEDROL	TAB 4MG	Methylprednisolone Tab Therapy Pack 4 MG (21)	CORTICOSTEROIDS	Non-Preferred	No	No	
METHYLPRED	TAB 4MG	Methylprednisolone Tab Therapy Pack 4 MG (21)	CORTICOSTEROIDS	Generic	No	No	
METHYLPRED	TAB 4MG	Methylprednisolone Tab Therapy Pack 4 MG (21)	CORTICOSTEROIDS	Generic	No	No	
PREDNISOLONE POW ACETATE		Prednisolone Acetate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE POW		Prednisolone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE POW ANHYDROU		Prednisolone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE POW USP NF		Prednisolone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE POW USP NF		Prednisolone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
ORAPRED ODT TAB 10MG		Prednisolone Sod Phos Orally Disintegr Tab 10 MG (Base Eq)	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE TAB 10MG ODT		Prednisolone Sod Phos Orally Disintegr Tab 10 MG (Base Eq)	CORTICOSTEROIDS	Generic	No	No	
ORAPRED ODT TAB 15MG		Prednisolone Sod Phos Orally Disintegr Tab 15 MG (Base Eq)	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE TAB 15MG ODT		Prednisolone Sod Phos Orally Disintegr Tab 15 MG (Base Eq)	CORTICOSTEROIDS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREDNISOLONE TAB 30MG ODT	Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq)	CORTICOSTEROIDS	Generic	No	No	
ORAPRED ODT TAB 30MG	Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq)	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE TAB 30MG ODT	Prednisolone Sod Phos Orally Disintegr Tab 30 MG (Base Eq)	CORTICOSTEROIDS	Generic	No	No	
PRED SOD PHO SOL 5MG/5ML	Prednisolone Sod Phosph Oral Soln 6.7 MG/5ML (5 MG/5ML Base)	CORTICOSTEROIDS	Generic	No	No	
PREDNISOLONE SOL 10MG/5ML	Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)	CORTICOSTEROIDS	Generic	No	No	
MILLIPRED SOL 10MG/5ML	Prednisolone Sod Phosphate Oral Soln 10 MG/5ML (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
PREDNISOLONE SOL 15MG/5ML	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)	CORTICOSTEROIDS	Generic	No	No	
VERIPRED 20 SOL 20MG/5ML	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE SOL 20MG/5ML	Prednisolone Sod Phosphate Oral Soln 20 MG/5ML (Base Equiv)	CORTICOSTEROIDS	Generic	No	No	
PREDNISOLONE SOL 25MG/5ML	Prednisolone Sodium Phosphate Oral Soln 25 MG/5ML (Base Eq)	CORTICOSTEROIDS	Generic	No	No	
PREDNISOLONE POW SOD PHOS	Prednisolone Sodium Phosphate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE POW SOD PHOS	Prednisolone Sodium Phosphate Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISOLONE SOL 15MG/5ML	Prednisolone Syrup 15 MG/5ML (USP Solution Equivalent)	CORTICOSTEROIDS	Generic	No	No	
MILLIPRED TAB 5MG	Prednisolone Tab 5 MG	CORTICOSTEROIDS	Non-Preferred	No	No	PA
MILLIPRED DP PAK 5MG	Prednisolone Tab Therapy Pack 5 MG (21)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
MILLIPRED DP PAK 5MG	Prednisolone Tab Therapy Pack 5 MG (48)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
PREDNISONE CON 5MG/ML	Prednisone Conc 5 MG/ML	CORTICOSTEROIDS	Preferred	No	No	
PREDNISONE SOL 5MG/5ML	Prednisone Oral Soln 5 MG/5ML	CORTICOSTEROIDS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREDNISONE	POW	Prednisone Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
PREDNISONE	TAB 1MG	Prednisone Tab 1 MG	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	TAB 10MG	Prednisone Tab 10 MG	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	TAB 2.5MG	Prednisone Tab 2.5 MG	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	TAB 20MG	Prednisone Tab 20 MG	CORTICOSTEROIDS	Generic	No	No	
DELTASONE	TAB 20MG	Prednisone Tab 20 MG	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	TAB 5MG	Prednisone Tab 5 MG	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	TAB 50MG	Prednisone Tab 50 MG	CORTICOSTEROIDS	Generic	No	No	
CONTR ALLRGY KIT PREMD PK		Prednisone Tab 50 MG (3) & Diphenhydramine Cap 50 MG (1) Kit	CORTICOSTEROIDS	Non-Preferred	No	No	PA
RAYOS	TAB 1MG	Prednisone Tab Delayed Release 1 MG	CORTICOSTEROIDS	Non-Preferred	No	No	PA
RAYOS	TAB 2MG	Prednisone Tab Delayed Release 2 MG	CORTICOSTEROIDS	Non-Preferred	No	No	PA
RAYOS	TAB 5MG	Prednisone Tab Delayed Release 5 MG	CORTICOSTEROIDS	Non-Preferred	No	No	PA
PREDNISONE	PAK 10MG	Prednisone Tab Therapy Pack 10 MG (21)	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	PAK 10MG	Prednisone Tab Therapy Pack 10 MG (48)	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	PAK 5MG	Prednisone Tab Therapy Pack 5 MG (21)	CORTICOSTEROIDS	Generic	No	No	
PREDNISONE	PAK 5MG	Prednisone Tab Therapy Pack 5 MG (48)	CORTICOSTEROIDS	Generic	No	No	
LIDOCILONE I INJ 20-20MG		Triamcinolone Acet-Lidocaine Inj 20-20 MG/4ML (5-5 MG/ML)	CORTICOSTEROIDS	Non-Preferred	No	No	PA
KENALOG-10	INJ 10MG/ML	Triamcinolone Acetonide Inj Susp 10 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIAMCIN ACE INJ 40MG/ML	Triamcinolone Acetonide Inj Susp 40 MG/ML	CORTICOSTEROIDS	Generic	No	No	
KENALOG-40 INJ 40MG/ML	Triamcinolone Acetonide Inj Susp 40 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
TRIAMCINOLON INJ 100/2ML	Triamcinolone Acetonide Inj Susp 50 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
ZILRETTA INJ 32MG	Triamcinolone Acetonide Intra-articular Inj ER Susp 32 MG	CORTICOSTEROIDS	Non-Preferred	No	No	PA
TRIAM-BUPIVA SUS 40-5MG	Triamcinolone Acetonide-Bupivacaine HCl Inj Susp 40-5 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
TRIAMCINOLON INJ 40MG/ML	Triamcinolone Diacetate Inj Susp 40 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
TRIAMCINOLON INJ 80MG/2ML	Triamcinolone Diacetate Inj Susp 40 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	
TRIAMCINOLON INJ 80MG/ML	Triamcinolone Diacetate Inj Susp 80 MG/ML	CORTICOSTEROIDS	Non-Preferred	No	No	PA
TRIAMCINOLON POW DIACETAT	Triamcinolone Diacetate Micronized Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
TRIAMCINOLON POW DIACETAT	Triamcinolone Diacetate Micronized Powder	CORTICOSTEROIDS	Non-Preferred	No	No	
ACTIVE INJEC KIT KL-3	Triamcinolone Inj 40 MG/ML & Lidocaine 1% & Ammonia Inh Kit	CORTICOSTEROIDS	Non-Preferred	No	No	
JNT/TUNNEL/ KIT TRIGGER	Triamcinolone Inj 40 MG/ML & Lidocaine 1% & Ammonia Inh Kit	CORTICOSTEROIDS	Non-Preferred	No	No	
JTT PHYSICNS KIT	Triamcinolone Inj 40 MG/ML & Lidocaine 1% & Ammonia Inh Kit	CORTICOSTEROIDS	Non-Preferred	No	No	
ACETYLCYST SOL 10%	Acetylcysteine Inhal Soln 10%	COUGH/COLD/ALLERGY	Generic	No	No	
ACETYLCYST SOL 20%	Acetylcysteine Inhal Soln 20%	COUGH/COLD/ALLERGY	Generic	No	No	
N-ACETYL-L- POW CYSTEINE	Acetylcysteine Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
ACETYLCYST POW	Acetylcysteine Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
SEMPREX-D CAP 8-60MG	Acrivastine & Pseudoephedrine Cap 8-60 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BENZONATATE CAP 100MG	Benzonatate Cap 100 MG	COUGH/COLD/ALLERGY	Generic	No	No	
BENZONATATE CAP 100MG	Benzonatate Cap 100 MG	COUGH/COLD/ALLERGY	Generic	No	No	
TESSALON PER CAP 100MG	Benzonatate Cap 100 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
BENZONATATE CAP 150MG	Benzonatate Cap 150 MG	COUGH/COLD/ALLERGY	Generic	No	No	
BENZONATATE CAP 200MG	Benzonatate Cap 200 MG	COUGH/COLD/ALLERGY	Generic	No	No	
BROMHEXINE POW HCL	Bromhexine HCl Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
CODAR AR LIQ 2-8/5ML	Chlorpheniramine w/ Codeine Liquid 2-8 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
TUZISTRA XR SUS	Codeine Polist-Chlorphen Polist ER Susp 14.7-2.8 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
CLARINEX-D TAB 2.5-120	Desloratadine & Pseudoephedrine Tab ER 12HR 2.5-120 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
DEXTROMETHOR CRY MONOHYDR	Dextromethorphan HBr Crystals	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
DEXTROMETHOR POW HBR	Dextromethorphan HBr Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
DEXTROMETHOR POW HBR MONO	Dextromethorphan HBr Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
GUAIFENESIN POW	Guaifenesin Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
TUSSICAPS CAP 10-8MG	Hydrocod Polst-Chlorphen Polst Cap ER 12HR 10-8 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
TUSSICAPS CAP 5-4MG	Hydrocod Polst-Chlorphen Polst Cap ER 12HR 5-4 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
HYD POL/CPM SUS 10-8/5ML	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
TUSSIONEX SUS 10-8/5ML	Hydrocod Polst-Chlorphen Polst ER Susp 10-8 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
HYDROMET SYP 5-1.5/5	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROCOD/HOM SYP 5-1.5/5	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
HYDROCOD/HOM SYP 5-1.5/5	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
HYDROC/HOMAT TAB 5-1.5MG	Hydrocodone w/ Homatropine Tab 5-1.5 MG	COUGH/COLD/ALLERGY	Generic	No	No	
CARBAPHEN 12 LIQ	Phenyleph-Chlorphen-Carbetapentane Liqd 10-4-27.5 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
CARBAPHEN 12 SUS PED	Phenyleph-Chlorphen-Carbetapentane Susp 2.5-1.25-7.5 MG/ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
BIOTUSS LIQ	Phenylephrine w/ DM-GG Liqd 10-15-300 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
EXACTUSS LIQ	Phenylephrine w/ DM-GG Liqd 10-28-388 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
GILTUSS LIQ	Phenylephrine w/ DM-GG Liqd 10-28-388 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
BIOTUSS LIQ PEDIATRC	Phenylephrine w/ DM-GG Liqd 2.5-5-50 MG/ML	COUGH/COLD/ALLERGY	Generic	No	No	
GILTUSS PED LIQ	Phenylephrine w/ DM-GG Liqd 2.5-7.5-88 MG/ML	COUGH/COLD/ALLERGY	Generic	No	No	
GILTUSS TR TAB	Phenylephrine w/ DM-GG Tab 10-28-388 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
NEOTUSS PLUS LIQ	Phenylephrine-Chlorphen-DM Liquid 7.5-4-30 MG/5ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
PE/GUAIFENES DRO 1.5-20MG	Phenylephrine-Guaifenesin Liqd 7.5-100 MG/5ML (1.5-20 MG/ML)	COUGH/COLD/ALLERGY	Generic	No	No	
GILPHEX TR TAB 10-388MG	Phenylephrine-Guaifenesin Tab 10-388 MG	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
SSKI SOL 1GM/ML	Potassium Iodide Oral Soln 1 GM/ML	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
PROMETH/PE SYP 6.25-5/5	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
PROMETH VC SOL PLAIN	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
PROMETH/COD SOL 6.25-10	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROMETH/COD SYP 6.25-10	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
PROMETHAZINE SYP DM	Promethazine-DM Syrup 6.25-15 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
PROMETH/PE/ SYP CODEINE	Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
PROMETH VC/ SYP CODEINE	Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
HYDR/CPM/PSE LIQ 5-4-60MG	Pseudoeph-Chlorphen w/ Hydrocodone Soln 60-4-5 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
BROM/PSE/DM SYP	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
BROMFED DM SYP	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML	COUGH/COLD/ALLERGY	Generic	No	No	
SOD CHLORIDE NEB 0.9%	Sodium Chloride Soln Nebu 0.9%	COUGH/COLD/ALLERGY	Generic	No	No	
SODIUM CHLOR NEB 10%	Sodium Chloride Soln Nebu 10%	COUGH/COLD/ALLERGY	Generic	No	No	
NEBUSAL NEB 3%	Sodium Chloride Soln Nebu 3%	COUGH/COLD/ALLERGY	Generic	No	No	
SODIUM CHLOR NEB 3%	Sodium Chloride Soln Nebu 3%	COUGH/COLD/ALLERGY	Generic	No	No	
HYPERSAL NEB 3.5%	Sodium Chloride Soln Nebu 3.5%	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
NEBUSAL NEB 6%	Sodium Chloride Soln Nebu 6%	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
PULMOSAL NEB 7%	Sodium Chloride Soln Nebu 7%	COUGH/COLD/ALLERGY	Generic	No	No	
HYPER-SAL NEB 7%	Sodium Chloride Soln Nebu 7%	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
HYPERSAL NEB 7%	Sodium Chloride Soln Nebu 7%	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
SODIUM CHLOR NEB 7%	Sodium Chloride Soln Nebu 7%	COUGH/COLD/ALLERGY	Generic	No	No	
TERPIN POW HYDRATE	Terpin Hydrate Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TERPIN HYDR	POW MONOHYDR	Terpin Hydrate Powder	COUGH/COLD/ALLERGY	Non-Preferred	No	No	
A.A.G.C KIT	CRE TERODERM	*Amantad-Amitript-Gaba-Cycloben Cream 8-4-10-4% (Cmpd Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
RECURA	CRE	*Antifungal Combination Products Misc - Cream***	DERMATOLOGICALS	Non-Preferred	No	No	PA
FUNGIMEZ	SOL	*Antifungal Combination Products Misc - Solution***	DERMATOLOGICALS	Non-Preferred	No	No	PA
LOUTREX	CRE	*Antiseborrheic Products Misc - Cream***	DERMATOLOGICALS	Non-Preferred	No	No	
NUTRASEB	CRE	*Antiseborrheic Products Misc - Cream***	DERMATOLOGICALS	Non-Preferred	No	No	
PROMISEB	CRE	*Antiseborrheic Products Misc - Cream***	DERMATOLOGICALS	Non-Preferred	No	No	
PROMISEB	KIT COMPLETE	*Antiseborrheic Products Misc - Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
ARNICA	TIN FLOWER	*Arnica - Tincture***	DERMATOLOGICALS	Non-Preferred	No	No	
BACLOFEN	CRE 1%	*Baclofen Cream 1% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
BACLOFEN	CRE 2%	*Baclofen Cream 2% (Cmpd Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
INOVA 4/1	KIT ACNE CON	*Benzoyl Perox Pad 4% & Salicylic Ac Pad 1% & Vit E 5% Kit*	DERMATOLOGICALS	Non-Preferred	No	No	
INOVA 8/2	KIT ACNE CON	*Benzoyl Perox Pad 8% & Salicylic Ac Pad 2% & Vit E 5% Kit*	DERMATOLOGICALS	Non-Preferred	No	No	
INOVA	KIT 4%	*Benzoyl Peroxide Pad 4% & Vitamin E Topical 5% Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
INOVA	KIT 8%	*Benzoyl Peroxide Pad 8% & Vitamin E Topical 5% Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
RRB	PAK	*Betameth Diprop Aug Cr 0.05% & Silver Gel Therapy Pack**	DERMATOLOGICALS	Non-Preferred	No	No	PA
PRE & POST	MIS SX POUCH	*Chlorhexidine Sol 4% & Mupirocin Oint 2% & Dimeth Cr 5% Pk*	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMACINRX	KIT PHARMAPA	*Chlorhexidine Sol 4%-Mupirocin Cr 2%-Dimeth Cr 5%-Tape Kit*	DERMATOLOGICALS	Non-Preferred	No	No	PA

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NUSURGEPAK	KIT SURGICAL	*Chlorhexidine Sol 4%-Mupirocin On 2%-Dimeth Cr 5%-Tape Kit*	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMACINRX	KIT 4-2-5%	*Chlorhexidine Sol 4%-Mupirocin On 2%-Dimeth Cr 5%-Tape Kit*	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMACINRX	KIT COMBOPAK	*Chlorhexidine Soln-Dimeth Cr-Silicone Tape-Homeopathic Kit*	DERMATOLOGICALS	Non-Preferred	No	No	PA
LOPROX	KIT 0.77%	*Ciclopirox Olamine Cream 0.77% (Base Equiv) & Cleanser Kit*	DERMATOLOGICALS	Non-Preferred	No	No	
LOPROX	KIT 0.77%	*Ciclopirox Olamine Susp 0.77% (Base Equiv) & Cleanser Kit**	DERMATOLOGICALS	Non-Preferred	No	No	PA
CLINDACIN	KIT ETZ 1%	*Clindamycin Phosphate Swab 1% & Cleanser Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDACIN	KIT PAC 1%	*Clindamycin Phosphate Swab 1% & Cleanser Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
NEUAC	KIT 1.2-5%	*Clindamycin-Benzoyl Perox Gel 1.2-5% & Moisturizer Cr Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
CLINOIN	CRE	*Clindamycin-Tretinoin-Cholesty Crm 1.25-0.025-1% (Cmp Kit)*	DERMATOLOGICALS	Non-Preferred	No	No	
CLODAN	KIT 0.05%	*Clobetasol Propionate Shampoo 0.05% & Cleanser Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
ATOPICLAIR	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
MIMYX	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
HYLATOPIC	CRE PLUS	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
HPR PLUS	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
ALEVAMAX	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
ELESTONE	CRE TWINPACK	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
DEXERYL	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
ATOPADERM	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NEOSALUS CP	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
ELETONE	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
NEOSALUS	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
TETRIX	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
NIVATOPIC	CRE PLUS	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
PRUCLAIR	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
PRUMYX	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
REMIGEN CREA	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
XERALUX	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
NEOCERA	CRE	*Dermatological Products Misc - Cream**	DERMATOLOGICALS	Non-Preferred	No	No	
KAMDOY	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
PHLAG	SPR	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
EPICERAM	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
ENTTY	EMU SPRAY	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
EMULSION SB	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
SUVICORT	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
7TOPIC	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
SYNERDERM	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	PA

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CERACADE	EMU	*Dermatological Products Misc - Emulsion**	DERMATOLOGICALS	Non-Preferred	No	No	
SEBUDERM	GEL	*Dermatological Products Misc - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
ALEVICYN SG	GEL ANTIPRUR	*Dermatological Products Misc - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
ALEVICYN	GEL	*Dermatological Products Misc - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
LEVICYN	GEL	*Dermatological Products Misc - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
ALEVICYN	KIT PLUS	*Dermatological Products Misc - Kit**	DERMATOLOGICALS	Non-Preferred	No	No	PA
PR CREAM	KIT	*Dermatological Products Misc - Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
MB HYDROGEL	KIT	*Dermatological Products Misc - Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
HPR PLUS	KIT	*Dermatological Products Misc - Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
GENADUR	LIQ	*Dermatological Products Misc - Liquid**	DERMATOLOGICALS	Non-Preferred	No	No	
NEOSALUS	LOT	*Dermatological Products Misc - Lotion**	DERMATOLOGICALS	Non-Preferred	No	No	
HYLATOPIC	LOT PLUS	*Dermatological Products Misc - Lotion**	DERMATOLOGICALS	Non-Preferred	No	No	
LOYON	SOL	*Dermatological Products Misc - Solution**	DERMATOLOGICALS	Non-Preferred	No	No	
NUVAIL	SOL 16%	*Dermatological Products Misc - Solution**	DERMATOLOGICALS	Non-Preferred	No	No	
GENADUR	KIT	*Dermatological Products Misc Topical/Oral - Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
HPR PLUS	AER	*Dermatological Products, Misc. - Aerosol Foam**	DERMATOLOGICALS	Non-Preferred	No	No	
HPR	AER	*Dermatological Products, Misc. - Aerosol Foam**	DERMATOLOGICALS	Non-Preferred	No	No	
HYLATOPIC	AER PLUS	*Dermatological Products, Misc. - Aerosol Foam**	DERMATOLOGICALS	Non-Preferred	No	No	

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PRESERA	AER	*Dermatological Products, Misc. - Aerosol Foam**	DERMATOLOGICALS	Non-Preferred	No	No	
NEOSALUS	AER	*Dermatological Products, Misc. - Aerosol Foam**	DERMATOLOGICALS	Non-Preferred	No	No	
ENOVARX	CRE 2.5%	*Diclofenac Sodium Cream 2.5% (Compounding Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLO GEL	PAK 1%	*Diclofenac Sodium Gel 1% & Adhesive Sheets Ther Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLOZOR	MIS 1%	*Diclofenac Sodium Gel 1% & Occlusive Dressing Ther Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLO GEL	KIT 1% PAK	*Diclofenac Sodium Gel Kit 1%**	DERMATOLOGICALS	Non-Preferred	No	No	PA
DST PLUS PAK KIT		*Diclofenac Sodium Gel Kit 1%**	DERMATOLOGICALS	Non-Preferred	No	No	PA
LEXIXRYL	PAK 1.5%	*Diclofenac Sodium Sol 1.5% & Adhesive Sheets Ther Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
XRYLIX	PAK	*Diclofenac Sodium Sol 1.5% & Adhesive Sheets Ther Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
TRIXYLITRAL	MIS	*Diclofenac Soln 1.5% & Lidocaine Cr 3.88% & Adhesive Sheet*	DERMATOLOGICALS	Non-Preferred	No	No	PA
DFS/MS/MENTH KIT /CAP PAK		*Diclofenac Soln 1.5% & Methyl Sal-Menth-Capsaicin Liq Kit**	DERMATOLOGICALS	Non-Preferred	No	No	PA
INFLAMMA-K	KIT	*Diclofenac TD Soln 1.5% & Camph-Men-Methyl Sal Patch Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
SILIPAC	KIT	*Dimethicone Gel & Silicone Patch Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
HPR PLUS MB KIT HYDROGEL		*Emollient Foam & Wound Dressing Gel Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
ACUICYN	LIQ	*Eyelid Cleansers - Liquid***	DERMATOLOGICALS	Non-Preferred	No	No	
AVENOVA	SOL 0.01%	*Eyelid Cleansers - Liquid***	DERMATOLOGICALS	Non-Preferred	No	No	
HYPOCYN	SPR	*Eyelid Cleansers - Liquid***	DERMATOLOGICALS	Non-Preferred	No	No	
SYNALAR TS	KIT 0.01%	*Fluocinolone Acetonide Soln 0.01% & Cleanser Kit***	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SYNALAR	KIT 0.025%	*Fluocinolone Cream 0.025%-Emollient Cream Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
SYNALAR	KIT 0.025%	*Fluocinolone Oint 0.025%-Emollient Cream Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
XILAPAK	KIT	*Fluocinolone Soln 0.01% & Cleanser Lot & Silicone Tape Kit*	DERMATOLOGICALS	Non-Preferred	No	No	PA
NOXIPAK	PAK	*Fluocinolone Soln 0.01% & Urea Cr 20% & Silicone Tape THPK*	DERMATOLOGICALS	Non-Preferred	No	No	PA
AIF #3 DRUG	CRE PREP KIT	*Flurbiprofen-Baclofen-Cycloben-Lido Cream (Cmp Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
FBL KIT	CRE 15-4-5%	*Flurbiprofen-Baclofen-Lidocaine Cream 15-4-5% (Cmpd Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
DUAL COMPLEX	CRE 1 KIT	*Flurbiprofen-Cyclobenzaprine Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
VP FC	CRE KIT	*Flurbiprofen-Cyclobenzaprine Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
ACTIVE-PREP	CRE KIT I	*Flurbiprofen-Cyclobenzaprine Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
AIF #2 DRUG	CRE PREP KIT	*Flurbiprofen-Gabapent-Cycloben-Lido-Dexameth Cr (Cmp Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
SCALACORT DK	KIT	*HC Lot 2% & Sal Acid-Sulfur Shampoo 2-2% & Shampoo Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
DERMASORB HC	KIT 2%	*Hydrocortisone Lot 2% & Cleanser Liq Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
MELPAQUE HP	CRE 4%	*Hydroquinone Cream 4% w/ Sunscreens***	DERMATOLOGICALS	Generic	No	No	
IBUPROFEN	CRE 10%	*Ibuprofen Cream 10% (Compounding Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
QUINJA	GEL 1.25-1%	*Iodoquinol-Aloe Polysaccharides Gel 1.25-1%***	DERMATOLOGICALS	Non-Preferred	No	No	PA
IDOQU-HC	GEL ALOE	*Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%***	DERMATOLOGICALS	Generic	No	No	
ALCORTIN A	GEL 1-2-1%	*Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%***	DERMATOLOGICALS	Non-Preferred	No	No	PA
IDOQU/HC/	GEL ALOE	*Iodoquinol-Hydrocortisone-Aloe Polysaccharide Gel 1-2-1%***	DERMATOLOGICALS	Generic	No	No	

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ACTIVE-PREP	CRE KIT V	*Itraconazole-Phenytoin Sodium Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
KETOPHENE	CRE RAPIDPAQ	*Ketoprofen Cream 20% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	PA
KETOPROFEN	CRE 5% KIT	*Ketoprofen Cream 5% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
ACTIVE-PREP	CRE KIT II	*Ketoprofen-Baclofen-Gabapentin Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
K.B.G.L IN	CRE TERODERM	*Ketoprofen-Baclofen-Gabapent-Lido Crm 15-4-10-2% (Cmp Kit)*	DERMATOLOGICALS	Non-Preferred	No	No	
LIDOPROFEN	CRE 5-5-2%	*Ketoprofen-Ketamine-Lidocaine Cream 5-5-2% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
VOPAC KT	CRE 5-5-2%	*Ketoprofen-Ketamine-Lidocaine Cream 5-5-2% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
VP GKL	CRE KIT	*Ketoprofen-Lidocaine HCl-Gabapent Crm 20-2-10% (Cmpd Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	PA
ACTIVE-PREP	CRE KIT III	*Ketoprofen-Lidocaine-Gabapentin Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
TRIPLE COMPL	CRE 3 KIT	*Ketoprofen-Lidocaine-Gabapentin Cream 20-2-10% (Cmpd Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	PA
VOPAC GB	CRE 5-2-5%	*Ketoprofen-Lidocaine-Gabapentin Cream 5-2-5% (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
KETOROLAC	GEL 2%	*Ketorolac Tromethamine Gel 2% (Cmpd Kit)** (Base Equiv)	DERMATOLOGICALS	Non-Preferred	No	No	
ACCUCAINE	INJ 1%	*Lido Inj 1% &Pentafluor-Tetrafluor Aer &Ultrasound Gel Kit*	DERMATOLOGICALS	Non-Preferred	No	No	PA
NEURCAINE	MIS	*Lidocaine 5% Patch & Emollient Cream Therapy Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMACINRX	PAK ZRM	*Lidocaine 5% Patch & Emollient Cream Therapy Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
SX1 POST-OP	KIT MEDICATE	*Lidocaine HCl 2% Gel & Post Operative System Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDOCAINE	CRE 10%	*Lidocaine HCl Cream 10% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
LIDOCAINE	CRE 5%	*Lidocaine HCl Cream 5% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	

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ZEYOCAINE	KIT 5%	*Lidocaine Oint 5% & Adhesive Sheet Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDOPAC	KIT 5%	*Lidocaine Ointment 5% & Transparent Dressing Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDOTRANS 5	KIT 5%	*Lidocaine Ointment 5% & Transparent Dressing Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
XRYLIDERM	KIT 5%	*Lidocaine Patch 5% & Adhesive Sheet Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
PREPIV SUPPL KIT		*Lidocaine-Prilocaine Cr 2.5-2.5% & NaCl IV Soln 0.9% Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
IV NOVICE PK KIT		*Lidocaine-Prilocaine Cr 2.5-2.5% & NaCl IV Soln 0.9% Kit***	DERMATOLOGICALS	Non-Preferred	No	No	PA
METHYL SALIC LIQ		*Methyl Salicylate Liquid**	DERMATOLOGICALS	Non-Preferred	No	No	
NAPROXEN	CRE 10%	*Naproxen Cream 10% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
NAPRO	CRE 15%	*Naproxen Cream 15% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
NEO-SYNALAR	KIT	*Neomycin-Fluocinolone Cream 0.5-0.025% & Emollient Cr Kit*	DERMATOLOGICALS	Non-Preferred	No	No	
SALEX CREAM	KIT 6%	*Salicylic Acid Cream 6% & Cleanser Liqd Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
SALICYLIC AC KIT 6% CREAM		*Salicylic Acid Cream 6% & Cleanser Liqd Kit**	DERMATOLOGICALS	Generic	No	No	
SALICYLIC AC KIT 6%		*Salicylic Acid Cream 6% & Cleanser Liqd Kit**	DERMATOLOGICALS	Generic	No	No	
SALEX LOTION KIT 6%		*Salicylic Acid Lotion 6% & Cleanser Liqd Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
SALICYLIC AC KIT 6% LOTN		*Salicylic Acid Lotion 6% & Cleanser Liqd Kit**	DERMATOLOGICALS	Generic	No	No	
RECEDO	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
KELARX	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	PA
COPASIL	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CELACYN	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Generic	No	No	
SCAR MANAGE	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
SCARCIN	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Generic	No	No	
BEAU RX	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Non-Preferred	No	No	
RESTIZAN	GEL	*Scar Treatment Products - Gel**	DERMATOLOGICALS	Generic	No	No	
SCARCIN	LIQ ROLL-ON	*Scar Treatment Products - Liquid**	DERMATOLOGICALS	Non-Preferred	No	No	PA
CERAMAX	CRE	*Skin Protectants Misc - Cream***	DERMATOLOGICALS	Generic	No	No	
HYALUCIL-4	CRE 2-4%	*Sodium Hyaluronate-Fluorouracil Cream 2-4% (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	PA
SUMAXIN CP	KIT	*Sulfacetamide Sod-Sulfur Pad 10-4% & Skin Cleanser Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
SUMADAN	KIT	*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Skin Cleanser Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF KIT		*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Skin Cleanser Kit***	DERMATOLOGICALS	Generic	No	No	
SUMADAN XLT	KIT 9-4.5%	*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Sunscreen Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
SULF/SUNSCRN KIT	9-4.5%	*Sulfacetamide Sod-Sulfur Wash 9-4.5% & Sunscreen Kit***	DERMATOLOGICALS	Generic	No	No	
TRAMADOL	CRE 5%	*Tramadol HCl Cream 5% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
TRAMADOL	CRE 8% KIT	*Tramadol HCl Cream 8% (Compound Kit)**	DERMATOLOGICALS	Non-Preferred	No	No	
NP #2 DRUG	CRE PREP KIT	*Tramadol-Flurbip-Amitrip-Gaba-Clonidine-Lido Crm (Cmp Kit)*	DERMATOLOGICALS	Non-Preferred	No	No	
ACTIVE-PREP	CRE KIT IV	*Tramadol-Gabapentin-Menthol-Camphor Cream (Cmpd Kit)***	DERMATOLOGICALS	Non-Preferred	No	No	
NUTRIARX	KIT CREAMPAK	*Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*	DERMATOLOGICALS	Generic	No	No	

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NUTRIARX	KIT CREAMPAK	*Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*	DERMATOLOGICALS	Generic	No	No	
SANADERMRX	KIT SKIN REP	*Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape*	DERMATOLOGICALS	Generic	No	No	
TRIAMSIL	PAK COMBIPAK	*Triamcinolone Acet Cr 0.1% & Silicone Gel 5% Therapy Pack**	DERMATOLOGICALS	Non-Preferred	No	No	PA
SILALITE	PAK MIS	*Triamcinolone Acet Oint 0.1% & Silicone Sheet Ther Pack***	DERMATOLOGICALS	Non-Preferred	No	No	PA
ELLZIA PAK	PAK 0.1%/5%	*Triamcinolone Acet Oint 0.1% & Dimethicone Cream 5% Ther Pk*	DERMATOLOGICALS	Non-Preferred	No	No	PA
TRIAMSIL	PAK MULTIPAK	*Triamcinolone Cr 0.1% & Silicon Gel 5% & Silicon Tape Pack*	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMASORB	TA KIT 0.1%	*Triamcinolone Cream 0.1% & Emollient Cream Kit**	DERMATOLOGICALS	Non-Preferred	No	No	
DERMASORB	XM KIT 39%	*Urea Cream 39% & Emollient Cream Kit***	DERMATOLOGICALS	Non-Preferred	No	No	
SORIATANE	CAP 10MG	Acitretin Cap 10 MG	DERMATOLOGICALS	Non-Preferred	No	No	
ACITRETIN	CAP 10MG	Acitretin Cap 10 MG	DERMATOLOGICALS	Generic	No	No	
ACITRETIN	CAP 17.5MG	Acitretin Cap 17.5 MG	DERMATOLOGICALS	Generic	No	No	
ACITRETIN	CAP 17.5MG	Acitretin Cap 17.5 MG	DERMATOLOGICALS	Generic	No	No	
ACITRETIN	CAP 25MG	Acitretin Cap 25 MG	DERMATOLOGICALS	Generic	No	No	
SORIATANE	CAP 25MG	Acitretin Cap 25 MG	DERMATOLOGICALS	Non-Preferred	No	No	
ZOVIRAX	CRE 5%	Acyclovir Cream 5%	DERMATOLOGICALS	Non-Preferred	No	No	
ACYCLOVIR	OIN 5%	Acyclovir Oint 5%	DERMATOLOGICALS	Generic	No	No	
ZOVIRAX	OIN 5%	Acyclovir Oint 5%	DERMATOLOGICALS	Non-Preferred	No	No	
ACYCLOVIR	OIN 5%	Acyclovir Oint 5%	DERMATOLOGICALS	Generic	No	No	

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XERESE	CRE 5-1%	Acyclovir-Hydrocortisone Cream 5-1%	DERMATOLOGICALS	Non-Preferred	No	No	
ADAPALENE	CRE 0.1%	Adapalene Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
DIFFERIN	CRE 0.1%	Adapalene Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
ADAPALENE	GEL 0.1%	Adapalene Gel 0.1%	DERMATOLOGICALS	Generic	No	No	
DIFFERIN	GEL 0.1%	Adapalene Gel 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
DIFFERIN	GEL 0.3%	Adapalene Gel 0.3%	DERMATOLOGICALS	Non-Preferred	No	No	
ADAPALENE	GEL PMP 0.3%	Adapalene Gel 0.3%	DERMATOLOGICALS	Generic	No	No	
ADAPALENE	GEL 0.3%	Adapalene Gel 0.3%	DERMATOLOGICALS	Generic	No	No	
ADAPALENE	LOT 0.1%	Adapalene Lotion 0.1%	DERMATOLOGICALS	Generic	No	No	
DIFFERIN	LOT 0.1%	Adapalene Lotion 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
PLIXDA	PAD 0.1%SWAB	Adapalene Pads 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ADAPALENE	SOL 0.1%	Adapalene Soln 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	PA
EPIDUO	GEL 0.1-2.5%	Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
ADAPAL/BEN P GEL 0.1-2.5%		Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	DERMATOLOGICALS	Generic	No	No	
ADAPAL/BEN P GEL 0.1-2.5%		Adapalene-Benzoyl Peroxide Gel 0.1-2.5%	DERMATOLOGICALS	Generic	No	No	
EPIDUO FORTE GEL 0.3-2.5%		Adapalene-Benzoyl Peroxide Gel 0.3-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
ALCLOMETASON CRE 0.05%		Alclometasone Dipropionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
ALCLOMETASON OIN 0.05%		Alclometasone Dipropionate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	

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PANRETIN	GEL 0.1%	Alitretinoin Gel 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
SCAR PATCH	PAD PREMIUM	Allantoin-Lidocaine-Petrolatum Patch 2-4-30%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ALUMINUM CL	CRY HEXAHYDR	Aluminum Chloride Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
XERAC-AC	SOL 6.25%	Aluminum Chloride in Alcohol Solution 6.25%	DERMATOLOGICALS	Non-Preferred	No	No	
ALUMINUM CHL	POW ANHYDROU	Aluminum Chloride Powder	DERMATOLOGICALS	Non-Preferred	No	No	
ALUMINUM CHL	POW HEXAHYDR	Aluminum Chloride Powder	DERMATOLOGICALS	Non-Preferred	No	No	
DRYSOL	SOL 20%	Aluminum Chloride Soln 20%	DERMATOLOGICALS	Non-Preferred	No	No	
AMCINONIDE	CRE 0.1%	Amcinonide Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
AMCINONIDE	LOT 0.1%	Amcinonide Lotion 0.1%	DERMATOLOGICALS	Generic	No	No	
AMCINONIDE	OIN 0.1%	Amcinonide Oint 0.1%	DERMATOLOGICALS	Preferred	No	No	
LEVULAN KERA	SOL 20%	Aminolevulinic Acid HCl For Soln 20% (Stick Applicator)	DERMATOLOGICALS	Non-Preferred	No	No	
AMELUZ	GEL 10%	Aminolevulinic Acid HCl Gel 10%	DERMATOLOGICALS	Non-Preferred	No	No	PA
DRITHO-CREME	CRE HP 1%	Anthralin Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
ANTHRALIN	POW	Anthralin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
ZITHRANOL	SHA 1%	Anthralin Shampoo 1%	DERMATOLOGICALS	Non-Preferred	No	No	
AZELEX	CRE 20%	Azelaic Acid Cream 20%	DERMATOLOGICALS	Non-Preferred	No	No	
FINACEA	AER 15%	Azelaic Acid Foam 15%	DERMATOLOGICALS	Non-Preferred	No	No	
FINACEA	GEL 15%	Azelaic Acid Gel 15%	DERMATOLOGICALS	Non-Preferred	No	No	

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BACITRACIN	POW	Bacitracin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
BACITRACIN	POW ZINC USP	Bacitracin Zinc Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CORTISPORIN	OIN 1%	Bacitracin-Polymyxin-Neomycin HC Oint 1%	DERMATOLOGICALS	Non-Preferred	No	No	
ANACAINE	OIN	Benzocaine Oint 10%	DERMATOLOGICALS	Non-Preferred	No	No	
ADAZIN	CRE	Benzo-Capsaicin-Lido-Methyl Salicylate Cream 2-0.035-2-10%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZOIC ACID	CRY	Benzoic Acid Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
BENZOIC ACID	POW	Benzoic Acid Powder	DERMATOLOGICALS	Non-Preferred	No	No	
BENZOIN	CMPD TIN	Benzoin Compound Tincture	DERMATOLOGICALS	Generic	No	No	
BENZOIN	TIN NF	Benzoin Tincture	DERMATOLOGICALS	Non-Preferred	No	No	
BENZEPRO	MIS 6%	Benzoyl Peroxide Cloth 6%	DERMATOLOGICALS	Generic	No	No	
BP FOAM	AER 5.3%	Benzoyl Peroxide Foam 5.3%	DERMATOLOGICALS	Generic	No	No	
BENZEFOAM	AER 5.3%	Benzoyl Peroxide Foam 5.3%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZEPRO	AER 5.3%	Benzoyl Peroxide Foam 5.3%	DERMATOLOGICALS	Generic	No	No	
RIAX	AER 5.5%	Benzoyl Peroxide Foam 5.5%	DERMATOLOGICALS	Non-Preferred	No	No	
RIAX	AER 9.5%	Benzoyl Peroxide Foam 9.5%	DERMATOLOGICALS	Non-Preferred	No	No	
BP FOAM	AER 9.8%	Benzoyl Peroxide Foam 9.8%	DERMATOLOGICALS	Generic	No	No	
BENZOYL PER	AER 9.8%	Benzoyl Peroxide Foam 9.8%	DERMATOLOGICALS	Generic	No	No	
BENZEPRO SC	AER 9.8%	Benzoyl Peroxide Foam 9.8%	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BENZEFOAM	AER 9.8%	Benzoyl Peroxide Foam 9.8%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZIQLS	GEL 2.75%	Benzoyl Peroxide Gel 2.75%	DERMATOLOGICALS	Non-Preferred	No	No	
BPO	GEL 4%	Benzoyl Peroxide Gel 4%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZIQL	GEL 5.25%	Benzoyl Peroxide Gel 5.25%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZ PEROXID	GEL 6.5%	Benzoyl Peroxide Gel 6.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
BPO	GEL 8%	Benzoyl Peroxide Gel 8%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZOYL PERO	GEL 8%	Benzoyl Peroxide Gel 8%	DERMATOLOGICALS	Generic	No	No	
BP WASH	LIQ 2.5%	Benzoyl Peroxide Liq 2.5%	DERMATOLOGICALS	Generic	No	No	
BENZAC AC	LIQ 5% WASH	Benzoyl Peroxide Liq 5%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZIQL WASH	LIQ 5.25%	Benzoyl Peroxide Liq 5.25%	DERMATOLOGICALS	Generic	No	No	
BP WASH	LIQ 7%	Benzoyl Peroxide Liq 7%	DERMATOLOGICALS	Generic	No	No	
PR BENZOYL	LIQ 7% WASH	Benzoyl Peroxide Liq 7%	DERMATOLOGICALS	Generic	No	No	
BENZEPRO	LIQ CREAMY	Benzoyl Peroxide Liq 7%	DERMATOLOGICALS	Generic	No	No	
ZACARE KIT	KIT 4%	Benzoyl Peroxide Lotion 4% & Hyaluronate Sodium Gel 0.2% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
ZACLIR	LOT 8%	Benzoyl Peroxide Lotion 8%	DERMATOLOGICALS	Preferred	No	No	
ZACARE KIT	KIT 8%	Benzoyl Peroxide Lotion 8% & Hyaluronate Sodium Gel 0.2% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
BENZOYL PER	POW 70%	Benzoyl Peroxide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
BENZOYL PER	POW HYDROUS	Benzoyl Peroxide Powder	DERMATOLOGICALS	Non-Preferred	No	No	

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BENZAMYCIN GEL 5-3%	Benzoyl Peroxide-Erythromycin Gel 5-3%	DERMATOLOGICALS	Non-Preferred	No	No	
ERY/BENZOYL GEL 5-3%	Benzoyl Peroxide-Erythromycin Gel 5-3%	DERMATOLOGICALS	Generic	No	No	
AKTIPAK GEL 5-3%	Benzoyl Peroxide-Erythromycin Gel Pack 5-3%	DERMATOLOGICALS	Non-Preferred	No	No	PA
BENZ PER- HC LOT 5-0.5%	Benzoyl Peroxide-Hydrocortisone Lotion 5-0.5%	DERMATOLOGICALS	Generic	No	No	
VANOXIDE-HC LOT 5-0.5%	Benzoyl Peroxide-Hydrocortisone Lotion 5-0.5%	DERMATOLOGICALS	Generic	No	No	PA
BENZ PER FOR LOT HC 7.5-1	Benzoyl Peroxide-Hydrocortisone Lotion 7.5-1%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ULESFIA LOT 5%	Benzyl Alcohol Lotion 5%	DERMATOLOGICALS	Non-Preferred	No	No	
DIPROLENE AF CRE 0.05%	Betamethasone Dipropionate Augmented Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
AUG BETAMET CRE 0.05%	Betamethasone Dipropionate Augmented Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
AUG BETAMET GEL 0.05%	Betamethasone Dipropionate Augmented Gel 0.05%	DERMATOLOGICALS	Generic	No	No	
AUG BETAMET LOT 0.05%	Betamethasone Dipropionate Augmented Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	
DIPROLENE LOT 0.05%	Betamethasone Dipropionate Augmented Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
AUG BETAMET OIN 0.05%	Betamethasone Dipropionate Augmented Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
DIPROLENE OIN 0.05%	Betamethasone Dipropionate Augmented Oint 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
BETAMETH DIP CRE 0.05%	Betamethasone Dipropionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
BETAMETH DIP LOT 0.05%	Betamethasone Dipropionate Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	
BETAMETH DIP LOT 0.05%	Betamethasone Dipropionate Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	
BETAMETH DIP OIN 0.05%	Betamethasone Dipropionate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	

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BETAMETH DIP POW MICRONIZ	Betamethasone Dipropionate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
BETAMETH DIP POW USP NF	Betamethasone Dipropionate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
BETAMETH DIP POW	Betamethasone Dipropionate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
SERNIVO SPR	Betamethasone Dipropionate Spray Emulsion 0.05% (Base Equiv)	DERMATOLOGICALS	Non-Preferred	No	No	PA
BETAMETH VAL AER 0.12%	Betamethasone Valerate Aerosol Foam 0.12%	DERMATOLOGICALS	Generic	No	No	
LUXIQ AER 0.12%	Betamethasone Valerate Aerosol Foam 0.12%	DERMATOLOGICALS	Non-Preferred	No	No	
BETAMETH VAL CRE 0.1%	Betamethasone Valerate Cream 0.1% (Base Equivalent)	DERMATOLOGICALS	Generic	No	No	
BETAMETH VAL LOT 0.1%	Betamethasone Valerate Lotion 0.1% (Base Equivalent)	DERMATOLOGICALS	Generic	No	No	
BETAMETH VAL OIN 0.1%	Betamethasone Valerate Oint 0.1% (Base Equivalent)	DERMATOLOGICALS	Generic	No	No	
BETAMETHASON POW VALERATE	Betamethasone Valerate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
TARGRETIN GEL 1%	Bexarotene Gel 1%	DERMATOLOGICALS	Non-Preferred	No	Yes	*Various UM Required
LATISSE SOL 0.03%	Bimatoprost Soln 0.03%	DERMATOLOGICALS	Non-Preferred	No	No	
BIMATOPROST SOL 0.03%	Bimatoprost Soln 0.03%	DERMATOLOGICALS	Generic	No	No	
BORIC ACID GRA	Boric Acid Granules	DERMATOLOGICALS	Non-Preferred	No	No	
MIRVASO GEL 0.33%	Brimonidine Tartrate Gel 0.33% (Base Equivalent)	DERMATOLOGICALS	Non-Preferred	No	No	
SILIQ INJ 210/1.5	Brodalumab Subcutaneous Soln Prefilled Syringe 210 MG/1.5ML	DERMATOLOGICALS	Non-Preferred	No	Yes	PA
CETACAINE AER	Butamben-Tetracaine-Benzocaine Aerosol Spray 2-2-14%	DERMATOLOGICALS	Non-Preferred	No	No	
MENTAX CRE 1%	Butenafine HCl Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	

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CALAMINE	POW	Calamine Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CALCIPOTRIEN CRE 0.005%		Calcipotriene Cream 0.005%	DERMATOLOGICALS	Generic	No	No	
CALCIPOTRIEN CRE 0.005%		Calcipotriene Cream 0.005%	DERMATOLOGICALS	Generic	No	No	
DOVONEX	CRE 0.005%	Calcipotriene Cream 0.005%	DERMATOLOGICALS	Non-Preferred	No	No	
SORILUX	AER 0.005%	Calcipotriene Foam 0.005%	DERMATOLOGICALS	Non-Preferred	No	No	
CALCITRENE	OIN 0.005%	Calcipotriene Oint 0.005%	DERMATOLOGICALS	Generic	No	No	
CALCIPOTRIEN OIN 0.005%		Calcipotriene Oint 0.005%	DERMATOLOGICALS	Generic	No	No	
CALCIPOTRIEN SOL 0.005%		Calcipotriene Soln 0.005% (50 MCG/ML)	DERMATOLOGICALS	Generic	No	No	
ENSTILAR	AER	Calcipotriene-Betamethasone Dipropionate Foam 0.005-0.064%	DERMATOLOGICALS	Non-Preferred	No	No	
CALCIPOTRIEN OIN BETAMETH		Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%	DERMATOLOGICALS	Generic	No	No	
TACLONEX	OIN	Calcipotriene-Betamethasone Dipropionate Oint 0.005-0.064%	DERMATOLOGICALS	Non-Preferred	No	No	
TACLONEX	SUS	Calcipotriene-Betamethasone Dipropionate Susp 0.005-0.064%	DERMATOLOGICALS	Non-Preferred	No	No	
VECTICAL	OIN 3MCG/GM	Calcitriol Oint 3 MCG/GM	DERMATOLOGICALS	Non-Preferred	No	No	
CALCITRIOL	OIN 3MCG/GM	Calcitriol Oint 3 MCG/GM	DERMATOLOGICALS	Generic	No	No	
CAMPHOR	CRY	Camphor Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
CAMPHOR	CRY SYNTHET	Camphor Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
CAMPHOR	GRA	Camphor Granules	DERMATOLOGICALS	Non-Preferred	No	No	
CANTHARIDIN	POW	Cantharidin Powder	DERMATOLOGICALS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUTENZA	KIT 8% 1-PCH	Capsaicin Patch 8% & Cleansing Gel Kit	DERMATOLOGICALS	Non-Preferred	No	Yes	
QUTENZA	KIT 8% 2-PCH	Capsaicin Patch 8% & Cleansing Gel Kit	DERMATOLOGICALS	Non-Preferred	No	Yes	
CAPSAICIN	POW 98.3%	Capsaicin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CAPSAICIN	POW 95%	Capsaicin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CAPSAICIN	POW	Capsaicin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
SILVERA PAIN PAD RELIEF		Capsaicin-Lidocaine-Menthol Patch 0.0375-1-5%	DERMATOLOGICALS	Non-Preferred	No	No	
LEVATIO	PAD 0.3-5%	Capsaicin-Menthol Topical Patch 0.03-5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
FLEXIN	PAD .0375-5%	Capsaicin-Menthol Topical Patch 0.0375-5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
RENOVO	PAD 0.0375-5	Capsaicin-Menthol Topical Patch 0.0375-5%	DERMATOLOGICALS	Non-Preferred	No	No	
SILMANIX	CRE	Capsaicin-Menthol-Histamine Cream 0.0375-3-0.035%	DERMATOLOGICALS	Non-Preferred	No	No	PA
MEDI-DERM	CRE -RX	Capsaicin-Menthol-Methyl Salicylate Cream 0.035-5-20%	DERMATOLOGICALS	Non-Preferred	No	No	
REMATEX	CRE	Capsaicin-Menthol-Methyl Salicylate Cream 0.035-6-30%	DERMATOLOGICALS	Non-Preferred	No	No	PA
MEDROX-RX	OIN	Capsaicin-Menthol-Methyl Salicylate Oint 0.05-7-20%	DERMATOLOGICALS	Non-Preferred	No	No	
CICLOPIROX	GEL 0.77%	Ciclopirox Gel 0.77%	DERMATOLOGICALS	Generic	No	No	
CICLOPIROX	CRE 0.77%	Ciclopirox Olamine Cream 0.77% (Base Equiv)	DERMATOLOGICALS	Generic	No	No	
LOPROX	CRE 0.77%	Ciclopirox Olamine Cream 0.77% (Base Equiv)	DERMATOLOGICALS	Non-Preferred	No	No	PA
CICLOPIROX	POW OLAMINE	Ciclopirox Olamine Powder	DERMATOLOGICALS	Non-Preferred	No	No	
LOPROX	SUS 0.77%	Ciclopirox Olamine Susp 0.77% (Base Equiv)	DERMATOLOGICALS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CICLOPIROX	SUS 0.77%	Ciclopirox Olamine Susp 0.77% (Base Equiv)	DERMATOLOGICALS	Generic	No	No	
LOPROX	SHA 1%	Ciclopirox Shampoo 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CICLOPIROX	SHA 1%	Ciclopirox Shampoo 1%	DERMATOLOGICALS	Generic	No	No	
CICLODAN	SOL 8%	Ciclopirox Solution 8%	DERMATOLOGICALS	Generic	No	No	
PENLAC	SOL 8%	Ciclopirox Solution 8%	DERMATOLOGICALS	Non-Preferred	No	No	
CICLOPIROX	SOL 8%	Ciclopirox Solution 8%	DERMATOLOGICALS	Generic	No	No	
CICLODAN	SOL KIT 8%	Ciclopirox Solution Kit 8%	DERMATOLOGICALS	Non-Preferred	No	No	
CICLOPIROX	KIT 8%	Ciclopirox Solution Kit 8%	DERMATOLOGICALS	Generic	No	No	
EVOCLIN	AER 1%	Clindamycin Phosphate Foam 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAMYCIN	AER 1%	Clindamycin Phosphate Foam 1%	DERMATOLOGICALS	Generic	No	No	
CLINDAGEL	GEL 1%	Clindamycin Phosphate Gel 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLEOCIN-T	GEL 1%	Clindamycin Phosphate Gel 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAMYCIN	GEL 1%	Clindamycin Phosphate Gel 1%	DERMATOLOGICALS	Generic	No	No	
CLINDAMYCIN	GEL 1%	Clindamycin Phosphate Gel 1%	DERMATOLOGICALS	Generic	No	No	
CLINDAMYCIN	LOT 10MG/ML	Clindamycin Phosphate Lotion 1%	DERMATOLOGICALS	Generic	No	No	
CLEOCIN-T	LOT 1%	Clindamycin Phosphate Lotion 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAMYCIN	LOT 1%	Clindamycin Phosphate Lotion 1%	DERMATOLOGICALS	Generic	No	No	
CLINDAMYCIN	SOL 1%	Clindamycin Phosphate Soln 1%	DERMATOLOGICALS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLEOCIN-T	SOL 1%	Clindamycin Phosphate Soln 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDACIN-P	PAD 1%	Clindamycin Phosphate Swab 1%	DERMATOLOGICALS	Generic	No	No	
CLINDACIN	MIS ETZ 1%	Clindamycin Phosphate Swab 1%	DERMATOLOGICALS	Generic	No	No	
CLEOCIN-T	PAD 1%	Clindamycin Phosphate Swab 1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAMYCIN	MIS 1%	Clindamycin Phosphate Swab 1%	DERMATOLOGICALS	Generic	No	No	
CLINDAMYCIN	PAD 1%	Clindamycin Phosphate Swab 1%	DERMATOLOGICALS	Generic	No	No	
ACANYA	GEL 1.2-2.5%	Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAM/BENZ	GEL 1.2-2.5%	Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-2.5%	DERMATOLOGICALS	Generic	No	No	
ONEXTON	GEL 1.2-3.75	Clindamycin Phosphate-Benzoyl Peroxide Gel 1.2-3.75%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZACLIN	GEL 1-5%	Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	DERMATOLOGICALS	Non-Preferred	No	No	
BENZACLIN	GEL 1-5%PUMP	Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAMY/BEN	GEL 1-5%	Clindamycin Phosphate-Benzoyl Peroxide Gel 1-5%	DERMATOLOGICALS	Generic	No	No	
ZIANA	GEL	Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
VELTIN	GEL	Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
CLINDAMYCIN	GEL TRETINOI	Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%	DERMATOLOGICALS	Generic	No	No	
CLINDAMYCIN	GEL TRETINOI	Clindamycin Phosphate-Tretinoin Gel 1.2-0.025%	DERMATOLOGICALS	Generic	No	No	
CLINDAMY/BEN	GEL 1.2-5%	Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	DERMATOLOGICALS	Generic	No	No	
DUAC	GEL 1.2-5%	Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	DERMATOLOGICALS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NEUAC	GEL 1.2-5%	Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%	DERMATOLOGICALS	Generic	No	No	
CLIOQUINOL	POW	Clioquinol Powder	DERMATOLOGICALS	Non-Preferred	No	No	
ALA-QUIN	CRE 3-0.5%	Clioquinol-HC Cream 3-0.5%	DERMATOLOGICALS	Non-Preferred	No	No	
IMPOYZ	CRE 0.025%	Clobetasol Propionate Cream 0.025%	DERMATOLOGICALS	Non-Preferred	No	No	PA
TEMOVATE	CRE 0.05%	Clobetasol Propionate Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOBETASOL	CRE 0.05%	Clobetasol Propionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	QL
CLOBETASOL	CRE 0.05%	Clobetasol Propionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
CLOBETASOL E	CRE 0.05%	Clobetasol Propionate Emollient Base Cream 0.05%	DERMATOLOGICALS	Generic	No	No	QL
CLOBETASOL E	CRE 0.05%	Clobetasol Propionate Emollient Base Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
OLUX-E	AER 0.05%	Clobetasol Propionate Emulsion Foam 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	PA
CLOBETASOL	AER 0.05%	Clobetasol Propionate Emulsion Foam 0.05%	DERMATOLOGICALS	Generic	No	No	QL
CLOBETASOL	AER 0.05%	Clobetasol Propionate Foam 0.05%	DERMATOLOGICALS	Generic	No	No	QL
CLOBETASOL	AER 0.05%	Clobetasol Propionate Foam 0.05%	DERMATOLOGICALS	Generic	No	No	
OLUX	AER 0.05%	Clobetasol Propionate Foam 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOBETASOL	GEL 0.05%	Clobetasol Propionate Gel 0.05%	DERMATOLOGICALS	Generic	No	No	QL
CLOBETASOL	LOT 0.05%	Clobetasol Propionate Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	QL
CLOBEX	LOT 0.05%	Clobetasol Propionate Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOBETASOL	OIN 0.05%	Clobetasol Propionate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLOBETASOL	OIN 0.05%	Clobetasol Propionate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
TEMOVATE	OIN 0.05%	Clobetasol Propionate Oint 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOBETASOL	POW PROPIONA	Clobetasol Propionate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CLOBEX	SHA 0.05%	Clobetasol Propionate Shampoo 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOBETASOL	SHA 0.05%	Clobetasol Propionate Shampoo 0.05%	DERMATOLOGICALS	Generic	No	No	
CLOBETASOL	SHA 0.05%	Clobetasol Propionate Shampoo 0.05%	DERMATOLOGICALS	Generic	No	No	
CLODAN	SHA 0.05%	Clobetasol Propionate Shampoo 0.05%	DERMATOLOGICALS	Generic	No	No	
CLOBETASOL	SOL 0.05%	Clobetasol Propionate Soln 0.05%	DERMATOLOGICALS	Generic	No	No	
CLOBEX	SPR 0.05%	Clobetasol Propionate Spray 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	PA
CLOBETASOL	SPR 0.05%	Clobetasol Propionate Spray 0.05%	DERMATOLOGICALS	Generic	No	No	PA
CLOCORTOLONE	CRE PIV 0.1%	Clocortolone Pivalate Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
CLODERM	CRE 0.1%	Clocortolone Pivalate Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLODERM	CRE 0.1% PMP	Clocortolone Pivalate Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOTRIMAZOLE	CRE 1%	Clotrimazole Cream 1%	DERMATOLOGICALS	Generic	No	No	
CLOTRIMAZOLE	CRY	Clotrimazole Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
CLOTRIMAZOLE	POW	Clotrimazole Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CLOTRIMAZOLE	SOL 1%	Clotrimazole Soln 1%	DERMATOLOGICALS	Generic	No	No	
CLOTRIM/BETA	CRE 1-0.05%	Clotrimazole w/ Betamethasone Cream 1-0.05%	DERMATOLOGICALS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLOTRIM/BETA CRE DIPROP	Clotrimazole w/ Betamethasone Cream 1-0.05%	DERMATOLOGICALS	Generic	No	No	
LOTRISONE CRE	Clotrimazole w/ Betamethasone Cream 1-0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CLOTRIM/BETA LOT DIPROP	Clotrimazole w/ Betamethasone Lotion 1-0.05%	DERMATOLOGICALS	Generic	No	No	
DERMACINRX PAK THERAZOL	Clotrimazole-Betameth Cr 1-0.05% & Zn Ox Paste 20% Ther Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
COAL TAR SOL 20%	Coal Tar Soln 20%	DERMATOLOGICALS	Generic	No	No	
COCAINE HCL POW	Cocaine HCl Powder	DERMATOLOGICALS	Non-Preferred	No	No	
COCAINE HCL SOL 4%	Cocaine HCl Soln 4%	DERMATOLOGICALS	Generic	No	No	
SANTYL OIN 250/GM	Collagenase Oint 250 Unit/GM	DERMATOLOGICALS	Non-Preferred	No	No	
COLLAGENASE POW	Collagenase Powder	DERMATOLOGICALS	Non-Preferred	No	No	
EUCRISA OIN 2%	Crisaborole Oint 2%	DERMATOLOGICALS	Non-Preferred	No	No	
EURAX CRE 10%	Crotamiton Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	
CROTAN LOT 10%	Crotamiton Lotion 10%	DERMATOLOGICALS	Generic	No	No	
EURAX LOT 10%	Crotamiton Lotion 10%	DERMATOLOGICALS	Non-Preferred	No	No	
ACZONE GEL 5%	Dapsone Gel 5%	DERMATOLOGICALS	Non-Preferred	No	No	
DAPSONE GEL 5%	Dapsone Gel 5%	DERMATOLOGICALS	Generic	No	No	
ACZONE GEL 7.5%	Dapsone Gel 7.5%	DERMATOLOGICALS	Non-Preferred	No	No	
DESOWEN CRE 0.05%	Desonide Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
TRIDESILON CRE 0.05%	Desonide Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DESONIDE	CRE 0.05%	Desonide Cream 0.05%	DERMATOLOGICALS	Generic	No	No	QL
VERDESO	AER 0.05%	Desonide Foam 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
DESONATE	GEL 0.05%	Desonide Gel 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
DESOWEN	LOT 0.05%	Desonide Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
DESONIDE	LOT 0.05%	Desonide Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	QL
DESONIDE	OIN 0.05%	Desonide Oint 0.05%	DERMATOLOGICALS	Generic	No	No	QL
DESONDIE	POW	Desonide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
DESONIDE	POW MICRONIZ	Desonide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
DESOXIMETAS	CRE 0.05%	Desoximetasone Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
TOPICORT	CRE 0.05%	Desoximetasone Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
DESOXIMETAS	CRE 0.25%	Desoximetasone Cream 0.25%	DERMATOLOGICALS	Generic	No	No	
TOPICORT	CRE 0.25%	Desoximetasone Cream 0.25%	DERMATOLOGICALS	Non-Preferred	No	No	
DESOXIMETAS	GEL 0.05%	Desoximetasone Gel 0.05%	DERMATOLOGICALS	Generic	No	No	
TOPICORT	GEL 0.05%	Desoximetasone Gel 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
DESOXIMETAS	OIN 0.05%	Desoximetasone Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
TOPICORT	OIN 0.05%	Desoximetasone Oint 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
TOPICORT	OIN 0.25%	Desoximetasone Oint 0.25%	DERMATOLOGICALS	Non-Preferred	No	No	
DESOXIMETAS	OIN 0.25%	Desoximetasone Oint 0.25%	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DESOXIMETASO SPR 0.25%		Desoximetasone Spray 0.25%	DERMATOLOGICALS	Generic	No	No	
TOPICORT	SPR 0.25%	Desoximetasone Spray 0.25%	DERMATOLOGICALS	Non-Preferred	No	No	
FLECTOR	DIS 1.3%	Diclofenac Epolamine Patch 1.3%	DERMATOLOGICALS	Non-Preferred	No	No	
DICLOPR	KIT 1-10-30%	Diclofenac Gel 1% & Menthol-Methyl Sal Cream 10-30% Kit	DERMATOLOGICALS	Non-Preferred	No	No	PA
ORMECA	KIT	Diclofenac Gel 3% & B6-FA-B12 Tab 46-0.4-1.1 MG Kit	DERMATOLOGICALS	Non-Preferred	No	No	PA
DS PREP PAK	PAK 1%-0.13%	Diclofenac Sod Gel 1% & Benzalk Cl Wipe 0.13% Therapy Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
XELITRAL	PAK	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Generic	No	No	
SURE RESULT	MIS DSS PACK	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Generic	No	No	
NUDICLO	PAK SOLUPAK	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Generic	No	No	
DICLOFEX DC	MIS	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Generic	No	No	
DERMACINRX	PAK LEXITRAL	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLOPAK	PAK	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Generic	No	No	
DICLOSAICIN	MIS	Diclofenac Sod Soln 1.5% & Capsaicin Cream 0.025% Ther Pack	DERMATOLOGICALS	Generic	No	No	
DITHOL	MIS 1.5%-10%	Diclofenac Sod Soln 1.5% & Menthol Liquid 10% Therapy Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLOFENAC	GEL 3%	Diclofenac Sodium (Actinic Keratoses) Gel 3%	DERMATOLOGICALS	Generic	No	No	
REXAPHENAC	CRE 1%	Diclofenac Sodium Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
DICLOFENAC	CRE SODIUM	Diclofenac Sodium Cream 3%	DERMATOLOGICALS	Non-Preferred	No	No	PA
VOLTAREN	GEL 1%	Diclofenac Sodium Gel 1%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DICLOFENAC	GEL 1%	Diclofenac Sodium Gel 1%	DERMATOLOGICALS	Generic	No	No	
DICLOFENAC	GEL 1%	Diclofenac Sodium Gel 1%	DERMATOLOGICALS	Generic	No	No	
DICLOFONO	GEL 1.6%	Diclofenac Sodium Gel 1.6%	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLOFONO	GEL 1.6%	Diclofenac Sodium Gel 1.6%	DERMATOLOGICALS	Non-Preferred	No	No	PA
DICLOFENAC	SOL 1.5%	Diclofenac Sodium Soln 1.5%	DERMATOLOGICALS	Generic	No	No	
KLOFENSAID	SOL II	Diclofenac Sodium Soln 1.5%	DERMATOLOGICALS	Generic	No	No	
PENNSAID	SOL 2%	Diclofenac Sodium Soln 2%	DERMATOLOGICALS	Non-Preferred	No	No	PA
DIFLORASONE	CRE 0.05%	Diflorasone Diacetate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
PSORCON	CRE 0.05%	Diflorasone Diacetate Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
APEXICON E	CRE 0.05%	Diflorasone Diacetate Emollient Base Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	PA
DIFLORASONE	OIN 0.05%	Diflorasone Diacetate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
DIFLORASONE	OIN 0.05%	Diflorasone Diacetate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
DOXEPIN HCL	CRE 5%	Doxepin HCl Cream 5%	DERMATOLOGICALS	Generic	No	No	
ZONALON	CRE 5%	Doxepin HCl Cream 5%	DERMATOLOGICALS	Non-Preferred	No	No	
PRUDOXIN	CRE 5%	Doxepin HCl Cream 5%	DERMATOLOGICALS	Non-Preferred	No	No	
DOXYCYCLINE	CAP 40MG	Doxycycline (Rosacea) Cap Delayed Release 40 MG	DERMATOLOGICALS	Generic	No	No	
ORACEA	CAP 40MG	Doxycycline (Rosacea) Cap Delayed Release 40 MG	DERMATOLOGICALS	Non-Preferred	No	No	
DUPIXENT	INJ 300/2ML	Dupilumab Subcutaneous Soln Prefilled Syringe 300 MG/2ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ECONAZOLE	CRE 1%	Econazole Nitrate Cream 1%	DERMATOLOGICALS	Generic	No	No	
ECONAZOLE	CRE 1%	Econazole Nitrate Cream 1%	DERMATOLOGICALS	Generic	No	No	
ECOZA	AER 1%	Econazole Nitrate Foam 1%	DERMATOLOGICALS	Non-Preferred	No	No	
JUBLIA	SOL 10%	Efinaconazole Soln 10%	DERMATOLOGICALS	Non-Preferred	No	No	
VANIQA	CRE 13.9%	Eflornithine HCl Cream 13.9%	DERMATOLOGICALS	Non-Preferred	No	No	
ERYGEL	GEL 2%	Erythromycin Gel 2%	DERMATOLOGICALS	Non-Preferred	No	No	
ERYTHROMYCIN GEL 2%		Erythromycin Gel 2%	DERMATOLOGICALS	Generic	No	No	
ERY	PAD 2%	Erythromycin Pads 2%	DERMATOLOGICALS	Generic	No	No	
ERYTHROMYCIN PAD 2%		Erythromycin Pads 2%	DERMATOLOGICALS	Generic	No	No	
ERYTHROMYCIN SOL 2%		Erythromycin Soln 2%	DERMATOLOGICALS	Generic	No	No	
ETHYL CHLOR	AER FN STRM	Ethyl Chloride Aerosol Spray	DERMATOLOGICALS	Non-Preferred	No	No	
ETHYL CHLOR	AER MED STRM	Ethyl Chloride Aerosol Spray	DERMATOLOGICALS	Non-Preferred	No	No	
ETHYL CHLOR	AER FINE PIN	Ethyl Chloride Aerosol Spray	DERMATOLOGICALS	Generic	No	No	
ETHYL CHLOR	AER SPRAY	Ethyl Chloride Aerosol Spray	DERMATOLOGICALS	Generic	No	No	
ETHYL CHLOR	AER MIST	Ethyl Chloride Aerosol Spray	DERMATOLOGICALS	Generic	No	No	
ETHYL CHLOR	AER MED JET	Ethyl Chloride Aerosol Spray	DERMATOLOGICALS	Generic	No	No	
PROPECIA	TAB 1MG	Finasteride Tab 1 MG	DERMATOLOGICALS	Non-Preferred	No	No	
FINASTERIDE	TAB 1MG	Finasteride Tab 1 MG	DERMATOLOGICALS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FINASTERIDE TAB 1MG	Finasteride Tab 1 MG	DERMATOLOGICALS	Generic	No	No	
FLUOCIN ACET CRE 0.01%	Fluocinolone Acetonide Cream 0.01%	DERMATOLOGICALS	Generic	No	No	
SYNALAR CRE 0.025%	Fluocinolone Acetonide Cream 0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCIN ACET CRE 0.025%	Fluocinolone Acetonide Cream 0.025%	DERMATOLOGICALS	Generic	No	No	
DERMA-SMOOTH OIL /FS BODY	Fluocinolone Acetonide Oil 0.01% (Body Oil)	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCIN ACET OIL 0.01%BDY	Fluocinolone Acetonide Oil 0.01% (Body Oil)	DERMATOLOGICALS	Generic	No	No	
FLUOCIN ACET OIL BODY	Fluocinolone Acetonide Oil 0.01% (Body Oil)	DERMATOLOGICALS	Generic	No	No	
FLUOCIN ACET OIL SCALP	Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	DERMATOLOGICALS	Generic	No	No	
DERMA-SMOOTH OIL /FS SCLP	Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCIN ACET OIL 0.01% SC	Fluocinolone Acetonide Oil 0.01% (Scalp Oil)	DERMATOLOGICALS	Generic	No	No	
SYNALAR OIN 0.025%	Fluocinolone Acetonide Oint 0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCIN ACET OIN 0.025%	Fluocinolone Acetonide Oint 0.025%	DERMATOLOGICALS	Generic	No	No	
FLUOCINOLONE POW ACETONID	Fluocinolone Acetonide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
CAPEX SHA 0.01%	Fluocinolone Acetonide Shampoo 0.01%	DERMATOLOGICALS	Non-Preferred	No	No	
SYNALAR SOL 0.01%	Fluocinolone Acetonide Soln 0.01%	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCIN ACET SOL 0.01%	Fluocinolone Acetonide Soln 0.01%	DERMATOLOGICALS	Generic	No	No	QL
FLUOCIN ACET SOL 0.01%	Fluocinolone Acetonide Soln 0.01%	DERMATOLOGICALS	Generic	No	No	
TRI-LUMA CRE	Fluocinolone-Hydroquinone-Tretinoin Cream 0.01-4-0.05%	DERMATOLOGICALS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLUOCINONIDE CRE 0.05%		Fluocinonide Cream 0.05%	DERMATOLOGICALS	Generic	No	No	QL
VANOS	CRE 0.1%	Fluocinonide Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCINONIDE CRE 0.1%		Fluocinonide Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
FLUOCINONIDE CRE E 0.05%		Fluocinonide Emulsified Base Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUOCINONIDE GEL 0.05%		Fluocinonide Gel 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUOCINONIDE GEL 0.05%		Fluocinonide Gel 0.05%	DERMATOLOGICALS	Generic	No	No	QL
FLUOCINONIDE OIN 0.05%		Fluocinonide Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUOCINONIDE OIN 0.05%		Fluocinonide Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUOCINONIDE OIN 0.05%		Fluocinonide Oint 0.05%	DERMATOLOGICALS	Generic	No	No	QL
FLUOCINONIDE POW MICRONIZ		Fluocinonide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOCINONIDE SOL 0.05%		Fluocinonide Soln 0.05%	DERMATOLOGICALS	Generic	No	No	QL
FLUOCINONIDE SOL 0.05%		Fluocinonide Soln 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUOCINONIDE SOL 0.05%		Fluocinonide Soln 0.05%	DERMATOLOGICALS	Generic	No	No	
CARAC	CRE 0.5%	Fluorouracil Cream 0.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
FLUOROURACIL CRE 0.5%		Fluorouracil Cream 0.5%	DERMATOLOGICALS	Generic	No	No	PA
FLUOROPLEX	CRE 1%	Fluorouracil Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
TOLAK	CRE 4%	Fluorouracil Cream 4%	DERMATOLOGICALS	Preferred	No	No	
FLUOROURACIL CRE 5%		Fluorouracil Cream 5%	DERMATOLOGICALS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EFUDEX	CRE 5%	Fluorouracil Cream 5%	DERMATOLOGICALS	Non-Preferred	No	No	
FLUOROURACIL SOL 2%		Fluorouracil Soln 2%	DERMATOLOGICALS	Generic	No	No	
FLUOROURACIL SOL 5%		Fluorouracil Soln 5%	DERMATOLOGICALS	Generic	No	No	
CORDRAN	CRE 0.05%	Flurandrenolide Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
NOLIX	CRE 0.05%	Flurandrenolide Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
FLURANDRENOL CRE 0.05%		Flurandrenolide Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
FLURANDRENOL LOT 0.05%		Flurandrenolide Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	
CORDRAN	LOT 0.05%	Flurandrenolide Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
NOLIX	LOT 0.05%	Flurandrenolide Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	
FLURANDRENOL OIN 0.05%		Flurandrenolide Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
CORDRAN	OIN 0.05%	Flurandrenolide Oint 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
CORDRAN 80X3 TAP 4MCG/CM		Flurandrenolide Tape 4 MCG/SQCM	DERMATOLOGICALS	Non-Preferred	No	No	
FLUTICASONE	CRE 0.05%	Fluticasone Propionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUTICASONE	CRE 0.05%	Fluticasone Propionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
CUTIVATE	LOT 0.05%	Fluticasone Propionate Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
FLUTICASONE	LOT 0.05%	Fluticasone Propionate Lotion 0.05%	DERMATOLOGICALS	Generic	No	No	
FLUTICASONE	OIN 0.005%	Fluticasone Propionate Oint 0.005%	DERMATOLOGICALS	Generic	No	No	
NEURAPTINE	CRE 10%	Gabapentin Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NEURAPTINE	CRE 10%	Gabapentin Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	PA
GENTAMICIN	CRE 0.1%	Gentamicin Sulfate Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
GENTAMICIN	OIN 0.1%	Gentamicin Sulfate Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
GENTAMICIN	POW SULFATE	Gentamicin Sulfate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
GENTIAN VIOL	POW	Gentian Violet Powder	DERMATOLOGICALS	Non-Preferred	No	No	
GLYCOLIC ACID	SOL 70%	Glycolic Acid Soln 70%	DERMATOLOGICALS	Non-Preferred	No	No	
QBREXZA	PAD 2.4%	Glycopyrronium Tosylate Pad 2.4% (Base Equivalent)	DERMATOLOGICALS	Non-Preferred	No	No	PA
TREMFYA	INJ 100MG/ML	Guselkumab Soln Prefilled Syringe 100 MG/ML	DERMATOLOGICALS	Non-Preferred	Yes	Yes	PA
HALOG	CRE 0.1%	Halcinonide Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
HALOG	CRE 0.1%	Halcinonide Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
HALOG	OIN 0.1%	Halcinonide Oint 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
HALOG	OIN 0.1%	Halcinonide Oint 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
ULTRAVATE X	KIT 0.05-10%	Halobetasol Prop Cream 0.05% & Lactic Acid Cream 10% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
ULTRAVATE X	KIT 0.05-10%	Halobetasol Prop Oint 0.05% & Lactic Acid Cream 10% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
ULTRAVATE	CRE 0.05%	Halobetasol Propionate Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
HALOBETASOL	CRE 0.05%	Halobetasol Propionate Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
ULTRAVATE	LOT 0.05%	Halobetasol Propionate Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ULTRAVATE	OIN 0.05%	Halobetasol Propionate Oint 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HALOBETASOL OIN 0.05%	Halobetasol Propionate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	
HALOBETASOL OIN 0.05%	Halobetasol Propionate Oint 0.05%	DERMATOLOGICALS	Generic	No	No	QL
HYLIRA GEL 0.2%	Hyaluronate Sodium (Emollient) Gel 0.2%	DERMATOLOGICALS	Non-Preferred	No	No	
HYALURONATE GEL 0.2%	Hyaluronate Sodium (Emollient) Gel 0.2%	DERMATOLOGICALS	Generic	No	No	
HYLIRA LOT 0.1%	Hyaluronate Sodium (Emollient) Lotion 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
MICORT-HC CRE 2.5%	Hydrocortisone Acetate Cream 2.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
NUCORT LOT 2%	Hydrocortisone Acetate Lotion 2%	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT AC POW MICRONIZ	Hydrocortisone Acetate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT AC POW SOY	Hydrocortisone Acetate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT AC POW	Hydrocortisone Acetate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
LOCOID CRE 0.1%	Hydrocortisone Butyrate Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
HC BUTYRATE CRE 0.1%	Hydrocortisone Butyrate Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
LOCOID LIPO CRE 0.1%	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
HC BUTYRATE CRE 0.1%	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%	DERMATOLOGICALS	Generic	No	No	QL
HC BUTYRATE CRE 0.1%	Hydrocortisone Butyrate Hydrophilic Lipo Base Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
HYDROCORTISO LOT 0.1%	Hydrocortisone Butyrate Lotion 0.1%	DERMATOLOGICALS	Generic	No	No	QL
HYDROCORTISO LOT 0.1%	Hydrocortisone Butyrate Lotion 0.1%	DERMATOLOGICALS	Generic	No	No	
LOCOID LOT 0.1%	Hydrocortisone Butyrate Lotion 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HC BUTYRATE	OIN 0.1%	Hydrocortisone Butyrate Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
LOCOID	SOL 0.1%	Hydrocortisone Butyrate Soln 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
HC BUTYRATE	SOL 0.1%	Hydrocortisone Butyrate Soln 0.1%	DERMATOLOGICALS	Generic	No	No	
ALA-CORT	CRE 1%	Hydrocortisone Cream 1%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	CRE 1%	Hydrocortisone Cream 1%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	CRE 2.5%	Hydrocortisone Cream 2.5%	DERMATOLOGICALS	Generic	No	No	QL
ALA-CORT	CRE 2.5%	Hydrocortisone Cream 2.5%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	CRE 2.5%	Hydrocortisone Cream 2.5%	DERMATOLOGICALS	Generic	No	No	
ADV ALLERGY KIT COLLECTI		Hydrocortisone Cream Kit 2.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ALA SCALP	LOT 2%	Hydrocortisone Lotion 2%	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT	LOT 2.5%	Hydrocortisone Lotion 2.5%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	POW	Hydrocortisone Micronized Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT	POW	Hydrocortisone Micronized Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORTISO OIN ABSORBAS		Hydrocortisone Oint 1%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	OIN 1%	Hydrocortisone Oint 1%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	OIN 2.5%	Hydrocortisone Oint 2.5%	DERMATOLOGICALS	Generic	No	No	
HYDROCORT	POW SOY	Hydrocortisone Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT	POW	Hydrocortisone Powder	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PANDEL	CRE 0.1%	Hydrocortisone Probutate Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TEXACORT	SOL 2.5%	Hydrocortisone Soln 2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
HC VALERATE	CRE 0.2%	Hydrocortisone Valerate Cream 0.2%	DERMATOLOGICALS	Generic	No	No	
HC VALERATE	OIN 0.2%	Hydrocortisone Valerate Oint 0.2%	DERMATOLOGICALS	Generic	No	No	
CORTANE-B	LOT	Hydrocortisone-Pramoxine-Chloroxylenol Lot 10-10-1MG/ML	DERMATOLOGICALS	Non-Preferred	No	No	
ESKATA	SOL 40%	Hydrogen Peroxide Soln 40%	DERMATOLOGICALS	Non-Preferred	No	No	PA
BLANCHE	CRE 4%	Hydroquinone Cream 4%	DERMATOLOGICALS	Generic	No	No	
HYDROQUINONE CRE 4%		Hydroquinone Cream 4%	DERMATOLOGICALS	Generic	No	No	
TL HYDROQUIN CRE 4%		Hydroquinone Cream 4%	DERMATOLOGICALS	Generic	No	No	
REMERGENT HQ CRE 4%		Hydroquinone Cream 4%	DERMATOLOGICALS	Generic	No	No	
HYDROQUINONE CRE 4% TR		Hydroquinone Microspheres Cream 4%	DERMATOLOGICALS	Generic	No	No	
EPIQUIN MICR CRE 4%		Hydroquinone Microspheres Cream 4%	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROQUINONE POW		Hydroquinone Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROQUINONE POW		Hydroquinone Powder	DERMATOLOGICALS	Non-Preferred	No	No	
HYCLODEX	SOL 0.012%	Hypochlorous Acid Soln 0.012%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ICHTHAMMOL	POW	Ichthammol Powder	DERMATOLOGICALS	Non-Preferred	No	No	
ZYCLARA PUMP CRE 2.5%		Imiquimod Cream 2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
ZYCLARA	CRE 3.75%	Imiquimod Cream 3.75%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IMIQUIMOD	CRE 3.75%PMP	Imiquimod Cream 3.75%	DERMATOLOGICALS	Generic	No	No	
ZYCLARA PUMP	CRE 3.75%	Imiquimod Cream 3.75%	DERMATOLOGICALS	Non-Preferred	No	No	
IMIQUIMOD	CRE 5%	Imiquimod Cream 5%	DERMATOLOGICALS	Generic	No	No	
ALDARA	CRE 5%	Imiquimod Cream 5%	DERMATOLOGICALS	Non-Preferred	No	No	
PICATO	GEL 0.015%	Ingenol Mebutate Gel 0.015%	DERMATOLOGICALS	Non-Preferred	No	No	
PICATO	GEL 0.05%	Ingenol Mebutate Gel 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT/	CRE IODOQUIN	Iodoquinol-HC Cream 1%	DERMATOLOGICALS	Generic	No	No	
DERMAZENE	CRE 1%	Iodoquinol-HC Cream 1%	DERMATOLOGICALS	Generic	No	No	
IDOQUIMEZ	CRE 1-1.9%	Iodoquinol-Hydrocortisone in Aloe Vehicle Cream 1-1.9%	DERMATOLOGICALS	Generic	No	No	
VYONE	CRE 1-1.9%	Iodoquinol-Hydrocortisone in Aloe Vehicle Cream 1-1.9%	DERMATOLOGICALS	Non-Preferred	No	No	
HYDROCORT	CRE IODOQUIN	Iodoquinol-Hydrocortisone in Aloe Vehicle Cream 1-1.9%	DERMATOLOGICALS	Generic	No	No	
ESSENTRA	MIS 9X9"	Isopropyl Alcohol Wipes 70%	DERMATOLOGICALS	Non-Preferred	No	No	
MYORISAN	CAP 10MG	Isotretinoin Cap 10 MG	DERMATOLOGICALS	Generic	No	No	
ABSORICA	CAP 10MG	Isotretinoin Cap 10 MG	DERMATOLOGICALS	Non-Preferred	No	No	
ISOTRETINOIN CAP 10MG		Isotretinoin Cap 10 MG	DERMATOLOGICALS	Generic	No	No	
ZENATANE	CAP 10MG	Isotretinoin Cap 10 MG	DERMATOLOGICALS	Generic	No	No	
CLARAVIS	CAP 10MG	Isotretinoin Cap 10 MG	DERMATOLOGICALS	Generic	No	No	
AMNESTEEM	CAP 10MG	Isotretinoin Cap 10 MG	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZENATANE	CAP 20MG	Isotretinoin Cap 20 MG	DERMATOLOGICALS	Generic	No	No	
AMNESTEEM	CAP 20MG	Isotretinoin Cap 20 MG	DERMATOLOGICALS	Generic	No	No	
ABSORICA	CAP 20MG	Isotretinoin Cap 20 MG	DERMATOLOGICALS	Non-Preferred	No	No	
CLARAVIS	CAP 20MG	Isotretinoin Cap 20 MG	DERMATOLOGICALS	Generic	No	No	
MYORISAN	CAP 20MG	Isotretinoin Cap 20 MG	DERMATOLOGICALS	Generic	No	No	
ISOTRETINOIN CAP 20MG		Isotretinoin Cap 20 MG	DERMATOLOGICALS	Generic	No	No	
ABSORICA	CAP 25MG	Isotretinoin Cap 25 MG	DERMATOLOGICALS	Non-Preferred	No	No	
ZENATANE	CAP 30MG	Isotretinoin Cap 30 MG	DERMATOLOGICALS	Generic	No	No	
MYORISAN	CAP 30MG	Isotretinoin Cap 30 MG	DERMATOLOGICALS	Generic	No	No	
ISOTRETINOIN CAP 30MG		Isotretinoin Cap 30 MG	DERMATOLOGICALS	Generic	No	No	
ABSORICA	CAP 30MG	Isotretinoin Cap 30 MG	DERMATOLOGICALS	Non-Preferred	No	No	
CLARAVIS	CAP 30MG	Isotretinoin Cap 30 MG	DERMATOLOGICALS	Generic	No	No	
ABSORICA	CAP 35MG	Isotretinoin Cap 35 MG	DERMATOLOGICALS	Non-Preferred	No	No	
ZENATANE	CAP 40MG	Isotretinoin Cap 40 MG	DERMATOLOGICALS	Generic	No	No	
AMNESTEEM	CAP 40MG	Isotretinoin Cap 40 MG	DERMATOLOGICALS	Generic	No	No	
ISOTRETINOIN CAP 40MG		Isotretinoin Cap 40 MG	DERMATOLOGICALS	Generic	No	No	
CLARAVIS	CAP 40MG	Isotretinoin Cap 40 MG	DERMATOLOGICALS	Generic	No	No	
MYORISAN	CAP 40MG	Isotretinoin Cap 40 MG	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ABSORICA	CAP 40MG	Isotretinoin Cap 40 MG	DERMATOLOGICALS	Non-Preferred	No	No	
SOOLANTRA	CRE 1%	Ivermectin Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
SKLICE	LOT 0.5%	Ivermectin Lotion 0.5%	DERMATOLOGICALS	Non-Preferred	No	No	
TALTZ	INJ 80MG/ML	Ixekizumab Subcutaneous Soln Auto-injector 80 MG/ML	DERMATOLOGICALS	Non-Preferred	No	Yes	PA
TALTZ	INJ 80MG/ML	Ixekizumab Subcutaneous Soln Prefilled Syringe 80 MG/ML	DERMATOLOGICALS	Non-Preferred	No	Yes	PA
KETOCONAZOLE CRE 2%		Ketoconazole Cream 2%	DERMATOLOGICALS	Generic	No	No	
KETOCONAZOLE AER 2%		Ketoconazole Foam 2%	DERMATOLOGICALS	Generic	No	No	
EXTINA	AER 2%	Ketoconazole Foam 2%	DERMATOLOGICALS	Non-Preferred	No	No	
XOLEGEL	GEL 2%	Ketoconazole Gel 2%	DERMATOLOGICALS	Non-Preferred	No	No	
XOLEGEL	KIT COREPAK	Ketoconazole Gel 2% & Hydrocortisone Gel 1% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
XOLEGEL DUO/ KIT XOLEX		Ketoconazole Gel 2% & Pyrithione Zinc Shampoo 1% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
XOLEGEL DUO/ KIT HEAD&SHD		Ketoconazole Gel 2% & Pyrithione Zinc Shampoo 1% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
NIZORAL	SHA 2%	Ketoconazole Shampoo 2%	DERMATOLOGICALS	Non-Preferred	No	No	
KETOCONAZOLE SHA 2%		Ketoconazole Shampoo 2%	DERMATOLOGICALS	Generic	No	No	
FROTEK	CRE 10%	Ketoprofen Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	PA
FROTEK	CRE 10%	Ketoprofen Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	PA
AMMONIUM LAC CRE 12%		Lactic Acid (Ammonium Lactate) Cream 12%	DERMATOLOGICALS	Generic	No	No	
LAC-HYDRIN	CRE 12%	Lactic Acid (Ammonium Lactate) Cream 12%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LACTIC ACID	LOT 10%	Lactic Acid (Ammonium Lactate) Lotion 10%	DERMATOLOGICALS	Generic	No	No	
AMMONIUM LAC	LOT 12%	Lactic Acid (Ammonium Lactate) Lotion 12%	DERMATOLOGICALS	Generic	No	No	
LACTIC ACID	CRE E	Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM	DERMATOLOGICALS	Generic	No	No	
LACTIC ACID	CRE /VIT E	Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM	DERMATOLOGICALS	Generic	No	No	
LIDOVEX	CRE 3.75%	Lidocaine Cream 3.75%	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDOTREX	GEL 2%	Lidocaine Gel 2%	DERMATOLOGICALS	Non-Preferred	No	No	PA
WPR PLUS	MIS	Lidocaine Gel 4% & Menthol-Methyl Sal Cream 10-30% Ther Pak	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDTOPIC MAX	CRE 10%	Lidocaine HCl Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	
LIDOCAINE	CRE 3%	Lidocaine HCl Cream 3%	DERMATOLOGICALS	Generic	No	No	
LIDOPIN	CRE 3%	Lidocaine HCl Cream 3%	DERMATOLOGICALS	Generic	No	No	
LIDOPIN	CRE 3.25%	Lidocaine HCl Cream 3.25%	DERMATOLOGICALS	Non-Preferred	No	No	
LIDOCAINE	CRE 3.88%	Lidocaine HCl Cream 3.88%	DERMATOLOGICALS	Generic	No	No	
LIDOTRAL	CRE 3.88%	Lidocaine HCl Cream 3.88%	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDOCAINE HC	CRE 4.12%	Lidocaine HCl Cream 4.12%	DERMATOLOGICALS	Non-Preferred	No	No	PA
7T LIDO	GEL 2%	Lidocaine HCl Gel 2%	DERMATOLOGICALS	Generic	No	No	
LIDOCAINE	GEL 2% JELLY	Lidocaine HCl Gel 2%	DERMATOLOGICALS	Generic	No	No	QL
LIDOCAINE	GEL 2%	Lidocaine HCl Gel 2%	DERMATOLOGICALS	Generic	No	No	QL
GLYDO	GEL 2%	Lidocaine HCl Gel 2%	DERMATOLOGICALS	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIDORX	GEL 3%	Lidocaine HCl Gel 3%	DERMATOLOGICALS	Non-Preferred	No	No	
LDO PLUS	GEL 4%	Lidocaine HCl Gel 4%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ASTERO	GEL 4%	Lidocaine HCl Gel 4%	DERMATOLOGICALS	Non-Preferred	No	No	PA
TRANZAREL	GEL 4%	Lidocaine HCl Gel 4%	DERMATOLOGICALS	Non-Preferred	No	No	PA
NUMBONEX	LOT 2.75%	Lidocaine HCl Lotion 2.75%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ANASTIA	LOT 2.75%	Lidocaine HCl Lotion 2.75%	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDO-K	LOT 3%	Lidocaine HCl Lotion 3%	DERMATOLOGICALS	Generic	No	No	
LIDOCAINE	LOT 3%	Lidocaine HCl Lotion 3%	DERMATOLOGICALS	Generic	No	No	
LIDOZION	LOT 3%	Lidocaine HCl Lotion 3%	DERMATOLOGICALS	Generic	No	No	
LIDOCAINE	SOL 4%	Lidocaine HCl Soln 4%	DERMATOLOGICALS	Generic	No	No	QL
EHA	LOT 4%	Lidocaine Lotion 4%	DERMATOLOGICALS	Non-Preferred	No	No	
LIDOCAINE	OIN 5%	Lidocaine Oint 5%	DERMATOLOGICALS	Generic	No	No	
LIDOCAINE	OIN 5%	Lidocaine Oint 5%	DERMATOLOGICALS	Generic	No	No	QL
LIDOCAINE	OIN PAK 5%	Lidocaine Oint 5%	DERMATOLOGICALS	Generic	No	No	QL
MENTHO-CAINE KIT 5-8%		Lidocaine Oint 5% & Menthol Spray 8% Kit	DERMATOLOGICALS	Non-Preferred	No	No	PA
SOLUPAK	PAK	Lidocaine Oint 5% & Menthol-Methyl Sal Soln 3-10% Ther Pak	DERMATOLOGICALS	Non-Preferred	No	No	PA
ZTLIDO	PAD 1.8%	Lidocaine Patch 1.8% (36 MG)	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDODERM	DIS 5%	Lidocaine Patch 5%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIDOCAINE	PAD 5%	Lidocaine Patch 5%	DERMATOLOGICALS	Generic	No	No	
DERMACINRX	PAK	Lidocaine Patch 5% & Capsaicin Cream 0.025% Therapy Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMACINRX	PAK PHN	Lidocaine Patch 5% & Dimethicone Cream 5% Therapy Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMAZYL	PAK 5%	Lidocaine Patch 5% & Dimethicone Cream 5% Therapy Pack	DERMATOLOGICALS	Non-Preferred	No	No	PA
DERMACINRX	PAK DUOPATCH	Lidocaine Patch 5% & Menthol-Methyl Sal Patch 3-10% Ther Pak	DERMATOLOGICALS	Non-Preferred	No	No	PA
REMAXAZON	PAD	Lidocaine-Capsaicin-Chondroitin-Glucos Patch 4-0.0285-3-5%	DERMATOLOGICALS	Non-Preferred	No	No	
1ST MEDX-PTC PAD LIDOCAIN		Lidocaine-Capsaicin-Men-Methyl Sal Patch 4-0.0375-5-20%	DERMATOLOGICALS	Non-Preferred	No	No	
MEDI-DERM/L- CRE RX		Lidocaine-Capsaicin-Menthol-Methyl Sal Cream 2-0.035-5-20%	DERMATOLOGICALS	Non-Preferred	No	No	
MEDI-PATCH	PAD RX	Lidocaine-Capsaicin-Menthol-Methyl Sal Patch 0.5-0.035-5-20%	DERMATOLOGICALS	Non-Preferred	No	No	
SOOTHEE	PAD	Lidocaine-Capsaicin-Menthol-Methyl Sal Patch 0.5-0.0375-5-2%	DERMATOLOGICALS	Non-Preferred	No	No	PA
PERMAVAN	PAD	Lidocaine-DM-Trolamine Salicylate Patch 4-4-10%	DERMATOLOGICALS	Non-Preferred	No	No	
LIDO-EP-TETR SOL		Lidocaine-Epinephrine-Tetracaine External Soln 4-0.05-0.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDO-EP-TETR SOL		Lidocaine-Epinephrine-Tetracaine External Soln 4-0.05-0.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
HC-LIDOCAINE CRE 1-1%		Lidocaine-Hydrocortisone Acetate Cream 1-1%	DERMATOLOGICALS	Generic	No	No	
LIDOSOL-HC	CRE 3-0.5%	Lidocaine-Hydrocortisone Acetate Cream 3-0.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
VELTRIX	CRE 4-1%	Lidocaine-Menthol Cream 4-1%	DERMATOLOGICALS	Non-Preferred	No	No	
SYNVEXIA TC	CRE 4-1%	Lidocaine-Menthol Cream 4-1%	DERMATOLOGICALS	Non-Preferred	No	No	
LIDOTHOL	PAD 4.5-5%	Lidocaine-Menthol Patch 4.5-5%	DERMATOLOGICALS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LORENZA	PAD 4-1%	Lidocaine-Menthol Patch 4-1%	DERMATOLOGICALS	Generic	No	No	
ZERUVIA	PAD 4-1%	Lidocaine-Menthol Patch 4-1%	DERMATOLOGICALS	Generic	No	No	
LIDOCAINE-PR CRE		Lidocaine-Prilocaine Cream 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIDO/PRILOCN CRE 2.5-2.5%		Lidocaine-Prilocaine Cream 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
DOLOTRANZ	KIT	Lidocaine-Prilocaine Cream 2.5-2.5% & Lidocaine Gel 4% Kit	DERMATOLOGICALS	Non-Preferred	No	No	PA
EMPRICAINE	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
ANODYNE LPT	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
AGONEAZE	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
PORT-PREP	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
PRIKAAN	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	
PRIKAAN LITE KIT 2.5-2.5%		Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	
PRIOLID	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
PRILOVIX	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	
PRILOXX LP	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
DERMACINRX	KIT PRIZOPAK	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIDOPRIL	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIDO BDK	KIT	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIDO-PRILO	KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIDO/PRILOCN KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIVIXIL PAK KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIPROZONEPAK KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
LIDOPRIL XR KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
MEDOLOR PAK KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
RELADOR PAK KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
RELADOR PAK KIT PLUS	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
SOLULINE KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
SOLUPICC KIT 2.5-2.5%	Lidocaine-Prilocaine Cream Kit 2.5-2.5%	DERMATOLOGICALS	Generic	No	No	QL
PLIAGLIS CRE 7-7%	Lidocaine-Tetracaine Cream 7-7%	DERMATOLOGICALS	Non-Preferred	No	No	PA
LIDOCAINE CRE TETRACAI	Lidocaine-Tetracaine Cream 7-7%	DERMATOLOGICALS	Generic	No	No	QL
LIDOCAINE CRE TETRACAI	Lidocaine-Tetracaine Cream 7-7%	DERMATOLOGICALS	Generic	No	No	
SYNERA DIS 70-70MG	Lidocaine-Tetracaine Topical Patch 70-70 MG	DERMATOLOGICALS	Non-Preferred	No	No	QL
PAINGO KFT KIT	Lido-Prilo Cr 2.5-2.5% & Menthol-Methyl Sal Cr 10-30% Kit	DERMATOLOGICALS	Non-Preferred	No	No	PA
LINDANE SHA 1%	Lindane Shampoo 1%	DERMATOLOGICALS	Generic	No	No	
LUZU CRE 1%	Luliconazole Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
LULICONAZOLE CRE 1%	Luliconazole Cream 1%	DERMATOLOGICALS	Generic	No	No	
SULFAMYLON CRE 85MG/GM	Mafenide Acetate Cream 85 MG/GM	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MAFENIDE ACE PAK 5%	Mafenide Acetate Packet For Topical Soln 5% (50 GM)	DERMATOLOGICALS	Generic	No	No	
MAFENIDE ACE PAK 5%	Mafenide Acetate Packet For Topical Soln 5% (50 GM)	DERMATOLOGICALS	Generic	No	No	
SULFAMYLON PAK 5%	Mafenide Acetate Packet For Topical Soln 5% (50 GM)	DERMATOLOGICALS	Non-Preferred	No	No	
MALATHION LOT 0.5%	Malathion Lotion 0.5%	DERMATOLOGICALS	Generic	No	No	
OVIDE LOT 0.5%	Malathion Lotion 0.5%	DERMATOLOGICALS	Non-Preferred	No	No	
VALCHLOR GEL 0.016%	Mechlorethamine HCl Gel 0.016% (Base Equivalent)	DERMATOLOGICALS	Non-Preferred	No	Yes	*Various UM Required
METHOXSALEN CRY USP/NF	Methoxsalen Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
METHOXSALEN POW	Methoxsalen Powder	DERMATOLOGICALS	Non-Preferred	No	No	
OXSORALEN-UL CAP 10MG	Methoxsalen Rapid Cap 10 MG	DERMATOLOGICALS	Non-Preferred	No	No	
METHOXSALEN CAP 10MG	Methoxsalen Rapid Cap 10 MG	DERMATOLOGICALS	Generic	No	No	
VELMA PAD 16-4-2%	Methyl Salicylate-Lidocaine-Menthol Patch 16-4-2%	DERMATOLOGICALS	Non-Preferred	No	No	
METRONIDAZOL POW BENZOATE	Metronidazole Benzoate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
METRONIDAZOL POW BENZOATE	Metronidazole Benzoate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
METRONIDAZOL CRE 0.75%	Metronidazole Cream 0.75%	DERMATOLOGICALS	Generic	No	No	
ROSADAN CRE 0.75%	Metronidazole Cream 0.75%	DERMATOLOGICALS	Generic	No	No	
METROCREAM CRE 0.75%	Metronidazole Cream 0.75%	DERMATOLOGICALS	Non-Preferred	No	No	
ROSADAN KIT 0.75%	Metronidazole Cream 0.75% w/ Cleanser Kit	DERMATOLOGICALS	Non-Preferred	No	No	
NORITATE CRE 1%	Metronidazole Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ROSADAN	GEL 0.75%	Metronidazole Gel 0.75%	DERMATOLOGICALS	Generic	No	No	
METRONIDAZOL GEL 0.75%		Metronidazole Gel 0.75%	DERMATOLOGICALS	Generic	No	No	
ROSADAN	KIT 0.75%	Metronidazole Gel 0.75% w/ Cleanser Kit	DERMATOLOGICALS	Non-Preferred	No	No	
METROGEL	GEL 1%	Metronidazole Gel 1%	DERMATOLOGICALS	Non-Preferred	No	No	
METRONIDAZOL GEL 1%		Metronidazole Gel 1%	DERMATOLOGICALS	Generic	No	No	
METROLOTION	LOT 0.75%	Metronidazole Lotion 0.75%	DERMATOLOGICALS	Non-Preferred	No	No	
METRONIDAZOL LOT 0.75%		Metronidazole Lotion 0.75%	DERMATOLOGICALS	Generic	No	No	
MICONAZOLE	POW NITRATE	Miconazole Nitrate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
MICONAZOLE	POW NITRATE	Miconazole Nitrate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
VUSION	OIN	Miconazole-Zinc Oxide-White Petrolatum Oint 0.25-15-81.35%	DERMATOLOGICALS	Non-Preferred	No	No	
MOMETASONE	CRE 0.1%	Mometasone Furoate Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
ELOCON	CRE 0.1%	Mometasone Furoate Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
MOMETASONE	CRE 0.1%	Mometasone Furoate Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
MOMETASONE	OIN 0.1%	Mometasone Furoate Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
ELOCON	OIN 0.1%	Mometasone Furoate Oint 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
MOMETASONE	OIN 0.1%	Mometasone Furoate Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
MOMETASONE	SOL 0.1%	Mometasone Furoate Solution 0.1% (Lotion)	DERMATOLOGICALS	Generic	No	No	
CHLOROACETIC POW ACID		Monochloroacetic Acid Powder	DERMATOLOGICALS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BACTROBAN	CRE 2%	Mupirocin Calcium Cream 2%	DERMATOLOGICALS	Non-Preferred	No	No	
MUPIROCIN	CRE 2%	Mupirocin Calcium Cream 2%	DERMATOLOGICALS	Generic	No	No	
CENTANY	OIN 2%	Mupirocin Oint 2%	DERMATOLOGICALS	Preferred	No	No	
MUPIROCIN	OIN 2%	Mupirocin Oint 2%	DERMATOLOGICALS	Generic	No	No	
CENTANY AT	KIT 2%	Mupirocin Oint Kit 2%	DERMATOLOGICALS	Non-Preferred	No	No	
NAFTIFINE	CRE HCL 1%	Naftifine HCl Cream 1%	DERMATOLOGICALS	Generic	No	No	
NAFTIFINE	CRE HCL 2%	Naftifine HCl Cream 2%	DERMATOLOGICALS	Generic	No	No	
NAFTIN	CRE 2%	Naftifine HCl Cream 2%	DERMATOLOGICALS	Non-Preferred	No	No	
NAFTIN	GEL 1%	Naftifine HCl Gel 1%	DERMATOLOGICALS	Non-Preferred	No	No	
NAFTIN	GEL 2%	Naftifine HCl Gel 2%	DERMATOLOGICALS	Non-Preferred	No	No	
NEOMYCIN	POW SULFATE	Neomycin Sulfate Powder	DERMATOLOGICALS	Non-Preferred	No	No	
NEO-SYNALAR	CRE	Neomycin Sulfate-Fluocinolone Acetonide Cream 0.5-0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
CORTISPORIN	CRE 0.5%	Neomycin-Polymyxin-HC Crm 3.5 MG/GM-10000 UNT/GM-0.5%	DERMATOLOGICALS	Non-Preferred	No	No	
NITROFURAZON	POW	Nitrofurazone Powder	DERMATOLOGICALS	Non-Preferred	No	No	
NYSTATIN	CRE 100000	Nystatin Cream 100000 Unit/GM	DERMATOLOGICALS	Generic	No	No	
NYSTATIN	OIN 100000	Nystatin Oint 100000 Unit/GM	DERMATOLOGICALS	Generic	No	No	
NYSTOP	POW 100000	Nystatin Topical Powder 100000 Unit/GM	DERMATOLOGICALS	Generic	No	No	
NYSTATIN	POW 100000	Nystatin Topical Powder 100000 Unit/GM	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NYSTATIN	POW 100000	Nystatin Topical Powder 100000 Unit/GM	DERMATOLOGICALS	Generic	No	No	
NYAMYC	POW 100000	Nystatin Topical Powder 100000 Unit/GM	DERMATOLOGICALS	Generic	No	No	
NYSTAT/TRIAM CRE		Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%	DERMATOLOGICALS	Generic	No	No	
NYSTAT/TRIAM OIN		Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	DERMATOLOGICALS	Generic	No	No	
BOTOX COSMET INJ 100UNIT		OnabotulinumtoxinA (Cosmetic) For Inj 100 Unit	DERMATOLOGICALS	Non-Preferred	No	No	
BOTOX COSMET INJ 50UNIT		OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit	DERMATOLOGICALS	Non-Preferred	No	No	
OXICONAZOLE CRE NITRATE		Oxiconazole Nitrate Cream 1%	DERMATOLOGICALS	Generic	No	No	
OXISTAT	CRE 1%	Oxiconazole Nitrate Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
OXISTAT	LOT 1%	Oxiconazole Nitrate Lotion 1%	DERMATOLOGICALS	Non-Preferred	No	No	
RHOFADE	CRE 1%	Oxymetazoline HCl Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
DENAVIR	CRE 1%	Penciclovir Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
PAIN EASE	AER MD STRM	Pentafluoropropane-Tetrafluoroethane Aero Spray	DERMATOLOGICALS	Non-Preferred	No	No	
PAIN EASE	AER MIST	Pentafluoropropane-Tetrafluoroethane Aero Spray	DERMATOLOGICALS	Non-Preferred	No	No	
GEBAUERS SPR AER /STRETCH		Pentafluoropropane-Tetrafluoroethane Aero Spray	DERMATOLOGICALS	Non-Preferred	No	No	
PERMETHRIN CRE 5%		Permethrin Cream 5%	DERMATOLOGICALS	Generic	No	No	
ELIMITE	CRE 5%	Permethrin Cream 5%	DERMATOLOGICALS	Non-Preferred	No	No	
ELIDEL	CRE 1%	Pimecrolimus Cream 1%	DERMATOLOGICALS	Preferred	No	No	
CONDYLOX	GEL 0.5%	Podofilox Gel 0.5%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PODOFILOX	SOL 0.5%	Podofilox Soln 0.5%	DERMATOLOGICALS	Generic	No	No	
PODOPHYLLUM	POW RESIN	Podophyllum Resin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
ODOCON	SOL 25%	Podophyllum Resin Soln 25%	DERMATOLOGICALS	Non-Preferred	No	No	
PRAMOX	GEL 1%	Pramoxine HCl Gel 1%	DERMATOLOGICALS	Generic	No	No	
PRAMOXINE	POW HCL	Pramoxine HCl Powder	DERMATOLOGICALS	Non-Preferred	No	No	
EPIFOAM	AER 1%	Pramoxine-HC Aerosol Foam 1-1%	DERMATOLOGICALS	Non-Preferred	No	No	
PRAMOSONE	CRE 1-1%	Pramoxine-HC Cream 1-1%	DERMATOLOGICALS	Non-Preferred	No	No	
HC PRAMOXINE	CRE 2.5-1%	Pramoxine-HC Cream 1-2.5%	DERMATOLOGICALS	Generic	No	No	
PRAMOSONE	CRE 1-2.5%	Pramoxine-HC Cream 1-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
PRAMOSONE E	CRE 1-2.5%	Pramoxine-HC Emollient Base Cream 1-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
NOVACORT	GEL	Pramoxine-HC Gel 1-2%	DERMATOLOGICALS	Non-Preferred	No	No	PA
PRAMOSONE	LOT 1%	Pramoxine-HC Lotion 1-1%	DERMATOLOGICALS	Non-Preferred	No	No	
PRAMOSONE	LOT 2.5%	Pramoxine-HC Lotion 1-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
PRAMOSONE	OIN 1%	Pramoxine-HC Oint 1-1%	DERMATOLOGICALS	Non-Preferred	No	No	
PRAMOSONE	OIN 2.5%	Pramoxine-HC Oint 1-2.5%	DERMATOLOGICALS	Non-Preferred	No	No	
PREDNICARBAT	CRE 0.1%	Prednicarbate Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
PREDNICARBAT	OIN 0.1%	Prednicarbate Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
PYROGALL	ACD OIN	Pyrogallol-Chlorobutanol Oint 25-2%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SULFUR/RESOR LOT 5-2%		Resorcinol-Sulfur Lotion 2-5%	DERMATOLOGICALS	Generic	No	No	
REZESOL	LOT 2-6%	Resorcinol-Sulfur Lotion 2-6%	DERMATOLOGICALS	Non-Preferred	No	No	PA
ALTABAX	OIN 1%	Retapamulin Oint 1%	DERMATOLOGICALS	Non-Preferred	No	No	
GORDOFILM	SOL	Salicylic & Lactic Acids Soln 16.7-16.7%	DERMATOLOGICALS	Non-Preferred	No	No	
BENSAL HP	OIN	Salicylic Acid & Benzoic Acid Oint 3-6%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SALIMEZ FORT CRE 10%		Salicylic Acid Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	
SALIMEZ	CRE 6%	Salicylic Acid Cream 6%	DERMATOLOGICALS	Generic	No	No	
SALICYLIC AC CRE 6%		Salicylic Acid Cream 6%	DERMATOLOGICALS	Generic	No	No	
XALIX	SOL 28%	Salicylic Acid ER Film-Forming Soln 28%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SALICYLIC AC SOL 28.5% ER		Salicylic Acid ER Film-Forming Soln 28.5%	DERMATOLOGICALS	Generic	No	No	
ULTRASAL-ER	SOL 28.5%	Salicylic Acid ER Film-Forming Soln 28.5%	DERMATOLOGICALS	Non-Preferred	No	No	
SALICYLIC AC LIQ 27.5%		Salicylic Acid Film Forming Liquid 27.5%	DERMATOLOGICALS	Generic	No	No	
VIRASAL	LIQ 27.5%	Salicylic Acid Film Forming Liquid 27.5%	DERMATOLOGICALS	Non-Preferred	No	No	
SALVAX	AER 6%	Salicylic Acid Foam 6%	DERMATOLOGICALS	Non-Preferred	No	No	
SALICYLIC	AER 6%	Salicylic Acid Foam 6%	DERMATOLOGICALS	Generic	No	No	
SALVAX DUO	KIT PLUS	Salicylic Acid Foam 6% & Urea in Lactic Acid Foam 35% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
SALICYLIC AC GEL 6%		Salicylic Acid Gel 6%	DERMATOLOGICALS	Generic	No	No	
KERALYT	GEL 6%	Salicylic Acid Gel 6%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SALITECH	LOT 5%	Salicylic Acid Lotion 5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SALITECH	LOT FORTE	Salicylic Acid Lotion 6%	DERMATOLOGICALS	Generic	No	No	
SALICYLIC AC LOT 6%		Salicylic Acid Lotion 6%	DERMATOLOGICALS	Generic	No	No	
SALEX	SHA 6%	Salicylic Acid Shampoo 6%	DERMATOLOGICALS	Non-Preferred	No	No	
SALICYLIC AC SHA 6%		Salicylic Acid Shampoo 6%	DERMATOLOGICALS	Generic	No	No	
KERALYT	KIT SCALP 6%	Salicylic Acid Shampoo 6% & Salicylic Acid Gel 6% Kit	DERMATOLOGICALS	Non-Preferred	No	No	
SALISOL	SOL 23%	Salicylic Acid Soln 23%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SALICYLIC AC SOL 26%		Salicylic Acid Soln 26%	DERMATOLOGICALS	Generic	No	No	
SALISOL FORT SOL 26%		Salicylic Acid Soln 26%	DERMATOLOGICALS	Generic	No	No	
SALICYLIC AC LIQ 26%		Salicylic Acid Soln 26%	DERMATOLOGICALS	Generic	No	No	
COSENTYX PEN INJ 300DOSE		Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
COSENTYX PEN INJ 150MG/ML		Secukinumab Subcutaneous Soln Auto-injector 150 MG/ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
COSENTYX	INJ 150MG/ML	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
COSENTYX	INJ 300DOSE	Secukinumab Subcutaneous Soln Prefilled Syringe 150 MG/ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
SELENIUM SUL LOT 2.5%		Selenium Sulfide Lotion 2.5%	DERMATOLOGICALS	Generic	No	No	
SELENIUM SUL SHA 2.25%		Selenium Sulfide Shampoo 2.25%	DERMATOLOGICALS	Generic	No	No	
SELENIUM SUL SHA 2.3%		Selenium Sulfide Shampoo 2.3%	DERMATOLOGICALS	Generic	No	No	
SELRX	SHA 2.3%	Selenium Sulfide Shampoo 2.3%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ERTACZO	CRE 2%	Sertaconazole Nitrate Cream 2%	DERMATOLOGICALS	Non-Preferred	No	No	
SILVER	CRY NITRATE	Silver Nitrate Crystals	DERMATOLOGICALS	Non-Preferred	No	No	
SILVER NITRA OIN 10%		Silver Nitrate Oint 10%	DERMATOLOGICALS	Non-Preferred	No	No	
SILVER NITRA SOL 0.5%		Silver Nitrate Soln 0.5%	DERMATOLOGICALS	Non-Preferred	No	No	
SILVER NITRA SOL 10%		Silver Nitrate Soln 10%	DERMATOLOGICALS	Non-Preferred	No	No	
SILVER NITRA SOL 25%		Silver Nitrate Soln 25%	DERMATOLOGICALS	Non-Preferred	No	No	
SILVER NITRA SOL 50%		Silver Nitrate Soln 50%	DERMATOLOGICALS	Non-Preferred	No	No	
ARZOL SILVER MIS NITR APP		Silver Nitrate-Potassium Nitrate Applicator 75-25%	DERMATOLOGICALS	Generic	No	No	
SILVER SULFA CRE 1%		Silver Sulfadiazine Cream 1%	DERMATOLOGICALS	Generic	No	No	
SILVADENE	CRE 1%	Silver Sulfadiazine Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
SSD	CRE 1%	Silver Sulfadiazine Cream 1%	DERMATOLOGICALS	Generic	No	No	
VEREGEN	OIN 15%	Sinecatechins Oint 15%	DERMATOLOGICALS	Non-Preferred	No	No	
EXODERM	LOT 25-1%	Sodium Thiosulfate-Salicylic Acid Lotion 25-1%	DERMATOLOGICALS	Non-Preferred	No	No	
NATROBA	SUS 0.9%	Spinosad Susp 0.9%	DERMATOLOGICALS	Non-Preferred	No	No	
SPINOSAD	SUS 0.9%	Spinosad Susp 0.9%	DERMATOLOGICALS	Generic	No	No	
EXELDERM	CRE 1%	Sulconazole Nitrate Cream 1%	DERMATOLOGICALS	Non-Preferred	No	No	
EXELDERM	SOL 1%	Sulconazole Nitrate Solution 1%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SULFACET GEL 10%		Sulfacetamide Sodium Cleansing Gel 10%	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OVACE PLUS	GEL 10% WASH	Sulfacetamide Sodium Cleansing Gel 10%	DERMATOLOGICALS	Non-Preferred	No	No	
OVACE PLUS	CRE 10%	Sulfacetamide Sodium Cream 10%	DERMATOLOGICALS	Non-Preferred	No	No	
OVACE PLUS	AER 9.8%	Sulfacetamide Sodium Foam 9.8%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SODIUM SULFA LIQ 10% WASH		Sulfacetamide Sodium in Bakuchiol Vehicle Wash 10%	DERMATOLOGICALS	Non-Preferred	No	No	
SODIUM SULFA LIQ 10% WASH		Sulfacetamide Sodium Liquid 10%	DERMATOLOGICALS	Generic	No	No	
OVACE PLUS	LIQ 10% WASH	Sulfacetamide Sodium Liquid 10%	DERMATOLOGICALS	Non-Preferred	No	No	
OVACE WASH	LIQ 10%	Sulfacetamide Sodium Liquid 10%	DERMATOLOGICALS	Non-Preferred	No	No	
SULFACETAMID LOT 10%		Sulfacetamide Sodium Lotion 10% (Acne)	DERMATOLOGICALS	Generic	No	No	
KLARON	LOT 10%	Sulfacetamide Sodium Lotion 10% (Acne)	DERMATOLOGICALS	Non-Preferred	No	No	
OVACE PLUS	LOT 9.8%	Sulfacetamide Sodium Lotion 9.8%	DERMATOLOGICALS	Non-Preferred	No	No	
SULFACET SOD POW		Sulfacetamide Sodium Powder	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SULFACET SHA 10%		Sulfacetamide Sodium Shampoo 10%	DERMATOLOGICALS	Generic	No	No	
OVACE PLUS	SHA 10%	Sulfacetamide Sodium Shampoo 10%	DERMATOLOGICALS	Non-Preferred	No	No	
AVAR LS	LIQ 10-2%	Sulfacetamide Sodium w/ Sulfur Cleanser 10-2%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF LIQ 10-2%		Sulfacetamide Sodium w/ Sulfur Cleanser 10-2%	DERMATOLOGICALS	Generic	No	No	
SOD SUL/SULF LIQ 9.8-4.8%		Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%	DERMATOLOGICALS	Generic	No	No	
PLEXION	LIQ 9.8-4.8%	Sulfacetamide Sodium w/ Sulfur Cleanser 9.8-4.8%	DERMATOLOGICALS	Non-Preferred	No	No	
PLEXION CLTH PAD 9.8-4.8%		Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 9.8-4.8%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AVAR LS	PAD 10-2%	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-2%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF PAD 10-4%		Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%	DERMATOLOGICALS	Generic	No	No	
SUMAXIN	PAD 10-4%	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%	DERMATOLOGICALS	Non-Preferred	No	No	
SUL SOD/SULF PAD 10-4%		Sulfacetamide Sodium w/ Sulfur Cleansing Pad 10-4%	DERMATOLOGICALS	Generic	No	No	
AVAR	PAD 9.5-5%	Sulfacetamide Sodium w/ Sulfur Cleansing Pad 9.5-5%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF CRE 10-2%		Sulfacetamide Sodium w/ Sulfur Cream 10-2%	DERMATOLOGICALS	Generic	No	No	
AVAR-E LS	CRE 10-2%	Sulfacetamide Sodium w/ Sulfur Cream 10-2%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF CRE 10-5%		Sulfacetamide Sodium w/ Sulfur Cream 10-5%	DERMATOLOGICALS	Generic	No	No	
AVAR-E EMOLL CRE 10-5%		Sulfacetamide Sodium w/ Sulfur Cream 10-5%	DERMATOLOGICALS	Generic	No	No	
AVAR-E GREEN CRE 10-5%		Sulfacetamide Sodium w/ Sulfur Cream 10-5%	DERMATOLOGICALS	Generic	No	No	
SSS	CRE 10%-5%	Sulfacetamide Sodium w/ Sulfur Cream 10-5%	DERMATOLOGICALS	Generic	No	No	
PLEXION	CRE 9.8-4.8%	Sulfacetamide Sodium w/ Sulfur Cream 9.8-4.8%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF CRE 9.8-4.8%		Sulfacetamide Sodium w/ Sulfur Cream 9.8-4.8%	DERMATOLOGICALS	Generic	No	No	
SULFAMEZ	EMU 10-1%	Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%	DERMATOLOGICALS	Generic	No	No	
BP 10-1	EMU	Sulfacetamide Sodium w/ Sulfur Emulsion 10-1%	DERMATOLOGICALS	Generic	No	No	
ROSANIL	EMU CLEANSER	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	DERMATOLOGICALS	Generic	No	No	
AVAR CLEANSE EMU 10-5%		Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	DERMATOLOGICALS	Generic	No	No	
SOD SUL/SULF EMU 10-5%		Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AVAR LS	AER 10-2%	Sulfacetamide Sodium w/ Sulfur Foam 10-2%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SSS 10-5	AER 10-5%	Sulfacetamide Sodium w/ Sulfur Foam 10-5%	DERMATOLOGICALS	Generic	No	No	
AVAR	AER 9.5-5%	Sulfacetamide Sodium w/ Sulfur Foam 9.5-5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
SOD SUL/SULF LOT 10-5%		Sulfacetamide Sodium w/ Sulfur Lotion 10-5%	DERMATOLOGICALS	Generic	No	No	
PLEXION	LOT 9.8-4.8%	Sulfacetamide Sodium w/ Sulfur Lotion 9.8-4.8%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF LOT 9.8-4.8%		Sulfacetamide Sodium w/ Sulfur Lotion 9.8-4.8%	DERMATOLOGICALS	Generic	No	No	
SOD SUL/SULF SUS 10-5%		Sulfacetamide Sodium w/ Sulfur Susp 10-5%	DERMATOLOGICALS	Non-Preferred	No	No	
SULFACLEANSE SUS 8-4%		Sulfacetamide Sodium w/ Sulfur Susp 8-4%	DERMATOLOGICALS	Generic	No	No	
SOD SUL/SULF SUS 8-4%		Sulfacetamide Sodium w/ Sulfur Susp 8-4%	DERMATOLOGICALS	Generic	No	No	
SUMAXIN WASH LIQ 9-4%		Sulfacetamide Sodium w/ Sulfur Wash 9-4%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF LIQ WASH		Sulfacetamide Sodium w/ Sulfur Wash 9-4%	DERMATOLOGICALS	Generic	No	No	
SUMADAN WASH LIQ 9-4.5%		Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%	DERMATOLOGICALS	Non-Preferred	No	No	
SOD SUL/SULF LIQ 9-4.5%		Sulfacetamide Sodium w/ Sulfur Wash 9-4.5%	DERMATOLOGICALS	Generic	No	No	
BP CLEANSING EMU 10-4%		Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-4%	DERMATOLOGICALS	Generic	No	No	
SOD SUL/SULF EMU 10-5%		Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%	DERMATOLOGICALS	Non-Preferred	No	No	
SULF LIME	SOL	Sulfurated Lime Solution	DERMATOLOGICALS	Non-Preferred	No	No	
TACROLIMUS	OIN 0.03%	Tacrolimus Oint 0.03%	DERMATOLOGICALS	Generic	No	No	
PROTOPIC	OIN 0.03%	Tacrolimus Oint 0.03%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROTOPIC	OIN 0.1%	Tacrolimus Oint 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TACROLIMUS	OIN 0.1%	Tacrolimus Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
TANNIC ACID	POW	Tannic Acid Powder	DERMATOLOGICALS	Non-Preferred	No	No	
KERYDIN	SOL 5%	Tavaborole Soln 5%	DERMATOLOGICALS	Non-Preferred	No	No	
FABIOR	AER 0.1%	Tazarotene (Acne) Foam 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
AVAGE	CRE 0.1%	Tazarotene (Facial Wrinkles) Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TAZORAC	CRE 0.05%	Tazarotene Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
TAZORAC	CRE 0.1%	Tazarotene Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TAZAROTENE	CRE 0.1%	Tazarotene Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
TAZORAC	GEL 0.05%	Tazarotene Gel 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
TAZORAC	GEL 0.1%	Tazarotene Gel 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TETRAVEX	GEL 2%	Tetracaine Gel 2%	DERMATOLOGICALS	Non-Preferred	No	No	PA
TETRACYCLINE	POW	Tetracycline HCl Powder	DERMATOLOGICALS	Non-Preferred	No	No	
ILUMYA	SOL 100MG/ML	Tildrakizumab-asnm Subcutaneous Soln Pref Syringe 100 MG/ML	DERMATOLOGICALS	Non-Preferred	Yes	Yes	PA
TOLNAFTATE	POW	Tolnaftate Powder (Compounding)	DERMATOLOGICALS	Non-Preferred	No	No	
TOLNAFTATE	POW	Tolnaftate Powder (Compounding)	DERMATOLOGICALS	Non-Preferred	No	No	
RENOVA PUMP	CRE 0.02%	Tretinoin (Facial Wrinkles) Cream 0.02%	DERMATOLOGICALS	Non-Preferred	No	No	
RENOVA	CRE 0.02%	Tretinoin (Facial Wrinkles) Cream 0.02%	DERMATOLOGICALS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRETINOIN EM CRE 0.05%		Tretinoin (Facial Wrinkles) Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
REFISSA	CRE 0.05%	Tretinoin (Facial Wrinkles) Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
TRETINOIN	CRE 0.025%	Tretinoin Cream 0.025%	DERMATOLOGICALS	Generic	No	No	
RETIN-A	CRE 0.025%	Tretinoin Cream 0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
AVITA	CRE 0.025%	Tretinoin Cream 0.025%	DERMATOLOGICALS	Generic	No	No	
TRETINOIN	CRE 0.05%	Tretinoin Cream 0.05%	DERMATOLOGICALS	Generic	No	No	
RETIN-A	CRE 0.05%	Tretinoin Cream 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
RETIN-A	CRE 0.1%	Tretinoin Cream 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TRETINOIN	CRE 0.1%	Tretinoin Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
RETIN-A	GEL 0.01%	Tretinoin Gel 0.01%	DERMATOLOGICALS	Non-Preferred	No	No	
TRETINOIN	GEL 0.01%	Tretinoin Gel 0.01%	DERMATOLOGICALS	Generic	No	No	
AVITA	GEL 0.025%	Tretinoin Gel 0.025%	DERMATOLOGICALS	Generic	No	No	
RETIN-A	GEL 0.025%	Tretinoin Gel 0.025%	DERMATOLOGICALS	Non-Preferred	No	No	
TRETINOIN	GEL 0.025%	Tretinoin Gel 0.025%	DERMATOLOGICALS	Generic	No	No	
TRETINOIN	GEL 0.05%	Tretinoin Gel 0.05%	DERMATOLOGICALS	Generic	No	No	
ATRALIN	GEL 0.05%	Tretinoin Gel 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
ALTRENO	LOT 0.05%	Tretinoin Lotion 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	PA
TRETINOIN	GEL 0.04%PMP	Tretinoin Microsphere Gel 0.04%	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRETINOIN	GEL 0.04%	Tretinoin Microsphere Gel 0.04%	DERMATOLOGICALS	Generic	No	No	
RETIN-A MICR GEL 0.04%	PMP	Tretinoin Microsphere Gel 0.04%	DERMATOLOGICALS	Non-Preferred	No	No	
RETIN-A MICR GEL 0.04%		Tretinoin Microsphere Gel 0.04%	DERMATOLOGICALS	Non-Preferred	No	No	
RETIN-A MICR GEL 0.06%		Tretinoin Microsphere Gel 0.06%	DERMATOLOGICALS	Non-Preferred	No	No	
RETIN-A MICR GEL 0.08%		Tretinoin Microsphere Gel 0.08%	DERMATOLOGICALS	Non-Preferred	No	No	
RETIN-A MICR GEL 0.1%	PUMP	Tretinoin Microsphere Gel 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
RETIN-A MICR GEL 0.1%		Tretinoin Microsphere Gel 0.1%	DERMATOLOGICALS	Non-Preferred	No	No	
TRETINOIN	GEL 0.1%	Tretinoin Microsphere Gel 0.1%	DERMATOLOGICALS	Generic	No	No	
TRETINOIN	GEL 0.1%	Tretinoin Microsphere Gel 0.1%	DERMATOLOGICALS	Generic	No	No	
RETINOIC ACD POW	ALL TRAN	Tretinoin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
TRETINOIN	POW	Tretinoin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
TRETINOIN	POW	Tretinoin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
RETINOIC ACD POW		Tretinoin Powder	DERMATOLOGICALS	Non-Preferred	No	No	
TRIAMCINOLON AER SPRAY		Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	DERMATOLOGICALS	Generic	No	No	QL
TRIAMCINOLON AER SPRAY		Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	DERMATOLOGICALS	Generic	No	No	
KENALOG	AER SPRAY	Triamcinolone Acetonide Aerosol Soln 0.147 MG/GM	DERMATOLOGICALS	Non-Preferred	No	No	
TRIAMCINOLON CRE 0.025%		Triamcinolone Acetonide Cream 0.025%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON CRE 0.1%		Triamcinolone Acetonide Cream 0.1%	DERMATOLOGICALS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIAMCINOLON CRE 0.1%		Triamcinolone Acetonide Cream 0.1%	DERMATOLOGICALS	Generic	No	No	QL
TRIDERM	CRE 0.1%	Triamcinolone Acetonide Cream 0.1%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON CRE 0.5%		Triamcinolone Acetonide Cream 0.5%	DERMATOLOGICALS	Generic	No	No	
TRIDERM	CRE 0.5%	Triamcinolone Acetonide Cream 0.5%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON LOT 0.025%		Triamcinolone Acetonide Lotion 0.025%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON LOT 0.1%		Triamcinolone Acetonide Lotion 0.1%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON OIN 0.025%		Triamcinolone Acetonide Oint 0.025%	DERMATOLOGICALS	Generic	No	No	
TRIANEX	OIN 0.05%	Triamcinolone Acetonide Oint 0.05%	DERMATOLOGICALS	Non-Preferred	No	No	
TRIAMCINOLON OIN 0.1%		Triamcinolone Acetonide Oint 0.1%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON OIN 0.5%		Triamcinolone Acetonide Oint 0.5%	DERMATOLOGICALS	Generic	No	No	
TRIAMCINOLON POW ACETONID		Triamcinolone Acetonide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
TRIAMCINOLON POW ACETONID		Triamcinolone Acetonide Powder	DERMATOLOGICALS	Non-Preferred	No	No	
TRI-CHLOR	LIQ 80%	Trichloroacetic Acid Liqd 80%	DERMATOLOGICALS	Non-Preferred	No	No	
TURPENTINE	SOL SPIRITS	Turpentine Spirit	DERMATOLOGICALS	Non-Preferred	No	No	
URALISS	CRE 35%	Urea Cream 35%	DERMATOLOGICALS	Non-Preferred	No	No	PA
RYNODERM	CRE 37.5%	Urea Cream 37.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
UREDEB	CRE 39%	Urea Cream 39%	DERMATOLOGICALS	Generic	No	No	
UREA	CRE 39%	Urea Cream 39%	DERMATOLOGICALS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
URE-39	CRE 39%	Urea Cream 39%	DERMATOLOGICALS	Generic	No	No	
UREA	CRE 40%	Urea Cream 40%	DERMATOLOGICALS	Generic	No	No	
UREMEZ-40	CRE 40%	Urea Cream 40%	DERMATOLOGICALS	Generic	No	No	
UREA	CRE 40%	Urea Cream 40%	DERMATOLOGICALS	Generic	No	No	
UTOPIC	CRE 41%	Urea Cream 41%	DERMATOLOGICALS	Non-Preferred	No	No	
METOPIC	CRE 41%	Urea Cream 41%	DERMATOLOGICALS	Generic	No	No	
UREA	CRE 41%	Urea Cream 41%	DERMATOLOGICALS	Generic	No	No	
URESOL	CRE 42.5%	Urea Cream 42.5%	DERMATOLOGICALS	Non-Preferred	No	No	PA
UREVAZ	CRE 44%	Urea Cream 44%	DERMATOLOGICALS	Non-Preferred	No	No	PA
UREA	CRE 45%	Urea Cream 45%	DERMATOLOGICALS	Generic	No	No	
KERALAC	CRE 47%	Urea Cream 47%	DERMATOLOGICALS	Non-Preferred	No	No	
UREA	CRE 47%	Urea Cream 47%	DERMATOLOGICALS	Generic	No	No	
UREA	CRE 47%	Urea Cream 47%	DERMATOLOGICALS	Generic	No	No	
URE-K	CRE 50%	Urea Cream 50%	DERMATOLOGICALS	Generic	No	No	
UREA	AER 35%	Urea Foam 35%	DERMATOLOGICALS	Non-Preferred	No	No	PA
HYDRO 40	AER FOAM	Urea Foam 40%	DERMATOLOGICALS	Non-Preferred	No	No	
UMECTA MOUSS	AER 40%	Urea Foam 40%	DERMATOLOGICALS	Generic	No	No	
UREA NAIL	GEL 45%	Urea Gel 45%	DERMATOLOGICALS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
URAMAXIN	GEL 45%	Urea Gel 45%	DERMATOLOGICALS	Non-Preferred	No	No	
UREA HYDRATI AER	35%	Urea in Lactic Acid Vehicle Foam 35%	DERMATOLOGICALS	Generic	No	No	
HYDRO 35	AER	Urea in Lactic Acid Vehicle Foam 35%	DERMATOLOGICALS	Non-Preferred	No	No	
LATRIX XM	EMU 45%	Urea in Zinc Undecylenate-Lactic Acid Vehicle Emulsion 45%	DERMATOLOGICALS	Non-Preferred	No	No	
UREA	EMU 50%	Urea in Zinc Undecylenate-Lactic Acid Vehicle Emulsion 50%	DERMATOLOGICALS	Generic	No	No	
UREA-C40	LOT 40%	Urea Lotion 40%	DERMATOLOGICALS	Generic	No	No	
CEROVEL	LOT 40%	Urea Lotion 40%	DERMATOLOGICALS	Generic	No	No	
UREA	LOT 40%	Urea Lotion 40%	DERMATOLOGICALS	Generic	No	No	
GORDONS UREA OIN	40%	Urea Ointment 40%	DERMATOLOGICALS	Non-Preferred	No	No	
CEM-UREA	SOL 45%	Urea Soln 45%	DERMATOLOGICALS	Non-Preferred	No	No	
UREA TOPICAL SUS	40%	Urea Suspension 40%	DERMATOLOGICALS	Generic	No	No	
SALRIX	SUS 50%	Urea Suspension 50%	DERMATOLOGICALS	Generic	No	No	
STELARA	INJ 45MG/0.5	Ustekinumab Inj 45 MG/0.5ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
STELARA	INJ 45MG/0.5	Ustekinumab Soln Prefilled Syringe 45 MG/0.5ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
STELARA	INJ 90MG/ML	Ustekinumab Soln Prefilled Syringe 90 MG/ML	DERMATOLOGICALS	Preferred	No	Yes	*Various UM Required
TOXICOLOGY KIT MEDICATE		*Drug Assay (Urine) Test Kit**	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
12-PANEL POC KIT TOXICOLO		*Drug Assay (Urine) Test Kit**	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BAYER BREEZE MIS 2 TEST		Glucose Blood Test Disk	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MYGLUCOHEALT TES BLD GLUC		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
OPTIUMEZ TES		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
LIBERTY TES		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
MEIJER TES TRUETEST		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
INFINITY TES BLD GLUC		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
MEIJER TES TRUETRAC		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
INFINITY TES VOICE		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
MEIJER BLOOD TES GLUCOSE		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
MICRODOT TES		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
KROGER TES		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
NEUTEK 2TEK TES STRIPS		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
NO CODING TES BLD GLUC		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
NOVA MAX TES GLUCOSE		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ON CALL TES EXPRESS		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ON CALL PLUS TES BLD GLUC		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ON CALL VIVD TES BLD GLUC		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ONETOUCH TES ULTRA BL		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
OPTIUM TES		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OPTUMRX	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
POCKETCHEM	TES EZ	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ONETOUCH	TES VERIO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
GLUCOCARD	TES SHINE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORTISCARE	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
FREESTYLE	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FREESTYLE	TES INSULINX	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FREESTYLE	TES LITE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FREESTYLE	TES PREC NEO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
GE100 BLOOD	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GENSTRIP 50	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
GENULTIMATE	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GHT TEST	TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCOCARD 01	TES SENSOR	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCOCARD	TES EXPRESSI	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
IN TOUCH	TES BLOOD	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCOCARD	TES VITAL	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCOCARD	TES X-SENSOR	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUINTET	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
GLUCOCARD 01 TES PLUS		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
PRECISION	TES PCX	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
GLUCOCOM	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCONAVII	TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCOSE	TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
HEALTHPRO	TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
IGLUCOSE	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
GLUCO PERFEC TES 3		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ULTIMA	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
SUPREME	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
SURE EDGE	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
SURECHEK	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
SURE-TEST	TES EASYPLUS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
TELCARE	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
TRUE FOCUS	MIS BLOOD	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
TRUE METRIX	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
TRUETEST	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PTS PANELS	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
TRUETRACK	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
SMART SENSE	TES TEST	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ULTRATRAK	TES ULTIMATE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ULTRATRK PRO	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
UNISTRIP1	TES GENERIC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
VERASENS	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
VICTORY	TES AGM-4000	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
VOCAL POINT	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
WAVESENSE	TES PRESTO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
KROGER BLOOD	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORACARE	TES TST N GO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
TRUETRACK	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
RELION	TES ULTIMA	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
PRECISION	TES QID	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
PRECISION	TES SOF-TACT	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
PRECISION	TES XTRA	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
PRECISION PT	TES OF CARE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREMIUM BLOO MIS GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
PRO VOICE TES V8/V9	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
PRODIGY NO TES CODING	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
QUICKTEK TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
QUINTET AC TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
SOLUS V2 TES AUDIBLE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
REFUAH PLUS TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
SMARTEST TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
RELION BLOOD TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
RELION PREMI TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
RELION PRIME TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
RELION PRIME TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
REVEAL TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
RIGHTEST TES GS100	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
RIGHTEST TES GS300	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
RIGHTEST TES GS550	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
PRECISION TES PCX PLUS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
RA TRUETEST TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLEVER CHOIC TES MICRO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
DUO-CARE TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BLOOD GLUCOS TES PREMIUM	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BLOOD GLUCOS TES PREMIUM	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
BLOOD GLUCOS TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BLOOD GLUCOS TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
CARESENS N TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CARETOUCH MIS TST STRP	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
CLEVER CHEK TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CLEVER CHEK TES AUTO CD	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BLOOD GLUCOS TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CLEVER CHEK TES VOICE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BIOSCANNER TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CLEVR CHOICE TES AUTO-CD	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CLEVR CHOICE TES NOCODE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CONFIRM/MICR TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CONTOUR TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
CONTOUR TES NEXT	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
COOL BLOOD	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CVS ADVANCED	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
D-CARE BLOOD	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
DIATRUE PLUS	TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
CLEVER CHEK	TES TALK	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
AGAMATRIX	TES AMP	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
LIBERTY NEXT	TES GEN	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORACARE	TES PREM V10	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ACCU-CHEK	TES COMPACT	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ACCU-CHEK	TES GUIDE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ACCU-CHEK	TES SMART	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ACCUTREND	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
ADVANCE	TES INTUITIO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ADVANCE	TES MICRO-DW	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ADVOCATE	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
BLOOD GLUCOS	TES LE1	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ADVOCATE	TES REDICODE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE	TES PLATINUM	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AGAMATRIX	TES JAZZ	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
AGAMATRIX	TES PRESTO	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE 3	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE 4	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE II	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE II	TES CHECK	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE PRISM	TES MULTI	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASSURE PRO	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
AUTOCODE	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ADVOCATE	TES REDI-COD	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA G20	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EVENCARE G2	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EVENCARE G3	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EVOLUTION	TES AUTOCODE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EXACTECH	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
EXACTECH	TES R-S-G	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
EZ SMART	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FIFTY50 GLUC	TES 2.0	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FORA BLOOD	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA D15G	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EVENCARE +	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA D40/G31	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EZ SMART PLS	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA G30/V10	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA GD20	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA GD50	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA TN'G	TES TN'G VOI	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA V10	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA V12	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA V20	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASY PLUS	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
AGAMATRIX	TES KEYNOTE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA D20	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASYGLUCO	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASY PLUS II	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASY STEP	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EASY TALK	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASY TOUCH	TES GLUCOSE	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORA V30A	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASY TRAK	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EVENCARE	TES MINI	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASYGLUCO	TES PLUS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASYMAX	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
EASYMAX 15	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
EASYPLUS	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
EASYPRO	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
FORACARE	TES GD40	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ACCU-CHEK	TES AVIVA PL	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	PA
EASY TOUCH	TES STRIPS	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EASYPRO PLUS	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EVENCARE	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EMBRACE PRO	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EMBRACE EVO	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
EMBRACE	TES BLD GLUC	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ELEMNT COMPA TES STRIPS		Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ELEMENT	TES	Glucose Blood Test Strip	DIAGNOSTIC PRODUCTS	Non-Preferred	No	No	
ASTAMED MYO CAP		*Astaxanthin-Tocotrienol-Zinc-Cholecalciferol Capsule***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	PA
CARDIOTEK-RX TAB		*Folic Acid-B12-B6-Arginine-Black Pepper Tab***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
GALAXTRA	POW	*Galactose Oral Powder**	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	PA
FOSTEUM	CAP	*Genistein-Zinc Amino Acid Chelate-Vitamin D Cap***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
VP-GSTN	CAP	*Genistein-Zinc Amino Acid Chelate-Vitamin D Cap***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
ELFOLATE	TAB 15MG	*L-Methylfolate Tab 15 MG**	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYLFOLA TAB 15MG		*L-Methylfolate Tab 15 MG**	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
ELFOLATE	TAB 7.5MG	*L-Methylfolate Tab 7.5 MG**	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYLFOLA TAB 7.5MG		*L-Methylfolate Tab 7.5 MG**	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
L-METHYL-MC TAB		*L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
METAFOLBIC TAB		*L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
CEREFOLIN TAB		*L-Methylfolate w/ Vit B12-Vit B6-Vit B2 Tab 6-1-50-5 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
FOLTIX	TAB	*L-Methylfolate w/ Vit B6-Vit B12 Tab 1.13-25-2 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
FOLBIC RF	TAB	*L-Methylfolate w/ Vit B6-Vit B12 Tab 1.13-25-2 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYL-	TAB B6-B12	*L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
FOLTANX	TAB	*L-Methylfolate w/ Vit B6-Vit B12 Tab 3-35-2 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ELFOLATE	TAB PLUS	*L-Methylfolate w/ Vit B6-Vit B12 Tab 3-43.75-2.72 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	PA
PODIAPN	CAP	*L-Methylfolate w/ Vitamin B6-Vitamin B12 Cap***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYLFOLA CAP FORTE 15		*L-Methylfolate-Algae Cap 15-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
DEPLIN 15	CAP	*L-Methylfolate-Algae Cap 15-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYLFOLA CAP ALGAL		*L-Methylfolate-Algae Cap 15-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
LEVOMEFOLATE CAP ALGAL		*L-Methylfolate-Algae Cap 15-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
DEPLIN 7.5		*L-Methylfolate-Algae Cap 7.5-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
LEVOMEFOLATE CAP ALGAL		*L-Methylfolate-Algae Cap 7.5-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYLFOLA CAP FORTE		*L-Methylfolate-Algae Cap 7.5-90.314 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
METHYLFOL/CA TAB ME-CBL		*L-Methylfolate-Algae-B12-Acetylcyst Tab 6-90.314-2-600MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
METAFOLBIC TAB PLUS RF		*L-Methylfolate-Algae-B12-Acetylcyst Tab 6-90.314-2-600MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
CEREFOLIN	TAB NAC	*L-Methylfolate-Algae-B12-Acetylcyst Tab 6-90.314-2-600MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
FOLTANX RF	CAP	*L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
METHYLFOL/ME CAP CBL/P5P		*L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
METANX	CAP	*L-Methylfolate-Algae-Vit B12-B6 Cap 3-90.314-2-35 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-METHYL-MC TAB NAC		*L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
METAFOLBIC TAB PLUS		*L-Methylfolate-Methylcobalamin-Acetylcyst Tab 6-2-600 MG***	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
AVAILNEX	CHW 750MG	Carbocysteine Chew Tab 750 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIMBREL	CAP 250MG	Flavocoxid Cap 250 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
LIMBREL	CAP 500MG	Flavocoxid Cap 500 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
LIMBREL250	CAP 250-50MG	Flavocoxid-Citrated Zinc Bisglycinate Cap 250-50 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
LIMBREL500	CAP 500-50MG	Flavocoxid-Citrated Zinc Bisglycinate Cap 500-50 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
VP-PRECIP	CAP	Flaxseed Oil-Evening Primrose-Bilberry Cap 250-125-10 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
FOLBIC	TAB	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
NIVA-FOL	TAB	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
AV-VITE FB	TAB 2.5-25-2	Folic Acid-Pyridoxine-Cyanocobalamin Tab 2.5-25-2 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Generic	No	No	
XAQUIL XR	TAB 30MG	Levomefolate Glucosamine Tab ER 30 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	PA
VAYACOG	CAP	Phosphatidylserine-DHA-EPA Cap 100-19.5-6.5 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
VAYARIN	CAP	Phosphatidylserine-DHA-EPA Cap 75-21.5-8.5 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
VAYAROL	CAP	Phytosterol Esters-DHA-EPA Cap 630-232.5-92.5 MG	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
ENTERAGAM	POW 5GM	Serum-Derived Bovine Immunoglob/Protein Isolate 5 GM Packet	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	Non-Preferred	No	No	
L-GLUTAMIC	POW ACID HCL	Glutamic Acid HCl Powder	DIGESTIVE AIDS	Non-Preferred	No	No	
ZENPEP	CAP 10000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PANCREAZE	CAP 10500UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-35500-61500 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
CREON	CAP 12000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
ZENPEP	CAP 15000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PERTZYE	CAP 16000U	Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
PANCREAZE	CAP 16800UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-56800-98400 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
ZENPEP	CAP 20000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 20000-63000-84000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PANCREAZE	CAP 21000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-54700-83900 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
CREON	CAP 24000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PERTZYE	CAP 24000U	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-86250-90750 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
PERTZYE	CAP 24000U	Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-86250-90750 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
ZENPEP	CAP 25000	Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PANCREAZE	CAP	Pancrelipase (Lip-Prot-Amyl) DR Cap 2600-6200-10850 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
ZENPEP	CAP 3000UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-14000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
CREON	CAP 3000UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
CREON	CAP 36000UNT	Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
ZENPEP	CAP 40000	Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PERTZYE	CAP 4000UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 4000-14375-15125 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
PANCREAZE	CAP 4200UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-14200-24600 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	
ZENPEP	CAP 5000UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-24000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
CREON	CAP 6000UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PERTZYE	CAP 8000UNIT	Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit	DIGESTIVE AIDS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VIOKACE	TAB 10440	Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
VIOKACE	TAB 20880	Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit	DIGESTIVE AIDS	Preferred	Yes	No	
PEPSIN	POW	Pepsin Powder	DIGESTIVE AIDS	Non-Preferred	No	No	
SUCRAID	SOL 8500/ML	Sacrosidase Soln 8500 Unit/ML	DIGESTIVE AIDS	Non-Preferred	Yes	No	
ACETAZOLAMID CAP 500MG ER		Acetazolamide Cap ER 12HR 500 MG	DIURETICS	Generic	Yes	No	
ACETAZOLAMID INJ 500MG		Acetazolamide Sodium For Inj 500 MG	DIURETICS	Generic	No	No	
ACETAZOLAMID INJ 500MG		Acetazolamide Sodium For Inj 500 MG	DIURETICS	Generic	No	No	
ACETAZOLAMID TAB 125MG		Acetazolamide Tab 125 MG	DIURETICS	Generic	Yes	No	
ACETAZOLAMID TAB 250MG		Acetazolamide Tab 250 MG	DIURETICS	Generic	Yes	No	
AMILOR/HCTZ	TAB 5-50	Amiloride & Hydrochlorothiazide Tab 5-50 MG	DIURETICS	Generic	Yes	No	
AMILORIDE	POW HCL	Amiloride HCl Powder	DIURETICS	No Cost	No	No	
AMILORIDE	TAB 5MG	Amiloride HCl Tab 5 MG	DIURETICS	Generic	Yes	No	
BUMETANIDE INJ 0.25/ML		Bumetanide Inj 0.25 MG/ML	DIURETICS	Generic	No	No	
BUMEX	TAB 0.5MG	Bumetanide Tab 0.5 MG	DIURETICS	Non-Preferred	No	No	
BUMETANIDE TAB 0.5MG		Bumetanide Tab 0.5 MG	DIURETICS	Generic	No	No	
BUMETANIDE TAB 0.5MG		Bumetanide Tab 0.5 MG	DIURETICS	Generic	No	No	
BUMETANIDE TAB 1MG		Bumetanide Tab 1 MG	DIURETICS	Generic	No	No	
BUMEX	TAB 1MG	Bumetanide Tab 1 MG	DIURETICS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BUMETANIDE	TAB 1MG	Bumetanide Tab 1 MG	DIURETICS	Generic	No	No	
BUMETANIDE	TAB 2MG	Bumetanide Tab 2 MG	DIURETICS	Generic	No	No	
BUMETANIDE	TAB 2MG	Bumetanide Tab 2 MG	DIURETICS	Generic	No	No	
BUMEX	TAB 2MG	Bumetanide Tab 2 MG	DIURETICS	Non-Preferred	No	No	
SOD DIURIL	INJ 500MG	Chlorothiazide Sodium For Inj 500 MG	DIURETICS	Non-Preferred	No	No	
CHLOROTHIAZ	INJ 500MG	Chlorothiazide Sodium For Inj 500 MG	DIURETICS	Generic	No	No	
DIURIL	SUS 250/5ML	Chlorothiazide Susp 250 MG/5ML	DIURETICS	No Cost	Yes	No	
CHLOROTHIAZ	TAB 250MG	Chlorothiazide Tab 250 MG	DIURETICS	No Cost	Yes	No	
CHLOROTHIAZ	TAB 500MG	Chlorothiazide Tab 500 MG	DIURETICS	Generic	Yes	No	
CHLORTHALID	TAB 100MG	Chlorthalidone Tab 100 MG	DIURETICS	No Cost	Yes	No	
CHLORTHALID	TAB 25MG	Chlorthalidone Tab 25 MG	DIURETICS	No Cost	Yes	No	
CHLORTHALID	TAB 50MG	Chlorthalidone Tab 50 MG	DIURETICS	No Cost	Yes	No	
KEVEYIS	TAB 50MG	Dichlorphenamide Tab 50 MG	DIURETICS	Non-Preferred	No	Yes	
SOD EDECRIN	INJ 50MG	Ethacrynate Sodium For Inj 50 MG	DIURETICS	Non-Preferred	No	No	
ETHACRYNATE	INJ 50MG	Ethacrynate Sodium For Inj 50 MG	DIURETICS	Generic	No	No	
EDECRIN	TAB 25MG	Ethacrynic Acid Tab 25 MG	DIURETICS	Non-Preferred	No	No	
ETHACRYNIC	TAB ACD 25MG	Ethacrynic Acid Tab 25 MG	DIURETICS	Generic	No	No	
ETHACRYNIC	TAB ACD 25MG	Ethacrynic Acid Tab 25 MG	DIURETICS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FUROSEMIDE	INJ 100/10ML	Furosemide Inj 10 MG/ML	DIURETICS	Generic	No	No	
FUROSEMIDE	INJ 20MG/2ML	Furosemide Inj 10 MG/ML	DIURETICS	Generic	No	No	
FUROSEMIDE	INJ 40MG/4ML	Furosemide Inj 10 MG/ML	DIURETICS	Generic	No	No	
FUROSEMIDE	INJ 10MG/ML	Furosemide Inj 10 MG/ML	DIURETICS	Generic	No	No	
FUROSEMIDE	SOL 10MG/ML	Furosemide Oral Soln 10 MG/ML	DIURETICS	Generic	No	No	
FUROSEMIDE	SOL 8MG/ML	Furosemide Oral Soln 8 MG/ML	DIURETICS	No Cost	No	No	
FUROSEMIDE	POW	Furosemide Powder	DIURETICS	No Cost	No	No	
LASIX	TAB 20MG	Furosemide Tab 20 MG	DIURETICS	Non-Preferred	No	No	
FUROSEMIDE	TAB 20MG	Furosemide Tab 20 MG	DIURETICS	Generic	No	No	
LASIX	TAB 40MG	Furosemide Tab 40 MG	DIURETICS	Non-Preferred	No	No	
FUROSEMIDE	TAB 40MG	Furosemide Tab 40 MG	DIURETICS	Generic	No	No	
LASIX	TAB 80MG	Furosemide Tab 80 MG	DIURETICS	Non-Preferred	No	No	
FUROSEMIDE	TAB 80MG	Furosemide Tab 80 MG	DIURETICS	Generic	No	No	
FUROSEMIDE	INJ	Furosemide-Sodium Chloride 0.9% IV Soln 100 MG/100ML	DIURETICS	No Cost	No	No	
MICROZIDE	CAP 12.5MG	Hydrochlorothiazide Cap 12.5 MG	DIURETICS	Non-Preferred	Yes	No	
HYDROCHLOROT	CAP 12.5MG	Hydrochlorothiazide Cap 12.5 MG	DIURETICS	Generic	Yes	No	
HYDROCHLOROT	POW	Hydrochlorothiazide Powder	DIURETICS	No Cost	No	No	
HYDROCHLOROT	TAB 12.5MG	Hydrochlorothiazide Tab 12.5 MG	DIURETICS	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYDROCHLOROT TAB 25MG	Hydrochlorothiazide Tab 25 MG	DIURETICS	Generic	Yes	No	
HYDROCHLOROT TAB 50MG	Hydrochlorothiazide Tab 50 MG	DIURETICS	Generic	Yes	No	
INDAPAMIDE TAB 1.25MG	Indapamide Tab 1.25 MG	DIURETICS	Generic	Yes	No	
INDAPAMIDE TAB 2.5MG	Indapamide Tab 2.5 MG	DIURETICS	Generic	Yes	No	
OSMITROL INJ 10%	Mannitol IV Soln 10%	DIURETICS	Generic	No	No	
OSMITROL INJ 15%	Mannitol IV Soln 15%	DIURETICS	Generic	No	No	
OSMITROL VFX INJ 20%	Mannitol IV Soln 20%	DIURETICS	Generic	No	No	
MANNITOL INJ 20%	Mannitol IV Soln 20%	DIURETICS	Generic	No	No	
MANNITOL INJ 25%	Mannitol IV Soln 25%	DIURETICS	Generic	No	No	
OSMITROL INJ 5%	Mannitol IV Soln 5%	DIURETICS	Generic	No	No	
METHAZOLAMID POW	Methazolamide Powder	DIURETICS	Non-Preferred	No	No	
METHAZOLAMID TAB 25MG	Methazolamide Tab 25 MG	DIURETICS	Generic	Yes	No	
METHAZOLAMID TAB 50MG	Methazolamide Tab 50 MG	DIURETICS	Generic	Yes	No	
METHYCLOTHIA TAB 5MG	Methyclothiazide Tab 5 MG	DIURETICS	No Cost	Yes	No	
METOLAZONE TAB 10MG	Metolazone Tab 10 MG	DIURETICS	Generic	Yes	No	
METOLAZONE TAB 2.5MG	Metolazone Tab 2.5 MG	DIURETICS	Generic	Yes	No	
METOLAZONE TAB 5MG	Metolazone Tab 5 MG	DIURETICS	Generic	Yes	No	
ALDACTAZIDE TAB 25/25	Spironolactone & Hydrochlorothiazide Tab 25-25 MG	DIURETICS	Non-Preferred	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SPIRONO/HCTZ TAB 25/25	Spironolactone & Hydrochlorothiazide Tab 25-25 MG	DIURETICS	Generic	Yes	No	
ALDACTAZIDE TAB 50/50	Spironolactone & Hydrochlorothiazide Tab 50-50 MG	DIURETICS	Preferred	Yes	No	
SPIRONOLACT POW	Spironolactone Powder	DIURETICS	No Cost	No	No	
CAROSPIR SUS 25MG/5ML	Spironolactone Susp 25 MG/5ML	DIURETICS	No Cost	Yes	No	
ALDACTONE TAB 100MG	Spironolactone Tab 100 MG	DIURETICS	Non-Preferred	Yes	No	
SPIRONOLACT TAB 100MG	Spironolactone Tab 100 MG	DIURETICS	Generic	Yes	No	
ALDACTONE TAB 25MG	Spironolactone Tab 25 MG	DIURETICS	Non-Preferred	Yes	No	
SPIRONOLACT TAB 25MG	Spironolactone Tab 25 MG	DIURETICS	Generic	Yes	No	
ALDACTONE TAB 50MG	Spironolactone Tab 50 MG	DIURETICS	Non-Preferred	Yes	No	
SPIRONOLACT TAB 50MG	Spironolactone Tab 50 MG	DIURETICS	Generic	Yes	No	
TORSEMIDE INJ 20MG/2ML	Torsemide IV Soln 20 MG/2ML (10 MG/ML)	DIURETICS	No Cost	No	No	
TORSEMIDE INJ 50MG/5ML	Torsemide IV Soln 50 MG/5ML (10 MG/ML)	DIURETICS	No Cost	No	No	
DEMADEX TAB 10MG	Torsemide Tab 10 MG	DIURETICS	Non-Preferred	No	No	
TORSEMIDE TAB 10MG	Torsemide Tab 10 MG	DIURETICS	Generic	No	No	
TORSEMIDE TAB 100MG	Torsemide Tab 100 MG	DIURETICS	Generic	No	No	
DEMADEX TAB 20MG	Torsemide Tab 20 MG	DIURETICS	Non-Preferred	No	No	
TORSEMIDE TAB 20MG	Torsemide Tab 20 MG	DIURETICS	Generic	No	No	
TORSEMIDE TAB 5MG	Torsemide Tab 5 MG	DIURETICS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIAMT/HCTZ CAP 37.5-25		Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	DIURETICS	Generic	Yes	No	
DYAZIDE	CAP 37.5-25	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG	DIURETICS	Non-Preferred	Yes	No	
TRIAMT/HCTZ CAP 50-25MG		Triamterene & Hydrochlorothiazide Cap 50-25 MG	DIURETICS	No Cost	Yes	No	
MAXZIDE-25 TAB		Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	DIURETICS	Non-Preferred	Yes	No	
TRIAMT/HCTZ TAB 37.5-25		Triamterene & Hydrochlorothiazide Tab 37.5-25 MG	DIURETICS	Generic	Yes	No	
TRIAMT/HCTZ TAB 75-50MG		Triamterene & Hydrochlorothiazide Tab 75-50 MG	DIURETICS	Generic	Yes	No	
MAXZIDE	TAB 75-50	Triamterene & Hydrochlorothiazide Tab 75-50 MG	DIURETICS	Non-Preferred	Yes	No	
DYRENIUM	CAP 100MG	Triamterene Cap 100 MG	DIURETICS	No Cost	Yes	No	
DYRENIUM	CAP 50MG	Triamterene Cap 50 MG	DIURETICS	No Cost	Yes	No	
TRIAMTERENE POW		Triamterene Powder	DIURETICS	No Cost	No	No	
CYSTADANE	POW	*Betaine Powder For Oral Solution***	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
TYMLOS	INJ	Abaloparatide Subcutaneous Soln Pen-injector 3120 MCG/1.56ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
FABRAZYME	INJ 35MG	Agalsidase beta For IV Soln 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
FABRAZYME	INJ 5MG	Agalsidase beta For IV Soln 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BINOSTO	TAB 70MG	Alendronate Sodium Effervescent Tab 70 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
ALENDRONATE SOL 70/75ML		Alendronate Sodium Oral Soln 70 MG/75ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ALENDRONATE TAB 10MG		Alendronate Sodium Tab 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ALENDRONATE TAB 10MG		Alendronate Sodium Tab 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALENDRONATE TAB 35MG	Alendronate Sodium Tab 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ALENDRONATE TAB 35MG	Alendronate Sodium Tab 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ALENDRONATE TAB 40MG	Alendronate Sodium Tab 40 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
ALENDRONATE TAB 5MG	Alendronate Sodium Tab 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ALENDRONATE TAB 70MG	Alendronate Sodium Tab 70 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
FOSAMAX TAB 70MG	Alendronate Sodium Tab 70 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
ALENDRONATE TAB 70MG	Alendronate Sodium Tab 70 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
FOSAMAX + D TAB 70-2800	Alendronate Sodium-Cholecalciferol Tab 70-2800 MG-Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
FOSAMAX + D TAB 70-5600	Alendronate Sodium-Cholecalciferol Tab 70-5600 MG-Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
LUMIZYME INJ 50MG	Alglucosidase Alfa For IV Soln 50 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
STRENSIQ INJ 18/0.45	Asfotase Alfa Subcutaneous Inj 18 MG/0.45ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
STRENSIQ INJ 28/0.7ML	Asfotase Alfa Subcutaneous Inj 28 MG/0.7ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
STRENSIQ INJ 40MG/ML	Asfotase Alfa Subcutaneous Inj 40 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
STRENSIQ INJ 80/0.8ML	Asfotase Alfa Subcutaneous Inj 80 MG/0.8ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CRYSVITA INJ 10MG/ML	Burosumab-twza Inj 10 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
CRYSVITA INJ 20MG/ML	Burosumab-twza Inj 20 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
CRYSVITA INJ 30MG/ML	Burosumab-twza Inj 30 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
CABERGOLINE TAB 0.5MG	Cabergoline Tab 0.5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CABERGOLINE	TAB 0.5MG	Cabergoline Tab 0.5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
RAYALDEE	CAP 30MCG	Calcifediol Cap ER 30 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
MIACALCIN	INJ 200/ML	Calcitonin (Salmon) Inj 200 Unit/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
CALCITONIN	SPR 200/ACT	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ROCALTROL	CAP 0.25MCG	Calcitriol Cap 0.25 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
CALCITRIOL	CAP 0.25MCG	Calcitriol Cap 0.25 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ROCALTROL	CAP 0.5MCG	Calcitriol Cap 0.5 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
CALCITRIOL	CAP 0.5MCG	Calcitriol Cap 0.5 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
CALCITRIOL	INJ 1MCG/ML	Calcitriol Inj 1 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
CALCITRIOL	SOL 1MCG/ML	Calcitriol Oral Soln 1 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ROCALTROL	SOL 1MCG/ML	Calcitriol Oral Soln 1 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
CARBAGLU	TAB 200MG	Carglumic Acid Tab 200 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BRINEURA	KIT 150/5ML	Cerliponase Alfa Intraventricular 2 x 150 MG/5ML Kit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
CETROTIDE	KIT 0.25MG	Cetreorelix Acetate For Inj Kit 0.25 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
OVIDREL	INJ	Choriogonadotropin Alfa Inj 250 MCG/0.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NOVAREL	INJ 10000UNT	Chorionic Gonadotropin For IM Inj 10000 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PREGNYL	INJ 10000UNT	Chorionic Gonadotropin For IM Inj 10000 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CHOR GONADOT	INJ 10000UNT	Chorionic Gonadotropin For IM Inj 10000 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NOVAREL	INJ 5000UNIT	Chorionic Gonadotropin For IM Inj 5000 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SENSIPAR	TAB 30MG	Cinacalcet HCl Tab 30 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SENSIPAR	TAB 60MG	Cinacalcet HCl Tab 60 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SENSIPAR	TAB 90MG	Cinacalcet HCl Tab 90 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CLOMIPHENE	POW CITRATE	Clomiphene Citrate Powder	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
CLOMIPHENE	TAB 50MG	Clomiphene Citrate Tab 50 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
VAPRISOL	INJ 20/100ML	Conivaptan HCl IV Soln 20 MG/100ML in Dextrose 5%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
H.P. ACTHAR	INJ 80UNIT	Corticotropin Inj Gel 80 Unit/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XGEVA	INJ	Denosumab Inj 120 MG/1.7ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PROLIA	SOL 60MG/ML	Denosumab Inj 60 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
DESMOPRESSIN	INJ 4MCG/ML	Desmopressin Acetate Inj 4 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DDAVP	INJ 4MCG/ML	Desmopressin Acetate Inj 4 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
NOCTIVA	EMU 0.83/0.1	Desmopressin Acetate Nasal Emulsion Spray 0.83 MCG/0.1ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	PA
NOCTIVA	SPR 1.66/0.1	Desmopressin Acetate Nasal Emulsion Spray 1.66 MCG/0.1ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	PA
DDAVP	SOL 0.01%	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
STIMATE	SOL 1.5MG/ML	Desmopressin Acetate Nasal Soln 1.5 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
DDAVP	SPR 0.01%	Desmopressin Acetate Nasal Spray Soln 0.01%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
DESMOPRESSIN	SPR 0.01%	Desmopressin Acetate Nasal Spray Soln 0.01%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DESMOPRESSIN SPR 0.01%		Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DDAVP	TAB 0.1MG	Desmopressin Acetate Tab 0.1 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
DESMOPRESSIN TAB 0.1MG		Desmopressin Acetate Tab 0.1 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DESMOPRESSIN TAB 0.1MG		Desmopressin Acetate Tab 0.1 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DESMOPRESSIN TAB 0.2MG		Desmopressin Acetate Tab 0.2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DESMOPRESSIN TAB 0.2MG		Desmopressin Acetate Tab 0.2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DDAVP	TAB 0.2MG	Desmopressin Acetate Tab 0.2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
DOXERCALCIF CAP 0.5MCG		Doxercalciferol Cap 0.5 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DOXERCALCIF CAP 1MCG		Doxercalciferol Cap 1 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
DOXERCALCIF CAP 2.5MCG		Doxercalciferol Cap 2.5 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
HECTOROL	INJ 2MCG/ML	Doxercalciferol Inj 2 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
HECTOROL	INJ 4MCG/2ML	Doxercalciferol Inj 4 MCG/2ML (2 MCG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
DOXERCALCIF INJ 4MCG/2ML		Doxercalciferol Inj 4 MCG/2ML (2 MCG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
ORILISSA	TAB 150MG	Elagolix Sodium Tab 150 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
ORILISSA	TAB 200MG	Elagolix Sodium Tab 200 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VIMIZIM	INJ 5MG/5ML	Elosulfase Alfa Soln For IV Infusion 5 MG/5ML (1 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PARSABIV	INJ 10MG/2ML	Etelcalcetide HCl IV Solution 10 MG/2ML (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
PARSABIV	INJ 2.5-0.5	Etelcalcetide HCl IV Solution 2.5 MG/0.5ML (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PARSABIV	INJ 5MG/ML	Etelcalcetide HCl IV Solution 5 MG/ML (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
ETIDRON DISD TAB 200MG		Etidronate Disodium Tab 200 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
ETIDRON DISD TAB 400MG		Etidronate Disodium Tab 400 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
GONAL-F	INJ 1050UNIT	Follitropin Alfa For Inj 1050 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GONAL-F	INJ 450UNIT	Follitropin Alfa For Inj 450 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GONAL-F RFF	INJ 75UNIT	Follitropin Alfa For Subcutaneous Inj 75 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GONAL-F RFF	INJ 300/0.5	Follitropin Alfa Inj 300 Unit/0.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GONAL-F RFF	INJ 450/0.75	Follitropin Alfa Inj 450 Unit/0.75ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GONAL-F RFF	INJ 900/1.5	Follitropin Alfa Inj 900 Unit/1.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
FOLLISTIM AQ INJ 300UNIT		Follitropin Beta Inj 300 Unit/0.36ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
FOLLISTIM AQ INJ 600UNIT		Follitropin Beta Inj 600 Unit/0.72ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
FOLLISTIM AQ INJ 900UNIT		Follitropin Beta Inj 900 Unit/1.08ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NAGLAZYME	INJ 1MG/ML	Galsulfase Soln For IV Infusion 1 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
GANIRELIX AC INJ		Ganirelix Acetate Inj 250 MCG/0.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RAVICTI	LIQ 1.1GM/ML	Glycerol Phenylbutyrate Liquid 1.1 GM/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
SUPPRELIN LA KIT 50MG		Histrelin Acetate (CPP) Implant Kit 50 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
IBANDRONATE INJ 3MG/3ML		Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
BONIVA	INJ 3MG/3ML	Ibandronate Sodium IV Soln 3 MG/3ML (Base Equivalent)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IBANDRONATE TAB 150MG		Ibandronate Sodium Tab 150 MG (Base Equivalent)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
BONIVA	TAB 150MG	Ibandronate Sodium Tab 150 MG (Base Equivalent)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
ELAPRASE	INJ 6MG/3ML	Idursulfase Soln for IV Infusion 6 MG/3ML (2 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SOMATULINE	INJ 120/.5ML	Lanreotide Acetate Extended Release Inj 120 MG/0.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SOMATULINE	INJ 60/0.2ML	Lanreotide Acetate Extended Release Inj 60 MG/0.2ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SOMATULINE	INJ 90/0.3ML	Lanreotide Acetate Extended Release Inj 90 MG/0.3ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ALDURAZYME	INJ 2.9MG/5M	Laronidase Soln For IV Infusion 2.9 MG/5ML (500 Unit/5ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
LUPANETA	KIT 3.75-5	Leuprolide (1 Mon) Inj 3.75 MG & Norethindrone Tab 5 MG Kit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
LUPANETA	KIT 11.25-5	Leuprolide (3 Mon) Inj 11.25 MG & Norethindrone Tab 5 MG Kit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
LUPR DEP-PED INJ 11.25MG		Leuprolide Acetate (3 Month) For Inj Pediatric Kit 11.25 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
LUPR DEP-PED INJ 3M 30MG		Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
LUPR DEP-PED INJ 11.25MG		Leuprolide Acetate For Inj Pediatric Kit 11.25 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
LUPR DEP-PED INJ 15MG		Leuprolide Acetate For Inj Pediatric Kit 15 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
LUPR DEP-PED INJ 7.5MG		Leuprolide Acetate For Inj Pediatric Kit 7.5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
CARNITOR	INJ 1GM/5ML	Levocarnitine Inj 200 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
CARNITOR	SOL 1GM/10ML	Levocarnitine Oral Soln 1 GM/10ML (10%)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	PA
CARNITOR SF	SOL 1GM/10ML	Levocarnitine Oral Soln 1 GM/10ML (10%)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	PA
LEVOCARNITIN SOL 1GM/10ML		Levocarnitine Oral Soln 1 GM/10ML (10%)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVOCARNITIN TAB 330MG		Levocarnitine Tab 330 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
CARNITOR	TAB 330MG	Levocarnitine Tab 330 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	PA
INCRELEX	INJ 40MG/4ML	Mecasermin Inj 40 MG/4ML (10 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
MENOPUR	INJ 75UNIT	Menotropins For Subcutaneous Inj 75 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
MYALEPT	INJ 11.3MG	Metreleptin For Subcutaneous Inj 11.3 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
MIFEPREX	TAB 200MG	Mifepristone Tab 200 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
GALAFOLD	CAP 123MG	Migalastat HCl Cap 123 MG (Base Equivalent)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
SYNAREL	SOL 2MG/ML	Nafarelin Acetate Nasal Soln 2 MG/ML (200 MCG/ACT) (Base Eq)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	No	
ORFADIN	CAP 10MG	Nitisinone Cap 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORFADIN	CAP 2MG	Nitisinone Cap 2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORFADIN	CAP 20MG	Nitisinone Cap 20 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORFADIN	CAP 5MG	Nitisinone Cap 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ORFADIN	SUS 4MG/ML	Nitisinone Susp 4 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NITYR	TAB 10MG	Nitisinone Tab 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NITYR	TAB 2MG	Nitisinone Tab 2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NITYR	TAB 5MG	Nitisinone Tab 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SANDOSTATIN KIT LAR 10MG		Octreotide Acetate For IM Inj Kit 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
SANDOSTATIN KIT LAR 20MG		Octreotide Acetate For IM Inj Kit 20 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SANDOSTATIN KIT LAR 30MG	Octreotide Acetate For IM Inj Kit 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
OCTREOTIDE INJ 100MCG	Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
SANDOSTATIN INJ 100MCG	Octreotide Acetate Inj 100 MCG/ML (0.1 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OCTREOTIDE INJ 1000MCG	Octreotide Acetate Inj 1000 MCG/ML (1 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
OCTREOTIDE INJ 200MCG	Octreotide Acetate Inj 200 MCG/ML (0.2 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
SANDOSTATIN INJ 50MCG/ML	Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OCTREOTIDE INJ 50MCG/ML	Octreotide Acetate Inj 50 MCG/ML (0.05 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
SANDOSTATIN INJ 500MCG	Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OCTREOTIDE INJ 500MCG	Octreotide Acetate Inj 500 MCG/ML (0.5 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
OSPHEHA TAB 60MG	Ospemifene Tab 60 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	No	
PAMIDRONATE INJ 30MG	Pamidronate Disodium For Inj 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
PAMIDRONATE INJ 90MG	Pamidronate Disodium For Inj 90 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
PAMIDRONATE INJ 30/10ML	Pamidronate Disodium IV Soln 3 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
PAMIDRONATE INJ 6MG/ML	Pamidronate Disodium IV Soln 6 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
PAMIDRONATE INJ 90/10ML	Pamidronate Disodium IV Soln 9 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
NATPARA INJ 100MCG	Parathyroid Hormone (Recombinant) For Inj Cartridge 100 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NATPARA INJ 25MCG	Parathyroid Hormone (Recombinant) For Inj Cartridge 25 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NATPARA INJ 50MCG	Parathyroid Hormone (Recombinant) For Inj Cartridge 50 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NATPARA	INJ 75MCG	Parathyroid Hormone (Recombinant) For Inj Cartridge 75 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PARICALCITOL CAP 1 MCG		Paricalcitol Cap 1 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
PARICALCITOL CAP 1 MCG		Paricalcitol Cap 1 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
ZEMPLAR	CAP 1MCG	Paricalcitol Cap 1 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
ZEMPLAR	CAP 2MCG	Paricalcitol Cap 2 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
PARICALCITOL CAP 2 MCG		Paricalcitol Cap 2 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
PARICALCITOL CAP 4 MCG		Paricalcitol Cap 4 MCG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
PARICALCITOL INJ 2MCG/ML		Paricalcitol IV Soln 2 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
ZEMPLAR	INJ 2MCG/ML	Paricalcitol IV Soln 2 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
ZEMPLAR	INJ 5MCG/ML	Paricalcitol IV Soln 5 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
PARICALCITOL INJ 5MCG/ML		Paricalcitol IV Soln 5 MCG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
SIGNIFOR	INJ 0.3MG/ML	Pasireotide Diaspartate Inj 0.3 MG/ML (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SIGNIFOR	INJ 0.6MG/ML	Pasireotide Diaspartate Inj 0.6 MG/ML (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SIGNIFOR	INJ 0.9MG/ML	Pasireotide Diaspartate Inj 0.9 MG/ML (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SIGNIFOR LAR INJ 10MG		Pasireotide Pamoate For IM ER Susp 10 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	
SIGNIFOR LAR INJ 20MG		Pasireotide Pamoate For IM ER Susp 20 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SIGNIFOR LAR INJ 30MG		Pasireotide Pamoate For IM ER Susp 30 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	
SIGNIFOR LAR INJ 40MG		Pasireotide Pamoate For IM ER Susp 40 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SIGNIFOR LAR INJ 60MG		Pasireotide Pamoate For IM ER Susp 60 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PALYNZIQ	INJ 10/0.5ML	Pegvaliase-pqpz Subcutaneous Soln Pref Syringe 10 MG/0.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
PALYNZIQ	INJ 2.5/0.5	Pegvaliase-pqpz Subcutaneous Soln Pref Syringe 2.5 MG/0.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
PALYNZIQ	INJ 20MG/ML	Pegvaliase-pqpz Subcutaneous Soln Pref Syringe 20 MG/ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
SOMAVERT	INJ 10MG	Pegvisomant For Inj 10 MG (As Protein)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SOMAVERT	INJ 15MG	Pegvisomant For Inj 15 MG (As Protein)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SOMAVERT	INJ 20MG	Pegvisomant For Inj 20 MG (As Protein)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SOMAVERT	INJ 25MG	Pegvisomant For Inj 25 MG (As Protein)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
SOMAVERT	INJ 30MG	Pegvisomant For Inj 30 MG (As Protein)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RALOXIFENE	TAB 60MG	Raloxifene HCl Tab 60 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	No Cost	Yes	No	
EVISTA	TAB 60MG	Raloxifene HCl Tab 60 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	No Cost	Yes	No	
RISEDRONATE	TAB 150MG	Risedronate Sodium Tab 150 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ACTONEL	TAB 150MG	Risedronate Sodium Tab 150 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
ACTONEL	TAB 30MG	Risedronate Sodium Tab 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
RISEDRONATE	TAB 30MG	Risedronate Sodium Tab 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
ACTONEL	TAB 35MG	Risedronate Sodium Tab 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
RISEDRONATE	TAB 35MG	Risedronate Sodium Tab 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
RISEDRONATE	TAB 5MG	Risedronate Sodium Tab 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACTONEL	TAB 5MG	Risedronate Sodium Tab 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
RISEDRON SOD TAB 35MG DR		Risedronate Sodium Tab Delayed Release 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	No	
ATELVIA	TAB	Risedronate Sodium Tab Delayed Release 35 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	Yes	No	
KUVAN	POW 100MG	Sapropterin Dihydrochloride Powder Packet 100 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KUVAN	POW 500MG	Sapropterin Dihydrochloride Powder Packet 500 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KUVAN	TAB 100MG	Sapropterin Dihydrochloride Soluble Tab 100 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KANUMA	INJ 20/10ML	Sebelipase Alfa IV Soln 20 MG/10ML (2 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SOD BENZATE/ SOL PHEN 10%		Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
AMMONUL	INJ 10%	Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
PHENLAC/BENZ SOL 10-10%		Sodium Benzoate & Sodium Phenylacetate IV Soln 10-10%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	No	
BUPHENYL	POW	Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
PHENYLBUTYRA POW SODIUM		Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
PHENYLBUTYRA POW SODIUM		Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
SODIUM PHENY TAB 500MG		Sodium Phenylbutyrate Tab 500 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	Yes	Yes	
BUPHENYL	TAB 500MG	Sodium Phenylbutyrate Tab 500 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
SAIZEN	INJ 5MG	Somatropin (Non-Refrigerated) For Inj 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
SAIZENPREP	INJ 8.8MG	Somatropin (Non-Refrigerated) For Inj 8.8 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
SAIZEN	INJ 8.8MG	Somatropin (Non-Refrigerated) For Inj 8.8 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SEROSTIM	INJ 4MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SEROSTIM	INJ 5MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SEROSTIM	INJ 6MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ZORBTIVE	INJ 8.8MG	Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
GENOTROPIN	INJ 0.2MG	Somatropin For Inj 0.2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 0.4MG	Somatropin For Inj 0.4 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 0.6MG	Somatropin For Inj 0.6 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 0.8MG	Somatropin For Inj 0.8 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 1MG	Somatropin For Inj 1 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 1.2MG	Somatropin For Inj 1.2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 1.4MG	Somatropin For Inj 1.4 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 1.6MG	Somatropin For Inj 1.6 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 1.8MG	Somatropin For Inj 1.8 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
ZOMACTON	INJ 10MG	Somatropin For Inj 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
ZOMACTON	INJ 10MG	Somatropin For Inj 10 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENOTROPIN	INJ 12MG	Somatropin For Inj 12 MG (13.8 MG Overfill)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
HUMATROPE	INJ 12MG	Somatropin For Inj 12 MG (36 Unit)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GENOTROPIN	INJ 2MG	Somatropin For Inj 2 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HUMATROPE	INJ 24MG	Somatropin For Inj 24 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
HUMATROPE	INJ 5MG	Somatropin For Inj 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
OMNITROPE	INJ 5.8MG	Somatropin For Inj 5.8 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
HUMATROPE	INJ 6MG	Somatropin For Inj 6 MG (18 Unit)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GENOTROPIN	INJ 5MG	Somatropin For Subcutaneous Inj 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
ZOMACTON	INJ 5MG	Somatropin For Subcutaneous Inj 5 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NORDITROPIN	INJ 10/1.5ML	Somatropin Inj 10 MG/1.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
OMNITROPE	INJ 10/1.5ML	Somatropin Inj 10 MG/1.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NUTROPIN AQ	INJ 10MG/2ML	Somatropin Inj 10 MG/2ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NORDITROPIN	INJ 15/1.5ML	Somatropin Inj 15 MG/1.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NUTROPIN AQ	INJ 20MG/2ML	Somatropin Inj 20 MG/2ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NORDITROPIN	INJ 30/3ML	Somatropin Inj 30 MG/3ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
OMNITROPE	INJ 5/1.5ML	Somatropin Inj 5 MG/1.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NORDITROPIN	INJ 5/1.5ML	Somatropin Inj 5 MG/1.5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
NUTROPIN AQ	INJ NUSPIN 5	Somatropin Inj 5 MG/2ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
FORTEO	SOL 600/2.4	Teriparatide (Recombinant) Inj 600 MCG/2.4ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
EGRIFTA	SOL 1MG	Tesamorelin Acetate For Inj 1 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SAMSCA	TAB 15MG	Tolvaptan Tab 15 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SAMSCA	TAB 30MG	Tolvaptan Tab 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
JYNARQUE	PAK 45-15MG	Tolvaptan Tab Therapy Pack 45 & 15 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
JYNARQUE	PAK 60-30MG	Tolvaptan Tab Therapy Pack 60 & 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
JYNARQUE	PAK 90-30MG	Tolvaptan Tab Therapy Pack 90 & 30 MG	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
TRIPTODUR	SUS 22.5MG	Triptorelin Pamoate For IM ER Susp 22.5 MG (Base Equiv)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
XURIDEN	POW 2GM	Uridine Triacetate Oral Granules Packet 2 GM	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
BRAVELLE	INJ 75UNIT	Urofollitropin Purified For Inj 75 Unit	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	PA
VASOSTRICT	INJ 20UNT/ML	Vasopressin IV Soln 20 Unit/ML (For IV Infusion)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	
VASOPRES/D5W	INJ 100/100	Vasopressin-Dextrose IV Soln 100 Unit/100ML-5% (1 Unit/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPR/DEXTR	INJ 20/100ML	Vasopressin-Dextrose IV Soln 20 Unit/100ML-5% (0.2Unit/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRES/DEX	INJ 25/250	Vasopressin-Dextrose IV Soln 25 Unit/250ML-5% (0.1 Unit/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRES/DEX	INJ 50/250	Vasopressin-Dextrose IV Soln 50 Unit/250ML-5% (0.2 Unit/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRES/DEX	INJ 50/250	Vasopressin-Dextrose IV Soln 60 Unit/100ML-5% (0.6 Unit/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRE/NACL	INJ 100/100	Vasopressin-Sodium Chloride IV Soln 100 Unit/100ML-0.9%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRE/NACL	INJ 100/250	Vasopressin-Sodium Chloride IV Soln 100 Unit/250ML-0.9%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRE/NACL	INJ 40/100ML	Vasopressin-Sodium Chloride IV Soln 40 Unit/100ML-0.9%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRE/NACL	INJ 50/250ML	Vasopressin-Sodium Chloride IV Soln 50 Unit/250ML-0.9%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
VASOPRE/NACL	INJ 50/50ML	Vasopressin-Sodium Chloride IV Soln 50 Unit/50ML-0.9%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VASOPRE/NACL INJ 60/100ML		Vasopressin-Sodium Chloride IV Soln 60 Unit/100ML-0.9%	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	No	PA
MEPSEVII INJ 10MG/5ML		Vestronidase alfa-vjbk IV Soln 10 MG/5ML (2 MG/ML)	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	
ZOLEDRONIC INJ 4MG/5ML		Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
ZOLEDRONIC INJ 4MG/5ML		Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
ZOMETA INJ 4MG/5ML		Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ZOLEDRONIC INJ 4MG/5ML		Zoledronic Acid Inj Conc For IV Infusion 4 MG/5ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
ZOMETA INJ 4MG/100		Zoledronic Acid IV Soln 4 MG/100ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ZOLEDRONIC INJ 4MG/100		Zoledronic Acid IV Soln 4 MG/100ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ZOLEDRONIC INJ 5/100ML		Zoledronic Acid IV Soln 5 MG/100ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	
RECLAST INJ 5/100ML		Zoledronic Acid IV Soln 5 MG/100ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ZOLEDRONIC INJ 5/100ML		Zoledronic Acid IV Soln 5 MG/100ML	ENDOCRINE AND METABOLIC AGENTS - MISC.	Generic	No	Yes	*Various UM Required
EC-RX ESTRAD CRE 0.4%		*Estradiol Micronized Cream 0.4% (Compounding Kit)*	ESTROGENS	Non-Preferred	No	No	PA
EC-RX ESTRAD CRE 0.6%		*Estradiol Micronized Cream 0.6% (Compounding Kit)*	ESTROGENS	Non-Preferred	No	No	PA
BIEST/PROGES CRE		*Estradiol-Estriol-Progesterone Micronized Cream (Cmpd Kit)*	ESTROGENS	Non-Preferred	No	No	PA
BIEST/PROGES CRE		*Estradiol-Estriol-Progesterone Micronized Cream (Cmpd Kit)*	ESTROGENS	Non-Preferred	No	No	PA
BI-EST 50:50 CRE		*Estradiol-Estriol-Testost-Progest Micro Cream (Cmpd Kit)***	ESTROGENS	Non-Preferred	No	No	PA
BI-EST 50:50 CRE		*Estriol-Estradiol Cream (Cmpd Kit)***	ESTROGENS	Non-Preferred	No	No	PA
ESTRIOL-PROG CRE		*Estriol-Progesterone Micro Cream 4-20 MG/GM (Cmpd Kit)***	ESTROGENS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREMPHASE	TAB	Conj Est 0.625(14)/Conj Est-Medroxypro Ac Tab 0.625-5MG(14)	ESTROGENS	Non-Preferred	Yes	No	
PREMPRO	TAB 0.3-1.5	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.3-1.5 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMPRO	TAB 0.45-1.5	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.45-1.5 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMPRO	TAB .625-2.5	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-2.5 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMPRO	TAB 0.625-5	Conjugated Estrogen-Medroxyprogesterone Acetate Tab 0.625-5 MG	ESTROGENS	Non-Preferred	Yes	No	
DUAVEE	TAB 0.45-20	Conjugated Estrogens-Bazedoxifene Tab 0.45-20 MG	ESTROGENS	Non-Preferred	Yes	No	
ANGELIQ	TAB 0.25-0.5	Drospirenone-Estradiol Tab 0.25-0.5 MG	ESTROGENS	Non-Preferred	Yes	No	
ANGELIQ	TAB 0.5-1MG	Drospirenone-Estradiol Tab 0.5-1 MG	ESTROGENS	Non-Preferred	Yes	No	
EEMT HS	TAB	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG	ESTROGENS	Generic	No	No	
EST ESTROGEN TAB MTEST HS		Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG	ESTROGENS	Generic	No	No	
COVARYX HS	TAB	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG	ESTROGENS	Generic	No	No	
EEMT	TAB 1.25-2.5	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG	ESTROGENS	Generic	No	No	
COVARYX	TAB 1.25-2.5	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG	ESTROGENS	Generic	No	No	
ESTROG/MTEST TAB 1.25-2.5		Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG	ESTROGENS	Generic	No	No	
MENEST	TAB 0.3MG	Esterified Estrogens Tab 0.3 MG	ESTROGENS	Non-Preferred	Yes	No	
MENEST	TAB 0.625MG	Esterified Estrogens Tab 0.625 MG	ESTROGENS	Non-Preferred	Yes	No	
MENEST	TAB 1.25MG	Esterified Estrogens Tab 1.25 MG	ESTROGENS	Non-Preferred	Yes	No	
ACTIVELLA	TAB 0.5-0.1	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	ESTROGENS	Non-Preferred	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMABELZ	TAB 0.5-0.1	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	ESTROGENS	Generic	Yes	No	
ESTRA/NORETH TAB 0.5-0.1		Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	ESTROGENS	Generic	Yes	No	
LOPREEZA	TAB 0.5-0.1	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	ESTROGENS	Generic	Yes	No	
ESTRA/NORETH TAB 0.5-0.1		Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	ESTROGENS	Generic	Yes	No	
MIMVEY LO	TAB 0.5-0.1	Estradiol & Norethindrone Acetate Tab 0.5-0.1 MG	ESTROGENS	Generic	Yes	No	
LOPREEZA	TAB 1-0.5MG	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	ESTROGENS	Generic	Yes	No	
ACTIVELLA	TAB 1-0.5MG	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	ESTROGENS	Non-Preferred	Yes	No	
MIMVEY	TAB 1-0.5MG	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	ESTROGENS	Generic	Yes	No	
AMABELZ	TAB 1-0.5MG	Estradiol & Norethindrone Acetate Tab 1-0.5 MG	ESTROGENS	Generic	Yes	No	
ESTRA/NORETH TAB 1-0.5MG		Estradiol & Norethindrone Acetate Tab 1-0.5 MG	ESTROGENS	Generic	Yes	No	
ESTRA/NORETH TAB 1-0.5MG		Estradiol & Norethindrone Acetate Tab 1-0.5 MG	ESTROGENS	Generic	Yes	No	
DEPO-ESTRADI INJ 5MG/ML		Estradiol Cypionate IM in Oil 5 MG/ML	ESTROGENS	Non-Preferred	No	No	
ELESTRIN	GEL 0.06%	Estradiol Gel 0.06% (0.52 MG/0.87 GM Metered-Dose Pump)	ESTROGENS	Non-Preferred	Yes	No	
ESTROGEL	GEL	Estradiol Gel 0.06% (0.75 MG/1.25 GM Metered-Dose Pump)	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	TAB 0.5MG	Estradiol Tab 0.5 MG	ESTROGENS	Generic	Yes	No	
ESTRACE	TAB 0.5MG	Estradiol Tab 0.5 MG	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	TAB 1MG	Estradiol Tab 1 MG	ESTROGENS	Generic	Yes	No	
ESTRACE	TAB 1MG	Estradiol Tab 1 MG	ESTROGENS	Non-Preferred	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREFEST	TAB	Estradiol Tab 1 MG(15)/Estrad-Norgestimate Tab 1-0.09MG(15)	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	TAB 2MG	Estradiol Tab 2 MG	ESTROGENS	Generic	Yes	No	
ESTRACE	TAB 2MG	Estradiol Tab 2 MG	ESTROGENS	Non-Preferred	Yes	No	
DIVIGEL	GEL 0.25MG	Estradiol TD Gel 0.25 MG/0.25GM (0.1%)	ESTROGENS	Non-Preferred	Yes	No	
DIVIGEL	GEL 0.5MG	Estradiol TD Gel 0.5 MG/0.5GM (0.1%)	ESTROGENS	Non-Preferred	Yes	No	
DIVIGEL	GEL 1MG/GM	Estradiol TD Gel 1 MG/GM (0.1%)	ESTROGENS	Non-Preferred	Yes	No	
MINIVELLE	DIS 0.025MG	Estradiol TD Patch Twice Weekly 0.025 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
VIVELLE-DOT	DIS 0.025MG	Estradiol TD Patch Twice Weekly 0.025 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.025MG	Estradiol TD Patch Twice Weekly 0.025 MG/24HR	ESTROGENS	Generic	Yes	No	
ALORA	DIS 0.025MG	Estradiol TD Patch Twice Weekly 0.025 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.0375MG	Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	ESTROGENS	Generic	Yes	No	
MINIVELLE	DIS 0.0375MG	Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
VIVELLE-DOT	DIS 0.0375MG	Estradiol TD Patch Twice Weekly 0.0375 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
VIVELLE-DOT	DIS 0.05MG	Estradiol TD Patch Twice Weekly 0.05 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
MINIVELLE	DIS 0.05MG	Estradiol TD Patch Twice Weekly 0.05 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ALORA	DIS 0.05MG	Estradiol TD Patch Twice Weekly 0.05 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.05MG	Estradiol TD Patch Twice Weekly 0.05 MG/24HR	ESTROGENS	Generic	Yes	No	
MINIVELLE	DIS 0.075MG	Estradiol TD Patch Twice Weekly 0.075 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ESTRADIOL	DIS 0.075MG	Estradiol TD Patch Twice Weekly 0.075 MG/24HR	ESTROGENS	Generic	Yes	No	
ALORA	DIS 0.075MG	Estradiol TD Patch Twice Weekly 0.075 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
VIVELLE-DOT	DIS 0.075MG	Estradiol TD Patch Twice Weekly 0.075 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
MINIVELLE	DIS 0.1MG	Estradiol TD Patch Twice Weekly 0.1 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
VIVELLE-DOT	DIS 0.1MG	Estradiol TD Patch Twice Weekly 0.1 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ALORA	DIS 0.1MG	Estradiol TD Patch Twice Weekly 0.1 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.1MG	Estradiol TD Patch Twice Weekly 0.1 MG/24HR	ESTROGENS	Generic	Yes	No	
CLIMARA	DIS 0.025MG	Estradiol TD Patch Weekly 0.025 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.025MG	Estradiol TD Patch Weekly 0.025 MG/24HR	ESTROGENS	Generic	Yes	No	
ESTRADIOL	DIS 0.025MG	Estradiol TD Patch Weekly 0.025 MG/24HR	ESTROGENS	Generic	Yes	No	
ESTRADIOL	DIS 0.0375MG	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	ESTROGENS	Generic	Yes	No	
ESTRADIOL	DIS 0.0375MG	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	ESTROGENS	Generic	Yes	No	
CLIMARA	DIS 0.0375MG	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.05MG	Estradiol TD Patch Weekly 0.05 MG/24HR	ESTROGENS	Generic	Yes	No	
ESTRADIOL	DIS 0.05MG	Estradiol TD Patch Weekly 0.05 MG/24HR	ESTROGENS	Generic	Yes	No	
CLIMARA	DIS 0.05MG	Estradiol TD Patch Weekly 0.05 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
CLIMARA	DIS 0.06MG	Estradiol TD Patch Weekly 0.06 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.06MG	Estradiol TD Patch Weekly 0.06 MG/24HR	ESTROGENS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ESTRADIOL	DIS 0.06MG	Estradiol TD Patch Weekly 0.06 MG/24HR	ESTROGENS	Generic	Yes	No	
ESTRADIOL	DIS 0.075MG	Estradiol TD Patch Weekly 0.075 MG/24HR	ESTROGENS	Generic	Yes	No	
ESTRADIOL	DIS 0.075MG	Estradiol TD Patch Weekly 0.075 MG/24HR	ESTROGENS	Generic	Yes	No	
CLIMARA	DIS 0.075MG	Estradiol TD Patch Weekly 0.075 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.1MG	Estradiol TD Patch Weekly 0.1 MG/24HR	ESTROGENS	Generic	Yes	No	
CLIMARA	DIS 0.1MG	Estradiol TD Patch Weekly 0.1 MG/24HR	ESTROGENS	Non-Preferred	Yes	No	
ESTRADIOL	DIS 0.1MG	Estradiol TD Patch Weekly 0.1 MG/24HR	ESTROGENS	Generic	Yes	No	
MENOSTAR	DIS 14MCG	Estradiol TD Patch Weekly 14 MCG/24HR	ESTROGENS	Non-Preferred	Yes	No	
EVAMIST	SPR 1.53MG	Estradiol Transdermal Spray 1.53 MG/SPRAY	ESTROGENS	Non-Preferred	Yes	No	
DELESTROGEN	INJ 10MG/ML	Estradiol Valerate IM in Oil 10 MG/ML	ESTROGENS	Non-Preferred	No	No	
DELESTROGEN	INJ 20MG/ML	Estradiol Valerate IM in Oil 20 MG/ML	ESTROGENS	Non-Preferred	No	No	
ESTRAD VAL	INJ 20MG/ML	Estradiol Valerate IM in Oil 20 MG/ML	ESTROGENS	Generic	No	No	
DELESTROGEN	INJ 40MG/ML	Estradiol Valerate IM In Oil 40 MG/ML	ESTROGENS	Non-Preferred	No	No	
ESTRAD VAL	INJ 200MG/5	Estradiol Valerate IM In Oil 40 MG/ML	ESTROGENS	Generic	No	No	
CLIMARA PRO	DIS WEEKLY	Estradiol-Levonorgestrel TD Patch Weekly 0.045-0.015 MG/DAY	ESTROGENS	Preferred	Yes	No	
COMBIPATCH	DIS .05/.14	Estradiol-Norethindrone Ace TD PTTW 0.05-0.14 MG/DAY	ESTROGENS	Non-Preferred	Yes	No	
COMBIPATCH	DIS .05/.25	Estradiol-Norethindrone Ace TD PTTW 0.05-0.25 MG/DAY	ESTROGENS	Non-Preferred	Yes	No	
PREMARIN	INJ 25MG	Estrogens, Conjugated For Inj 25 MG	ESTROGENS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREMARIN	TAB 0.3MG	Estrogens, Conjugated Tab 0.3 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMARIN	TAB 0.45MG	Estrogens, Conjugated Tab 0.45 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMARIN	TAB 0.625MG	Estrogens, Conjugated Tab 0.625 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMARIN	TAB 0.9MG	Estrogens, Conjugated Tab 0.9 MG	ESTROGENS	Non-Preferred	Yes	No	
PREMARIN	TAB 1.25MG	Estrogens, Conjugated Tab 1.25 MG	ESTROGENS	Non-Preferred	Yes	No	
ETHINYL	POW ESTRADIO	Ethinyl Estradiol Powder	ESTROGENS	Non-Preferred	No	No	
FYAVOLV	TAB 0.5-2.5	Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG	ESTROGENS	Generic	Yes	No	
NORETH/ETHIN TAB 0.5-2.5		Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG	ESTROGENS	Generic	Yes	No	
JEVANTIQUE L TAB 0.5-2.5		Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG	ESTROGENS	Generic	Yes	No	
FEMHRT	TAB 0.5-2.5	Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 MG-2.5 MCG	ESTROGENS	Non-Preferred	Yes	No	
JINTELI	TAB 1MG-5MCG	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	ESTROGENS	Generic	Yes	No	
NORETH/ETHIN TAB 1MG-5MCG		Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	ESTROGENS	Generic	Yes	No	
FYAVOLV	TAB 1-5	Norethindrone Acetate-Ethinyl Estradiol Tab 1 MG-5 MCG	ESTROGENS	Generic	Yes	No	
CIPROFLOXACN INJ 200MG		Ciprofloxacin 200 MG/100ML in D5W	FLUOROQUINOLONES	Generic	No	No	
CIPROFLOXACN INJ 400MG		Ciprofloxacin 400 MG/200ML in D5W	FLUOROQUINOLONES	Generic	No	No	
CIPRO I.V. INJ 400MG		Ciprofloxacin 400 MG/200ML in D5W	FLUOROQUINOLONES	Non-Preferred	No	No	
CIPRO (5%)	SUS 250MG/5	Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML)	FLUOROQUINOLONES	Preferred	No	No	
CIPRO (10%) SUS 500MG/5		Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	FLUOROQUINOLONES	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CIPROFLOXACN SUS 500MG/5		Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	FLUOROQUINOLONES	Generic	No	No	
CIPROFLOXACN TAB 100MG		Ciprofloxacin HCl Tab 100 MG (Base Equiv)	FLUOROQUINOLONES	Generic	No	No	
CIPRO	TAB 250MG	Ciprofloxacin HCl Tab 250 MG (Base Equiv)	FLUOROQUINOLONES	Non-Preferred	No	No	
CIPROFLOXACN TAB 250MG		Ciprofloxacin HCl Tab 250 MG (Base Equiv)	FLUOROQUINOLONES	Generic	No	No	
CIPROFLOXACN TAB 500MG		Ciprofloxacin HCl Tab 500 MG (Base Equiv)	FLUOROQUINOLONES	Generic	No	No	
CIPRO	TAB 500MG	Ciprofloxacin HCl Tab 500 MG (Base Equiv)	FLUOROQUINOLONES	Non-Preferred	No	No	
CIPROFLOXACN TAB 750MG		Ciprofloxacin HCl Tab 750 MG (Base Equiv)	FLUOROQUINOLONES	Generic	No	No	
CIPRO XR	TAB 1000MG	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 1000 MG(Base Eq)	FLUOROQUINOLONES	Non-Preferred	No	No	
CIPROFLOXACN TAB 1000MG		Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 1000 MG(Base Eq)	FLUOROQUINOLONES	Generic	No	No	
CIPROFLOXACN TAB 500MG ER		Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 500 MG (Base Eq)	FLUOROQUINOLONES	Generic	No	No	
CIPRO XR	TAB 500MG	Ciprofloxacin-Ciprofloxacin HCl Tab ER 24HR 500 MG (Base Eq)	FLUOROQUINOLONES	Non-Preferred	No	No	
BAXDELA	INJ 300MG	Delafloxacin Meglumine For IV Soln 300 MG (Base Equiv)	FLUOROQUINOLONES	Non-Preferred	No	No	
BAXDELA	TAB 450MG	Delafloxacin Meglumine Tab 450 MG (Base Equiv)	FLUOROQUINOLONES	Non-Preferred	No	No	
LEVOFLOX/D5W INJ 250/50ML		Levofloxacin in D5W IV Soln 250 MG/50ML	FLUOROQUINOLONES	Generic	No	No	
LEVOFLOX/D5W INJ 500/100M		Levofloxacin in D5W IV Soln 500 MG/100ML	FLUOROQUINOLONES	Generic	No	No	
LEVOFLOX/D5W INJ 750/150		Levofloxacin in D5W IV Soln 750 MG/150ML	FLUOROQUINOLONES	Generic	No	No	
LEVOFLOXACIN INJ 25MG/ML		Levofloxacin IV Soln 25 MG/ML	FLUOROQUINOLONES	Generic	No	No	
LEVOFLOXACIN SOL 25MG/ML		Levofloxacin Oral Soln 25 MG/ML	FLUOROQUINOLONES	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVOFLOXACIN SOL 25MG/ML	Levofloxacin Oral Soln 25 MG/ML	FLUOROQUINOLONES	Generic	No	No	
LEVOFLOXACIN TAB 250MG	Levofloxacin Tab 250 MG	FLUOROQUINOLONES	Generic	No	No	
LEVAQUIN TAB 500MG	Levofloxacin Tab 500 MG	FLUOROQUINOLONES	Non-Preferred	No	No	
LEVOFLOXACIN TAB 500MG	Levofloxacin Tab 500 MG	FLUOROQUINOLONES	Generic	No	No	
LEVAQUIN TAB 750MG	Levofloxacin Tab 750 MG	FLUOROQUINOLONES	Non-Preferred	No	No	
LEVOFLOXACIN TAB 750MG	Levofloxacin Tab 750 MG	FLUOROQUINOLONES	Generic	No	No	
AVELOX INJ	Moxifloxacin HCl 400 MG/250ML in Sodium Chloride 0.8% Inj	FLUOROQUINOLONES	Non-Preferred	No	No	
MOXIFLOXACIN INJ 400/250	Moxifloxacin HCl 400 MG/250ML in Sodium Chloride 0.8% Inj	FLUOROQUINOLONES	Generic	No	No	
MOXIFLOXACIN INJ	Moxifloxacin HCl IV Solution 400 MG/250ML (Base Equiv)	FLUOROQUINOLONES	Non-Preferred	No	No	PA
MOXIFLOXACIN TAB 400MG	Moxifloxacin HCl Tab 400 MG (Base Equiv)	FLUOROQUINOLONES	Generic	No	No	
AVELOX TAB 400MG	Moxifloxacin HCl Tab 400 MG (Base Equiv)	FLUOROQUINOLONES	Non-Preferred	No	No	
MOXIFLOXACIN TAB 400MG	Moxifloxacin HCl Tab 400 MG (Base Equiv)	FLUOROQUINOLONES	Generic	No	No	
OFLOXACIN TAB 300MG	Ofloxacin Tab 300 MG	FLUOROQUINOLONES	Generic	No	No	
OFLOXACIN TAB 400MG	Ofloxacin Tab 400 MG	FLUOROQUINOLONES	Generic	No	No	
MESALAMINE KIT 4GM	*Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
MESALAMINE KIT 4GM	*Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
ROWASA KIT 4GM	*Mesalamine Rectal Enema 4 GM & Cleanser Wipe Kit**	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
URSODIOL SUS 30MG/ML	*Ursodiol Susp 30 MG/ML (Compound Kit)**	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LOTRONEX	TAB 0.5MG	Alosetron HCl Tab 0.5 MG (Base Equiv)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
ALOSETRON	TAB 0.5MG	Alosetron HCl Tab 0.5 MG (Base Equiv)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
ALOSETRON	TAB 1MG	Alosetron HCl Tab 1 MG (Base Equiv)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
LOTRONEX	TAB 1MG	Alosetron HCl Tab 1 MG (Base Equiv)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
ENTEREG	CAP 12MG	Alvimopan Cap 12 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
BALSALAZIDE	CAP 750MG	Balsalazide Disodium Cap 750 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
COLAZAL	CAP 750MG	Balsalazide Disodium Cap 750 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
CALC ACETATE CAP 667MG		Calcium Acetate (Phosphate Binder) Cap 667 MG (169 MG Ca)	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
PHOSLYRA	SOL	Calcium Acetate (Phosphate Binder) Oral Soln 667 MG/5ML	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
CALC ACETATE TAB 667MG		Calcium Acetate (Phosphate Binder) Tab 667 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
CIMZIA	KIT	Certolizumab Pegol For Inj Kit 2 X 200 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
CIMZIA PREFL KIT 200MG/ML		Certolizumab Pegol Inj Kit 2 X 200 MG/ML	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
CIMZIA	KIT STARTER	Certolizumab Pegol Inj Kit 6 X 200 MG/ML	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
CHENODAL	TAB 250MG	Chenodiol Tab 250 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
CHOLBAM	CAP 250MG	Cholic Acid Cap 250 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CHOLBAM	CAP 50MG	Cholic Acid Cap 50 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CROMOLYN SOD CON 100/5ML		Cromolyn Sodium Oral Conc 100 MG/5ML	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
GASTROCROM	CON 100/5ML	Cromolyn Sodium Oral Conc 100 MG/5ML	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VIBERZI	TAB 100MG	Eluxadoline Tab 100 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
VIBERZI	TAB 75MG	Eluxadoline Tab 75 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
AURYXIA	TAB 210MG	Ferric Citrate Tab 1 GM (210 MG Ferric Iron)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
REMICADE	INJ 100MG	Infliximab For IV Inj 100 MG	GASTROINTESTINAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RENFLEXIS	INJ 100MG	Infliximab-abda For IV Inj 100 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
INFLECTRA	INJ 100MG	Infliximab-dyyb For IV Inj 100 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
GENERLAC	SOL 10GM/15	Lactulose (Encephalopathy) Solution 10 GM/15ML	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
LACTULOSE	SOL 10GM/15	Lactulose (Encephalopathy) Solution 10 GM/15ML	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
ENULOSE	SOL 10GM/15	Lactulose (Encephalopathy) Solution 10 GM/15ML	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
LACTULOSE	SOL 10GM/15	Lactulose (Encephalopathy) Solution 10 GM/15ML	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
FOSRENOL	CHW 1000MG	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
LANTHANUM	CHW 1000MG	Lanthanum Carbonate Chew Tab 1000 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
FOSRENOL	CHW 500MG	Lanthanum Carbonate Chew Tab 500 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
LANTHANUM	CHW 500MG	Lanthanum Carbonate Chew Tab 500 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
LANTHANUM	CHW 750MG	Lanthanum Carbonate Chew Tab 750 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
FOSRENOL	CHW 750MG	Lanthanum Carbonate Chew Tab 750 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
FOSRENOL	POW 1000MG	Lanthanum Carbonate Oral Powder Pack 1000 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
FOSRENOL	POW 750MG	Lanthanum Carbonate Oral Powder Pack 750 MG (Elemental)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LINZESS	CAP 145MCG	Linaclotide Cap 145 MCG	GASTROINTESTINAL AGENTS - MISC.	Preferred	Yes	No	
LINZESS	CAP 290MCG	Linaclotide Cap 290 MCG	GASTROINTESTINAL AGENTS - MISC.	Preferred	Yes	No	
LINZESS	CAP 72MCG	Linaclotide Cap 72 MCG	GASTROINTESTINAL AGENTS - MISC.	Preferred	Yes	No	
AMITIZA	CAP 24MCG	Lubiprostone Cap 24 MCG	GASTROINTESTINAL AGENTS - MISC.	Preferred	Yes	No	
AMITIZA	CAP 8MCG	Lubiprostone Cap 8 MCG	GASTROINTESTINAL AGENTS - MISC.	Preferred	Yes	No	
DELZICOL	CAP 400MG	Mesalamine Cap DR 400 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
APRISO	CAP 0.375GM	Mesalamine Cap ER 24HR 0.375 GM	GASTROINTESTINAL AGENTS - MISC.	Preferred	No	No	
PENTASA	CAP 250MG CR	Mesalamine Cap ER 250 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
PENTASA	CAP 500MG CR	Mesalamine Cap ER 500 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
MESALAMINE	ENE 4GM	Mesalamine Enema 4 GM	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
MESALAMINE	POW	Mesalamine Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
5-AMINOSALIC POW ACID		Mesalamine Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
5-AMINOSALIC POW ACID		Mesalamine Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
SFROWASA	ENE 4GM	Mesalamine Sulfite-Free (SF) Enema 4 GM/60ML	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
CANASA	SUP 1000MG	Mesalamine Suppos 1000 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
MESALAMINE	TAB 1.2GM	Mesalamine Tab Delayed Release 1.2 GM	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
LIALDA	TAB 1.2GM	Mesalamine Tab Delayed Release 1.2 GM	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
MESALAMINE	TAB 1.2GM	Mesalamine Tab Delayed Release 1.2 GM	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MESALAMINE TAB 800MG DR	Mesalamine Tab Delayed Release 800 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	PA
MESALAMINE TAB 800MG DR	Mesalamine Tab Delayed Release 800 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	PA
ASACOL HD TAB 800MG	Mesalamine Tab Delayed Release 800 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
RELISTOR INJ 12/0.6ML	Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
RELISTOR INJ 8/0.4ML	Methylnaltrexone Bromide Inj 8 MG/0.4ML (20 MG/ML)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
RELISTOR TAB 150MG	Methylnaltrexone Bromide Tab 150 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
METOCLOPRAM INJ 10MG/2ML	Metoclopramide HCl Inj 5 MG/ML (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
METOCLOPRAM INJ 5MG/ML	Metoclopramide HCl Inj 5 MG/ML (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
METOCLOPRAM POW MONOHYDR	Metoclopramide HCl Monohydrate Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAM POW MONOHYDR	Metoclopramide HCl Monohydrate Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAMI TAB 10MG ODT	Metoclopramide HCl Orally Disintegrating Tab 10 MG (Base Eq)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAM TAB 5MG ODT	Metoclopramide HCl Orally Disintegrating Tab 5 MG (Base Eq)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
METOCLOPRAMI POW HCL	Metoclopramide HCl Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAMI POW HCL USP	Metoclopramide HCl Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAM SOL 5MG/5ML	Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
METOCLOPRAM SOL 10/10ML	Metoclopramide HCl Soln 5 MG/5ML (10 MG/10ML) (Base Equiv)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
REGLAN TAB 10MG	Metoclopramide HCl Tab 10 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAM TAB 10MG	Metoclopramide HCl Tab 10 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
REGLAN	TAB 5MG	Metoclopramide HCl Tab 5 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
METOCLOPRAM	TAB 5MG	Metoclopramide HCl Tab 5 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Generic	No	No	
SYMPROIC	TAB 0.2MG	Naldemedine Tosylate Tab 0.2 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	PA
MOVANTIK	TAB 12.5MG	Naloxegol Oxalate Tab 12.5 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Preferred	No	No	
MOVANTIK	TAB 25MG	Naloxegol Oxalate Tab 25 MG (Base Equivalent)	GASTROINTESTINAL AGENTS - MISC.	Preferred	No	No	
OCALIVA	TAB 10MG	Obeticholic Acid Tab 10 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OCALIVA	TAB 5MG	Obeticholic Acid Tab 5 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
DIPENTUM	CAP 250MG	Olsalazine Sodium Cap 250 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
TRULANCE	TAB 3MG	Plecanatide Tab 3 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
REVELA	PAK 0.8GM	Sevelamer Carbonate Packet 0.8 GM	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
SEVELAMER	POW 0.8GM	Sevelamer Carbonate Packet 0.8 GM	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
SEVELAMER	POW 2.4GM	Sevelamer Carbonate Packet 2.4 GM	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
REVELA	PAK 2.4GM	Sevelamer Carbonate Packet 2.4 GM	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
SEVELAMER	TAB 800MG	Sevelamer Carbonate Tab 800 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
REVELA	TAB 800MG	Sevelamer Carbonate Tab 800 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
RENAGEL	TAB 800MG	Sevelamer HCl Tab 800 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
SIMETHICONE	LIQ	Simethicone Liquid	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
VELPHORO	CHW 500MG	Sucroferric Oxyhydroxide Chew Tab 500 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SULFASALAZIN POW	Sulfasalazine Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
SULFASALAZIN POW	Sulfasalazine Powder	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	No	
SULFASALAZIN TAB 500MG	Sulfasalazine Tab 500 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
AZULFIDINE TAB 500MG	Sulfasalazine Tab 500 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
SULFASALAZIN TAB 500MG DR	Sulfasalazine Tab Delayed Release 500 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
AZULFIDINE TAB 500MG EN	Sulfasalazine Tab Delayed Release 500 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
GATTEX KIT 5MG	Teduglutide (rDNA) For Inj Kit 5 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XERMELO TAB 250MG	Telotristat Etiprate Tab 250 MG (Telotristat Ethyl Equiv)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ACTIGALL CAP 300MG	Ursodiol Cap 300 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
URSODIOL CAP 300MG	Ursodiol Cap 300 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
URSODIOL TAB 250MG	Ursodiol Tab 250 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
URSO 250 TAB 250MG	Ursodiol Tab 250 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
URSODIOL TAB 500MG	Ursodiol Tab 500 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
URSODIOL TAB 500MG	Ursodiol Tab 500 MG	GASTROINTESTINAL AGENTS - MISC.	Generic	Yes	No	
URSO FORTE TAB 500MG	Ursodiol Tab 500 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	Yes	No	
STELARA INJ 5MG/ML	Ustekinumab IV Soln 130 MG/26ML (5 MG/ML) (For IV Infusion)	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ENTYVIO INJ 300MG	Vedolizumab For IV Solution 300 MG	GASTROINTESTINAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
RENACIDIN SOL	*Citric Acid-Gluconolactone-Magnesium Carbonate Soln**	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACETIC ACID SOL 0.25%IRR	Acetic Acid Irrigation Soln 0.25%	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
LITHOSTAT TAB 250MG	Acetohydroxamic Acid Tab 250 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
UROXATRAL TAB 10MG	Alfuzosin HCl Tab ER 24HR 10 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	PA
ALFUZOSIN TAB 10MG ER	Alfuzosin HCl Tab ER 24HR 10 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	Yes	No	
CYSTAGON CAP 150MG	Cysteamine Bitartrate Cap 150 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Preferred	No	Yes	*Various UM Required
CYSTAGON CAP 50MG	Cysteamine Bitartrate Cap 50 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Preferred	No	Yes	*Various UM Required
PROCYSBI CAP 25MG	Cysteamine Bitartrate Cap Delayed Release 25 MG (Base Equiv)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	Yes	PA
PROCYSBI CAP 75MG	Cysteamine Bitartrate Cap Delayed Release 75 MG (Base Equiv)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	Yes	PA
DEFLUX INJ 50-15/ML	Dextranomer-Hyaluronic Acid Gel Pref Syringe 50-15 MG/ML	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
RIMSO-50 SOL 50%	Dimethyl Sulfoxide Soln 50%	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	PA
CARDURA XL TAB 4MG	Doxazosin Mesylate Tab ER 24 HR 4 MG (Base Equiv)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	
CARDURA XL TAB 8MG	Doxazosin Mesylate Tab ER 24 HR 8 MG (Base Equiv)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	
DUTASTERIDE CAP 0.5MG	Dutasteride Cap 0.5 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	Yes	No	
AVODART CAP 0.5MG	Dutasteride Cap 0.5 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	
JALYN CAP	Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	PA
DUTAST/TAMSU CAP 0.5-0.4	Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	Yes	No	
DUTAST/TAMSU CAP 0.5-0.4	Dutasteride-Tamsulosin HCl Cap 0.5-0.4 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	Yes	No	
PROSCAR TAB 5MG	Finasteride Tab 5 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FINASTERIDE TAB 5MG	Finasteride Tab 5 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	Yes	No	
AMINOAC ACID SOL 1.5% IRR	Glycine Irrigation Soln 1.5%	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
GLYCINE SOL 1.5% IRR	Glycine Irrigation Soln 1.5%	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
GLYCINE POW	Glycine Powder	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
GLYCINE (L) POW	Glycine Powder	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
RESECTISOL SOL 5%	Mannitol Irrigation Soln 5%	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
NEO/POLY GU SOL 40/ML IR	Neomycin-Polymyxin B GU Irrigation Soln	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
ELMIRON CAP 100MG	Pentosan Polysulfate Sodium Caps 100 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
PHENAZOPYRID POW HCL	Phenazopyridine HCl Powder	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
PHENAZOPYRID POW HCL	Phenazopyridine HCl Powder	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
PHENAZOPYRID TAB 100MG	Phenazopyridine HCl Tab 100 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
PYRIDIUM TAB 100MG	Phenazopyridine HCl Tab 100 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
PHENAZO TAB 200MG	Phenazopyridine HCl Tab 200 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
PYRIDIUM TAB 200MG	Phenazopyridine HCl Tab 200 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
PHENAZOPYRID TAB 200MG	Phenazopyridine HCl Tab 200 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
TRICITRATES SOL	Pot & Sod Citrates w/ Cit Ac Soln 550-500-334 MG/5ML	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
K-PHOS TAB NO 2	Potassium & Sodium Acid Phosphates Tab 305-700 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
CYTRA K GRA CRYSTALS	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TARON	GRA CRYSTALS	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
K CITRATE	SOL CITR ACD	Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
POT CITRATE	GRA MONOHYDR	Potassium Citrate Granules	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
POTASSIUM	POW CITRATE	Potassium Citrate Powder	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
UROCIT-K 10	TAB	Potassium Citrate Tab ER 10 MEQ (1080 MG)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
POT CITRATE	TAB 1080MG	Potassium Citrate Tab ER 10 MEQ (1080 MG)	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
POT CITRATE	TAB 1620MG	Potassium Citrate Tab ER 15 MEQ (1620 MG)	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
UROCIT-K 15	TAB	Potassium Citrate Tab ER 15 MEQ (1620 MG)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
POT CITRATE	TAB 540MG ER	Potassium Citrate Tab ER 5 MEQ (540 MG)	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
UROCIT-K 5	TAB	Potassium Citrate Tab ER 5 MEQ (540 MG)	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
RAPAFLO	CAP 4MG	Silodosin Cap 4 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	
RAPAFLO	CAP 8MG	Silodosin Cap 8 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	
CURITY SALIN SOL	0.9% IRR	Sodium Chloride Irrigation Soln 0.9%	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
SODIUM CHLOR SOL	0.9% IRR	Sodium Chloride Irrigation Soln 0.9%	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
ARGYL SALINE SOL	0.9%	Sodium Chloride Irrigation Soln 0.9%	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	
ORACIT	SOL	Sodium Citrate & Citric Acid Soln 490-640 MG/5ML	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
SHOHLs	SOL MODIFIED	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
SOD CITRATE	SOL CITR ACD	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SOD CITRATE CRY	Sodium Citrate Crystals	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
NA CITRATE POW ANHYDROU	Sodium Citrate Powder	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
SORBITOL SOL 3% IRR	Sorbitol Irrigation Soln 3%	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
SORBITOL SOL 3.3% IRR	Sorbitol Irrigation Soln 3.3%	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
SORBITOL-MAN SOL	Sorbitol-Mannitol Irrigation Soln 2.7-0.54 GM/100ML	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
TAMSULOSIN CAP 0.4MG	Tamsulosin HCl Cap 0.4 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Generic	Yes	No	
FLOMAX CAP 0.4MG	Tamsulosin HCl Cap 0.4 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	Yes	No	
THIOLA TAB 100MG	Tiopronin Tab 100 MG	GENITOURINARY AGENTS - MISCELLANEOUS	Non-Preferred	No	No	
ALOPRIM INJ 500MG	Allopurinol Sodium For Inj 500 MG	GOUT AGENTS	Non-Preferred	No	No	
ALLOPURINOL INJ 500MG	Allopurinol Sodium For Inj 500 MG	GOUT AGENTS	Generic	No	No	
ALLOPURINOL TAB 100MG	Allopurinol Tab 100 MG	GOUT AGENTS	Generic	Yes	No	
ZYLOPRIM TAB 100MG	Allopurinol Tab 100 MG	GOUT AGENTS	Non-Preferred	Yes	No	
ZYLOPRIM TAB 300MG	Allopurinol Tab 300 MG	GOUT AGENTS	Non-Preferred	Yes	No	
ALLOPURINOL TAB 300MG	Allopurinol Tab 300 MG	GOUT AGENTS	Generic	Yes	No	
MITIGARE CAP 0.6MG	Colchicine Cap 0.6 MG	GOUT AGENTS	Non-Preferred	No	No	
COLCHICINE CAP 0.6MG	Colchicine Cap 0.6 MG	GOUT AGENTS	Generic	No	No	
COLCHICINE CAP 0.6MG	Colchicine Cap 0.6 MG	GOUT AGENTS	Generic	No	No	
MITIGARE CAP 0.6MG	Colchicine Cap 0.6 MG	GOUT AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
COLCHICINE	POW	Colchicine Powder	GOUT AGENTS	Non-Preferred	No	No	
COLCHICINE	TAB 0.6MG	Colchicine Tab 0.6 MG	GOUT AGENTS	Generic	No	No	
COLCHICINE	TAB 0.6MG	Colchicine Tab 0.6 MG	GOUT AGENTS	Generic	No	No	
COLCRYS	TAB 0.6MG	Colchicine Tab 0.6 MG	GOUT AGENTS	Non-Preferred	No	No	
PROBEN/COLCH TAB 500-0.5		Colchicine w/ Probenecid Tab 0.5-500 MG	GOUT AGENTS	Generic	No	No	
ULORIC	TAB 40MG	Febuxostat Tab 40 MG	GOUT AGENTS	Non-Preferred	Yes	No	
ULORIC	TAB 80MG	Febuxostat Tab 80 MG	GOUT AGENTS	Non-Preferred	Yes	No	
ZURAMPIC	TAB 200MG	Lesinurad Tab 200 MG	GOUT AGENTS	Non-Preferred	Yes	No	PA
DUZALLO	TAB 200-200	Lesinurad-Allopurinol Tab 200-200 MG	GOUT AGENTS	Non-Preferred	Yes	No	PA
DUZALLO	TAB 200-300	Lesinurad-Allopurinol Tab 200-300 MG	GOUT AGENTS	Non-Preferred	Yes	No	PA
KRYSTEXXA	INJ 8MG/ML	Pegloticase Inj 8 MG/ML (For IV Infusion)	GOUT AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROBENECID	TAB 500MG	Probenecid Tab 500 MG	GOUT AGENTS	Generic	No	No	
FEIBA	INJ	*Antiinhibitor Coagulant Complex For Inj**	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OCTAPLAS	INJ GROUP AB	*Plasma, Human Inj**	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
OCTAPLAS	INJ GROUP O	*Plasma, Human Inj**	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
OCTAPLAS	INJ GROUP A	*Plasma, Human Inj**	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
OCTAPLAS	INJ GROUP B	*Plasma, Human Inj**	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
REOPRO	INJ 2MG/ML	Abciximab IV Soln 2 MG/ML	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALBUMIN-ZLB SOL 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUKED 25 INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUKED 25 INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
PLASBUMIN-25 INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUMIN HUM INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
FLEXBUMIN INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
KEDBUMIN INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUMINAR-25 INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
BUMINATE INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUTEIN INJ 25%	Albumin, Human Inj 25%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
BUMINATE INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUTEIN INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
FLEXBUMIN INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUMIN-ZLB INJ	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUMIN HUM INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUKED 5 INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBURX INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ALBUMINAR-5 INJ 5%	Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PLASBUMIN-5 INJ 5%		Albumin, Human Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
ACTIVASE	INJ 100MG	Alteplase For Inj 100 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
CATHFLO ACTI INJ VASE		Alteplase For Inj 2 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
ACTIVASE	INJ 50MG	Alteplase For Inj 50 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
AGRYLIN	CAP 0.5MG	Anagrelide HCl Cap 0.5 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
ANAGRELIDE	CAP 0.5MG	Anagrelide HCl Cap 0.5 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
ANAGRELIDE	CAP 1MG	Anagrelide HCl Cap 1 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
AFSTYLA	KIT 1000UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AFSTYLA	KIT 1500UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AFSTYLA	KIT 2000UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AFSTYLA	KIT 250UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AFSTYLA	KIT 2500UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AFSTYLA	KIT 3000UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AFSTYLA	KIT 500UNIT	Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NUWIQ	INJ 1000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	INJ 2000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	INJ 250UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	INJ 2500UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 2500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NUWIQ	INJ 3000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	INJ 4000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 4000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	INJ 500UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	KIT 1000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
NUWIQ	KIT 2000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
NUWIQ	KIT 250UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
NUWIQ	KIT 2500UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 2500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	KIT 3000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	KIT 4000UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 4000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUWIQ	KIT 500UNIT	Antihemophilic Factor (BDD-rFVIII) For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
HEMOFIL M	INJ 1000UNIT	Antihemophilic Factor (Human) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KOATE	INJ 1000UNIT	Antihemophilic Factor (Human) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KOATE-DVI	INJ 1000UNIT	Antihemophilic Factor (Human) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HEMOFIL M	INJ 1700UNIT	Antihemophilic Factor (Human) For Inj 1700 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KOATE-DVI	INJ 250UNIT	Antihemophilic Factor (Human) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KOATE	INJ 250UNIT	Antihemophilic Factor (Human) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HEMOFIL M	INJ 250UNIT	Antihemophilic Factor (Human) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HEMOFIL M	INJ 500UNIT	Antihemophilic Factor (Human) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KOATE-DVI	INJ 500UNIT	Antihemophilic Factor (Human) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KOATE	INJ 500 UNIT	Antihemophilic Factor (Human) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
MONOCLATE-P	INJ 1000UNIT	Antihemophilic Factor (Human) For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
MONOCLATE-P	INJ 1500UNIT	Antihemophilic Factor (Human) For Inj Kit 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OBIZUR	INJ 500 UNIT	Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 1000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 1500UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 2000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 250UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 3000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 4000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 4000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 500UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 5000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 5000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 6000UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 6000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ELOCTATE	INJ 750UNIT	Antihemophilic Factor (Recomb) rFVIII Fc For Inj 750 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
KOVALTRY	INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NOVOEIGHT	INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RECOMBINATE	INJ	Antihemophilic Factor (Recombinant) For Inj 1241-1800 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NOVOEIGHT INJ 1500UNIT	Antihemophilic Factor (Recombinant) For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RECOMBINATE INJ	Antihemophilic Factor (Recombinant) For Inj 1801-2400 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NOVOEIGHT INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
KOVALTRY INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RECOMBINATE INJ 220-400	Antihemophilic Factor (Recombinant) For Inj 220-400 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KOVALTRY INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NOVOEIGHT INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NOVOEIGHT INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
KOVALTRY INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RECOMBINATE INJ 401-800	Antihemophilic Factor (Recombinant) For Inj 401-800 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NOVOEIGHT INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
KOVALTRY INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RECOMBINATE INJ 801-1240	Antihemophilic Factor (Recombinant) For Inj 801-1240 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HELIXATE FS INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
KOGENATE FS INJ 1000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
KOGENATE FS INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
HELIXATE FS INJ 2000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
HELIXATE FS INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KOGENATE FS INJ 250UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
HELIXATE FS INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
KOGENATE FS INJ 3000UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
KOGENATE FS INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
HELIXATE FS INJ 500UNIT	Antihemophilic Factor (Recombinant) For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ADVATE INJ 1000UNIT	Antihemophilic Factor rAHF-PFM For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADVATE INJ 1500UNIT	Antihemophilic Factor rAHF-PFM For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADVATE INJ 2000UNIT	Antihemophilic Factor rAHF-PFM For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADVATE INJ 250UNIT	Antihemophilic Factor rAHF-PFM For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADVATE INJ 3000UNIT	Antihemophilic Factor rAHF-PFM For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADVATE INJ 4000UNIT	Antihemophilic Factor rAHF-PFM For Inj 4000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ADVATE INJ 500UNIT	Antihemophilic Factor rAHF-PFM For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
JIVI INJ 1000UNIT	Antihemophilic Factor Recom Pegylated-aucl For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
JIVI INJ 2000UNIT	Antihemophilic Factor Recom Pegylated-aucl For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
JIVI INJ 3000UNIT	Antihemophilic Factor Recom Pegylated-aucl For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
JIVI INJ 500 UNIT	Antihemophilic Factor Recom Pegylated-aucl For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
ADYNOVATE INJ 1000UNIT	Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ADYNOVATE INJ 1500UNIT	Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ADYNOVATE	INJ 2000UNIT	Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ADYNOVATE	INJ 250UNIT	Antihemophilic Factor Recomb Pegylated For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ADYNOVATE	INJ 3000UNIT	Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ADYNOVATE	INJ 500UNIT	Antihemophilic Factor Recomb Pegylated For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ADYNOVATE	INJ 750UNIT	Antihemophilic Factor Recomb Pegylated For Inj 750 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
XYNTHA	INJ 1000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA SOLOF INJ 1000UNIT		Antihemophilic Factor Recombinant PAF For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA	INJ 2000UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA SOLOF INJ 2000UNIT		Antihemophilic Factor Recombinant PAF For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA	INJ 250UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA SOLOF KIT 250UNIT		Antihemophilic Factor Recombinant PAF For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA SOLOF INJ 3000UNIT		Antihemophilic Factor Recombinant PAF For Inj Kit 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA	INJ 500UNIT	Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
XYNTHA SOLOF INJ 500UNIT		Antihemophilic Factor Recombinant PAF For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANATE	INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
WILATE	INJ	Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HUMATE-P	SOL 2400UNIT	Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANATE	INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALPHANATE	INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANATE	INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HUMATE-P	SOL 250-600	Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANATE	INJ VWF/HUM	Antihemophilic Factor/VWF (Human) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HUMATE-P	SOL 500-1200	Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
WILATE	INJ	Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
THROMBAT III INJ 1000UNIT		Antithrombin III (Human) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
THROMBAT III INJ 500UNIT		Antithrombin III (Human) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
DURLAZA	CAP 162.5MG	Aspirin Capsule ER 24HR 162.5 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
AGGRENOX	CAP 25-200MG	Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
ASA/DIPYRIDA CAP 25-200MG		Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
ASA/DIPYRIDA CAP 25-200MG		Aspirin-Dipyridamole Cap ER 12HR 25-200 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
YOSPRALA	TAB 325-40MG	Aspirin-Omeprazole Tab Delayed Release 325-40 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
YOSPRALA	TAB 81-40MG	Aspirin-Omeprazole Tab Delayed Release 81-40 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
CINRYZE	SOL 500 UNIT	C1 Esterase Inhibitor (Human) For IV Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BERINERT	INJ 500UNIT	C1 Esterase Inhibitor (Human) For IV Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
HAEGARDA	INJ 2000UNIT	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HAEGARDA	INJ 3000UNIT	C1 Esterase Inhibitor (Human) For Subcutaneous Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RUCONEST	INJ 2100UNIT	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
RUCONEST	INJ 2100UNIT	C1 Esterase Inhibitor (Recombinant) For IV Inj 2100 Unit	HEMATOLOGICAL AGENTS - MISC.	Preferred	No	Yes	
KENGREAL	SOL 50MG	Cangrelor Tetrasodium For IV Soln 50 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA
CILOSTAZOL	TAB 100MG	Cilostazol Tab 100 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
CILOSTAZOL	TAB 50MG	Cilostazol Tab 50 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
PLAVIX	TAB 300MG	Clopidogrel Bisulfate Tab 300 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA
CLOPIDOGREL	TAB 300MG	Clopidogrel Bisulfate Tab 300 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
CLOPIDOGREL	TAB 300MG	Clopidogrel Bisulfate Tab 300 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
PLAVIX	TAB 75MG	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
CLOPIDOGREL	TAB 75MG	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
CLOPIDOGREL	MIS 75/81MG	Clopidogrel Tab 75 MG & Aspirin Tab DR 81 MG Therapy Pack	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
ALPROLIX	INJ 1000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
ALPROLIX	INJ 2000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
ALPROLIX	INJ 250UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
ALPROLIX	INJ 3000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
ALPROLIX	INJ 4000UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
ALPROLIX	INJ 500UNIT	Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	
IDELVION	SOL 1000UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IDELVION	SOL 2000UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
IDELVION	SOL 250UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
IDELVION	SOL 3500UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
IDELVION	SOL 500UNIT	Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
IXINITY	INJ 1000UNIT	Coagulation Factor IX (Recombinant) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RIXUBIS	INJ 1000UNIT	Coagulation Factor IX (Recombinant) For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
IXINITY	INJ 1500UNIT	Coagulation Factor IX (Recombinant) For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RIXUBIS	INJ 2000UNIT	Coagulation Factor IX (Recombinant) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
IXINITY	INJ 2000UNIT	Coagulation Factor IX (Recombinant) For Inj 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RIXUBIS	INJ 250 UNIT	Coagulation Factor IX (Recombinant) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
IXINITY	INJ 250UNIT	Coagulation Factor IX (Recombinant) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RIXUBIS	INJ 3000UNIT	Coagulation Factor IX (Recombinant) For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
IXINITY	INJ 3000UNIT	Coagulation Factor IX (Recombinant) For Inj 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RIXUBIS	INJ 500UNIT	Coagulation Factor IX (Recombinant) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
IXINITY	INJ 500UNIT	Coagulation Factor IX (Recombinant) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BENEFIX	INJ 1000UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BENEFIX	INJ 2000UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BENEFIX	INJ 250UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BENEFIX	INJ 3000UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BENEFIX	INJ 500UNIT	Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
MONONINE	INJ 1000UNIT	Coagulation Factor IX For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANINE SD INJ 1000UNIT		Coagulation Factor IX For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANINE SD INJ 1500UNIT		Coagulation Factor IX For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ALPHANINE SD INJ 500UNIT		Coagulation Factor IX For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REBINYN	SOL 1000UNIT	Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REBINYN	SOL 2000UNIT	Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REBINYN	SOL 500UNIT	Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NOVOSEVEN RT INJ 1MG		Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NOVOSEVEN RT INJ 2MG		Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NOVOSEVEN RT INJ 5MG		Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
NOVOSEVEN RT INJ 8MG		Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
COAGADEX	INJ 250UNIT	Coagulation Factor X (Human) For Inj 250 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
COAGADEX	INJ 500UNIT	Coagulation Factor X (Human) For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
TRETEN	INJ	Coagulation Factor XIII A-Subunit For Inj 2000-3125 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
LMD 10%/D5W INJ		Dextran 40 Inj 10% in D5W	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
LMD 10%/NACL INJ 0.9%		Dextran 40 Inj 10% in Saline	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DIPYRIDAMOLE TAB 25MG	Dipyridamole Tab 25 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
DIPYRIDAMOLE TAB 50MG	Dipyridamole Tab 50 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
DIPYRIDAMOLE TAB 75MG	Dipyridamole Tab 75 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
KALBITOR INJ 10MG/ML	Ecaltantide Inj 10 MG/ML	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SOLIRIS INJ 10MG/ML	Eculizumab IV Soln 300 MG/30ML (10 MG/ML) (For Infusion)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
HEMLIBRA INJ 105/0.7	Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
HEMLIBRA INJ 150/ML	Emicizumab-kxwh Subcutaneous Soln 150 MG/ML	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
HEMLIBRA INJ 30MG/ML	Emicizumab-kxwh Subcutaneous Soln 30 MG/ML	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
HEMLIBRA INJ 60/0.4	Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	*Various UM Required
INTEGRILIN INJ 20/10ML	Eptifibatide IV Soln 20 MG/10ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
INTEGRILIN INJ 2MG/ML	Eptifibatide IV Soln 20 MG/10ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
EPTIFIBATIDE INJ 20/10ML	Eptifibatide IV Soln 20 MG/10ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
EPTIFIBATIDE INJ 20/10ML	Eptifibatide IV Soln 20 MG/10ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
EPTIFIBATIDE INJ 200/100M	Eptifibatide IV Soln 200 MG/100ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
INTEGRILIN INJ	Eptifibatide IV Soln 200 MG/100ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
EPTIFIBATIDE INJ 200/100M	Eptifibatide IV Soln 200 MG/100ML (2 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
EPTIFIBATIDE INJ 75/100ML	Eptifibatide IV Soln 75 MG/100ML (0.75 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
INTEGRILIN INJ 0.75MG/1	Eptifibatide IV Soln 75 MG/100ML (0.75 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EPTIFIBATIDE INJ 75/100ML	Eptifibatide IV Soln 75 MG/100ML (0.75 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
PROFILNINE INJ 1000UNIT	Factor IX Complex For Inj 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PROFILNINE INJ 1500UNIT	Factor IX Complex For Inj 1500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
BEBULIN INJ 200-1200	Factor IX Complex For Inj 200-1200 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PROFILNINE INJ 500UNIT	Factor IX Complex For Inj 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CORIFACT KIT	Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
RIASTAP SOL 1GM	Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
FIBRYGA INJ 1MG	Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
TAVALISSE TAB 100MG	Fostamatinib Disodium Tab 100 MG (Base Equivalent)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
TAVALISSE TAB 150MG	Fostamatinib Disodium Tab 150 MG (Base Equivalent)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
PANHEMATIN INJ 350MG	Hemin For Inj 350 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
HEXTEND SOL 6%	Hetastarch in Lactated Electrolyte Inj 6%	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
HESPAN INJ 6%/NACL	Hetastarch in Sodium Chloride Inj 6-0.9%	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
HETASTARCH INJ 6%/NACL	Hetastarch in Sodium Chloride Inj 6-0.9%	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
VOLUVEN INJ 6%/NACL	Hydroxyethyl Starch 6% in Sodium Chloride 0.9% IV Soln	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
FIRAZYR INJ 30MG/3ML	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
TAKHZYRO INJ 300/2ML	Lanadelumab-flyo Inj 300 MG/2ML (150 MG/ML)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
PENTOXIFYLLI TAB 400MG ER	Pentoxifylline Tab ER 400 MG	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PLASMANATE INJ 5%	Plasma Protein Fraction Inj 5%	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
PRASUGREL TAB 10MG	Prasugrel HCl Tab 10 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
PRASUGREL TAB 10MG	Prasugrel HCl Tab 10 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
EFFIENT TAB 10MG	Prasugrel HCl Tab 10 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
EFFIENT TAB 5MG	Prasugrel HCl Tab 5 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
PRASUGREL TAB 5MG	Prasugrel HCl Tab 5 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
PRASUGREL TAB 5MG	Prasugrel HCl Tab 5 MG (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Generic	Yes	No	
PROTAMINE SU SOL 10MG/ML	Protamine Sulfate Inj 10 MG/ML	HEMATOLOGICAL AGENTS - MISC.	Generic	No	No	
CEPROTIN INJ 1000UNIT	Protein C Concentrate (Human) For IV Soln 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
CEPROTIN INJ 500 UNIT	Protein C Concentrate (Human) For IV Soln 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KCENTRA KIT 1000UNIT	Prothrombin Complex Conc Human For Inj Kit 1000 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
KCENTRA KIT 500UNIT	Prothrombin Complex Conc Human For Inj Kit 500 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
TNKASE KIT 50MG	Tenecteplase For IV Soln Kit 50 MG	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
BRILINTA TAB 60MG	Ticagrelor Tab 60 MG	HEMATOLOGICAL AGENTS - MISC.	Preferred	Yes	No	
BRILINTA TAB 90MG	Ticagrelor Tab 90 MG	HEMATOLOGICAL AGENTS - MISC.	Preferred	Yes	No	
AGGRASTAT INJ 12.5/250	Tirofiban HCl in NaCl 0.9% IV Soln 12.5 MG/250ML (Base Eq)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
AGGRASTAT INJ 5/100ML	Tirofiban HCl in NaCl 0.9% IV Soln 5 MG/100ML (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
AGGRASTAT INJ 3.75/15	Tirofiban HCl IV Conc 3.75 MG/15ML (250 MCG/ML) (Base Equiv)	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VONVENDI	INJ 1300UNIT	Von Willebrand Factor (Recombinant) For Inj 1300 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
VONVENDI	INJ 650UNIT	Von Willebrand Factor (Recombinant) For Inj 650 Unit	HEMATOLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ZONTIVITY	TAB 2.08MG	Vorapaxar Sulfate Tab 2.08 MG (Base Equivalent)	HEMATOLOGICAL AGENTS - MISC.	Preferred	Yes	No	
B6 FOLIC ACD CAP		*Cobalamine Combination Cap***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FOLTRATE	TAB	*Cobalamine Combination Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
METHIO/INOS/	INJ CHOL/B12	*Cyanocobalamin-Methionine-Inositol-Choline IM Inj***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
MULTIGEN PLS	TAB	*Fe Aspart Gly-Fe Fum-Succ Acd-C-Threonic Acd-B12-FA Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERIVA	TAB 21/7	*Fe Asparto Gly-B12-FA-C-DSS-Succinic Acid-Zn Tab 75-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
MULTIGEN	TAB	*Fe Asparto Gly-Succ Acd-C-Threonic Acd-B12-Des Stom Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
MULTIGEN	TAB FOLIC	*Fe Asparto Gly-Succinic Acd-Vit C-Threonic Acd-B12-FA Tab**	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
IS 24/6	MIS	*Fe Bisglyc-Fe Polys-Succ Acd-B Cmplx-C-Ca-FA Tab Ther Pk**	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
IROSPAN 24/6	MIS	*Fe Bisglyc-Fe Polys-Succ Acd-B Cmplx-C-Ca-FA Tab Ther Pk**	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
TARON FORTE	CAP	*Fe Bisglycinate-Fe Polysacch-Vit C-Vit B12-FA Cap***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
ACTIVE FE	TAB 75-1.25	*Fe Carbonyl-FA-B Complex-A-C-D-E-Min Tab 75-1.25 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERRALET 90	TAB	*Fe Carbonyl-Fe Gluconate-FA-Vit B12-Vit C-DSS Tab 90-1 MG**	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERRO-PLEX	TAB	*Fe Fum-DSS-Vit C-Vit E-Vit B12-IF-FA Tab 115-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
INTEGRA F	CAP	*Fe Fum-Fe Poly-FA-C-B3 Cap 62.5-62.5-1-40-3MG(125 MG Fe)***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FOLIVANE-F	CAP	*Fe Fum-Fe Poly-FA-C-B3 Cap 62.5-62.5-1-40-3MG(125 MG Fe)***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FUSION	PAK SPRINKLE	*Fe Fum-Fe Polys Cmplx-FA-C-Probiotic Pack 7-0.25-50-5 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
FUSION PLUS	CAP	*Fe Fum-Iron Poly Cmplx-FA-B Cmplx-C-Biotin-Probiotic Cap***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
K-TAN PLUS	CAP	*Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-Zn-Mn-Cu Cap***	HEMATOPOIETIC AGENTS	Generic	No	No	
PUREVIT DUAL	CAP FE PLUS	*Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-Zn-Mn-Cu Cap***	HEMATOPOIETIC AGENTS	Generic	No	No	
TANDEM PLUS	CAP	*Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-Zn-Mn-Cu Cap***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
SE-TAN PLUS	CAP	*Fe Fum-Iron Polysacch Complex-FA-B Cmplx-C-Zn-Mn-Cu Cap***	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLIVANE-PLS	CAP	*Fe Fum-Iron Polysacch Complex-FA-B Complex-C-Biotin Cap***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
INTEGRA PLUS	CAP	*Fe Fum-Iron Polysacch Complex-FA-B Complex-C-Biotin Cap***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
NEPHRON FA	TAB	*Ferrous Fumarate w/ FA-DSS-B Complex-Vit C Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
HEMOCYTE PLS	CAP	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Cap 106-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CENTRATEX	CAP	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Cap 106-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
PUREFE	CAP PLUS	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Cap 106-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERROCITE	TAB PLUS	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 MG***	HEMATOPOIETIC AGENTS	Generic	No	No	
HEMOCYTE	TAB -PLUS	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 MG***	HEMATOPOIETIC AGENTS	Generic	No	No	
HEMATINIC PL	TAB VIT/MIN	*Ferrous Fumarate-FA-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 MG***	HEMATOPOIETIC AGENTS	Generic	No	No	
ANIMI-3	CAP	*Folic Acid-B6-B12-D-Omega 3-Phytosterols Cap 1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
ANIMI-3	CAP VIT D	*Folic Acid-B6-B12-D-Omega 3-Phytosterols Cap 1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
DIVISTA	CAP	*Folic Acid-Vit B6-Vit B12-Omega 3-Biotin-Cr Cap 1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TALIVA	CAP	*Folic Acid-Vit B6-Vit B12-Omega 3-Phytosterols Cap 1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
BP VIT 3	CAP	*Folic Acid-Vit B6-Vit B12-Omega 3-Phytosterols Cap 1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
VITAMEZ	CAP	*Folic Acid-Vit B6-Vit B12-Omega 3-Phytosterols Cap 1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CHROMAGEN	CAP	*Iron Combination Cap***	HEMATOPOIETIC AGENTS	Generic	No	No	
HEMATOGEN	CAP	*Iron Combination Cap***	HEMATOPOIETIC AGENTS	Generic	No	No	
NUFERA	TAB	*Iron Combination Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
NIFEREX	TAB	*Iron Combination Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CORVITE 150	TAB	*Iron Combination Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CORVITE FE	TAB	*Iron Combination Tab***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
PROTECTIRON	TAB	*Iron Polysacch-FA-B Complex-Vit C-E & Minerals Tab 60-1 MG*	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERIVAFA	CAP 110-1MG	*Iron-C-FA-B12-Biotin-Copper-Docusate Cap 110-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
HEMATRON-AF	TAB	*Iron-Docusate-B12-Folic Acid-C-E-Cu-Biotin Tab 150-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
TL-HEM 150	TAB	*Iron-Docusate-B12-Folic Acid-C-E-Cu-Biotin Tab 150-1 MG***	HEMATOPOIETIC AGENTS	Generic	No	No	
MAXFE	TAB	*Iron-FA-Vit B12-Biotin-Vit C-Docusate-Mg-Zn Tab 160-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERRAPLUS 90	TAB	*Iron-Folic Acid-Vit B12-Vit C-Docusate Sod Tab 90-1 MG***	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
DOPTELET	TAB 20MG	Avatrombopag Maleate Tab 20 MG (Base Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
CYANOCOBALAM CRY		Cyanocobalamin Crystals	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CYANOCOBALAM INJ 1000MCG		Cyanocobalamin Inj 1000 MCG/ML	HEMATOPOIETIC AGENTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
B12 COMPLNCE KIT INJ KIT		Cyanocobalamin Inj Kit 1000 MCG/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
VITAMIN	KIT SYS-B12	Cyanocobalamin Inj Kit 1000 MCG/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
B-12 COMP	KIT 1000MCG	Cyanocobalamin Inj Kit 1000 MCG/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
NASCOBAL	SPR 500MCG	Cyanocobalamin Nasal Spray 500 MCG/0.1ML	HEMATOPOIETIC AGENTS	Non-Preferred	Yes	No	
CYANOCOBAL	POW	Cyanocobalamin Powder (For Compounding)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CYANOCOBAL	POW	Cyanocobalamin Powder (For Compounding)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
ABANEU-SL	SUB	Cyanocobalamin-Methylcobalamin SL Tab 600-600 MCG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
NEURIN-SL	SUB	Cyanocobalamin-Methylcobalamin SL Tab 600-600 MCG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
ARANESP	INJ 100MCG	Darbepoetin Alfa Soln Inj 100 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 200MCG	Darbepoetin Alfa Soln Inj 200 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 25MCG	Darbepoetin Alfa Soln Inj 25 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 300MCG	Darbepoetin Alfa Soln Inj 300 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 40MCG	Darbepoetin Alfa Soln Inj 40 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 60MCG	Darbepoetin Alfa Soln Inj 60 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 10MCG	Darbepoetin Alfa Soln Prefilled Syringe 10 MCG/0.4ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 100MCG	Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 150MCG	Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 200MCG	Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ARANESP	INJ 25MCG	Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 300MCG	Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 40MCG	Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 500MCG	Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ARANESP	INJ 60MCG	Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
CERDELGA	CAP 84MG	Eliglustat Tartrate Cap 84 MG (Base Equivalent)	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
PROMACTA	TAB 12.5MG	Eltrombopag Olamine Tab 12.5 MG (Base Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROMACTA	TAB 25MG	Eltrombopag Olamine Tab 25 MG (Base Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROMACTA	TAB 50MG	Eltrombopag Olamine Tab 50 MG (Base Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROMACTA	TAB 75MG	Eltrombopag Olamine Tab 75 MG (Base Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROCRIT	INJ 10000/ML	Epoetin Alfa Inj 10000 Unit/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
EPOGEN	INJ 10000/ML	Epoetin Alfa Inj 10000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROCRIT	INJ 2000/ML	Epoetin Alfa Inj 2000 Unit/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
EPOGEN	INJ 2000/ML	Epoetin Alfa Inj 2000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
EPOGEN	INJ 20000/ML	Epoetin Alfa Inj 20000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROCRIT	INJ 20000/ML	Epoetin Alfa Inj 20000 Unit/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
EPOGEN	INJ 3000/ML	Epoetin Alfa Inj 3000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROCRIT	INJ 3000/ML	Epoetin Alfa Inj 3000 Unit/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROCRIT	INJ 4000/ML	Epoetin Alfa Inj 4000 Unit/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
EPOGEN	INJ 4000/ML	Epoetin Alfa Inj 4000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
PROCRIT	INJ 40000/ML	Epoetin Alfa Inj 40000 Unit/ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
RETACRIT	INJ 10000UNT	Epoetin Alfa-epbx Inj 10000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
RETACRIT	INJ 2000UNIT	Epoetin Alfa-epbx Inj 2000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
RETACRIT	INJ 3000UNIT	Epoetin Alfa-epbx Inj 3000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
RETACRIT	INJ 4000UNIT	Epoetin Alfa-epbx Inj 4000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
RETACRIT	INJ 40000UNT	Epoetin Alfa-epbx Inj 40000 Unit/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
CYFOLEX	CAP	FA-D3-Ca Carb-Collagen Bovine Cap 1 MG-800 UNT-50 MG-300 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
TRICON	CAP	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLTRIN	CAP	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
TL ICON	CAP	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FEROTRINSIC	CAP	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FEROCON	CAP	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
HEMATOGEN FA CAP		Fe Fumarate-Vit C-Vit B12-FA Cap 200-250-0.01-1 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
TRIGELS-F	CAP FORTE	Fe Fumarate-Vit C-Vit B12-FA Cap 460 (151 Fe)-60-0.01-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
HEMATOGEN	CAP FORTE	Fe Fumarate-Vit C-Vit B12-FA Cap 460 (151 Fe)-60-0.01-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
INJECTAFER	INJ 750/15ML	Ferric Carboxymaltose IV Soln 750 MG/15ML (Fe Equivalent)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIFERIC	POW 272MG	Ferric Pyrophosphate Citrate Pack 272 MG (Fe Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
HEMOCYTE-F	TAB	Ferrous Fumarate-Folic Acid Tab 324-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
HEMATINIC/FA	TAB	Ferrous Fumarate-Folic Acid Tab 324-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
TANDEM F	CAP	Ferrous Fum-Iron Polysacch-FA Cap 162-115.2-1 MG (106 MG Fe)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERROUS SULF	GRA	Ferrous Sulfate Granules	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FE SULFATE	POW	Ferrous Sulfate Powder	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERAHEME	INJ 510/17ML	Ferumoxytol Inj 510 MG/17ML (30 MG/ML) (Elemental Fe)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
NEUPOGEN	INJ 300MCG	Filgrastim Inj 300 MCG/ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
NEUPOGEN	INJ 480MCG	Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
NEUPOGEN	INJ 300/0.5	Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
NEUPOGEN	INJ 480/0.8	Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
NIVESTYM	INJ 300/0.5	Filgrastim-aafi Soln Prefilled Syringe 300 MCG/0.5ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
NIVESTYM	INJ 480/0.8	Filgrastim-aafi Soln Prefilled Syringe 480 MCG/0.8ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
ZARXIO	INJ 300/0.5	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ZARXIO	INJ 300/0.5	Filgrastim-sndz Soln Prefilled Syringe 300 MCG/0.5ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	
ZARXIO	INJ 480/0.8	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
ZARXIO	INJ 480/0.8	Filgrastim-sndz Soln Prefilled Syringe 480 MCG/0.8ML	HEMATOPOIETIC AGENTS	Preferred	No	Yes	
FA-8	CAP 800MCG	Folic Acid Cap 0.8 MG	HEMATOPOIETIC AGENTS	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FOLIC ACID	CAP 800MCG	Folic Acid Cap 0.8 MG	HEMATOPOIETIC AGENTS	No Cost	No	No	
FOLIC ACID	INJ 5MG/ML	Folic Acid Inj 5 MG/ML	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLIC ACID	POW	Folic Acid Powder	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FOLIC ACID	TAB 1MG	Folic Acid Tab 1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLIC ACID	TAB 1000MCG	Folic Acid Tab 1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
SM FOLIC ACD	TAB 400MCG	Folic Acid Tab 400 MCG	HEMATOPOIETIC AGENTS	No Cost	No	No	
FOLIC ACID	TAB 400MCG	Folic Acid Tab 400 MCG	HEMATOPOIETIC AGENTS	No Cost	No	No	
YL FOLIC ACI	TAB 400MCG	Folic Acid Tab 400 MCG	HEMATOPOIETIC AGENTS	No Cost	No	No	
FA-8	TAB 0.8MG	Folic Acid Tab 800 MCG	HEMATOPOIETIC AGENTS	No Cost	No	No	
FOLIC ACID	TAB 800MCG	Folic Acid Tab 800 MCG	HEMATOPOIETIC AGENTS	No Cost	No	No	
CIFEREX	CAP	Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CIFRAZOL	CAP 1-3775	Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
ORTHO DF	CAP 1-3775IU	Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
DURACHOL	CAP 1-3775IU	Folic Acid-Cholecalciferol Cap 1 MG-3775 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
REVESTA	CAP 1MG-5750	Folic Acid-Cholecalciferol Cap 1 MG-5750 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
ZAVARA	CAP 1MG-5750	Folic Acid-Cholecalciferol Cap 1 MG-5750 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
FOLI-D	TAB	Folic Acid-Cholecalciferol Tab 1 MG-2000 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
NOXIFOL-D	TAB	Folic Acid-Cholecalciferol Tab 1 MG-2500 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ROXIFOL-D	TAB 1-500	Folic Acid-Cholecalciferol Tab 1 MG-500 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	PA
PUREFOLIX	TAB 1-5000	Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FOLIXAPURE	TAB 1-5000	Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FOLIKA-D	TAB 1-5000	Folic Acid-Cholecalciferol Tab 1 MG-5000 UNIT	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FA-B6-B12	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLPLEX 2.2	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLGARD RX	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
TL GARD RX	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
VIRT-GARD	TAB 2.2-25-1	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FABB	TAB 2.2-25-1	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
CENFOL	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.3-24.5-2 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
AIRAVITE	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
AV-VITE FB	TAB 2.5-25-1	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
NUFOL	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
FOLBEE	TAB	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
ENDARI	POW 5GM	Glutamine (Sickle Cell) Powd Pack 5 GM	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	
HYDROXOCOBAL INJ	1000MCG	Hydroxocobalamin Acetate Inj 1000 MCG/ML (Base Equivalent)	HEMATOPOIETIC AGENTS	Generic	No	No	
DROXIA	CAP 200MG	Hydroxyurea Cap 200 MG	HEMATOPOIETIC AGENTS	Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DROXIA	CAP 300MG	Hydroxyurea Cap 300 MG	HEMATOPOIETIC AGENTS	Preferred	No	No	
DROXIA	CAP 400MG	Hydroxyurea Cap 400 MG	HEMATOPOIETIC AGENTS	Preferred	No	No	
SIKLOS	TAB 100MG	Hydroxyurea Tab 100 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CEREZYME	INJ 400UNIT	Imiglucerase For Inj 400 Unit	HEMATOPOIETIC AGENTS	Preferred	No	Yes	*Various UM Required
INFED	INJ 50MG/ML	Iron Dextran Inj 50 MG/ML (Elemental Iron)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
POLY-IRON	CAP 150 FORT	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
POLYSACCHARI CAP IRON		Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
MYFERON 150	CAP FORTE	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
IFEREX 150	CAP FORTE	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
VENOFER	INJ 20MG/ML	Iron Sucrose Inj 20 MG/ML (Fe Equiv)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERROTRIN	CAP	Iron w/ B12-Vit C-FA-IFC Cap 36-0.015-75-0.5-240 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CORVITE 150	TAB	Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
CORVITA 150	TAB	Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
ICAR-C PLUS	TAB	Iron-Vit C-Vit B12-Folic Acid Tab 100-250-0.025-1 MG	HEMATOPOIETIC AGENTS	Generic	No	No	
MULPLETA	TAB 3MG	Lusutrombopag Tab 3 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
MIRCERA	INJ 100MCG	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 100 MCG/0.3ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
MIRCERA	SOL 150/0.3	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 150 MCG/0.3ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
MIRCERA	INJ 200MCG	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 200 MCG/0.3ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MIRCERA	SOL 30/0.3ML	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 30 MCG/0.3ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
MIRCERA	INJ 50MCG	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 50 MCG/0.3ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
MIRCERA	INJ 75MCG	Methoxy PEG-Epoetin Beta Soln Prefilled Syr 75 MCG/0.3ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
ZAVESCA	CAP 100MG	Miglustat Cap 100 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
MIGLUSTAT	CAP 100MG	Miglustat Cap 100 MG	HEMATOPOIETIC AGENTS	Generic	Yes	Yes	
NEULASTA	INJ 6MG/0.6M	Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
NEULASTA	KIT 6MG/0.6M	Pegfilgrastim Soln Prefilled Syringe Kit 6 MG/0.6ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
FULPHILA	INJ 6/0.6ML	Pegfilgrastim-jmdb Soln Prefilled Syringe 6 MG/0.6ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
MOZOBIL	INJ	Plerixafor Subcutaneous Inj 24 MG/1.2ML (20 MG/ML)	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
HEMETAB	TAB	Polysacch Fe Cmplx-Fe Heme Poly-FA-B12 Tab 22-6-1-0.025 MG	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
NPLATE	INJ 250MCG	Romiplostim For Inj 250 MCG	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
NPLATE	INJ 500MCG	Romiplostim For Inj 500 MCG	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
LEUKINE	INJ 250MCG	Sargramostim Lyophilized For Inj 250 MCG	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
FERRLECIT	INJ 12.5MG/M	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)	HEMATOPOIETIC AGENTS	Non-Preferred	No	No	
FERRIC GLUCO	INJ 12.5MG/M	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)	HEMATOPOIETIC AGENTS	Generic	No	No	
FERRIC GLUCO	INJ 12.5/ML	Sod Ferric Gluc Cmplx in Sucrose IV Soln 12.5 MG/ML (Fe Eq)	HEMATOPOIETIC AGENTS	Generic	No	No	
ELELYSO	INJ 200UNIT	Taliglucerase Alfa For Inj 200 Unit	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	PA
GRANIX	INJ 300/0.5	Tbo-Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GRANIX	INJ 480/0.8	Tbo-Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
VPRIV	INJ 400UNIT	Velaglucerase Alfa For Inj 400 Unit	HEMATOPOIETIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
ACTIFOAM	MIS 7X5X0.6	*Absorbable Collagen Hemostat Misc**	HEMOSTATICS	Non-Preferred	No	No	
ACTIFOAM	MIS 12.7X8.9	*Absorbable Collagen Hemostat Misc**	HEMOSTATICS	Non-Preferred	No	No	
ENDO AVITENE MIS 5MM DIA		*Absorbable Collagen Hemostat Misc**	HEMOSTATICS	Non-Preferred	No	No	
ENDO AVITENE MIS 10MM DIA		*Absorbable Collagen Hemostat Misc**	HEMOSTATICS	Non-Preferred	No	No	
AVITENE SYRG MIS 1GM		*Absorbable Collagen Hemostat Misc**	HEMOSTATICS	Non-Preferred	No	No	
INSTAT	PAD 2.5X5.1	*Absorbable Collagen Hemostat Pads**	HEMOSTATICS	Non-Preferred	No	No	
INSTAT	PAD 7.6X10.2	*Absorbable Collagen Hemostat Pads**	HEMOSTATICS	Non-Preferred	No	No	
TACHOSIL	PAD 4.8X4.8	*Absorbable Fibrin Sealant Patch 4.8 CM X 4.8 CM**	HEMOSTATICS	Non-Preferred	No	No	
TACHOSIL	PAD 9.5X4.8	*Absorbable Fibrin Sealant Patch 9.5 CM X 4.8 CM**	HEMOSTATICS	Non-Preferred	No	No	
MONSELS FERR SOL SUBSULF		*Ferric Sub sulfate Soln**	HEMOSTATICS	Non-Preferred	No	No	
TISSEEL	KIT 10ML	*Fibrin Sealant Component Kit 10 ML***	HEMOSTATICS	Non-Preferred	No	No	
TISSEEL VH	KIT 10ML	*Fibrin Sealant Component Kit 10 ML***	HEMOSTATICS	Non-Preferred	No	No	
TISSEEL VH	KIT 2ML	*Fibrin Sealant Component Kit 2 ML***	HEMOSTATICS	Non-Preferred	No	No	
TISSEEL	KIT 2ML	*Fibrin Sealant Component Kit 2 ML***	HEMOSTATICS	Non-Preferred	No	No	
TISSEEL VH	KIT 4ML	*Fibrin Sealant Component Kit 4 ML***	HEMOSTATICS	Non-Preferred	No	No	
TISSEEL	KIT 4ML	*Fibrin Sealant Component Kit 4 ML***	HEMOSTATICS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TISSEEL	SOL	*Fibrin Sealant Component Solution***	HEMOSTATICS	Non-Preferred	No	No	
ARTISS	SOL 4ML	*Fibrin Sealant Component Solution***	HEMOSTATICS	Non-Preferred	No	No	
ARTISS	SOL 2ML	*Fibrin Sealant Component Solution***	HEMOSTATICS	Non-Preferred	No	No	
ARTISS	SOL 10ML	*Fibrin Sealant Component Solution***	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM-JMI KIT POWDER		*Gelatin Absorbable Powder & Thrombin For Soln Kit***	HEMOSTATICS	Non-Preferred	No	No	PA
GEL-FLOW	KIT	*Gelatin Absorbable Powder & Thrombin For Soln Kit***	HEMOSTATICS	Non-Preferred	No	No	PA
GEL-FLOW NT POW		*Gelatin Absorbable Powder Prefilled Syringe**	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM-JMI KIT SPONGE		*Gelatin Absorbable Sponge & Thrombin For Soln Kit***	HEMOSTATICS	Non-Preferred	No	No	PA
THROMBI-PAD PAD 3"X3"		*Thrombin-Sodium Carboxymethylcellulose-CaCl Pad 3" X 3"***	HEMOSTATICS	Non-Preferred	No	No	
THROMBI-GEL PAD 40		*Thrombin-Sodium Carboxymethylcellulose-CaCl-Gelatin Pad***	HEMOSTATICS	Non-Preferred	No	No	
THROMBI-GEL PAD 100		*Thrombin-Sodium Carboxymethylcellulose-CaCl-Gelatin Pad***	HEMOSTATICS	Non-Preferred	No	No	
THROMBI-GEL PAD 10		*Thrombin-Sodium Carboxymethylcellulose-CaCl-Gelatin Pad***	HEMOSTATICS	Non-Preferred	No	No	
AMINOCAPR AC INJ 250MG/ML		Aminocaproic Acid Inj 250 MG/ML	HEMOSTATICS	Generic	No	No	
AMICAR	SOL 0.25/ML	Aminocaproic Acid Oral Soln 0.25 GM/ML	HEMOSTATICS	Non-Preferred	No	No	PA
AMICAR	TAB 1000MG	Aminocaproic Acid Tab 1000 MG	HEMOSTATICS	Non-Preferred	No	No	
AMICAR	TAB 500MG	Aminocaproic Acid Tab 500 MG	HEMOSTATICS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GELFILM	MIS ENVELOPE	Gelatin Absorbable Film	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM	POW	Gelatin Absorbable MT Powder	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM	MIS SPON COM	Gelatin Absorbable Sponge 100 CM	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM SPNG MIS 12-7MM		Gelatin Absorbable Sponge 12-7 MM	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM	MIS SPONG100	Gelatin Absorbable Sponge Size 100	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM	MIS SPONG200	Gelatin Absorbable Sponge Size 200	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM	MIS DENTAL 4	Gelatin Absorbable Sponge Size 4	HEMOSTATICS	Non-Preferred	No	No	
GELFOAM	MIS SPONG 50	Gelatin Absorbable Sponge Size 50	HEMOSTATICS	Non-Preferred	No	No	
AVITENE	PAD 70X70MM	Microfibrillar Collagen Hemostat Pads	HEMOSTATICS	Non-Preferred	No	No	
AVITENE	PAD 70X35MM	Microfibrillar Collagen Hemostat Pads	HEMOSTATICS	Non-Preferred	No	No	
AVITENE	PAD 35X35MM	Microfibrillar Collagen Hemostat Pads	HEMOSTATICS	Non-Preferred	No	No	
AVITENE	POW FLOUR	Microfibrillar Collagen Hemostat Powder	HEMOSTATICS	Non-Preferred	No	No	
ULTRAFOAM	MIS 2X6.25X7	Microfibrillar Collagen Hemostat Sponge 2 X 6.25 X 7 CM	HEMOSTATICS	Non-Preferred	No	No	
ULTRAFOAM	MIS 8X12.5X1	Microfibrillar Collagen Hemostat Sponge 8 X 12.5 X 1 CM	HEMOSTATICS	Non-Preferred	No	No	
ULTRAFOAM	MIS 8X12.5X3	Microfibrillar Collagen Hemostat Sponge 8 X 12.5 X 3 CM	HEMOSTATICS	Non-Preferred	No	No	
ULTRAFOAM	MIS 8X25X1	Microfibrillar Collagen Hemostat Sponge 8 X 25 X 1 CM	HEMOSTATICS	Non-Preferred	No	No	
ULTRAFOAM	MIS 8X6.25X1	Microfibrillar Collagen Hemostat Sponge 8 X 6.25 X 1 CM	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL	PAD 6"X9"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYCEL GAUZE PAD 3"X3"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
OXYCEL GAUZE PAD 18"X2"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
OXYCEL GAUZE PAD 5"X1/2"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL PAD 4"X4"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
INTERCED TC7 PAD 1.5"X2"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
INTERCED TC7 PAD 3"X4"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
OXYCEL GAUZE PAD 36"X1/2"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL PAD 1"X 1"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL PAD 2"X4"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL PAD 1"X2"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL PAD 3"X4"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
SURGICEL PAD 1"X3.5"	Oxidized Cellulose Pads	HEMOSTATICS	Non-Preferred	No	No	
RECOTHROM SOL 20000UNT	Thrombin (Recombinant) For Soln 20000 Unit	HEMOSTATICS	Non-Preferred	No	No	
RECOTHROM SOL 5000UNIT	Thrombin (Recombinant) For Soln 5000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBOGEN SOL 1000UNIT	Thrombin For Soln 1000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBOGEN SOL 10000UNT	Thrombin For Soln 10000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBIN-JMI SOL 20000UNT	Thrombin For Soln 20000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBIN-JMI SOL 5000UNIT	Thrombin For Soln 5000 Unit	HEMOSTATICS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
THROMBOGEN KIT 10000UNT	Thrombin For Soln Kit 10000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBIN-JMI KIT 20000UNT	Thrombin For Soln Kit 20000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBIN-JMI KIT 5000UNIT	Thrombin For Soln Kit 5000 Unit	HEMOSTATICS	Non-Preferred	No	No	
THROMBIN KIT 5000UNIT	Thrombin For Soln Kit 5000 Unit	HEMOSTATICS	Non-Preferred	No	No	
TRANEX ACID INJ 100MG/ML	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	HEMOSTATICS	Generic	No	No	
CYKLOKAPRON INJ 100MG/ML	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	HEMOSTATICS	Non-Preferred	No	No	
TRANEX ACID INJ 1000MG	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	HEMOSTATICS	Generic	No	No	
TRANEXAMIC INJ 100MG/ML	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	HEMOSTATICS	Generic	No	No	
TRANEXAMIC INJ 100MG/ML	Tranexamic Acid IV Soln 1000 MG/10ML (100 MG/ML)	HEMOSTATICS	Generic	No	No	
TRANEX ACID TAB 650MG	Tranexamic Acid Tab 650 MG	HEMOSTATICS	Generic	No	No	
LYSTEDA TAB 650MG	Tranexamic Acid Tab 650 MG	HEMOSTATICS	Non-Preferred	No	No	
MIDAZOLAM SUS 1MG/ML	*Midazolam Susp 1 MG/ML (Compound Kit)**	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
AMYTAL SOD INJ 500MG	Amobarbital Sodium For Inj 500 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
BUTISOL SOD TAB 30MG	Butabarbital Sodium Tab 30 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
CHLORAL CRY HYDRATE	Chloral Hydrate Crystals	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
DEXMEDETOMID INJ 200/50ML	Dexmedetomidine HCl in NaCl 0.9% IV Soln 200 MCG/50ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PRECEDEX INJ 200/50ML	Dexmedetomidine HCl in NaCl 0.9% IV Soln 200 MCG/50ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PRECEDEX INJ 400/100	Dexmedetomidine HCl in NaCl 0.9% IV Soln 400 MCG/100ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DEXMEDETOMID INJ 400/100	Dexmedetomidine HCl in NaCl 0.9% IV Soln 400 MCG/100ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PRECEDEX INJ 80/20ML	Dexmedetomidine HCl in NaCl 0.9% IV Soln 80 MCG/20ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
DEXMEDETOMID INJ 1000/10	Dexmedetomidine HCl Inj 1000 MCG/10ML (For IV Infusion)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
DEXMEDETOMID INJ 200/2ML	Dexmedetomidine HCl Inj 200 MCG/2ML (For IV Infusion)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PRECEDEX INJ 100MCG	Dexmedetomidine HCl Inj 200 MCG/2ML (For IV Infusion)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
DEXMEDETOMID INJ 400/4ML	Dexmedetomidine HCl Inj 400 MCG/4ML (For IV Infusion)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
SILENOR TAB 3MG	Doxepin HCl (Sleep) Tab 3 MG (Base Equiv)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
SILENOR TAB 6MG	Doxepin HCl (Sleep) Tab 6 MG (Base Equiv)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
ESTAZOLAM TAB 1MG	Estazolam Tab 1 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
ESTAZOLAM TAB 2MG	Estazolam Tab 2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
LUNESTA TAB 1MG	Eszopiclone Tab 1 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
ESZOPICLONE TAB 1MG	Eszopiclone Tab 1 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
LUNESTA TAB 2MG	Eszopiclone Tab 2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
ESZOPICLONE TAB 2MG	Eszopiclone Tab 2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
ESZOPICLONE TAB 3MG	Eszopiclone Tab 3 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
LUNESTA TAB 3MG	Eszopiclone Tab 3 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
FLURAZEPAM CAP 15MG	Flurazepam HCl Cap 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
FLURAZEPAM CAP 30MG	Flurazepam HCl Cap 30 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MIDAZOLAM	INJ NACL	Midazolam 50 MG/50ML-Sodium Chloride 0.9% IV Soln	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOL/NACL SOL 100/100		Midazolam HCl 100 MG/100ML in NaCl 0.9% IV Soln	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOL/NACL SOL 25/100ML		Midazolam HCl 25 MG/100ML-Sodium Chloride 0.9% IV Soln	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOL/NACL SOL 5MG/5ML		Midazolam HCl 5 MG/5ML-NaCl 0.9% IV Soln Prefilled Syringe	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOL/NACL SOL 50/100ML		Midazolam HCl 50 MG/100ML-Sodium Chloride 0.9% IV Soln	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOL/D5W SOL 50/50ML		Midazolam HCl 50 MG/50ML-Dextrose 5% IV SOLN	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOL/NACL SOL 55/55ML		Midazolam HCl 55 MG/55ML-NaCl 0.9% IV Soln Prefilled Syringe	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
MIDAZOLAM	INJ 10/10ML	Midazolam HCl Inj 10 MG/10ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 10MG/2ML	Midazolam HCl Inj 10 MG/2ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 2MG/2ML	Midazolam HCl Inj 2 MG/2ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 5MG/ML	Midazolam HCl Inj 25 MG/5ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 25MG/5ML	Midazolam HCl Inj 25 MG/5ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 5MG/5ML	Midazolam HCl Inj 5 MG/5ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 5MG/ML	Midazolam HCl Inj 5 MG/ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 50MG/10	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 50/10ML	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	INJ 5MG/ML	Midazolam HCl Inj 50 MG/10ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
MIDAZOLAM	SYP 2MG/ML	Midazolam HCl Syrup 2 MG/ML (Base Equivalent)	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MET/KET/OND TRO 3-25-2MG	Midazolam-Ketamine HCl-Ondansetron HCl Troche 3-25-2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
NEMBUTAL SOD INJ 50MG/ML	Pentobarbital Sodium Inj 50 MG/ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PENTOBARB INJ 50MG/ML	Pentobarbital Sodium Inj 50 MG/ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PENTOBARB POW SODIUM	Pentobarbital Sodium Powder	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PHENOBARB ELX 20MG/5ML	Phenobarbital Elixir 20 MG/5ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB SOL 20MG/5ML	Phenobarbital Elixir 20 MG/5ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB POW	Phenobarbital Powder	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PHENOBARB POW USP NF	Phenobarbital Powder	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PHENOBARB POW USP NF	Phenobarbital Powder	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PHENOBARB INJ 130MG/ML	Phenobarbital Sodium Inj 130 MG/ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB INJ 65MG/ML	Phenobarbital Sodium Inj 65 MG/ML	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PHENOBARB NA POW USP NF	Phenobarbital Sodium Powder	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
PHENOBARB TAB 100MG	Phenobarbital Tab 100 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB TAB 100MG	Phenobarbital Tab 100 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB TAB 15MG	Phenobarbital Tab 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB TAB 15MG	Phenobarbital Tab 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB TAB 16.2MG	Phenobarbital Tab 16.2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB TAB 16.2MG	Phenobarbital Tab 16.2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHENOBARB	TAB 30MG	Phenobarbital Tab 30 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 30MG	Phenobarbital Tab 30 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 32.4MG	Phenobarbital Tab 32.4 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 32.4MG	Phenobarbital Tab 32.4 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 60MG	Phenobarbital Tab 60 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 60MG	Phenobarbital Tab 60 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 64.8MG	Phenobarbital Tab 64.8 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 64.8MG	Phenobarbital Tab 64.8 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 97.2MG	Phenobarbital Tab 97.2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
PHENOBARB	TAB 97.2MG	Phenobarbital Tab 97.2 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
QUAZEPAM	TAB 15MG	Quazepam Tab 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
DORAL	TAB 15MG	Quazepam Tab 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
ROZEREM	TAB 8MG	Ramelteon Tab 8 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
SECONAL SOD	CAP 100MG	Secobarbital Sodium Cap 100 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
BELSOMRA	TAB 10MG	Suvorexant Tab 10 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
BELSOMRA	TAB 15MG	Suvorexant Tab 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
BELSOMRA	TAB 20MG	Suvorexant Tab 20 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
BELSOMRA	TAB 5MG	Suvorexant Tab 5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HETLIOZ	CAP 20MG	Tasimelteon Capsule 20 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	Yes	*Various UM Required
RESTORIL	CAP 15MG	Temazepam Cap 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
TEMAZEPAM	CAP 15MG	Temazepam Cap 15 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
RESTORIL	CAP 22.5MG	Temazepam Cap 22.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
TEMAZEPAM	CAP 22.5MG	Temazepam Cap 22.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
RESTORIL	CAP 30MG	Temazepam Cap 30 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
TEMAZEPAM	CAP 30MG	Temazepam Cap 30 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
RESTORIL	CAP 7.5MG	Temazepam Cap 7.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
TEMAZEPAM	CAP 7.5MG	Temazepam Cap 7.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
TRIAZOLAM	TAB 0.125MG	Triazolam Tab 0.125 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
HALCION	TAB 0.25MG	Triazolam Tab 0.25 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
TRIAZOLAM	TAB 0.25MG	Triazolam Tab 0.25 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
ZALEPLON	CAP 10MG	Zaleplon Cap 10 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
ZALEPLON	CAP 5MG	Zaleplon Cap 5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
ZOLPIMIST	SPR 5MG	Zolpidem Tartrate Oral Spray 5 MG/ACT	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
ZOLPIDEM TAR SUB 1.75MG		Zolpidem Tartrate SL Tab 1.75 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
INTERMEZZO	SUB 1.75MG	Zolpidem Tartrate SL Tab 1.75 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
EDLUAR	SUB 10MG	Zolpidem Tartrate SL Tab 10 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZOLPIDEM TAR SUB 3.5MG		Zolpidem Tartrate SL Tab 3.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	
INTERMEZZO SUB 3.5MG		Zolpidem Tartrate SL Tab 3.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	PA
EDLUAR	SUB 5MG	Zolpidem Tartrate SL Tab 5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	
AMBIEN	TAB 10MG	Zolpidem Tartrate Tab 10 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
ZOLPIDEM	TAB 10MG	Zolpidem Tartrate Tab 10 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
AMBIEN	TAB 5MG	Zolpidem Tartrate Tab 5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
ZOLPIDEM	TAB 5MG	Zolpidem Tartrate Tab 5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
ZOLPIDEM ER	TAB 12.5MG	Zolpidem Tartrate Tab ER 12.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
AMBIEN CR	TAB 12.5MG	Zolpidem Tartrate Tab ER 12.5 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
AMBIEN CR	TAB 6.25MG	Zolpidem Tartrate Tab ER 6.25 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Non-Preferred	No	No	QL
ZOLPIDEM ER	TAB 6.25MG	Zolpidem Tartrate Tab ER 6.25 MG	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	Generic	No	No	QL
POLY-PREP	KIT	*Bisacodyl Tab & PEG 3350 Pack & Lidocaine-HC Cream Kit**	LAXATIVES	Non-Preferred	No	No	PA
PCP 100	KIT	*Mag Cit-Bisacodyl-Petrolat-PEG-Metoclopramide-Electrol Kit*	LAXATIVES	Non-Preferred	No	No	PA
GIALAX	KIT	*Polyethylene Glycol 3350 - Kit**	LAXATIVES	Non-Preferred	No	No	PA
BISACODYL	POW	Bisacodyl Powder	LAXATIVES	Non-Preferred	No	No	
PEG-PREP	KIT	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit	LAXATIVES	No Cost	No	No	
GAVILYTE-H	KIT	Bisacodyl Tab & PEG 3350-KCl-Sod Bicarb-NaCl For Soln Kit	LAXATIVES	No Cost	No	No	
CASCARA	EXT SAGRADA	Cascara Sagrada Fl Ext 1 GM/ML	LAXATIVES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOCUSATE	POW SODIUM	Docusate Sodium Powder	LAXATIVES	Non-Preferred	No	No	
LACTULOSE	PAK 10GM	Lactulose Oral Crystal Packet 10 GM	LAXATIVES	Generic	Yes	No	
KRISTALOSE	PAK 10GM	Lactulose Oral Crystal Packet 10 GM	LAXATIVES	Non-Preferred	No	No	
KRISTALOSE	PAK 20GM	Lactulose Oral Crystal Packet 20 GM	LAXATIVES	Non-Preferred	No	No	
LACTULOSE	SOL 10GM/15	Lactulose Solution 10 GM/15ML	LAXATIVES	Generic	No	No	
CONSTULOSE	SOL 10GM/15	Lactulose Solution 10 GM/15ML	LAXATIVES	Generic	No	No	
LACTULOSE	SOL 20GM/30	Lactulose Solution 10 GM/15ML	LAXATIVES	Generic	No	No	
MAGN SULFATE POW	HEPTAHYD	Magnesium Sulfate Powder	LAXATIVES	Non-Preferred	No	No	
MAGN SULFATE POW	ANHYDROU	Magnesium Sulfate Powder	LAXATIVES	Non-Preferred	No	No	
MAGN SULFATE POW		Magnesium Sulfate Powder	LAXATIVES	Non-Preferred	No	No	
MINERAL	OIL HEAVY	Mineral Oil	LAXATIVES	Generic	No	No	
MINERAL	OIL	Mineral Oil (Bulk)	LAXATIVES	Non-Preferred	No	No	
MINERAL	OIL HEAVY	Mineral Oil (Bulk)	LAXATIVES	Non-Preferred	No	No	
MINERAL	OIL LIGHT	Mineral Oil Light (Bulk)	LAXATIVES	Non-Preferred	No	No	
MURI-LUBE	OIL	Mineral Oil Light (Bulk)	LAXATIVES	Non-Preferred	No	No	
GOLYTELY	SOL	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	LAXATIVES	Non-Preferred	No	No	
GAVILYTE-G	SOL	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	LAXATIVES	Generic	No	No	
GOLYTELY	SOL PINEAPPL	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	LAXATIVES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PEG-3350	SOL ELECTROL	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 236 GM	LAXATIVES	Generic	No	No	
COLYTE/FLAVR SOL PACKS		PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	LAXATIVES	Non-Preferred	No	No	
GAVILYTE-C SOL		PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	LAXATIVES	Generic	No	No	
PEG 3350	SOL ELECTROL	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM	LAXATIVES	Generic	No	No	
GOLYTELY	SOL	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate Packet 227.1 GM	LAXATIVES	Preferred	No	No	
MOVIPREP	SOL	PEG 3350-KCl-NaCl-Na Sulfate-Na Ascorbate-C For Soln 100 GM	LAXATIVES	No Cost	No	No	
GAVILYTE-N SOL FLAV PK		PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	LAXATIVES	Generic	No	No	
TRILYTE	SOL	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	LAXATIVES	Generic	No	No	
PEG-3350/KCL SOL /SODIUM		PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	LAXATIVES	Generic	No	No	
NULYTELY	SOL FLAV PKS	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM	LAXATIVES	Non-Preferred	No	No	
POLYETH GLYC POW 3350 NF		Polyethylene Glycol 3350 Oral Packet	LAXATIVES	Generic	No	No	
POLYETH GLYC POW 3350 NF		Polyethylene Glycol 3350 Oral Powder	LAXATIVES	Generic	No	No	
PEGYLAX	POW	Polyethylene Glycol 3350 Oral Powder	LAXATIVES	Generic	No	No	
OSMOPREP	TAB 1.5GM	Sod Phos Mono-Sod Phos Di Tabs 1.102-0.398 GM(1.5GM Na Phos)	LAXATIVES	Non-Preferred	No	No	
CLENPIQ	SOL	Sod Picosulfate-Mg Ox-Citric Ac Sol 10 MG-3.5 GM-12 GM/160ML	LAXATIVES	No Cost	No	No	
PREPOPIK	PAK	Sod Picosulfate-Mg Oxide-Citric Acid Pack 10 MG-3.5 GM-12 GM	LAXATIVES	No Cost	No	No	
SUPREP BOWEL SOL PREP KIT		Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML	LAXATIVES	No Cost	No	No	
P-CARE MG	KIT 0.5%	*Bupivacaine HCl (PF) Inj 0.5% & Anesthetic Spray Kit***	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MARVONA	KIT 0.5%	*Bupivacaine HCl (PF) Inj 0.5% & Anesthetic Spray Kit***	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
P-CARE M	KIT 0.5%	*Bupivacaine HCl Inj Kit 0.5%***	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LETS	KIT	*Lidocaine & Tetracaine w/ Epineph Kit (Compounding Kit)***	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
D-CARE 100X	KIT	*Lidocaine 1% w/ Epinephrine-1:200000 PF Inj Kit***	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
POINT OF CAR KIT LM-2.2		*Lidocaine HCl Inj 1% & Bupivacaine HCl Inj 0.25% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
MARLIDO-25	KIT	*Lidocaine HCl Inj 1% & Bupivacaine HCl Inj 0.25% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
ACTIVE INJEC KIT LM-2		*Lidocaine HCl Inj 1% & Bupivacaine HCl Inj 0.25% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
POINT OF CAR KIT LM-2.5		*Lidocaine HCl Inj 1% & Bupivacaine HCl Inj 0.25% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
P-CARE 100MX INJ 1%/0.5%		*Lidocaine HCl Inj 1% & Bupivacaine HCl Inj 0.5% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
READYSHARP-A KIT 1%/0.5%		*Lidocaine HCl Inj 1% & Bupivacaine HCl Inj 0.5% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
MARLIDO	KIT	*Lidocaine HCl Inj 2% & Bupivacaine HCl Inj 0.5% Kit**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BONE MARROW	KIT BIOPSY	*Lidocaine HCl Local Inj Kit 1%**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
SPINAL/EPIDU KIT CL CATH		*Lidocaine HCl Local Inj Kit 1%**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
READY LIDOCA KIT 1%		*Lidocaine HCl Local Inj Kit 1%**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
PUDEND/LOCAL KIT 1% LIDO		*Lidocaine HCl Local Inj Kit 1%**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
P-CARE X	KIT 1%	*Lidocaine HCl Local Inj Kit 1%**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
SPINAL/EPIDU KIT OPN CATH		*Lidocaine HCl Local Inj Kit 1%**	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
ORABLOC	INJ	Articaine-Epinephrine Inj 4%-1:100000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	

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ARTICADENT INJ DENTAL	Articaine-Epinephrine Inj 4%-1:100000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
ARTICADENT INJ DENTAL	Articaine-Epinephrine Inj 4%-1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
ORABLOC INJ	Articaine-Epinephrine Inj 4%-1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
MARCAINE INJ SPINAL	Bupivacaine 0.75% in Dextrose Inj 8.25%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVACAINE INJ SPINAL	Bupivacaine 0.75% in Dextrose Inj 8.25%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
BUPIVACA/D5W INJ /SPINAL	Bupivacaine 0.75% in Dextrose Inj 8.25%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
SENSORCAINE INJ 0.25%	Bupivacaine HCl Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
BUPIVACAINE INJ 0.25%	Bupivacaine HCl Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE INJ 0.25%	Bupivacaine HCl Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVACAINE INJ 0.5%	Bupivacaine HCl Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
SENSORCAINE INJ 0.5%	Bupivacaine HCl Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE INJ 0.5%	Bupivacaine HCl Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVACAINE INJ 312.5/10	Bupivacaine HCl Inj 312.5 MG/10ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVAC HCL INJ 0.125%	Bupivacaine HCl Inj Soln Prefilled Syringe 0.125% (50 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC HCL INJ 0.5%	Bupivacaine HCl Inj Soln Prefilled Syringe 0.5% (30 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVACAINE POW HCL	Bupivacaine HCl Powder	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVACAINE INJ 0.25%	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
SENSORCAINE INJ MPF0.25%	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MARCAINE	INJ 0.25%	Bupivacaine HCl Preservative Free (PF) Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVACAINE	INJ 0.5%	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE	INJ 0.5%	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
SENSORCAINE	INJ MPF 0.5%	Bupivacaine HCl Preservative Free (PF) Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
BUPIVACAINE	INJ 0.75%	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE	INJ 0.75%	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
SENSORCAINE	INJ MPF0.75%	Bupivacaine HCl Preservative Free (PF) Inj 0.75%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
BUPIVAC/NACL	INJ 0.25-0.9	Bupivacaine HCl-NaCl Epidural Soln Prefilled Syr 0.25-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.25-0.9	Bupivacaine HCl-NaCl Epidural Soln Prefilled Syr 0.25-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.5-0.9%	Bupivacaine HCl-NaCl Epidural Soln Prefilled Syr 0.5-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ .125-.9%	Bupivacaine HCl-NaCl Inj Soln Prefill Syr 0.125-0.9% (50 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.25/0.9	Bupivacaine HCl-NaCl Inj Soln Prefill Syr 0.25-0.9% (20 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.25/0.9	Bupivacaine HCl-NaCl Inj Soln Prefill Syr 0.25-0.9% (30 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ .9/.0625	Bupivacaine HCl-Sodium Chloride 0.9% Epidural Inj 0.0625%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.125%	Bupivacaine HCl-Sodium Chloride 0.9% Epidural Inj 0.125%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.9/0.2%	Bupivacaine HCl-Sodium Chloride 0.9% Epidural Inj 0.2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL	INJ 0.25-0.9	Bupivacaine HCl-Sodium Chloride 0.9% Epidural Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIV/NACL	INJ 0.0625%	Bupivacaine HCl-Sodium Chloride 0.9% Inj 0.0625%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BUPIVAC/NACL INJ .125-.9%	Bupivacaine HCl-Sodium Chloride 0.9% Inj 0.125%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL INJ	Bupivacaine HCl-Sodium Chloride 0.9% Inj 0.125%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL INJ 0.25-0.9	Bupivacaine HCl-Sodium Chloride 0.9% Inj 0.25%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL INJ .375/.9%	Bupivacaine HCl-Sodium Chloride 0.9% Inj 0.375%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL INJ 0.9/0.5%	Bupivacaine HCl-Sodium Chloride 0.9% Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL INJ 0.1-0.9%	Bupivacaine HCl-Sodium Chloride Epidural Inj 0.1-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
BUPIVAC/NACL INJ 0.1-0.9%	Bupivacaine HCl-Sodium Chloride Epidural Inj 0.1-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
SENSORCAINE/ INJ EPI 0.25	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE/EPI INJ 0.25%	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
BUPIVACAINE/ INJ EPI 0.25	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
BUPIVACAINE/ INJ EPI 0.25	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE/EPI INJ 0.25%	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
SENSORCAINE INJ -MPF/EPI	Bupivacaine Inj 0.25% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
BUPIVACAINE/ INJ EPI 0.5%	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
SENSORCAINE/ INJ EPI 0.5%	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
MARCAINE/EPI INJ 0.5%	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
MARCAINE/EPI INJ 0.5%	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
SENSORCAINE INJ -MPF/EPI	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BUPIVACAINE/ INJ EPI 0.5%	Bupivacaine Inj 0.5% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
SENSORCAINE INJ -MPF/EPI	Bupivacaine Inj 0.75% w/ Epinephrine 1:200000 (PF)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
EXPAREL INJ 1.3%	Bupivacaine Liposome Inj 1.3% (13.3 MG/ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
NESACAINE INJ 1%	Chloroprocaine HCl Inj 1%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
NESACAINE INJ 2%	Chloroprocaine HCl Inj 2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
CLOROTEKAL INJ 50MG/5ML	Chloroprocaine HCl Intrathecal Inj 50 MG/5ML (1%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
NESACAINE INJ -MPF 2%	Chloroprocaine HCl Preservative Free (PF) Inj 2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
CHLOROPROCAI INJ 2%-400MG	Chloroprocaine HCl Preservative Free (PF) Inj 2%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
NESACAINE INJ -MPF 3%	Chloroprocaine HCl Preservative Free (PF) Inj 3%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
CHLOROPROCAI INJ 3%-600MG	Chloroprocaine HCl Preservative Free (PF) Inj 3%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
LIDO/DEXTROS INJ 5-7.5%	Lidocaine 5% in 7.5% Dextrose Intraspinal Soln	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE INJ 400/20ML	Lidocaine HCl Epidural Soln Prefilled Syr 400 MG/20ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
XYLOCAINE INJ 0.5%	Lidocaine HCl Local Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE INJ 0.5%	Lidocaine HCl Local Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
LIDOCAINE INJ 1%	Lidocaine HCl Local Inj 1%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLOCAINE INJ 1%	Lidocaine HCl Local Inj 1%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
XYLOCAINE INJ 2%	Lidocaine HCl Local Inj 2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE INJ 2%	Lidocaine HCl Local Inj 2%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	

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XYLOCAINE	INJ MPF 0.5%	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE	INJ 0.5%	Lidocaine HCl Local Preservative Free (PF) Inj 0.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
LIDOCAINE	INJ 1%	Lidocaine HCl Local Preservative Free (PF) Inj 1%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLOCAINE	INJ -MPF 1%	Lidocaine HCl Local Preservative Free (PF) Inj 1%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
XYLOCAINE	INJ MPF 1.5%	Lidocaine HCl Local Preservative Free (PF) Inj 1.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE	INJ 1.5%	Lidocaine HCl Local Preservative Free (PF) Inj 1.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLOCAINE	INJ -MPF 2%	Lidocaine HCl Local Preservative Free (PF) Inj 2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE	INJ 2%	Lidocaine HCl Local Preservative Free (PF) Inj 2%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
LIDOCAINE	INJ 4%	Lidocaine HCl Local Preservative Free (PF) Inj 4%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
LIDOCAIN HCL	INJ 10MG/ML	Lidocaine HCl Local Soln Prefilled Syringe 10 MG/ML (1%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAINE	INJ 10MG/ML	Lidocaine HCl Local Soln Prefilled Syringe 10 MG/ML (1%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN HCL	INJ 10MG/ML	Lidocaine HCl Local Soln Prefilled Syringe 10 MG/ML (1%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAINE	INJ 100/5ML	Lidocaine HCl Local Soln Prefilled Syringe 100 MG/5ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAINE	INJ 100/5ML	Lidocaine HCl Local Soln Prefilled Syringe 100 MG/5ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAINE HC	INJ 200/10ML	Lidocaine HCl Local Soln Prefilled Syringe 200 MG/10ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAINE HC	INJ 200/10ML	Lidocaine HCl Local Soln Prefilled Syringe 200 MG/10ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN HCL	INJ 40MG/2ML	Lidocaine HCl Local Soln Prefilled Syringe 40 MG/2ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAINE	INJ 400/20ML	Lidocaine HCl Local Soln Prefilled Syringe 400 MG/20ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIDOCAIN HCL INJ 60MG/3ML		Lidocaine HCl Local Soln Prefilled Syringe 60 MG/3ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN HCL INJ 60MG/3ML		Lidocaine HCl Local Soln Prefilled Syringe 60 MG/3ML (2%)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ZINGO	INJ 0.5MG	Lidocaine HCl Powder For Intradermal Jet-injector 0.5 MG	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDOCAINE/NA INJ .25-0.9%		Lidocaine HCl-NaCl Inj Soln 0.25-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN/NAC INJ 0.5-0.9%		Lidocaine HCl-NaCl Inj Soln Pref Syr 0.5-0.9% (1 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN/NAC INJ 1-0.9%		Lidocaine HCl-NaCl Inj Soln Pref Syr 1-0.9% (1 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN/NAC INJ 1-0.9%		Lidocaine HCl-NaCl Inj Soln Pref Syr 1-0.9% (10 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN/NAC INJ 1-0.9%		Lidocaine HCl-NaCl Inj Soln Pref Syr 1-0.9% (10 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN/NAC INJ 1-0.9%		Lidocaine HCl-NaCl Inj Soln Pref Syr 1-0.9% (3 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOCAIN/NAC INJ 1-0.9%		Lidocaine HCl-NaCl Inj Soln Pref Syr 1-0.9% (3 ML)	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOC/BICARB INJ 0.5-8.4%		Lidocaine HCl-Sodium Bicarb Local Soln Pref Syr 0.5-8.4%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOC/BICARB INJ 0.9-8.4%		Lidocaine HCl-Sodium Bicarb Local Soln Pref Syr 0.9-8.4%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOC/BICARB INJ 1.8-8.4%		Lidocaine HCl-Sodium Bicarb Local Soln Pref Syr 1.8-8.4%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOC/BICARB INJ 1-8.4%		Lidocaine HCl-Sodium Bicarb Local Soln Pref Syr 1-8.4%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDOC/BICARB INJ 1-8.4%		Lidocaine HCl-Sodium Bicarb Local Soln Pref Syr 1-8.4%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
LIDO/EPI	INJ 0.5%	Lidocaine Inj 0.5% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLO/EPI	INJ 0.5%	Lidocaine Inj 0.5% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
XYLO/EPI 1%- INJ 1:100000		Lidocaine Inj 1% w/ Epinephrine-1:100000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIDO/EPI 1%- INJ 1:100000	Lidocaine Inj 1% w/ Epinephrine-1:100000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLO-MPF/EPI INJ 1%	Lidocaine Inj 1% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDO/EPI INJ 1.5%	Lidocaine Inj 1.5% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLO-MPF/EPI INJ 1.5%	Lidocaine Inj 1.5% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
XYLOCAINE INJ DENT 2%	Lidocaine Inj 2% w/ Epinephrine-1:100000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
LIDO/EPI INJ 2%	Lidocaine Inj 2% w/ Epinephrine-1:100000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLO/EPI INJ 2%	Lidocaine Inj 2% w/ Epinephrine-1:100000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDO/EPI INJ 2%	Lidocaine Inj 2% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLO-MPF/EPI INJ 2%	Lidocaine Inj 2% w/ Epinephrine-1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
LIDO/EPI INJ 2%	Lidocaine Inj 2% w/ Epinephrine-1:50000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
XYLOCAINE INJ DENT 2%	Lidocaine Inj 2% w/ Epinephrine-1:50000	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
POLOCAINE INJ 1%	Mepivacaine HCl Inj 1%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
CARBOCAINE INJ 1%	Mepivacaine HCl Inj 1%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
CARBOCAINE INJ 1.5% PF	Mepivacaine HCl Inj 1.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
POLOCAINE INJ MPF 1.5%	Mepivacaine HCl Inj 1.5%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
POLOCAINE INJ 2%	Mepivacaine HCl Inj 2%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
CARBOCAINE INJ 2%	Mepivacaine HCl Inj 2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
MEPIVACAINE POW	Mepivacaine HCl Powder	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
POLOCAINE	INJ -MPF 1%	Mepivacaine HCl Preservative Free (PF) Inj 1%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
CARBOCAINE	INJ 1% PF	Mepivacaine HCl Preservative Free (PF) Inj 1%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
CARBOCAINE	INJ 2% PF	Mepivacaine HCl Preservative Free (PF) Inj 2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
POLOCAINE	INJ -MPF 2%	Mepivacaine HCl Preservative Free (PF) Inj 2%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
CITANEST	INJ PLAIN 4%	Prilocaine HCl Inj 4%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
CITANEST FOR INJ DENT 4%		Prilocaine Inj 4% w/ Epinephrine 1:200000	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
PROCAINE HCL CRY		Procaine HCl Crystals	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
ROPIVACAINE	SOL 0.5%	Ropivacaine HCl Epidural Solution 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVACAINE	INJ 0.5%	Ropivacaine HCl Epidural Solution Pref Syringe 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVACAINE	INJ 10MG/ML	Ropivacaine HCl Inj 10 MG/ML	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
NAROPIN	INJ 10MG/ML	Ropivacaine HCl Inj 10 MG/ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
NAROPIN	INJ 2MG/ML	Ropivacaine HCl Inj 2 MG/ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
ROPIVACAINE	INJ 2MG/ML	Ropivacaine HCl Inj 2 MG/ML	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
ROPIVACAINE	INJ	Ropivacaine HCl Inj 33.4 MG/ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVACAINE	INJ 5MG/ML	Ropivacaine HCl Inj 5 MG/ML	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
ROPIVACAINE	INJ 5MG/ML	Ropivacaine HCl Inj 5 MG/ML	LOCAL ANESTHETICS-Parenteral	Generic	No	No	
NAROPIN	INJ 5MG/ML	Ropivacaine HCl Inj 5 MG/ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
ROPIVACAINE	INJ 7.5MG/ML	Ropivacaine HCl Inj 7.5 MG/ML	LOCAL ANESTHETICS-Parenteral	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NAROPIN	INJ 7.5MG/ML	Ropivacaine HCl Inj 7.5 MG/ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	
ROPIVACAINE	INJ 0.2%	Ropivacaine HCl Inj Prefilled Syringe 0.2%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVACAINE	INJ 0.5%	Ropivacaine HCl Inj Prefilled Syringe 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVACAINE	INJ 0.5%	Ropivacaine HCl Inj Prefilled Syringe 0.5%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.2-0.9%	Ropivacaine HCl-NaCl Epidural Soln Pref Syringe 0.2-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.2-0.9%	Ropivacaine HCl-NaCl Inj Pref Syringe 0.2-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.1-0.9%	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.1-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.15-0.9	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.15-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.15-0.9	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.15-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.2/0.9%	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.2-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.25-0.9	Ropivacaine HCl-Sodium Chloride Epidural Inj 0.25-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.1-0.9%	Ropivacaine HCl-Sodium Chloride Inj 0.1-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.1-0.9%	Ropivacaine HCl-Sodium Chloride Inj 0.1-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.2-0.9%	Ropivacaine HCl-Sodium Chloride Inj 0.2-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVAC/NACL	INJ 0.2-0.9%	Ropivacaine HCl-Sodium Chloride Inj 0.2-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
ROPIVACAINE	INJ 0.2-0.9%	Ropivacaine HCl-Sodium Chloride Inj 0.2-0.9%	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
RECK	INJ	Ropiv-Epi-Clonid-Ketorolac Pref Syr 123-0.25-0.04-15 MG/50ML	LOCAL ANESTHETICS-Parenteral	Non-Preferred	No	No	PA
TETRACAINE	INJ 1%	Tetracaine HCl Inj 1%	LOCAL ANESTHETICS-Parenteral	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AZITHROMYCIN SUS 100/5ML	Azithromycin For Susp 100 MG/5ML	MACROLIDES	Generic	No	No	
ZITHROMAX SUS 100/5ML	Azithromycin For Susp 100 MG/5ML	MACROLIDES	Non-Preferred	No	No	
AZITHROMYCIN SUS 100/5ML	Azithromycin For Susp 100 MG/5ML	MACROLIDES	Generic	No	No	
ZITHROMAX SUS 200/5ML	Azithromycin For Susp 200 MG/5ML	MACROLIDES	Non-Preferred	No	No	
AZITHROMYCIN SUS 200/5ML	Azithromycin For Susp 200 MG/5ML	MACROLIDES	Generic	No	No	
AZITHROMYCIN SUS 200/5ML	Azithromycin For Susp 200 MG/5ML	MACROLIDES	Generic	No	No	
ZITHROMAX INJ 500MG	Azithromycin IV For Soln 500 MG	MACROLIDES	Non-Preferred	No	No	
AZITHROMYCIN INJ 500MG	Azithromycin IV For Soln 500 MG	MACROLIDES	Generic	No	No	
AZITHROMYCIN POW 1GM PAK	Azithromycin Powd Pack for Susp 1 GM	MACROLIDES	Generic	No	No	
ZITHROMAX POW 1GM PAK	Azithromycin Powd Pack for Susp 1 GM	MACROLIDES	Non-Preferred	No	No	
AZITHROMYCIN TAB 250MG	Azithromycin Tab 250 MG	MACROLIDES	Generic	No	No	
AZITHROMYCIN TAB 250MG	Azithromycin Tab 250 MG	MACROLIDES	Generic	No	No	
ZITHROMAX TAB 250MG	Azithromycin Tab 250 MG	MACROLIDES	Non-Preferred	No	No	
ZITHROMAX TAB Z-PAK	Azithromycin Tab 250 MG	MACROLIDES	Non-Preferred	No	No	
AZITHROMYCIN TAB 500MG	Azithromycin Tab 500 MG	MACROLIDES	Generic	No	No	
AZITHROMYCIN TAB 500MG	Azithromycin Tab 500 MG	MACROLIDES	Generic	No	No	
ZITHROMAX TAB 500MG	Azithromycin Tab 500 MG	MACROLIDES	Non-Preferred	No	No	
ZITHROMAX TAB TRI-PAK	Azithromycin Tab 500 MG	MACROLIDES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZITHROMAX TAB 600MG	Azithromycin Tab 600 MG	MACROLIDES	Non-Preferred	No	No	
AZITHROMYCIN TAB 600MG	Azithromycin Tab 600 MG	MACROLIDES	Generic	No	No	
CLARITHROMYC SUS 125/5ML	Clarithromycin For Susp 125 MG/5ML	MACROLIDES	Generic	No	No	
CLARITHROMYC SUS 250/5ML	Clarithromycin For Susp 250 MG/5ML	MACROLIDES	Generic	No	No	
CLARITHROMYC TAB 250MG	Clarithromycin Tab 250 MG	MACROLIDES	Generic	No	No	
CLARITHROMYC TAB 500MG	Clarithromycin Tab 500 MG	MACROLIDES	Generic	No	No	
CLARITHROMYC TAB 500MG ER	Clarithromycin Tab ER 24HR 500 MG	MACROLIDES	Generic	No	No	
E.E.S. GRAN SUS 200/5ML	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	MACROLIDES	Non-Preferred	No	No	PA
ERYPED SUS 200/5ML	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	MACROLIDES	Non-Preferred	No	No	PA
ERYTHROM ETH SUS 200/5ML	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	MACROLIDES	Generic	No	No	
ERYPED SUS 400/5ML	Erythromycin Ethylsuccinate For Susp 400 MG/5ML	MACROLIDES	Non-Preferred	No	No	PA
ERYTHROMYCIN POW ETHYSUC	Erythromycin Ethylsuccinate Powder	MACROLIDES	Non-Preferred	No	No	
E.E.S. 400 TAB 400MG	Erythromycin Ethylsuccinate Tab 400 MG	MACROLIDES	Generic	No	No	
ERYTHROM ETH TAB 400MG	Erythromycin Ethylsuccinate Tab 400 MG	MACROLIDES	Generic	No	No	
ERYTHROCIN INJ 500MG	Erythromycin Lactobionate For Inj 500 MG	MACROLIDES	Non-Preferred	No	No	
ERYTHROMYCIN POW	Erythromycin Powder	MACROLIDES	Non-Preferred	No	No	
ERYTHROCIN TAB 250MG	Erythromycin Stearate Tab 250 MG	MACROLIDES	Generic	No	No	
ERYTHROMYCIN TAB 250MG BS	Erythromycin Tab 250 MG	MACROLIDES	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ERYTHROMYCIN TAB 500MG BS		Erythromycin Tab 500 MG	MACROLIDES	Generic	No	No	
ERY-TAB	TAB 250MG EC	Erythromycin Tab Delayed Release 250 MG	MACROLIDES	Generic	No	No	
ERY-TAB	TAB 333MG EC	Erythromycin Tab Delayed Release 333 MG	MACROLIDES	Generic	No	No	
ERY-TAB	TAB 500MG EC	Erythromycin Tab Delayed Release 500 MG	MACROLIDES	Generic	No	No	
ERYTHROMYCIN CAP 250MG EC		Erythromycin w/ Delayed Release Particles Cap 250 MG	MACROLIDES	Generic	No	No	
DIFICID	TAB 200MG	Fidaxomicin Tab 200 MG	MACROLIDES	Non-Preferred	No	No	PA
TRUECONTROL LIQ LEVEL 0		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUECONTROL LIQ LEVEL 1		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TELCARE	SOL LEVEL1/2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ULTRATRK PRO SOL HIGH/LOW		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VICTORY	SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ULTRATRK ULT SOL HIGH/LOW		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VERASENS	LIQ LEVEL 1	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCUTREND	SOL GLUCOSE	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE PRISM SOL LEVEL1/2		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE PRO	LIQ LEVEL1/2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE II	LIQ LEVEL1/2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE II	LIQ LEVEL 1	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ASSURE DOSE	SOL NORM/HGH	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE 4	LIQ LEVEL1/2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE 3	LIQ CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AGAMATRIX	SOL NORM/HGH	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVANCE	LIQ CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	SOL COMPACT	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	SOL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	LIQ SMART	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	LIQ GUIDE	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CARESENS	SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVANCE NORM	LIQ CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYGLUCO	SOL PLUS	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ELEMNT COMPA	SOL LEVEL 2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ELEMNT COMPA	SOL LEVEL 3	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EMBRACE PRO	LIQ GLUCOSE	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
POCKETCHEM	SOL EZ	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EVENCARE G2	SOL LOW/HIGH	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUC CONTROL	SOL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EVENCARE G3 SOL LOW/HIGH	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX 15 SOL LEVEL 1	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTUMRX CONT SOL LEVEL1/2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SMARTEST SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH SOL VERIO	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH SOL ULT CONT	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FREESTYLE LIQ CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL VIVD SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTROL SOL LIQ HI/MID/L	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRECISION LIQ NRML/MID	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTROL SOL LIQ HIGH/LOW	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTROL SOL LIQ MID	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
QUINTET CONT SOL HGH/NORM	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
QUICKTEK LIQ SOLUTION	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COOL CONTROL SOL A	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COOL CONTROL SOL B	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX 15 SOL LEVEL1-2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DUO-CARE LIQ LEVEL1/2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EASYMAX 15 SOL LEVEL 2	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRECISION LIQ GLUC/KET	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRECISION LIQ CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY TOUCH SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY TOUCH SOL HIGH/LOW	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX SOL NORM/LOW	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EVENCARE SOL LIQ LOW/HIGH	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
REFUAH PLUS SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
NOVA MAX GLU LIQ /KET CON	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD 01 LIQ NORM/HGH	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOSE CONT SOL PRECISIO	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURESTEP GLU SOL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
HEALTHPRO SOL HIGH/LOW	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD SOL SHINE	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURESTEP GLU SOL HIGH/LOW	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MYGLUCOHEALT SOL LO/NL/HI	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SUPREME II LIQ HIGH/LOW	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
NEUTEK 2TEK SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ON CALL PLUS SOL CONTROL		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURESTEP	SOL CONTROL	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD	LIQ LEVEL 1	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICRODOT CON SOL HIGH/LOW		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUC CONTROL SOL MID		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOSE CONT LIQ HIGH/LOW		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MEDISENSE	LIQ GLUC-KET	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
IN TOUCH	SOL GLUCOSE	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL EXPR SOL GLUCOSE		*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MEDISENSE	LIQ GLUC/KET	*Blood Glucose Calibration - Liquid***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RELION ALL- MIS IN-ONE		*Blood Glucose Meter Disposable Device with Test Strips***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ULTRATRAK	MIS PRO	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUE METRIX	MIS AIR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
TRUE METRIX MIS		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUETRACK	MIS BLD GLC	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ULTRATRAK	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VERASENS	MIS METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
WAVESENSE	MIS KEYNOTE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VICTORY	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIVID PAL	MIS METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
VOCAL POINT	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ULTRATRAK	MIS ACTIVE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY STEP	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL PLUS	MIS METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASY TALK	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
NOVA MAX	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY TRAK	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY TOUNCH	MIS GLUCOSE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL EXPR	MIS METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PRECISION	MIS QID	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PRO VOICE V9	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
LIBERTY NEXT	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	MIS AVIVA	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
COOL	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RA GLUCOSE	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
QUINTET AC	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUINTET	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ASSURE PRO	MIS METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRECISION	MIS SOF-TACT	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
DIATRUE PLUS MIS MONITOR		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY PLUS II MIS SYSTEM		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRO VOICE V8 MIS SYSTEM		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
IN TOUCH	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PREMIUM V10 MIS METER		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PREM V10 BLE MIS GLUC SYS		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX V2 MIS SYSTEM		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PRECISION	MIS XTRA	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASY PLUS	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRODIGY AUTO MIS SYSTEM		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA V20	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD	MIS SHINE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA G30A	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA GD20	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA GD50	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FORA TEST N' MIS GO	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA V10 MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX NG MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
FORA V12 MIS NO CODE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EZ SMART PLS MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA V30A MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORACARE MIS GD40	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORACARE MIS TST N GO	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FREESTYLE MIS LITE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GE100 BLOOD MIS GLUCOSE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCO PERFEC MIS 3/VOICE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCO PERFEC MIS 3 METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA V12 MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PHARM CHOICE MIS MINI	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX N MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EVENCARE G3 MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX V MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ELEMENT GLUC MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ELEMENT PLUS MIS METER		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCOM	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EMBRACE	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTIUM	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EMBRACE PRO	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD	MIS SHINE XL	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EVENCAR MINI MIS MONITOR		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EVENCARE G2	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL VIVD MIS METER		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
GLUCOCARD 01 MIS METER		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EVOLUTION	MIS AUTOCODE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EZ SMART	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX L	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EMBRACE	MIS GLUCOSE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE	MIS PLATINUM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVR CHOICE MIS AUTO-CD		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVER CHEK	MIS VOICE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVER CHEK	MIS AUTO-CD	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SMARTEST	MIS EJECT	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASSURE 4	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BLOOD GLUC	MIS METER	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURECHEK	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVR CHOICE	MIS MINI	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SOLUS V2	MIS AUDIBLE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SMARTEST	MIS PROTEGE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CARESENS N	MIS VOICE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CARESENS N	MIS SYSTEM	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AGAMATRIX	MIS PRESTO	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AGAMATRIX	MIS AMP	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE+	MIS REDI-COD	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE RED	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE	MIS REDICODE	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURE EDGE	MIS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RELION PRIME	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVR CHOICE	MIS TALK	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ASSURE PRISM MIS MULTI		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RELION PREMI MIS MONITOR		*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURE-TEST	MIS EASYPLUS	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVANCE	MIS MICRO-DW	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVANCE	MIS INTUITIO	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTOUR	MIS MONITOR	*Blood Glucose Monitoring Devices***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
TRUETRACK	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUE2GO	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
WAVESENSE	KIT KEYNOTE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUE METRIX	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
TRUE METRIX	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUE METRIX	KIT AIR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
TRUE METRIX	KIT AIR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUERESULT	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUERESULT	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
TRUETRACK	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
WAVESENSE	KIT AMP	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ULTRA TRAK	KIT PRO SYS	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TELCARE	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIVID PAL	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
VERASENS	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRUERESULT	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH	KIT VERIO FL	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ELEMENT AUTO KIT SYSTEM		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH	KIT VERIO	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PREC NEO SYS KIT FREESTYL		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASYPRO PLUS KIT		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA G20	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH	KIT VERIO IQ	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
BD LOGIC	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AUTOCODE SYS KIT GLUCOSE		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYPRO	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYPLUS V	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ONETOUCH	KIT ULTRALNK	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASYPLS R13N KIT SYSTEM		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
BLOOD GLUC	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BD LATITUDE	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY TRAK	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SMARTEST	KIT PERSONA	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SMARTEST	KIT PRONTO	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SMARTEST	KIT PROTEGE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SMARTEST	KIT EJECT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FREESTYLE	KIT SIDEKICK	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EMBRACE EVO	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTUMRX	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
BD LATITUDE	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTIUM	KIT BL GLUC	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
SMART SENSE	KIT GLUC SYS	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
POCKETCHEM	KIT EZ	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FIFTY50 GLUC	KIT METR 2.0	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARADIGM	KIT LINK	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH VER	KIT SYNC	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
BAYER BREEZE	KIT 2 SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
IBG STAR	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FREESTYLE	KIT FREEDOM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCONAVII	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVER CHEK	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVER CHOIC	KIT MICRO	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL PLUS	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ON CALL PLUS	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ON CALL EXPR	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
NOVA MAX	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ON CALL VIVD	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
HEALTHPRO	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCOM	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
IGLUOSE	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INFINITY	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INFINITY	KIT VOICE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICRODOT	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MEIJER GLUCO	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MEIJER BGM	KIT PREMIUM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MEIJER BGM	KIT ESSENTIA	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KROGER BGM KIT PREMIUM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
KROGER BGM KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MYGLUCOHEALT KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GE100 GLUCOS KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BLOOD GLUCOS KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BLOOD GLUCOS KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BLOOD GLUCOS KIT TRUETEST	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORA V30A KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FORTISCARE KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASYMAX V2 KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
FREESTYLE KIT INSULINX	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTUMRX KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ON CALL VIVD KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ONETOUCH KIT ULT MINI	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
FORA TN'G KIT VOICE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CARETOUCH KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
SOLUS V2 KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD KIT EXPRESSI	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLUCOCARD	KIT SHINE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD	KIT VITAL	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD	KIT X-METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SURECHEK	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD 01 KIT MINI		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GLUCOCARD 01 KIT SYSTEM		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH	KIT ULTRA 2	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
RELION MICRO KIT		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRECISION	KIT XTRA	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
AGAMATRIX	KIT PRESTO	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RELION	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY PLUS	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTOUR	KIT NEXT EZ	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
REFUAH PLUS KIT SYSTEM		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	KIT NANO	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
CONTOUR	KIT NEXT LNK	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASY TALK	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY TOUCH	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EASY TOUCH	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTOUR	KIT NEXT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
CONTOUR	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
RELION PREMI KIT COMP SYS		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASY STEP	KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
REDICODE+	KIT ADVOCATE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE	KIT REDICODE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ADVOCATE	KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
QUICKTEK	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RA TRUE2GO	KIT	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
AGAMA JAZZ	KIT WRLSS 2	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	KIT AVIVA PL	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRODIGY AUTO KIT MONITOR		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COOL MONITOR KIT		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CVS GLUCOSE	KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK	KIT GUIDE	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRODIGY VOIC KIT METER		*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
D-CARE GLUCO KIT TEST STR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PRODIGY PCKT KIT METER	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK KIT AVA CONN	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
REVEAL KIT MONITOR	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PRECISION KIT LINK	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASYMAX V KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASYMAX L KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
RIGHTEST SYS KIT GM550	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTOUR KIT LINK 2.4	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
RELION ULTIM KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ADVANCE KIT INTUITIO	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RIGHTEST SYS KIT GM100	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CONTOUR KIT LINK	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
EASYMAX NG KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
RIGHTEST SYS KIT GM300	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASYMAX N KIT SYSTEM	*Blood Glucose Monitoring Kit w/ Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
ULTIMA KIT MONITOR	*Blood Glucose Monitoring Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
CONTOUR NEXT KIT ONE	*Blood Glucose Monitoring Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACCU-CHEK	KIT COMPACT	*Blood Glucose Monitoring Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
PRECISION	KIT XTRA	*Blood Glucose Monitoring Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
CHOICE DM	KIT RISK TST	*Blood Glucose Monitoring Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	PA
IN TOUCH	MIS	*Blood Glucose Monitoring Misc.***	MEDICAL DEVICES AND SUPPLIES	Preferred	No	No	
SURESTEP PRO	KIT LINEARIT	*Blood Glucose Monitoring Misc.***	MEDICAL DEVICES AND SUPPLIES	Preferred	No	No	
BLUESTAR	MIS	*Blood Glucose Monitoring Software - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FC2 FEMALE	MIS CONDOM	*Condoms - Female***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FC FEMALE	MIS CONDOM	*Condoms - Female***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GUARDIAN RT	MIS SOFTWARE	*Continuous Blood Glucose Monitor Supplies***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CGMS CABLE	MIS	*Continuous Blood Glucose Monitor Supplies***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	MIS CHARGER	*Continuous Blood Glucose Monitor Supplies***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	MIS TST PLUG	*Continuous Blood Glucose Monitor Supplies***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CGMS	MIS SOFTWARE	*Continuous Blood Glucose Monitor Supplies***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	KIT SYST PED	*Continuous Blood Glucose Monitor System/Components Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	KIT SYSTEM	*Continuous Blood Glucose Monitor System/Components Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	KIT STARTER	*Continuous Blood Glucose Monitor System/Components Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	KIT	*Continuous Blood Glucose Monitor System/Components Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
REAL-TIME	KIT	*Continuous Blood Glucose Monitor System/Components Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FREESTYLE	MIS READER	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G4 PLATINUM	MIS RECEIVER	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DEXCOM	MIS RECEIVER	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	MIS REPL PED	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN RT	MIS REPLACE	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DEXCOM G5	MIS RECEIVER	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FREESTYLE	MIS READER	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DEXCOM G6	MIS RECEIVER	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G4 PLAT PED	MIS RVC/SHAR	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G4 PLATINUM	MIS RCV/SHAR	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G4 PLATINUM	MIS PEDIATRC	*Continuous Blood Glucose System Receiver***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G4 SENSOR	MIS	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G5/G4	MIS SENSOR	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINIMED	MIS SENSOR	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FREESTYLE	KIT SENSOR	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SOF-SENSOR	MIS	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FREESTYLE	KIT SENSOR	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DEXCOM G6	MIS SENSOR	*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ENLITE GLUCO MIS SENSOR		*Continuous Blood Glucose System Sensor***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN	MIS TRANSMTR	*Continuous Blood Glucose System Transmitter***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
G4 PLATINUM	MIS TRANSMIT	*Continuous Blood Glucose System Transmitter***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
GUARDIAN CON MIS TRANSMIT		*Continuous Blood Glucose System Transmitter***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DEXCOM G6	MIS TRANSMIT	*Continuous Blood Glucose System Transmitter***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DEXCOM G5	MIS TRANSMIT	*Continuous Blood Glucose System Transmitter***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CAYA	DPR	*Diaphragm Arc-Spring***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
OMNIFLEX	DPR	*Diaphragms***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BIOFREQUENCY MIS INSOLES		*Foot Care Products - Misc**	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
V-GO 20	KIT	*Insulin Infusion Disposable Pump Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
V-GO 40	KIT	*Insulin Infusion Disposable Pump Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
V-GO 30	KIT	*Insulin Infusion Disposable Pump Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OMNIPOD	KIT STARTER	*Insulin Infusion Disposable Pump Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OMNIPOD	MIS	*Insulin Infusion Disposable Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
OMNIPOD	MIS 5 PACK	*Insulin Infusion Disposable Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM REA MIS TRANSMIT		*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINIMED 630G MIS TRANSMIT		*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINILINK RT	MIS TRANSMIT	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PUMP REMOTE	MIS PROGRAM	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM	MIS UPGRADE	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SNAP PUMP	MIS CONTROLL	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACCU-CHEK	MIS BATTERY	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACCU-CHEK	MIS SPRT COM	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LINK ASSIST	MIS ACCU-CHK	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACCU-CHEK	MIS CLIP	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINILINK RT	KIT REPLACE	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINIMED GUAR	MIS LINK 3	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINILINK RT	KIT STARTER	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACCU-CHEK	MIS ADAPTER	*Insulin Infusion Pump - Accessories***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
T:SLIM X2	MIS	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
T:SLIM X2	MIS BASAL-IQ	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
T:SLIM X2	MIS INS PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
T:FLEX INSUL	MIS PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINIMED 670G	MIS INS PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINIMED 530G	MIS INS PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
T:SLIM INSUL	MIS SYSTEM	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INSULIN PUMP MIS AMIGO	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
DELTEC COZMO MIS INL PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
T:SLIM INSUL MIS PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSULIN PUMP MIS PROGRAM	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
T:SLIM G4 MIS INS PUMP	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSULIN PUMP MIS PEDIATRI	*Insulin Infusion Pump - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK KIT SPIRIT	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ACCU-CHEK KIT COMBO	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSULIN PUMP KIT IR2020	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH KIT PING/BLU	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINIMED 630G KIT INSULIN	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH KIT PING/BLK	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ANIMAS VIBE KIT INSULIN	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH PNG KIT INS PUMP	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH KIT PING/SLV	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH KIT PING/PNK	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ONETOUCH KIT PING/GRN	*Insulin Infusion Pump - Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ULTRAFLEX II MIS 31"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VARISOFT	MIS 43"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINSET	MIS 23"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 12"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 24"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 31"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 31"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 31"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 43"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 43"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX II	MIS 24"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VARISOFT	MIS 43"/17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX II	MIS 31"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 24"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX II	MIS 43"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX II	MIS 43"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINSET	MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VARISOFT	MIS 32"/17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VARISOFT	MIS 32"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VARISOFT	MIS 23"/17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VARISOFT	MIS 23"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX II MIS 24"/8MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUSTEEL	MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINSET SYR	MIS RES 3ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINSET SYR	MIS RES 1.8	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRAFLEX	MIS 24"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
T:SLIM T:LOC MIS 3ML CART		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUSTEEL	MIS 23"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUSTEEL	MIS 32"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUSTEEL	MIS 32"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINSET	MIS 43"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINSET	MIS 43"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE	MIS FULL SET	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE	MIS COMBO	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RESERVOIR	MIS 1.8ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF	MIS 31"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SIL-SERTER	MIS INS DEV	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
T:SLIM 3ML MIS CARTRDGE	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
POLYFIN 42" MIS INFUSION	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23" 13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
T:FLEX T:LOC MIS 4.8ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 43" SET	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 32"/17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM SOF MIS -SET 42"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM SOF MIS -SET 24"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
POLYFIN 24" MIS INFUSION	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 43"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS CATH 23"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS CATH 31"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS CATH 43"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
POLYFIN 60" MIS TUBING	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
POLYFIN 42" MIS QR INFUS	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RAPID-D INF MIS 43"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D LINK MIS TRANSFER	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 23" SET	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 32"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RESERVOIR MIS 3ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
T:SLIM G4 MIS CARTRDGE	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINIMED RESE MIS 1.8ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 31"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM RES MIS 3ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SILHOUETTE MIS 18"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SET MIS 32"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM RES MIS 1.8ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SET 42" KIT INFUSION	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SERTER MIS INS DEV	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SET 42" KIT MICRO QR	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SET MIS 18"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-T MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SET 24" KIT MICRO QR	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
QUICK-SET MIS 23"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SET 24" KIT INFUSION	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SET 42" KIT ULTIM QR	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SET MIS 32"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SET MIS 43"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 24"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 24"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 24"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SEN-SERTER MIS	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MIO INF SET MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 31"/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SET MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINIMED PUMP MIS RES 3ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QUICK-SET MIS 43"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MINIMED RESE MIS 3ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MIO INF SET MIS 18"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SET 24" KIT ULTIM QR	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM QR MIS POLY 42"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
T:FLEX 4.8ML MIS CARTRDGE	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MIO INF SET MIS 32"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MIO INF SET MIS 32"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PARADIGM QR MIS POLY 24"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RAPID-D INF MIS 43"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-T MIS 23"/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOF-SERTER MIS INS DEV	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
T:30 INFUSIO MIS SET	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SHRT MIS 32"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARTRIDGE MIS IR 1200	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
H-TRONPLUS MIS POWER PK	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARTRIDGE MIS 3ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT XC MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 24"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 24" 6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 24" 9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT XC MIS 23"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARTRIDGE MIS 3.15ML	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AUTOSOFT XC MIS 43"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23" 8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FLEXLINK MIS PLUS/8MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ENLITE MIS SERTER	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SHRT MIS 43"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT 90 MIS 43"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 31" 9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
D-TRON FILL MIS SET	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 31" 6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT XC MIS 43"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
3ML CARTRIDG MIS PLASTIC	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SHRT MIS 31"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT 30 MIS 23"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 31"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 24"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT 30 MIS 43"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT 90 MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FLEXLINK MIS PLS/10MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLEXLINK	MIS PLUS/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
D-TRON	MIS ADAPTER	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43" 9MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43" 8MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43" 6MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43" 17MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43" 13MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 43"		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 42"/6MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 42" 9MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SET MIS 43"/17MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SET MIS 32"/17MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 42" 6MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 32" 8MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARTRIDGE	MIS IR 1000	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SET MIS 23"/17MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLUCOPRO SYR MIS RES 3ML		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT 90 MIS 23"/9MM		*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INFUSION SET MIS 43"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARTRIDGE MIS PUMP	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23"	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23" 6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23"/9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SET MIS 31"/17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSOFT 90 MIS 43"/6MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
D-TRON POWER MIS PACK	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
D-TRON GLASS MIS CARTRIDG	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT SHRT MIS 23"/13MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23" 17MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INFUSION SET MIS 23" 9MM	*Insulin Infusion Pump Supplies***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIVERSAL 1 MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIVERSAL 1 MIS LANC 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIVERSAL 1 MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNITSTIK PRO MIS LANC 25G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK TOUC MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UNISTIK TOUC MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK TOUC MIS LANC 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THIN LANCETS MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK SAFE MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK SAFE MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK PRO MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK PRO MIS LANC 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK II MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK 3 MIS GENT 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNISTIK TOUC MIS LANC 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TGT LANCET MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VITALET PRO MIS PLUS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TGT LANCET MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TECHLITE AST MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TECHLITE MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
W&F LANCETS MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VANTAGE LANC MIS UNIV 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TECHLITE MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRAVEL LANCE MIS ADV 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
VITALET PRO MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TGT LANCET MIS ALTERNAT	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TGT LANCET MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TGT LANCET MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TGT LANCET MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET SUPER MIS G.P. 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
W&F LANCETS MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS LANC 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS 31G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET SAFE MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTRA THIN MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ULTILET	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUPLUS LANC MIS 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET	MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUPLUS LANC MIS 33G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUPLUS LANC MIS 28G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TOPCARE	MIS LANC 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRAVEL LANCE MIS 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET SUPER MIS 23G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET	MIS SAFETY	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET GP 28 MIS ULT THIN		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINLETS GP MIS 26G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET LANCT MIS 33G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET LANCT MIS 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET LANCE MIS 33G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET LANCE MIS 28G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUPLUS LANC MIS 26G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UNILET LANC MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET LANCT MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET G.P. MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET G.P MIS SUPR 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET MICRO MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THIN LANCETS MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THIN LANCETS MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET LANCE MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
THINLETS MIS 28G(T)	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET CMFR MIS TCH 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET CMFR MIS TCH 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET EX II MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNILET EXCEL MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ADVOCATE MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ADVOCATE SAFE MIS LANC 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ADVOCATE MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORTOUCH MIS LANCET	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ASSURE PLUS MIS HIGH 18G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RIGHTTEST MIS GL300	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE LANCE MIS SAFE 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE LANCE MIS SAFE 25G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE LANCE MIS MICRO	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RENEW ADV MIS REFILLS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION ULTRA MIS THIN PLS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION ULTRA MIS THIN 32G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION LANCE MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE LANCE MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AF LANCETS MIS THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE CMFRT MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION MICRO MIS THIN 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACTI-LANCE MIS UNIV 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION LANCE MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION LANCE MIS STND 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AQUALANCE MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AGAMATRIX	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE LANCE MIS LOW FLOW		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PSS SEL LANC MIS		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS ORIGINAL	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QC LANCETS	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
QC LANCETS	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PX LANCETS	MIS ULT THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ADV TRAVEL	MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RA E-ZJECT	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PSS SAFE LAN MIS		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS THIN 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
DIASTAR	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
DIASTAR EASY MIS LANCETS		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
DROPLET LANC MIS 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRODIGY	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRODIGY	MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PX LANCETS	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACTI-LANCE	MIS SPEC 17G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
REALITY	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
READYLANCE	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
READYLANCE	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
READYLANCE	MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
READYLANCE	MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
READYLANCE	MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE PLUS	MIS LOW 25G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CVS LANCETS	MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AURORA LANCE	MIS THIN 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RA E-ZJECT	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACTI-LANCE	MIS LITE 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACTI-LANCE	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACCU-CHEK	MIS MLTICLIX	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ST CHOICE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RA E-ZJECT	MIS ULT THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RA E-ZJECT	MIS THIN 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RA E-ZJECT	MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
REALITY TRIG	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ACTIVE 1ST	MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARETOUCH	MIS TWIST 33	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS LANC 18G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SUPER THIN	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SUPER THIN	MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
STERILANCE	MIS TL 32G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
STERILANCE	MIS TL 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
STERILANCE	MIS TL 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AT LAST	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOLUS V2	MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARETOUCH	MIS TWIST 30	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOFTCLIX	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOFT TOUCH	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CARETOUCH	MIS TWIST 28	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CAREONE LANC	MIS THIN 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CAREONE LANC	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BULLSEYE	MIS MINI LNC	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SOLUS V2	MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CLEVER CHECK	MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT ASSU	MIS LANC 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-TOUCH	MIS UNV LANC	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT ASSU	MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS LANC 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CLEVER CHECK	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS LANC 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CLEANLET	28G MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURELITE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SURE-LANCE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-LANCE	MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SUREFLEX	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD LANCET UF	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COAGUCHEK	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFETY	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BULLSEYE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SB LANCETS	MIS THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAPSCARE	MIS TWIST	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAPS HEALTH	MIS TWIST	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFETY SEAL	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFETY SEAL	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFETY LET	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE PLUS	MIS NORM 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFETY 21G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SIDE BUTTON	MIS SAFETY	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFE-T-PRO	MIS PLUS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SAFE-T-PRO MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFE-T-LANCE MIS NOR FLOW	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFE-T-LANCE MIS LOW FLOW	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFE-T-LANCE MIS HI FLOW	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFE-T-LANCE MIS 25G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFE-T-LANCE MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SAFETY 28G MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SM LANCETS MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE PLUS MIS MCRO 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD LANCET UF MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BAYER MICRLT MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SMARTEST MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SMART SENSE MIS LANC 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SMART SENSE MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SMART SENSE MIS LANC 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SB LANCETS MIS ULTR THN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SM LANCETS MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD MICROTAIN MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SM LANCETS MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SM LANCETS MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SINGLE-LET MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTO LANCET MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH MIS LANC/23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AURORA LANCE MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE PLUS MIS PEDIATRI	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SMART SENSE MIS LANC 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE PLS MIS LITE 25G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INCONTROL MIS LANC 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MICROTAINER MIS LANCET	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MICROLET MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MICRO THIN MIS LANC 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEIJER LANCE MIS UNIVERSA	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEIJER LANCE MIS UNIV 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEIJER LANCE MIS UNIV 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEIJER LANCE MIS COLOR	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDICHOICE MIS LANCET	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MEDLANCE PLS MIS UNIV 21G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
IN TOUCH LAN MIS 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE PLS MIS EXTR 21G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE PLS MIS 0.8MM		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE	MIS UNV 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE	MIS PLUS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE	MIS PLUS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE	MIS LITE 25G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE	MIS EXTR 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRECISION	MIS 28G(T)	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEIJER	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MONOLET	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE	MIS LOW FLOW	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE	MIS PLUS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MYGLUCOHEALT MIS LANC 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE	MIS PLUS LOW	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MPD SFTY LAN MIS 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MPD SFTY LAN MIS 28G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MPD SFTY LAN MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MPD SFTY LAN MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INCONTROL MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MONOLET OPD MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INCONTROL MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MOBILE LANCE MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MM TWIST MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE MIS PLUS MAX	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE MIS PLUS PED	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE MIS RETRACT	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HLTHY ACCNTS MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HM LANCETS MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HM LANCETS MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LONGS LANCET MIS ULTRA TH	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MONOLETTOR MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET SUPER MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LANCETS	MIS 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS	MIS 21G COLR	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS	MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS	MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET ULTRA MIS THIN 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET ULTRA MIS THIN 28G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MEDLANCE	MIS 30G PLUS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET ULTRA MIS 28G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET STAND MIS 21G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET MICRO MIS THIN 33G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET ALTER MIS SITE 26G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
KROGER LANCE MIS THIN 30G		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
KROGER LANCE MIS THIN		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
KROGER LANCE MIS		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
KINNEY THIN MIS LANCETS		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
KINNEY	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCET ULTRA MIS FINE		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LANCETS THIN MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LONGS LANCET MIS THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LONGS LANCET MIS STANDARD	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LITETOUCH MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LITE TOUCH MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LIFESCAN MIS UNISTIK2	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LB LANCET MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS ULTR MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS ULTR MIS THIN 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS THIN MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS 31G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS THIN MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS SUPR MIS THIN 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MICR MIS THIN 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS MIS THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LANCETS	MIS ORIGINAL	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS	MIS ORANGE	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GOODSENSE	MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LANCETS ULTR MIS THIN		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-Z JECT	MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FASTCLIX	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PERFECT 30G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PERFECT 28G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PC LANCETS	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-Z JECT	MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-Z JECT	MIS 21G COLR	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-Z JECT	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PHARMACY COU MIS LANCETS		*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-Z JECT	MIS LANC 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EQL LANCETS	MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EZ SMART	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
HAEMOLANCE	MIS HIGH FLO	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EZ-LETS 21G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GOODSENSE	MIS LANC 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EZ-LETS 26G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EZ-LETS 28G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EZ-LETS 30G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-Z JECT	MIS 32G COLR	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS LANC/30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT	MIS 31G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRESSURE ACT	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRESSURE ACT	MIS LANCET	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY COMFORT	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY COMFORT	MIS LANC/30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS LANC/21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRECISION	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EQL LANCETS	MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS LANC/28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EZ-LETS 23G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS LANC/32G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS LANC/33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EASYTEST	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASYTEST II	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EMBRACE LANC	MIS THIN 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EQL LANCETS	MIS 21G COLR	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EQL LANCETS	MIS 33G COLR	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS LANC/26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ON CALL PLUS	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLOBAL 30G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GNP LANCETS	MIS THIN 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ON-THE-GO	MIS LANC 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GOODSENSE	MIS LANC 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
E-ZJECT LANC	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLUCOCOM	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLUCOCOM	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GENTLE-LET	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLUCOSOURCE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLOBAL 28G	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GMATE LANCET	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GNP LANCETS	MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GNP LANCETS	MIS 21G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GNP LANCETS	MIS MICRO	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GNP LANCETS	MIS SUP THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ON CALL	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GNP LANCETS	MIS THIN	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GLUCOCOM	MIS 33G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FREESTYLE	MIS UNISTICK	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FIFTY50 SAFE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ONETOUCH US	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FINE 30	MIS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ONETOUCH FP	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FINGERSTIX	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ONETOUCH	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ONETOUCH	MIS COMBO	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ONETOUCH	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FORA	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVA SURE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FREESTYLE	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GENTLE-LET	MIS 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GENTEEL	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT	MIS LANCETS	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVA SAFETY	MIS LANC 23G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVA SAFETY	MIS LANC 28G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
GENTLE-LET	MIS 26G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FORA LANCETS	MIS 30G	*Lancets***	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FACE MASK	MIS EARLOOP	*Masks***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FACE MASK	MIS R95 PART	*Masks***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FACE MASK	MIS N-100	*Masks***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SINUSTAR	MIS SYSTEM	*Nasal Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SINUSTAR	MIS NEBULIZE	*Nasal Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI BABY	MIS SIZE 0	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRONEB ULTRA	MIS LC STAR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI BABY	MIS SIZE 1	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI BABY	MIS SIZE 2	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRONEB ULTRA	MIS LC SPRNT	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AEROECLIPSE MIS II NEB	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTIONHOME MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMP AIR MIS ELITE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMP AIR MIS COMP/NEB	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
CLEVER CHOIC MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMPRESSOR MIS NEBULIZE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIRATION MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC STAR MIS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SIDESTREAM MIS PLUS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SOOTHE NEB MIS NEBULIZE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIRATION MIS ELITE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC STAR MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI SINUS MIS AERO SYS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRONEB ULTRA MIS II/LCD	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRONEB ULTRA MIS II/PED	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS LC PLUS MIS PEDIATRC	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SOOTHENEBS MIS COMP NEB	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INNOSPIRE ES MIS NEBULIZE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INNOSPIRE EL MIS NEBULIZE		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ERAPID	MIS NEBULIZE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI PRONEB MIS ULTRA II		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC	MIS SPRINT	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC PLUS MIS VIOS PRO		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ELITE SYSTEM MIS NEBULZR		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EFLOW SCF	MIS NEBULZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC PLUS MIS NEBULZR		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC PLUS MIS		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PRONEB ULTRA MIS LC PLUS		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI LC D	MIS NEBULZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INNOSPIRE	MIS MINI NEB	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINI COMPRES MIS NEBULZR		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICRO PLUS	MIS NEBULZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERONEB GO	MIS HAND/CBL	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS PRO LC	MIS SPRINT	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS PRO LC+ MIS SYSTEM		*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERONEB GO	MIS COMPLETE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MY MDI PORTA MIS NEBULISE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MISTERNEB MIS NEBULIZE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS LC PLUS MIS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINI PLUS MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERONEB GO MIS HANDSET	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERONEB GO MIS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MABIS COSMO MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICROELITE MIS COMP/NEB	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICRO AIR MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
WHISPER AIRE MIS PED NEBU	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PARI TREK S MIS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
SIDESTREAM MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MINIELITE MIS COMP/NEB	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL PEDIA MIS BUILDING	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL PEDIA MIS PENGUIN	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL PEDIA MIS PANDA	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
NEBULIZER MIS ULTRASON	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS LC PLUS MIS DELUXE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LUMINEB II	MIS NEBULIZR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS LC	MIS SPRINT	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ALTERA	MIS NEBULIZE	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL PEDIA	MIS DUCK	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VIOS	MIS SYSTEM	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL COMP	MIS COMPRESS	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL	MIS VOYAGER	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL	MIS COMPACT	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
NEBULIZER	MIS CMPRESSR	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AIRIAL PEDIA	MIS FIRE ENG	*Nebulizers***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIREASE	MIS RES BAG	*Spacer/Aerosol-Holding Chamber Supplies - Bags***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FLEXICHAMBER	MIS MASK LRG	*Spacer/Aerosol-Holding Chamber Supplies - Masks***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FLEXICHAMBER	MIS MASK SM	*Spacer/Aerosol-Holding Chamber Supplies - Masks***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIREASE	MIS DD SYST	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIRACHAMB	MIS SMALL	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROCHAMBER	MIS PLUS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
LITEAIRE	MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIRACHAMB	MIS MOUTHPCE	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AERCHMBR PLS MIS LRG MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHERITE MIS LG MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHERITE MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHE EASE MIS SM MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHE EASE MIS MED MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHE EASE MIS LG MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROCHAMBER MIS FLOSIGNA	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERCHMBR PLS MIS FLOW-VU	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHERITE MIS SPACER	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERCHMBR PLS MIS MED MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERCHMBR PLS MIS SM MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AERCHMBR Z- MIS STAT PLS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROCHAMBER MIS PLUS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROCHAMBER MIS CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROCHAMBER MIS MV	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROVENT MIS PLUS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASIVENT MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIRACHAMB MIS LARGE	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HOLD CHAMBER MIS SMALL	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
HOLD CHAMBER MIS MEDIUM	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
HOLD CHAMBER MIS ADLT LG	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FLEXICHAMBER MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASIVENT MIS MASK MED	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHERITE MIS MED MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASIVENT MIS MASK LG	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHERITE MIS SM MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMPACT SPAC MIS SM MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMPACT SPAC MIS MD MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMPACT SPAC MIS LG MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
COMPACT SPAC MIS CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
BREATHERITE MIS W/MASK	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INSPIRACHAMB MIS MEDIUM	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
EASIVENT MIS MASK SM	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTIHALER MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICROCHAMBER MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
RITEFLO MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VORTEX VALVE MIS CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
VALVD HOLDNG MIS CHAMBER	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
WATCHHALER MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
POCKET CHAMB MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS DIAMOND	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS DIA SM	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS DIA MD	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS DIA LG	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS ADV SM	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS ADV MED	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
OPTICHAMBER MIS ADV LRG	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MICROSPACER MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
POCKET SPACE MIS	*Spacer/Aerosol-Holding Chambers - Device***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
TRACHEOSTOMY KIT TRAY	*Tracheostomy Care Kit***	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
FEMCAP MIS 22MM	Cervical Cap 22 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FEMCAP MIS 26MM	Cervical Cap 26 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FEMCAP MIS 30MM	Cervical Cap 30 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL DPR KIT 60	Diaphragm Wide Seal 60 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
WIDE-SEAL	DPR KIT 65	Diaphragm Wide Seal 65 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL	DPR KIT 70	Diaphragm Wide Seal 70 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL	DPR KIT 75	Diaphragm Wide Seal 75 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL	DPR KIT 80	Diaphragm Wide Seal 80 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL	DPR KIT 85	Diaphragm Wide Seal 85 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL	DPR KIT 90	Diaphragm Wide Seal 90 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
WIDE-SEAL	DPR KIT 95	Diaphragm Wide Seal 95 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INPEN 100NN	MIS PINK	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INPEN 100EL	MIS BLUE	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
HUMAPEN	MIS LUXURA	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INPEN 100EL	MIS GRAY	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INPEN 100EL	MIS PINK	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INPEN 100NN	MIS GREY	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
NOVOPEN ECHO	MIS	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
INPEN 100NN	MIS BLUE	Injection Device for Insulin	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
PEN NEEDLES	MIS 29GX10MM	Insulin Pen Needle 29 G X 10 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MM PENTIPS	MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UNIFINE PNTP MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN ULTR MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES MIS 29GX1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PENTIPS MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN PEN MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INCONTROL MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTP MIS 29GX1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ST TIER UNI MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION PEN MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH MIS 29GX1/2"	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 29GX12MM	Insulin Pen Needle 29 G X 12 MM (1/2")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD PEN NEEDL MIS 29GX1/2"	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES MIS 29GX12.7	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-FINE MIS 29GX1/2"	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LITETOUCH MIS 29GX12.7	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLE MIS 29GX1/2"	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET PEN MIS 29GX12.7	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT MIS 29GX1/2"	Insulin Pen Needle 29 G X 12.7 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AUTOSHIELD	MIS 29X3/16"	Insulin Pen Needle 29 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSHIELD	MIS 29X5/16"	Insulin Pen Needle 29 G X 8 MM (5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ASSURE ID	MIS 30GX3/16	Insulin Pen Needle 30 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
AUTOSHIELD	MIS 30GX3/16	Insulin Pen Needle 30 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 30GX5MM	Insulin Pen Needle 30 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 30GX5/16	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS 30GX5/16	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVOTWIST	MIS 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVOFINE AUT	MIS 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVOFINE	MIS 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN ULTR	MIS 30GX8MM	Insulin Pen Needle 30 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN PEN	MIS 31GX4MM	Insulin Pen Needle 31 G X 4 MM (1/6")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-FINE	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FIFTY50	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET PEN	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FIFTY50	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARETOUCH	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ST TIER UNI	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PENTIPS	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
IN CONTROL	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RA PEN NEEDL	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD PEN NEEDL	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTP	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MM PENTIPS	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTP	MIS 31GX5MM	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY COMFORT	MIS 31GX3/16	Insulin Pen Needle 31 G X 5 MM (3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CLICKFINE	MIS 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PENTIPS	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY COMFORT	MIS 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RELION PEN	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
IN CONTROL	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ST TIER UNI	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARETOUCH	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTF	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS 31GX1/4"	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN ULTR	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 31GX6MM	Insulin Pen Needle 31 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD PEN NEEDL	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE-FINE	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CAREFINE	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTF	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ST TIER UNI	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET PEN	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTF	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TIER UNI PLS	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FIFTY50	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EASY TOUCH	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PENTIPS	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN ULTR	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARETOUCH	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
LITETOUCH	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY COMFORT	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FIFTY50 PEN	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CLICKFINE	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION PEN	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
IN CONTROL	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS 31GX5/16	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN PEN	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MM PENTIPS	MIS 31GX8MM	Insulin Pen Needle 31 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
MM PENTIPS	MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PEN NEEDLES MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD PEN NEEDL MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH MIS 32GX5/32	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ST TIER UNI MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FIFTY50 PEN MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTP MIS 32GX5/32	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNIFINE PNTP MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVOFINE PLS MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLE MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
UNFINE PNTP MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET PEN MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PENTIPS MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CLICKFINE MIS 32GX5/32	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CAREFINE MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
RELION PEN MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CARETOUCH	MIS 32GX4MM	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS 32GX5/32	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY COMFORT	MIS 32GX5/32	Insulin Pen Needle 32 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVOTWIST	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CAREFINE	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS 32GX3/16	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CARETOUCH	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ	MIS 32GX5MM	Insulin Pen Needle 32 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
FIFTY50 PEN	MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN SENS	MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
NOVOFINE	MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
EASY TOUCH	MIS 32GX1/4"	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
CAREFINE	MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES	MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
COMFORT EZ MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD ULTRA-FIN MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT MIS 32GX6MM	Insulin Pen Needle 32 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES MIS 32GX8MM	Insulin Pen Needle 32 G X 8 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN SENS MIS 32GX8MM	Insulin Pen Needle 32 G X 8 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 32GX8MM	Insulin Pen Needle 32 G X 8 MM	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PEN NEEDLES MIS 33GX4MM	Insulin Pen Needle 33 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSUPEN MIS 33GX4MM	Insulin Pen Needle 33 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 33GX4MM	Insulin Pen Needle 33 G X 4 MM (5/32")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 33GX5MM	Insulin Pen Needle 33 G X 5 MM (1/5" or 3/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 33GX6MM	Insulin Pen Needle 33 G X 6 MM (1/4")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
COMFORT EZ MIS 33GX8MM	Insulin Pen Needle 33 G X 8 MM (1/3" or 5/16")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/30G	Insulin Syringe (Disp) U-100 0.3 ML	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML/29G	Insulin Syringe (Disp) U-100 1 ML	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML	Insulin Syringe (Disp) U-100 1 ML	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/29G	Insulin Syringe (Disp) U-100 1/2 ML	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/30G	Insulin Syringe (Disp) U-100 1/2 ML	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INSULIN SYRG MIS 0.3/28G	Insulin Syringe/Needle U-100 0.3 ML 28 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/29G	Insulin Syringe/Needle U-100 0.3 ML 29 G	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/29G	Insulin Syringe/Needle U-100 0.3 ML 29 x 1"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 29GX1/2"	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/29G	Insulin Syringe/Needle U-100 0.3 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/30G	Insulin Syringe/Needle U-100 0.3 ML 30 G	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/30G	Insulin Syringe/Needle U-100 0.3 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/30G	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 30GX8MM	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 30GX5/16	Insulin Syringe/Needle U-100 0.3 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/31G	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYR MIS 0.3/31G	Insulin Syringe/Needle U-100 0.3 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD VEO SYR MIS 0.3/31G	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/31G	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYR MIS 0.3/31G	Insulin Syringe/Needle U-100 0.3 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 31GX5/16	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 31GX8MM	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.3/31G	Insulin Syringe/Needle U-100 0.3 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SYRINGE	MIS 0.5/30G	Insulin Syringe/Needle U-100 0.5 ML 30 x 3/16" (5 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYR	MIS 0.5/31G	Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT	MIS 0.5/31G	Insulin Syringe/Needle U-100 0.5 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/25G	Insulin Syringe/Needle U-100 1 ML 25 x 1"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/25G	Insulin Syringe/Needle U-100 1 ML 25 x 5/8"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/26G	Insulin Syringe/Needle U-100 1 ML 26 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/27G	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 27GX1/2"	Insulin Syringe/Needle U-100 1 ML 27 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/27G	Insulin Syringe/Needle U-100 1 ML 27 x 5/8"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/28G	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 28GX1/2"	Insulin Syringe/Needle U-100 1 ML 28 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/28G	Insulin Syringe/Needle U-100 1 ML 28 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/29G	Insulin Syringe/Needle U-100 1 ML 29 G	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 29GX1/2"	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/29G	Insulin Syringe/Needle U-100 1 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/29G	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ML SYRINGE	MIS 29G	Insulin Syringe/Needle U-100 1 ML 29 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG	MIS 1ML/30G	Insulin Syringe/Needle U-100 1 ML 30 G	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRO COMFORT MIS 1ML/30G	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1MLX30G	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 30GX1/2"	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML/30G	Insulin Syringe/Needle U-100 1 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ML SYRINGE MIS 30G	Insulin Syringe/Needle U-100 1 ML 30 x 3/16" (5 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 30GX5/16	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 30GX8MM	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
1ML SYRINGE MIS 30G	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT MIS 1ML/30G	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML/30G	Insulin Syringe/Needle U-100 1 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SURE COMFORT MIS 31GX6MM	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYR MIS 1ML/31G	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYR MIS 31GX6MM	Insulin Syringe/Needle U-100 1 ML 31 x 1/4" (6 MM)	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML/31G	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD VEO SYR MIS 1ML/31G	Insulin Syringe/Needle U-100 1 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML/31G	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 31GX8MM	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 31GX5/16	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRO COMFORT MIS 1ML/31G	Insulin Syringe/Needle U-100 1 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/27G	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 27GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 27 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 28GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/28G	Insulin Syringe/Needle U-100 1/2 ML 28 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/28G	Insulin Syringe/Needle U-100 1/2 ML 28 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/29G	Insulin Syringe/Needle U-100 1/2 ML 29 G	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 29GX1/2"	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/29G	Insulin Syringe/Needle U-100 1/2 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/29G	Insulin Syringe/Needle U-100 1/2 ML 29 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 G	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET INSU MIS 30X12.7	Insulin Syringe/Needle U-100 1/2 ML 30 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 x 3/8"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
SYRINGE MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 30GX5/16	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
INSULIN SYRG MIS 30GX8MM	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/30G	Insulin Syringe/Needle U-100 1/2 ML 30 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD VEO SYR MIS 0.5/31G	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
ULTILET INSU MIS 31GX6MM	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/31G	Insulin Syringe/Needle U-100 1/2 ML 31 x 15/64"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 31GX5/16	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
PRO COMFORT MIS 0.5/31G	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 0.5/31G	Insulin Syringe/Needle U-100 1/2 ML 31 x 5/16"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 2/27.5G	Insulin Syringe/Needle U-100 2 ML 27.5 x 5/8"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 2ML/29G	Insulin Syringe/Needle U-100 2 ML 29 x 1/2"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
INSULIN SYRG MIS 1ML/25G	Insulin Syringe/Needle U-40 1 ML 25 x 5/8"	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
BD U-500 MIS 31GX6MM	Insulin Syringe/Needle U-500 0.5 ML 31G x 6MM (15/64")	MEDICAL DEVICES AND SUPPLIES	No Cost	No	No	
TRUZONE PEAK MIS FLOW MTR	Peak Flow Meter	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASTHMAPACK I KIT	Peak Flow Meter w/Inhaler Assist Device Kit	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASTHMAPACK KIT II	Peak Flow Meter w/Inhaler Assist Device Kit	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
ASTHMAPACK KIT III	Peak Flow Meter w/Inhaler Assist Device Kit	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
AEROCHAMBER KIT ACTION	Peak Flow Meter w/Inhaler Assist Device Kit	MEDICAL DEVICES AND SUPPLIES	Non-Preferred	No	No	
MIGRAINE MIS PACK	*Sumatriptan Tab 50 MG & Homeopathic Prod Gel Therapy Pack**	MIGRAINE PRODUCTS	Non-Preferred	No	No	PA

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ALMOTRIPTAN TAB 12.5MG	Almotriptan Malate Tab 12.5 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ALMOTRIP MAL TAB 12.5MG	Almotriptan Malate Tab 12.5 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ALMOTRIP MAL TAB 6.25MG	Almotriptan Malate Tab 6.25 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ALMOTRIPTAN TAB 6.25MG	Almotriptan Malate Tab 6.25 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
CAMBIA POW 50MG	Diclofenac Potassium Packet 50 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	
DIHYDROERGOT CRY MESYLATE	Dihydroergotamine Mesylate Crystals	MIGRAINE PRODUCTS	Non-Preferred	No	No	
D.H.E. 45 INJ 1MG/ML	Dihydroergotamine Mesylate Inj 1 MG/ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	
DIHYDROERGOT INJ 1MG/ML	Dihydroergotamine Mesylate Inj 1 MG/ML	MIGRAINE PRODUCTS	Generic	No	No	
DIHYDROERGOT SPR 4MG/ML	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	MIGRAINE PRODUCTS	Generic	No	No	
MIGRANAL SPR 4MG/ML	Dihydroergotamine Mesylate Nasal Spray 4 MG/ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	
DIHYDROERGOT POW MESYLATE	Dihydroergotamine Mesylate Powder	MIGRAINE PRODUCTS	Non-Preferred	No	No	
ELETRIPTAN TAB 20MG	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	QL
RELPAX TAB 20MG	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
RELPAX TAB 20MG	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	MIGRAINE PRODUCTS	Non-Preferred	No	No	
ELETRIPTAN TAB 20MG	Eletriptan Hydrobromide Tab 20 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	
RELPAX TAB 40MG	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	MIGRAINE PRODUCTS	Non-Preferred	No	No	
RELPAX TAB 40MG	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ELETRIPTAN TAB 40MG	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	

***PA = Prior Authorization Required, ST = Step Therapy Required, QL = Quantity Limit in place**

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ELETRIPTAN	TAB 40MG	Eletriptan Hydrobromide Tab 40 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	QL
AIMOVIG	INJ 70MG/ML	Erenumab-aooe Subcutaneous Soln Auto-Injector 70 MG/ML	MIGRAINE PRODUCTS	Non-Preferred	Yes	No	PA
AIMOVIG	INJ 140DOSE	Erenumab-aooe Subcutaneous Soln Auto-Injector 70 MG/ML	MIGRAINE PRODUCTS	Non-Preferred	Yes	No	PA
ERGOTAMINE	POW TARTRATE	Ergotamine Tartrate Powder	MIGRAINE PRODUCTS	Non-Preferred	No	No	
ERGOMAR	SUB 2MG	Ergotamine Tartrate SL Tab 2 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	
MIGERGOT	SUP 2/100	Ergotamine w/ Caffeine Suppos 2-100 MG	MIGRAINE PRODUCTS	Generic	No	No	
ERGOT/CAFFEN TAB 1-100MG		Ergotamine w/ Caffeine Tab 1-100 MG	MIGRAINE PRODUCTS	Generic	No	No	
CAFERGOT	TAB 1-100MG	Ergotamine w/ Caffeine Tab 1-100 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	PA
AJOVY	INJ 225/1.5	Fremanezumab-vfrm Subcutaneous Soln Pref Syr 225 MG/1.5ML	MIGRAINE PRODUCTS	Non-Preferred	Yes	No	PA
FROVA	TAB 2.5MG	Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
FROVATRIPTAN TAB 2.5MG		Frovatriptan Succinate Tab 2.5 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	QL
AMERGE	TAB 1MG	Naratriptan HCl Tab 1 MG (Base Equiv)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
NARATRIPTAN TAB 1MG		Naratriptan HCl Tab 1 MG (Base Equiv)	MIGRAINE PRODUCTS	Generic	No	No	QL
NARATRIPTAN TAB 2.5MG		Naratriptan HCl Tab 2.5 MG (Base Equiv)	MIGRAINE PRODUCTS	Generic	No	No	
AMERGE	TAB 2.5MG	Naratriptan HCl Tab 2.5 MG (Base Equiv)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
NARATRIPTAN TAB 2.5MG		Naratriptan HCl Tab 2.5 MG (Base Equiv)	MIGRAINE PRODUCTS	Generic	No	No	QL
RIZATRIPTAN TAB 10MG ODT		Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	MIGRAINE PRODUCTS	Generic	No	No	QL
RIZATRIPTAN TAB 10MG ODT		Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	MIGRAINE PRODUCTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MAXALT-MLT TAB 10MG	Rizatriptan Benzoate Oral Disintegrating Tab 10 MG (Base Eq)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
RIZATRIPTAN TAB 5MG ODT	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	MIGRAINE PRODUCTS	Generic	No	No	
RIZATRIPTAN TAB 5MG ODT	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	MIGRAINE PRODUCTS	Generic	No	No	QL
MAXALT-MLT TAB 5MG	Rizatriptan Benzoate Oral Disintegrating Tab 5 MG (Base Eq)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
MAXALT TAB 10MG	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
RIZATRIPTAN TAB 10MG	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	QL
RIZATRIPTAN TAB 10MG	Rizatriptan Benzoate Tab 10 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	
RIZATRIPTAN TAB 5MG	Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	QL
RIZATRIPTAN TAB 5MG	Rizatriptan Benzoate Tab 5 MG (Base Equivalent)	MIGRAINE PRODUCTS	Generic	No	No	
MIGRANOW PAK	Sumatriptan 50 MG Tab & Camphor-Menthol Gel 4-10% THPK	MIGRAINE PRODUCTS	Non-Preferred	No	No	PA
SUMATRIPTAN SPR 20MG/ACT	Sumatriptan Nasal Spray 20 MG/ACT	MIGRAINE PRODUCTS	Generic	No	No	QL
IMITREX SPR 20MG/ACT	Sumatriptan Nasal Spray 20 MG/ACT	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
SUMATRIPTAN SPR 5MG/ACT	Sumatriptan Nasal Spray 5 MG/ACT	MIGRAINE PRODUCTS	Generic	No	No	QL
IMITREX SPR 5MG/ACT	Sumatriptan Nasal Spray 5 MG/ACT	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ONZETRA XSAI MIS 11MG	Sumatriptan Succinate Exhaler Powder 11 MG/NOSEPIECE	MIGRAINE PRODUCTS	Non-Preferred	No	No	
SUMATRIPTAN INJ 6MG/0.5	Sumatriptan Succinate Inj 6 MG/0.5ML	MIGRAINE PRODUCTS	Generic	No	No	QL
IMITREX INJ 6MG/0.5	Sumatriptan Succinate Inj 6 MG/0.5ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ZEMBRACE SYM INJ 3/0.5ML	Sumatriptan Succinate Solution Auto-injector 3 MG/0.5ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
IMITREX	INJ 4MG/0.5	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	
SUMATRIPTAN	INJ 4MG/0.5	Sumatriptan Succinate Solution Auto-injector 4 MG/0.5ML	MIGRAINE PRODUCTS	Generic	No	No	
SUMATRIPTAN	INJ 6MG/0.5	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	MIGRAINE PRODUCTS	Generic	No	No	QL
IMITREX	INJ 6MG/0.5	Sumatriptan Succinate Solution Auto-injector 6 MG/0.5ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
SUMATRIPTAN	INJ 4MG/0.5	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	MIGRAINE PRODUCTS	Generic	No	No	
IMITREX	INJ 4MG/0.5	Sumatriptan Succinate Solution Cartridge 4 MG/0.5ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	
IMITREX	INJ 6MG/0.5	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	MIGRAINE PRODUCTS	Non-Preferred	No	No	
SUMATRIPTAN	INJ 6MG/0.5	Sumatriptan Succinate Solution Cartridge 6 MG/0.5ML	MIGRAINE PRODUCTS	Generic	No	No	
IMITREX	TAB 100MG	Sumatriptan Succinate Tab 100 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
SUMATRIPTAN	TAB 100MG	Sumatriptan Succinate Tab 100 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
SUMATRIPTAN	TAB 100MG	Sumatriptan Succinate Tab 100 MG	MIGRAINE PRODUCTS	Generic	No	No	
IMITREX	TAB 25MG	Sumatriptan Succinate Tab 25 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
SUMATRIPTAN	TAB 25MG	Sumatriptan Succinate Tab 25 MG	MIGRAINE PRODUCTS	Generic	No	No	
SUMATRIPTAN	TAB 25MG	Sumatriptan Succinate Tab 25 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
SUMATRIPTAN	TAB 50MG	Sumatriptan Succinate Tab 50 MG	MIGRAINE PRODUCTS	Generic	No	No	
SUMATRIPTAN	TAB 50MG	Sumatriptan Succinate Tab 50 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
IMITREX	TAB 50MG	Sumatriptan Succinate Tab 50 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
TREXIMET	TAB 10-60MG	Sumatriptan-Naproxen Sodium Tab 10-60 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SUMAT-NAPROX TAB 85-500MG	Sumatriptan-Naproxen Sodium Tab 85-500 MG	MIGRAINE PRODUCTS	Generic	No	No	
TREXIMET TAB 85-500MG	Sumatriptan-Naproxen Sodium Tab 85-500 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
SUMAT-NAPROX TAB 85-500MG	Sumatriptan-Naproxen Sodium Tab 85-500 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ZOMIG SPR 2.5MG	Zolmitriptan Nasal Spray 2.5 MG/Spray Unit	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ZOMIG SPR 5MG	Zolmitriptan Nasal Spray 5 MG/Spray Unit	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ZOMIG ZMT TAB 2.5 MG	Zolmitriptan Orally Disintegrating Tab 2.5 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ZOLMITRIPTAN TAB 2.5 MG	Zolmitriptan Orally Disintegrating Tab 2.5 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ZOMIG ZMT TAB 5MG ODT	Zolmitriptan Orally Disintegrating Tab 5 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ZOLMITRIPTAN TAB 5MG ODT	Zolmitriptan Orally Disintegrating Tab 5 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ZOMIG TAB 2.5MG	Zolmitriptan Tab 2.5 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
ZOLMITRIPTAN TAB 2.5MG	Zolmitriptan Tab 2.5 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ZOLMITRIPTAN TAB 5MG	Zolmitriptan Tab 5 MG	MIGRAINE PRODUCTS	Generic	No	No	QL
ZOMIG TAB 5MG	Zolmitriptan Tab 5 MG	MIGRAINE PRODUCTS	Non-Preferred	No	No	QL
CALCIUM-FA WAF PLUS D	Ca Carb-Folic Acid-Vit D-B6-B12-Boron-Mag Wafer 1342-1 MG	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIFOL WAF	Ca Carb-Folic Acid-Vit D-B6-B12-Boron-Mag Wafer 1342-1.6 MG	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM CARB POW PPT/HEAV	Calcium Carbonate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM CARB POW LIGHT	Calcium Carbonate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM CARB POW HEAVY	Calcium Carbonate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	

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CALC CHLORID GRA DIHYDRAT	Calcium Chloride (Dihydrate) Granules	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CA CHLORIDE GRA ANHYDR	Calcium Chloride (Dihydrate) Granules	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CA CHLORIDE POW DIHYDRAT	Calcium Chloride (Dihydrate) Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM CHLO INJ 10%	Calcium Chloride Inj 10%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM CL INJ 10%	Calcium Chloride Inj 10%	MINERALS & ELECTROLYTES	Generic	No	No	
CALCIUM GLUC INJ 10%	Calcium Gluconate Inj 10%	MINERALS & ELECTROLYTES	Generic	No	No	
CALCIUM GLUC INJ 1000/10	Calcium Gluconate IV Soln Pref Syringe 1000 MG/10ML (10%)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CALCIUM GLUC POW MONOHYDR	Calcium Gluconate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM GLUC POW ANHYDR	Calcium Gluconate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CAL GLUC/D5W INJ 1/100ML	Calcium Gluconate-Dextrose IV Soln 1 Gram/100ML-5%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLUC/D5W INJ 1GM/50ML	Calcium Gluconate-Dextrose IV Soln 1 Gram/50ML-5%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLUC/D5W INJ 2/100ML	Calcium Gluconate-Dextrose IV Soln 2 Gram/100ML-5%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLUC/D5W INJ 4/250ML	Calcium Gluconate-Dextrose IV Soln 4 Gram/250ML-5%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLUC/NAC INJ 1GM/50ML	Calcium Gluconate-NaCl IV Soln Prefilled Syr 1 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 2GM/50ML	Calcium Gluconate-NaCl IV Soln Prefilled Syr 2 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 1/100ML	Calcium Gluconate-Sodium Chloride IV Soln 1 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 1/100ML	Calcium Gluconate-Sodium Chloride IV Soln 1 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 1GM/50ML	Calcium Gluconate-Sodium Chloride IV Soln 1 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CAL GLU/NACL INJ 2/100ML	Calcium Gluconate-Sodium Chloride IV Soln 2 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 2/100ML	Calcium Gluconate-Sodium Chloride IV Soln 2 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 2GM/50ML	Calcium Gluconate-Sodium Chloride IV Soln 2 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CAL GLU/NACL INJ 3/100ML	Calcium Gluconate-Sodium Chloride IV Soln 3 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
CALCIUM LACT POW PENTAHYD	Calcium Lactate Pentahydrate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM PHOS POW DIBASIC	Calcium Phosphate, Dibasic Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
CALCIUM PHOS POW TRIBASIC	Calcium Phosphate, Tribasic Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
IODINE SOL STRONG	Iodine Solution Strong 5% (Lugol's)	MINERALS & ELECTROLYTES	Generic	No	No	
MAG CARBONAT POW HEAVY	Magnesium Carbonate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
MAG CARBONAT POW LIGHT	Magnesium Carbonate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
MAGN CHLORID CRY HEXAHYDR	Magnesium Chloride Crystals	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
MAGNESIUM CL INJ 20%	Magnesium Chloride Inj 200 MG/ML	MINERALS & ELECTROLYTES	Generic	No	No	
MAGN CHLORID POW	Magnesium Chloride Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
MG SO4/D5W INJ 10MG/ML	Magnesium Sulfate in Dextrose 5% IV Soln 1 GM/100ML	MINERALS & ELECTROLYTES	Generic	No	No	
MAG SULF/D5W INJ 1GM/50ML	Magnesium Sulfate in Dextrose 5% IV Soln 1 GM/50ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 10/100ML	Magnesium Sulfate in Dextrose 5% IV Soln 10 GM/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 10/250ML	Magnesium Sulfate in Dextrose 5% IV Soln 10 GM/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 2/100ML	Magnesium Sulfate in Dextrose 5% IV Soln 2 GM/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MAG SULF/D5W INJ 2GM/50ML	Magnesium Sulfate in Dextrose 5% IV Soln 2 GM/50ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ 20/250ML	Magnesium Sulfate in Dextrose 5% IV Soln 20 GM/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 20/500ML	Magnesium Sulfate in Dextrose 5% IV Soln 20 GM/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W SOL 20GM/L	Magnesium Sulfate in Dextrose 5% IV Soln 20 GM/L	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 3GM/50ML	Magnesium Sulfate in Dextrose 5% IV Soln 3 GM/50ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 4G/100ML	Magnesium Sulfate in Dextrose 5% IV Soln 4 GM/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 4G/50ML	Magnesium Sulfate in Dextrose 5% IV Soln 4 GM/50ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 40/500ML	Magnesium Sulfate in Dextrose 5% IV Soln 40 GM/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W SOL 40GM/L	Magnesium Sulfate in Dextrose 5% IV Soln 40 GM/L	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 5/100ML	Magnesium Sulfate in Dextrose 5% IV Soln 5 GM/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 50/500ML	Magnesium Sulfate in Dextrose 5% IV Soln 50 GM/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 6/100ML	Magnesium Sulfate in Dextrose 5% IV Soln 6 GM/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/D5W INJ 6GM/50ML	Magnesium Sulfate in Dextrose 5% IV Soln 6 GM/50ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ SULFATE	Magnesium Sulfate Inj 1000 MG/1.6ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ SULFATE	Magnesium Sulfate Inj 2000 MG/3.2ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ SULFATE	Magnesium Sulfate Inj 3000 MG/4.8ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ SULFATE	Magnesium Sulfate Inj 4000 MG/6.4ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM SU INJ 50%	Magnesium Sulfate Inj 50%	MINERALS & ELECTROLYTES	Generic	No	No	

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MAGNESIUM SU INJ 50%	Magnesium Sulfate Inj 50%	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 2GM/50ML	Magnesium Sulfate IV Soln 2 GM/50ML (40 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 2GM/50ML	Magnesium Sulfate IV Soln 2 GM/50ML (40 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 20/500ML	Magnesium Sulfate IV Soln 20 GM/500ML (40 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 4G/100ML	Magnesium Sulfate IV Soln 4 GM/100ML (40 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 4G/100ML	Magnesium Sulfate IV Soln 4 GM/100ML (40 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 80MG/ML	Magnesium Sulfate IV Soln 4 GM/50ML (80 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAGNESIUM SU INJ 40G/1000	Magnesium Sulfate IV Soln 40 GM/1000ML (40 MG/ML)	MINERALS & ELECTROLYTES	Generic	No	No	
MAG SULF/LAC INJ 10/250ML	Magnesium Sulfate-Lactated Ringers IV Soln 10 GM/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/LAC INJ 20/250ML	Magnesium Sulfate-Lactated Ringers IV Soln 20 GM/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/LAC INJ 20/500ML	Magnesium Sulfate-Lactated Ringers IV Soln 20 GM/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/LAC INJ 25/250ML	Magnesium Sulfate-Lactated Ringers IV Soln 25 GM/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ LACTATED	Magnesium Sulfate-Lactated Ringers IV Soln 40 GM/1000ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/LAC INJ 40/500ML	Magnesium Sulfate-Lactated Ringers IV Soln 40 GM/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/LAC INJ 50/500ML	Magnesium Sulfate-Lactated Ringers IV Soln 50 GM/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 1GM/50ML	Magnesium Sulfate-Sodium Chloride IV Soln 1 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 10/100	Magnesium Sulfate-Sodium Chloride IV Soln 10 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/NAC INJ 2G/100ML	Magnesium Sulfate-Sodium Chloride IV Soln 2 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA

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MAG SUL/NACL INJ 2GM/50ML	Magnesium Sulfate-Sodium Chloride IV Soln 2 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 2/50-0.9	Magnesium Sulfate-Sodium Chloride IV Soln 2 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNESIUM INJ 20/250ML	Magnesium Sulfate-Sodium Chloride IV Soln 20 GM/250ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL SOL 3/150ML	Magnesium Sulfate-Sodium Chloride IV Soln 3 GM/150ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 3GM/50ML	Magnesium Sulfate-Sodium Chloride IV Soln 3 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 4G/100ML	Magnesium Sulfate-Sodium Chloride IV Soln 4 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SULF/NAC INJ 4GM/50ML	Magnesium Sulfate-Sodium Chloride IV Soln 4 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL SOL 40/500ML	Magnesium Sulfate-Sodium Chloride IV Soln 40 GM/500ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 40GM/L	Magnesium Sulfate-Sodium Chloride IV Soln 40 GM/L-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL NACL INJ 6GM/100	Magnesium Sulfate-Sodium Chloride IV Soln 6 GM/100ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 6/150ML	Magnesium Sulfate-Sodium Chloride IV Soln 6 GM/150ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAG SUL/NACL INJ 6GM/50ML	Magnesium Sulfate-Sodium Chloride IV Soln 6 GM/50ML-0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
MAGNEBIND TAB 400	Magnesium-Calcium-Folic Acid Tab 400-200-1 MG	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
MANGANESE CL INJ 0.1MG/ML	Manganese Chloride Inj 0.1 MG/ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE TAB 25MEQ EF	Pot Bicarbonate & Chloride Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT/CHLORIDE TAB 25MEQ EF	Pot Bicarbonate & Chloride Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
PHOSPHOROUS TAB	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	MINERALS & ELECTROLYTES	Generic	Yes	No	
AV-PHOS 250 TAB NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	MINERALS & ELECTROLYTES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHOSPHA 250 TAB NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	MINERALS & ELECTROLYTES	Generic	No	No	
PHOSPHO-TRIN TAB 250 NEUT	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	MINERALS & ELECTROLYTES	Generic	No	No	
VIRT-PHOS TAB 250 NEUT	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	MINERALS & ELECTROLYTES	Generic	No	No	
K-PHOS TAB NEUTRAL	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT ACETATE INJ 2MEQ/ML	Potassium Acetate Inj 2 mEq/ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT ACETATE INJ 2MEQ/ML	Potassium Acetate Inj 2 mEq/ML	MINERALS & ELECTROLYTES	Generic	No	No	
EFFER-K TAB 25MEQ EF	Potassium Bicarbonate Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POTASSIUM TAB 25MEQ EF	Potassium Bicarbonate Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
K-VESCENT TAB 25MEQ EF	Potassium Bicarbonate Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
K-PRIME TAB 25MEQ EF	Potassium Bicarbonate Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
K-EFFERVESCE TAB 25MEQ EF	Potassium Bicarbonate Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
KLOR-CON/EF TAB 25MEQ FR	Potassium Bicarbonate Effer Tab 25 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT BICARBON GRA	Potassium Bicarbonate Granules	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT BICARBON POW	Potassium Bicarbonate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
EFFER-K TAB 10MEQ	Potassium Bicarbonate-Citric Acid Effer Tab 10 mEq	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
EFFER-K TAB 20MEQ	Potassium Bicarbonate-Citric Acid Effer Tab 20 mEq	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT CHLORIDE CAP 10MEQ ER	Potassium Chloride Cap ER 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
MICRO-K CAP 10MEQ CR	Potassium Chloride Cap ER 10 mEq	MINERALS & ELECTROLYTES	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KLOR-CON SPR CAP 10MEQ	Potassium Chloride Cap ER 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE CAP 8MEQ ER	Potassium Chloride Cap ER 8 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
MICRO-K CAP 8MEQ CR	Potassium Chloride Cap ER 8 mEq	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
KLOR-CON SPR CAP 8MEQ	Potassium Chloride Cap ER 8 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE GRA	Potassium Chloride Granules	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT CHLORIDE INJ 10MEQ	Potassium Chloride Inj 10 mEq/100ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE INJ 10MEQ	Potassium Chloride Inj 10 mEq/50ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE INJ 2MEQ/ML	Potassium Chloride Inj 2 mEq/ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE INJ 2MEQ/ML	Potassium Chloride Inj 2 mEq/ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE INJ 20MEQ	Potassium Chloride Inj 20 mEq/100ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE INJ 20MEQ	Potassium Chloride Inj 20 mEq/50ML	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE INJ 40MEQ	Potassium Chloride Inj 40 mEq/100ML	MINERALS & ELECTROLYTES	Generic	No	No	
POTASS CHLOR INJ 10/5ML	Potassium Chloride IV Soln Pref Syr 10 mEq/5ML (2 mEq/ML)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
POT CL MICRO TAB 10MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
KLOR-CON M10 TAB 10MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CL MICRO TAB 10MEQ CR	Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE TAB 10MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
KLOR-CON M15 TAB 15MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 15 mEq	MINERALS & ELECTROLYTES	Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
POT CL MICRO TAB 20MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
KLOR-CON M20 TAB 20MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE TAB 20MEQ ER	Potassium Chloride Microencapsulated Crys ER Tab 20 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE SOL 10%	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE SOL 10%	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE SOL 20%	Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE SOL 20%	Potassium Chloride Oral Soln 20% (40 MEQ/15ML)	MINERALS & ELECTROLYTES	Generic	No	No	
POTASSIUM POW CHLORIDE	Potassium Chloride Powder (For Compounding)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT CHLORIDE POW 20MEQ	Potassium Chloride Powder Packet 20 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
KLOR-CON PAK 20MEQ	Potassium Chloride Powder Packet 20 mEq	MINERALS & ELECTROLYTES	Generic	Yes	No	
KLOR-CON 10 TAB 10MEQ ER	Potassium Chloride Tab ER 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE TAB 10MEQ CR	Potassium Chloride Tab ER 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
K-TAB TAB 10MEQ CR	Potassium Chloride Tab ER 10 mEq	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT CHLORIDE TAB 10MEQ ER	Potassium Chloride Tab ER 10 mEq	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE TAB 20MEQ ER	Potassium Chloride Tab ER 20 mEq (1500 MG)	MINERALS & ELECTROLYTES	Generic	No	No	
K-TAB TAB 20MEQ	Potassium Chloride Tab ER 20 mEq (1500 MG)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
KLOR-CON 8 TAB 8MEQ ER	Potassium Chloride Tab ER 8 mEq (600 MG)	MINERALS & ELECTROLYTES	Generic	No	No	
POT CHLORIDE TAB 8MEQ SR	Potassium Chloride Tab ER 8 mEq (600 MG)	MINERALS & ELECTROLYTES	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
K-TAB	TAB 8MEQ CR	Potassium Chloride Tab ER 8 mEq (600 MG)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT CHLORIDE TAB 8MEQ ER		Potassium Chloride Tab ER 8 mEq (600 MG)	MINERALS & ELECTROLYTES	Generic	No	No	
K-PHOS	TAB	Potassium Phosphate Monobasic Tab 500 MG	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
POT PHOSPHAT INJ 150MM/50		Potassium Phosphates Inj 15 mM/5ML (Phos) 22 mEq/5ML (K)	MINERALS & ELECTROLYTES	Generic	No	No	
POT PHOSPHAT INJ 3MM/ML		Potassium Phosphates Inj 150 mM/50ML (Phos) 220 mEq/50ML (K)	MINERALS & ELECTROLYTES	Generic	No	No	
POT PHOSPHAT INJ 3MM/ML		Potassium Phosphates Inj 45 mM/15ML (Phos) 66 mEq/15ML (K)	MINERALS & ELECTROLYTES	Generic	No	No	
POTASSIUM PH INJ NACL		Potassium Phosphates-NaCl 0.9 % IV Soln 10 MMole/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
POTASSIUM PH INJ NACL		Potassium Phosphates-NaCl 0.9 % IV Soln 10 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
K PHOS/NACL INJ 15/100ML		Potassium Phosphates-NaCl 0.9 % IV Soln 15 MMole/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
K PHOS/NACL INJ 15/150ML		Potassium Phosphates-NaCl 0.9 % IV Soln 15 MMole/150ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
POTASSIUM PH INJ NACL		Potassium Phosphates-NaCl 0.9 % IV Soln 15 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
POTASSIUM PH INJ NACL		Potassium Phosphates-NaCl 0.9 % IV Soln 30 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
POTASSIUM PH INJ NACL		Potassium Phosphates-NaCl 0.9 % IV Soln 30 MMole/500ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
SWABFLUSH	INJ 0.9%	Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
FLUSH SYRING INJ 0.9%		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SALINE FLUSH INJ ZR 0.9%		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SALINE FLUSH INJ 0.9%		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
NORML SALINE INJ IV FLUSH		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NORMAL SALIN INJ 0.9%		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 0.9%		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
BD POSIFLUSH INJ 0.9%		Sodium Chloride Flush IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE GRA		Sodium Chloride Granules	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
SOD CHLORIDE INJ 0.45%		Sodium Chloride Inj 0.45%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 0.9%		Sodium Chloride Inj 0.9%	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
SOD CHLORIDE INJ 0.9%		Sodium Chloride Inj 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 2.5/ML		Sodium Chloride Inj 2.5 mEq/ML (14.6%)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 3%		Sodium Chloride Inj 3%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 23.4%		Sodium Chloride Inj 4 mEq/ML (23.4%)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 4MEQ/ML		Sodium Chloride Inj 4 mEq/ML (23.4%)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 5%		Sodium Chloride Inj 5%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 0.9%		Sodium Chloride IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SOD CHLORIDE INJ 0.9%		Sodium Chloride IV Soln 0.9%	MINERALS & ELECTROLYTES	Generic	No	No	
SODIUM POW CHLORIDE		Sodium Chloride Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
SOD FLUORIDE CHW 0.25MG F		Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
LUDENT CHW 0.25MG F		Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
FLUORITAB CHW 0.25MG F		Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLUORIDE	CHW 0.25MG F	Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
SOD FLUORIDE CHW 1.1MG		Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
FLUORIDE	CHW 0.5MG F	Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
LUDENT	CHW 0.5MG F	Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
FLUORITAB	CHW 0.5MG F	Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
SOD FLUORIDE CHW 0.5MG F		Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
FLUORITAB	CHW 2.2MG	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD FLUORIDE CHW 2.2MG		Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD FLUORIDE CHW 1MG F		Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
NAFRINSE	CHW 1MG F	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
LUDENT	CHW 1MG F	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
FLUORITAB	CHW 1MG F	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
FLUORIDE	CHW 1MG F	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD FLUORIDE CHW 1MG F		Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
FLUOR-A-DAY DRO 0.125MG		Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
FLUORITAB	DRO 0.125MG	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
KARIDIUM	DRO 0.125MG	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
NAFRINSE	DRO 0.125MG	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	

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FLUORABON DRO	Sodium Fluoride Soln 0.25 MG/0.6ML (from 0.55 MG/0.6ML NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
FLURA-DROPS DRO 0.25MG F	Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
LURIDE DRO 0.5MG/ML	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
SOD FLUORIDE DRO 0.5MG/ML	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
SOD FLUORIDE TAB 0.5MG F	Sodium Fluoride Tab 0.5 MG F (from 1.1 MG NaF)	MINERALS & ELECTROLYTES	No Cost	No	No	
SOD FLUORIDE TAB 1MG F	Sodium Fluoride Tab 1 MG F (from 2.2 MG NaF)	MINERALS & ELECTROLYTES	Generic	No	No	
FLORIVA DRO 0.25MG	Sodium Fluoride-Vitamin D Liqd Drops 0.25 MG/ML-400 Unit/ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
GLYCOPHOS SOL 1MM/ML	Sodium Glycerophosphate IV Soln 1 MMole/ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
K PHOS/NACL INJ 15/100ML	Sodium Phosphate-NaCl 0.9 % IV Soln 15 MMole/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
K PHOS/NACL INJ 15/250ML	Sodium Phosphate-NaCl 0.9 % IV Soln 15 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
SOD PHOS/NAC SOL 30/250ML	Sodium Phosphate-NaCl 0.9 % IV Soln 30 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
K PHOS/NACL INJ 7.5/100	Sodium Phosphate-NaCl 0.9 % IV Soln 7.5 MMole/100ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
SOD PHOSPHAT INJ 15MM/5ML	Sodium Phosphates Inj 15 mM/5ML (Phos) 20 mEq/5ML (Na)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD PHOSPHAT INJ 3MM/ML	Sodium Phosphates Inj 45 mM/15ML (Phos) 60 mEq/15ML (Na)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD PHOSPHAT INJ 45/15ML	Sodium Phosphates Inj 45 mM/15ML (Phos) 60 mEq/15ML (Na)	MINERALS & ELECTROLYTES	Generic	No	No	
SOD PHOS/D5W SOL 15/250ML	Sodium Phosphates-Dextrose 5% IV Soln 15 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
SOD PHOS/NAC SOL 40/250ML	Sodium Phosphates-NaCl 0.9 % IV Soln 40 MMole/250ML	MINERALS & ELECTROLYTES	Non-Preferred	No	No	PA
GALZIN CAP 25MG	Zinc Acetate Cap 25 MG (Elemental Zinc)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GALZIN	CAP 50MG	Zinc Acetate Cap 50 MG (Elemental Zinc)	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
ZINC TRACE	INJ 1MG/ML	Zinc Chloride Inj 1 MG/ML	MINERALS & ELECTROLYTES	Generic	No	No	
ZINC SULFATE GRA HEPTAHYR		Zinc Sulfate Granules	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
ZINC SULFATE INJ 1MG/ML		Zinc Sulfate Inj 1 MG/ML	MINERALS & ELECTROLYTES	Generic	No	No	
ZINC SULFATE INJ 5MG/ML		Zinc Sulfate Inj 5 MG/ML	MINERALS & ELECTROLYTES	Generic	No	No	
ZINC SULFATE POW HEPTAHYD		Zinc Sulfate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
ZINC SULFATE POW MONOHYD		Zinc Sulfate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
ZINC SULFATE POW		Zinc Sulfate Powder	MINERALS & ELECTROLYTES	Non-Preferred	No	No	
SOD POLY SUL POW		*Sodium Polystyrene Sulfonate Powder**	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
SOD POLYSTYR POW SULFONAT		*Sodium Polystyrene Sulfonate Powder**	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
ADENOSINE-5 POW MONOPHOS		Adenosine Phosphate Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
ADENOSINE-5 POW TRIPHOSP		Adenosine Phosphate Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
ALPROSTADIL INJ 500MCG		Alprostadil Inj 500 MCG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
PROSTIN VR INJ 500MCG		Alprostadil Inj 500 MCG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
THYMOGLOBULN INJ 25MG		Anti-Thymocyte Globulin For IV Soln 25 MG (Lymphocyte IG)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
AZATHIOPRINE POW		Azathioprine Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
AZATHIOPRINE INJ 100MG		Azathioprine Sodium For Inj 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	PA
AZASAN	TAB 100MG	Azathioprine Tab 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AZATHIOPRINE TAB 50MG		Azathioprine Tab 50 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	Yes	No	
IMURAN	TAB 50MG	Azathioprine Tab 50 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	
AZASAN	TAB 75 MG	Azathioprine Tab 75 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	
SIMULECT	INJ 10MG	Basiliximab For IV Soln 10 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
SIMULECT	INJ 20MG	Basiliximab For IV Soln 20 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
NULOJIX	INJ 250MG	Belatacept For IV Infusion 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
BENLYSTA	INJ 120MG	Belimumab For IV Soln 120 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
BENLYSTA	INJ 400MG	Belimumab For IV Soln 400 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
BENLYSTA	INJ 200MG/ML	Belimumab Subcutaneous Solution Auto-injector 200 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	Yes	PA
BENLYSTA	INJ 200MG/ML	Belimumab Subcutaneous Solution Prefilled Syringe 200 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	Yes	PA
BROMELAIN	POW	Bromelains Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
BROMELAIN	POW	Bromelains Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
CHYMOTRYPSIN POW ALPHA		Chymotrypsin Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
XIAFLEX	INJ 0.9MG	Collagenase Clostridium Histolyticum For Inj 0.9 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	
SANDIMMUNE	CAP 100MG	Cyclosporine Cap 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
CYCLOSPORINE CAP 100MG		Cyclosporine Cap 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
SANDIMMUNE	CAP 25MG	Cyclosporine Cap 25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
CYCLOSPORINE CAP 25MG		Cyclosporine Cap 25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CYCLOSPORINE INJ 50MG/ML		Cyclosporine IV Soln 50 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
SANDIMMUNE INJ 50MG/ML		Cyclosporine IV Soln 50 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
NEORAL	CAP 100MG	Cyclosporine Modified Cap 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
CYCLOSPORINE CAP 100MG MD		Cyclosporine Modified Cap 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
GENGRAF	CAP 100MG	Cyclosporine Modified Cap 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
GENGRAF	CAP 25MG	Cyclosporine Modified Cap 25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
CYCLOSPORINE CAP 25MG MOD		Cyclosporine Modified Cap 25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
NEORAL	CAP 25MG	Cyclosporine Modified Cap 25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
CYCLOSPORINE CAP 50MG MOD		Cyclosporine Modified Cap 50 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
CYCLOSPORINE SOL MODIFIED		Cyclosporine Modified Oral Soln 100 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
GENGRAF	SOL 100MG/ML	Cyclosporine Modified Oral Soln 100 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
NEORAL	SOL 100MG/ML	Cyclosporine Modified Oral Soln 100 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
SANDIMMUNE SOL 100MG/ML		Cyclosporine Oral Soln 100 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
SOLESTA	INJ 50-15ML	Dextranomer-Sodium Hyaluronate Inj Gel 50-15 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
ETHAMOLIN	INJ 5%	Ethanolamine Oleate Inj 5%	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
ZORTRESS	TAB 0.25MG	Everolimus Tab 0.25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
ZORTRESS	TAB 0.5MG	Everolimus Tab 0.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
ZORTRESS	TAB 0.75MG	Everolimus Tab 0.75 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMPHADASE	INJ 150/ML	Hyaluronidase Bovine Inj 150 Unit/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	PA
HYLENEX	INJ 150 UNIT	Hyaluronidase Human Inj 150 Unit/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
VITRASE	INJ 200/ML	Hyaluronidase Ovine Inj 200 Unit/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
REVLIMID	CAP 10MG	Lenalidomide Cap 10 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
REVLIMID	CAP 15MG	Lenalidomide Cap 15 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
REVLIMID	CAP 20MG	Lenalidomide Cap 20 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
REVLIMID	CAP 25MG	Lenalidomide Cap 25 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
REVLIMID	CAP 5MG	Lenalidomide Cap 5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
REVLIMID	CAP 2.5MG	Lenalidomide Caps 2.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
NEXAVIR	INJ	Liver Derivative Complex Inj 25.5 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
ATGAM	INJ 250MG	Lymphocyte Immune Globulin Anti-Thymocyte G Inj 50 MG/ML(Eq)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
MYCOPHENOLAT CAP 250MG		Mycophenolate Mofetil Cap 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
CELLCEPT	CAP 250MG	Mycophenolate Mofetil Cap 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
MYCOPHENOLAT SUS 200MG/ML		Mycophenolate Mofetil For Oral Susp 200 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
CELLCEPT	SUS 200MG/ML	Mycophenolate Mofetil For Oral Susp 200 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
CELLCEPT IV INJ 500MG		Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
MYCOPHENOLAT INJ 500MG		Mycophenolate Mofetil HCl For IV Soln 500 MG (Base Equiv)	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
CELLCEPT	TAB 500MG	Mycophenolate Mofetil Tab 500 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MYCOPHENOLAT TAB 500MG	Mycophenolate Mofetil Tab 500 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
MYCOPHENOLIC TAB 180MG DR	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
MYFORTIC TAB 180MG	Mycophenolate Sodium Tab DR 180 MG (Mycophenolic Acid Equiv)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
MYFORTIC TAB 360MG	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
MYCOPHENOLIC TAB 360MG DR	Mycophenolate Sodium Tab DR 360 MG (Mycophenolic Acid Equiv)	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
VELTASSA POW 16.8GM	Patiomer Sorbitex Calcium For Susp Packet 16.8 GM (Base Eq)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	
VELTASSA POW 25.2GM	Patiomer Sorbitex Calcium For Susp Packet 25.2 GM (Base Eq)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	
VELTASSA POW 8.4GM	Patiomer Sorbitex Calcium For Susp Packet 8.4 GM (Base Eq)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	
CUPRIMINE CAP 250MG	Penicillamine Cap 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
PENICILLAMIN POW	Penicillamine Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
PENICILLAMIN POW	Penicillamine Powder	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
DEPEN TITRA TAB 250MG	Penicillamine Tab 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
ASCLERA INJ 0.5%	Polidocanol (Laureth-9) Inj 0.5%	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
ASCLERA INJ 1%	Polidocanol (Laureth-9) Inj 1%	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
POLYOX LAURY INJ 5%	Polidocanol (Laureth-9) Inj 5%	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	PA
VARITHENA AER 10MG/ML	Polidocanol (Laureth-9) Inj Foam 180 MG/18ML (10 MG/ML) (1%)	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	
SYLVANT SOL 100MG	Siltuximab For IV Infusion 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
SYLVANT SOL 400MG	Siltuximab For IV Infusion 400 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RAPAMUNE	SOL 1MG/ML	Sirolimus Oral Soln 1 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
SIROLIMUS	TAB 0.5MG	Sirolimus Tab 0.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
RAPAMUNE	TAB 0.5MG	Sirolimus Tab 0.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
SIROLIMUS	TAB 1MG	Sirolimus Tab 1 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
RAPAMUNE	TAB 1MG	Sirolimus Tab 1 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
RAPAMUNE	TAB 2MG	Sirolimus Tab 2 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
SIROLIMUS	TAB 2MG	Sirolimus Tab 2 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	
KIONEX	SUS 15GM/60	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
SPS	SUS 15GM/60	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
SOD POLY SUL	SUS 15GM/60	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
SOD POLY SUL	SUS 30/120ML	Sodium Polystyrene Sulfonate Rectal Susp 30 GM/120ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
SOD POLY SUL	SUS 50/200ML	Sodium Polystyrene Sulfonate Rectal Susp 30 GM/120ML	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
SOTRADECOL	INJ 1%	Sodium Tetradecyl Sulfate Inj 1%	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
SOTRADECOL	INJ 3%	Sodium Tetradecyl Sulfate Inj 3%	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
LOKELMA	PAK 10GM	Sodium Zirconium Cyclosilicate For Susp Packet 10 GM	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	PA
LOKELMA	PAK 5GM	Sodium Zirconium Cyclosilicate For Susp Packet 5 GM	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	Yes	No	PA
TACROLIMUS	CAP 0.5MG	Tacrolimus Cap 0.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	*Various UM Required
PROGRAF	CAP 0.5MG	Tacrolimus Cap 0.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROGRAF	CAP 1MG	Tacrolimus Cap 1 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	PA
TACROLIMUS	CAP 1MG	Tacrolimus Cap 1 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	*Various UM Required
PROGRAF	CAP 5MG	Tacrolimus Cap 5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	PA
TACROLIMUS	CAP 5MG	Tacrolimus Cap 5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	Yes	*Various UM Required
ASTAGRAF XL	CAP 0.5MG	Tacrolimus Cap ER 24HR 0.5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
ASTAGRAF XL	CAP 1MG	Tacrolimus Cap ER 24HR 1 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
ASTAGRAF XL	CAP 5MG	Tacrolimus Cap ER 24HR 5 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	*Various UM Required
PROGRAF	INJ 5MG/ML	Tacrolimus Inj 5 MG/ML	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	
ENVARUSUS XR	TAB 0.75MG	Tacrolimus Tab ER 24HR 0.75 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	PA
ENVARUSUS XR	TAB 1MG	Tacrolimus Tab ER 24HR 1 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	PA
ENVARUSUS XR	TAB 4MG	Tacrolimus Tab ER 24HR 4 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	Yes	PA
THALOMID	CAP 100MG	Thalidomide Cap 100 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
THALOMID	CAP 150MG	Thalidomide Cap 150 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
THALOMID	CAP 200MG	Thalidomide Cap 200 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
THALOMID	CAP 50MG	Thalidomide Cap 50 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Preferred	No	Yes	*Various UM Required
SYPRINE	CAP 250MG	Trientine HCl Cap 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Non-Preferred	No	No	
TRIENTINE	CAP 250MG	Trientine HCl Cap 250 MG	MISCELLANEOUS THERAPEUTIC CLASSES	Generic	No	No	
NUMOISYN	LOZ	*Artificial Saliva - Lozenge***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NEUTRASAL	POW	*Artificial Saliva - Packet***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
BOCASAL	POW	*Artificial Saliva - Packet***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
BOCASAL	POW	*Artificial Saliva - Packet***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
SALIVAMAX	POW	*Artificial Saliva - Packet***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
CAPHOSOL	SOL	*Artificial Saliva - Solution***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
NUMOISYN	LIQ	*Artificial Saliva - Solution***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
AQUORAL	SPR	*Artificial Saliva - Solution***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
FIRST-MOUTHW	SUS BLM	*Diphenhyd-Lido-Al Hydrox-Mg Hydrox-Simeth Susp (Cmpd Kit)**	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
ORAMAGICRX	SUS	*Oral Wound Care Products - For Susp Rinse***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
SALICEPT	SUS	*Oral Wound Care Products - For Susp Rinse***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
EPISIL	LIQ	*Oral Wound Care Products - Liquid Pump***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
MUGARD	LIQ	*Oral Wound Care Products - Liquid Rinse***	MOUTH/THROAT/DENTAL AGENTS	Preferred	No	Yes	*Various UM Required
MUCOTROL	WAF	*Oral Wound Care Products - Wafer***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
GELCLAIR	GEL	*Povidone-Sodium Hyaluronate-Glycyrrhetic Acid Gel***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
ORAFATE	PST 10%	*Sucralfate-Malate Paste 10%***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
PROTHELIAL	PST 10%	*Sucralfate-Malate Paste 10%***	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
AMPHOTERICIN	POW B	Amphotericin B Powder	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
TOPEX TOPCAL AER ANESTHET		Benzocaine Mouth/Throat Aerosol 20%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EVOXAC	CAP 30MG	Cevimeline HCl Cap 30 MG	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	Yes	No	
CEVIMELINE	CAP 30MG	Cevimeline HCl Cap 30 MG	MOUTH/THROAT/DENTAL AGENTS	Generic	Yes	No	
CHLORHEX	GLU SOL 0.12%	Chlorhexidine Gluconate Soln 0.12%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PAROEX	SOL 0.12%	Chlorhexidine Gluconate Soln 0.12%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PERIDEX	SOL 0.12%	Chlorhexidine Gluconate Soln 0.12%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
PERIOGARD	SOL 0.12%	Chlorhexidine Gluconate Soln 0.12%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
CLOTRIMAZOLE	TRO 10MG	Clotrimazole Troche 10 MG	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
CLOTRIMAZOLE	LOZ 10MG	Clotrimazole Troche 10 MG	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
LIDOCAINE	SOL 4%	Lidocaine HCl Laryngotracheal Soln 4%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
LIDOCAINE	SOL 2% VISC	Lidocaine HCl Viscous Soln 2%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
ORAVIG	TAB 50MG	Miconazole Buccal Tab 50 MG (Mouth-Throat)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
ARESTIN	MIS 1MG	Minocycline HCl Subgingival Powder Cartridge 1 MG	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
NYSTATIN	SUS 100000	Nystatin Susp 100000 Unit/ML	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PILOCARPINE	TAB 5MG	Pilocarpine HCl Tab 5 MG	MOUTH/THROAT/DENTAL AGENTS	Generic	Yes	No	
SALAGEN	TAB 5MG	Pilocarpine HCl Tab 5 MG	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	Yes	No	
SALAGEN	TAB 7.5MG	Pilocarpine HCl Tab 7.5 MG	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	Yes	No	
PILOCARPINE	TAB 7.5MG	Pilocarpine HCl Tab 7.5 MG	MOUTH/THROAT/DENTAL AGENTS	Generic	Yes	No	
DENTA 5000	CRE PLUS	Sodium Fluoride Cream 1.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SF 5000 PLUS CRE 1.1%	Sodium Fluoride Cream 1.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
DENTA 5000 CRE PLUS 2PK	Sodium Fluoride Cream 1.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PREVIDENT CRE 5000 PLS	Sodium Fluoride Cream 1.1%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
NAFRINSE DLY SOL /NEUTRAL	Sodium Fluoride For Soln Rinse 0.05%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
NAFRINSE WK SOL 0.2%	Sodium Fluoride For Soln Rinse 0.2%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
CAVAREST GEL 1.1%	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
DENTAGEL GEL 1.1%	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PHOS-FLUR GEL 1.1%	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
SF GEL 1.1%	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PREVIDENT GEL 1.1% MIN	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
PREVIDENT GEL 1.1% CHR	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
PREVIDENT GEL 1.1% BER	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
THERA-FLUR-N DRO 1.1%	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
PREVIDENT GEL 1.1%	Sodium Fluoride Gel 1.1% (0.5% F)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
FLUORIDEX PST 1.1%	Sodium Fluoride Paste 1.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PREVDNT 5000 PST 1.1%	Sodium Fluoride Paste 1.1%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
CLINPRO 5000 PST 1.1%	Sodium Fluoride Paste 1.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PREVIDENT PST 5000 BST	Sodium Fluoride Paste 1.1%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SOD FLUORIDE SOL 0.2%		Sodium Fluoride Rinse 0.2%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
PREVIDENT	SOL 0.2%	Sodium Fluoride Rinse 0.2%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
NAFRINSE	SOL DAILY	Sodium Fluoride-Phosphoric Acid For Soln 1 MG/5ML (F Equiv)	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
PREVDNT 5000 PST 1.1-5%		Sodium Fluoride-Potassium Nitrate Paste 1.1-5%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
FLUORID SENS PST 1.1-5%		Sodium Fluoride-Potassium Nitrate Paste 1.1-5%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
GEL-KAM	CON 0.63%	Stannous Fluoride Conc 0.63%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
FLUORIDEX	CON DLY REN	Stannous Fluoride Conc 0.63%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
EASYGEL	GEL 0.4%MINT	Stannous Fluoride Gel 0.4%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
EASYGEL	GEL 0.4%CITR	Stannous Fluoride Gel 0.4%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
EASYGEL	GEL 0.4%CHRY	Stannous Fluoride Gel 0.4%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
EASYGEL	GEL 0.4%	Stannous Fluoride Gel 0.4%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
DEBACTEROL	SOL 30-50%	Sulfuric Acid-Sulfonated Phenolics Soln 30-50%	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
ORALONE DENT PST 0.1%		Triamcinolone Acetonide Dental Paste 0.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
TRIAMCINOLON PST DEN 0.1%		Triamcinolone Acetonide Dental Paste 0.1%	MOUTH/THROAT/DENTAL AGENTS	Generic	No	No	
ZINC ACETATE CRY		Zinc Acetate Crystals	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
ZINC ACETATE CRY		Zinc Acetate Crystals	MOUTH/THROAT/DENTAL AGENTS	Non-Preferred	No	No	
RENATABS	MIS IRON	*B Complex-C-Biotin-E-FA Tab 1MG & Fe Cbn Tab 100 MG Pack***	MULTIVITAMINS	Non-Preferred	No	No	
B-COMPLEX	INJ 100	*B-Complex Vitamin Inj**	MULTIVITAMINS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIPHROCAPS CAP		*B-Complex w/ C & Folic Acid Cap 1 MG***	MULTIVITAMINS	Generic	No	No	
RENO	CAP	*B-Complex w/ C & Folic Acid Cap 1 MG***	MULTIVITAMINS	Generic	No	No	
MYNEPHROCAPS CAP		*B-Complex w/ C & Folic Acid Cap 1 MG***	MULTIVITAMINS	Generic	No	No	
RENAL	CAP	*B-Complex w/ C & Folic Acid Cap 1 MG***	MULTIVITAMINS	Generic	No	No	
VIRT-CAPS	CAP	*B-Complex w/ C & Folic Acid Cap 1 MG***	MULTIVITAMINS	Generic	No	No	
MYNEPHRON	CAP	*B-Complex w/ C & Folic Acid Cap 1 MG***	MULTIVITAMINS	Generic	No	No	
VOL-CARE RX TAB		*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
TRONVITE	TAB	*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
DIALYVITE	TAB	*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
NEPHRONEX	TAB	*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
VP-VITE RX	TAB	*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
LORID	TAB	*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
FOLIKA-T	TAB	*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
NEPHRO-VITE TAB RX		*B-Complex w/ C & Folic Acid Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DEXIFOL	TAB	*B-Complex w/ C & Folic Acid Tab 5 MG***	MULTIVITAMINS	Generic	No	No	
FOLBEE PLUS TAB		*B-Complex w/ C & Folic Acid Tab 5 MG***	MULTIVITAMINS	Generic	No	No	
B-PLEX	TAB	*B-Complex w/ C & Folic Acid Tab***	MULTIVITAMINS	Generic	No	No	
VITAJECT	INJ	*B-Complex w/ C Inj**	MULTIVITAMINS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VITAL-D RX TAB	*B-Complex w/ C-Biotin-D-Zinc & Folic Acid Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DIALYVITE TAB 3000	*B-Complex w/ C-Biotin-E-Minerals & Folic Acid Tab 3 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DIALYVITE TAB 5000	*B-Complex w/ C-Biotin-E-Minerals & Folic Acid Tab 5 MG***	MULTIVITAMINS	Non-Preferred	No	No	
FOLBEE PLUS TAB CZ	*B-Complex w/ C-Biotin-Minerals & Folic Acid Tab 5 MG***	MULTIVITAMINS	Generic	No	No	
RENATABS TAB	*B-Complex w/ C-Biotin-Vit E & Folic Acid Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NEPHPLEX RX TAB	*B-Complex w/ C-Zn & Folic Acid Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DIALYVITE/ TAB ZINC	*B-Complex w/ C-Zn & Folic Acid Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
FIBRIK CAP	*B-Complex w/ E & Folic Acid Cap 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
NUTRIVIT LIQ 800-15-1	*B-Complex w/ Lysine-Min-Fe & FA Liqd 800-15-1 MG/15ML ***	MULTIVITAMINS	Non-Preferred	No	No	
SUPERVITE LIQ	*B-Complex w/ Lysine-Zn & Folic Acid Liquid***	MULTIVITAMINS	Non-Preferred	No	No	
ADRENAL C TAB FORMULA	*Bioflavonoid Products Tab**	MULTIVITAMINS	Non-Preferred	No	No	
COD LIVER OIL	*Cod Liver Oil***	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL TAB	*Iron w/ Vitamin Tab**	MULTIVITAMINS	Non-Preferred	No	No	
QUFLORA FE CHW	*Multi Vit w/ Min & Fluoride-Iron-FA Chew Tab 0.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
MULTIV/FLUOR CHW 0.25-0.3	*Multiple Vit & Fluoride-Folic Acid Chew Tab 0.25-0.3 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
MULTIV/FLUOR CHW 0.5-0.3	*Multiple Vit & Fluoride-Folic Acid Chew Tab 0.5-0.3 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
MULTIV/FLUOR CHW 1-0.3MG	*Multiple Vit & Fluoride-Folic Acid Chew Tab 1-0.3 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
TL G-FOL OS TAB	*Multiple Vit w/ Min & Calcium-Folic Acid Tab 500-1.1 MG**	MULTIVITAMINS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FOLGARD OS	TAB	*Multiple Vit w/ Min & Calcium-Folic Acid Tab 500-1.1 MG**	MULTIVITAMINS	Non-Preferred	No	No	
INFUVITE	INJ ADULT	*Multiple Vitamin Inj**	MULTIVITAMINS	Non-Preferred	No	No	
M.V.I-12 W/O INJ	VIT K	*Multiple Vitamin Inj**	MULTIVITAMINS	Non-Preferred	No	No	
M.V.I.	ADULT INJ	*Multiple Vitamin Inj**	MULTIVITAMINS	Non-Preferred	No	No	
ADVANCED	MIS AM/PM	*Multiple Vitamins w/ Calcium Therapy Pack**	MULTIVITAMINS	Non-Preferred	No	No	
OCUVEL	CAP 0.5MG	*Multiple Vitamins w/ Minerals & FA Cap 0.5 MG***	MULTIVITAMINS	Non-Preferred	No	No	
SYNATEK	CAP	*Multiple Vitamins w/ Minerals & FA Cap 1.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	
SYNAGEX	CAP 1.25MG	*Multiple Vitamins w/ Minerals & FA Cap 1.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	
STROVITE FOR	SYP	*Multiple Vitamins w/ Minerals & FA Syrup 1 MG/15ML ***	MULTIVITAMINS	Non-Preferred	No	No	
UDAMIN SP	TAB	*Multiple Vitamins w/ Minerals & FA Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CORVITE	TAB	*Multiple Vitamins w/ Minerals & FA Tab 1.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CORVITA	TAB	*Multiple Vitamins w/ Minerals & FA Tab 1.25 MG***	MULTIVITAMINS	Generic	No	No	
DIALYVITE	TAB SUPREM D	*Multiple Vitamins w/ Minerals & FA Tab 3 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VITA-MIN	CAP	*Multiple Vitamins w/ Minerals Cap**	MULTIVITAMINS	Generic	No	No	
FORTAVIT	CAP	*Multiple Vitamins w/ Minerals Cap**	MULTIVITAMINS	Non-Preferred	No	No	
PROTECT PLUS	CAP	*Multiple Vitamins w/ Minerals Cap**	MULTIVITAMINS	Non-Preferred	No	No	
VIC-FORTE	CAP	*Multiple Vitamins w/ Minerals Cap**	MULTIVITAMINS	Generic	No	No	
V-C FORTE	CAP	*Multiple Vitamins w/ Minerals Cap**	MULTIVITAMINS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SUPPORT	LIQ	*Multiple Vitamins w/ Minerals Liquid**	MULTIVITAMINS	Non-Preferred	No	No	
VITA S FORTE TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	
VITAROCA PLU TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
VITACEL	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	
CORVITE FREE TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	
STROVITE FOR TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
SIDEROL	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
REQ 49+	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
NUTRIFAC ZX TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	
NUTRICAP	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
NICAZEL	TAB FORTE	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
NICAZEL	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
AP-ZEL	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
LYSIPLEX	TAB PLUS	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	
STROVITE ONE TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
BACMIN	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
NICADAN	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Non-Preferred	No	No	
B-PLEX PLUS TAB		*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BIOCEL	TAB	*Multiple Vitamins w/ Minerals Tab**	MULTIVITAMINS	Generic	No	No	
FOLIKA-V	TAB	*Multiple Vitamins with Folic Acid Tab 1 MG ***	MULTIVITAMINS	Non-Preferred	No	No	
NICOMIDE	TAB	*Niacinamide w/ Zn-Cu-Methylfol-Se-Cr Tab 750-27-2-0.5 MG***	MULTIVITAMINS	Non-Preferred	No	No	
POLY-VI-FLOR CHW W/IRON		*Ped Multiple Vit w/ FI-Fe Biphasic Chew Tab 0.5-10 MG**	MULTIVITAMINS	Non-Preferred	No	No	
POLY-VI-FLOR CHW 0.25MG		*Ped Multiple Vit w/ Fluoride Biphasic Chew Tab 0.25 MG***	MULTIVITAMINS	Preferred	No	No	
POLY-VI-FLOR CHW 0.5MG		*Ped Multiple Vit w/ Fluoride Biphasic Chew Tab 0.5 MG***	MULTIVITAMINS	Preferred	No	No	
POLY-VI-FLOR CHW 1MG		*Ped Multiple Vit w/ Fluoride Biphasic Chew Tab 1 MG***	MULTIVITAMINS	Preferred	No	No	
POLY-VI-FLOR SUS 0.25/ML		*Ped Multiple Vit w/ Fluoride Biphasic Susp 0.25 MG/ML***	MULTIVITAMINS	Non-Preferred	No	No	
POLY-VI-FLOR SUS /IRON		*Ped Multiple Vitamin w/ FI-Fe Biphasic Susp 0.25-7 MG/ML**	MULTIVITAMINS	Non-Preferred	No	No	
FLORIVA	CHW 0.25MG	*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 0.25 MG**	MULTIVITAMINS	Non-Preferred	No	No	
FLORIVA	CHW 0.5MG	*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 0.5 MG**	MULTIVITAMINS	Non-Preferred	No	No	
FLORIVA	CHW 1MG	*Ped Multiple Vitamins & Minerals w/ FI Chew Tab 1 MG**	MULTIVITAMINS	Non-Preferred	No	No	
TRI-VI-FLORO SUS 0.25/ML		*Ped Vit ACD & L-Methylfol w/ FI Biphasic Susp 0.25 MG/ML***	MULTIVITAMINS	Non-Preferred	No	No	
TRI-VI-FLOR SUS 0.25/ML		*Ped Vit ACD & L-Methylfol w/ FI Biphasic Susp 0.25 MG/ML***	MULTIVITAMINS	Non-Preferred	No	No	
TRI-VI-FLORO SUS 0.5MG/ML		*Ped Vit ACD & L-Methylfol w/ FI Biphasic Susp 0.5 MG/ML***	MULTIVITAMINS	Non-Preferred	No	No	
TRI-VI-FLOR SUS 0.5MG/ML		*Ped Vit ACD & L-Methylfol w/ FI Biphasic Susp 0.5 MG/ML***	MULTIVITAMINS	Non-Preferred	No	No	
QUFLORA	CHW	*Pediatric Multiple Vit w/ Fluoride Chew Tab 0.125 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
POLY-VI-FLOR MIS FS 0.25		*Pediatric Multiple Vit w/ Fluoride Oral Strip 0.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
POLY-VI-FLOR MIS FS 0.5MG	*Pediatric Multiple Vit w/ Fluoride Oral Strip 0.5 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
VITAMAX PED DRO	*Pediatric Multiple Vitamin w/ Minerals & C Drops 45 MG/ML**	MULTIVITAMINS	Generic	No	No	
M.V.I PEDIAT INJ	*Pediatric Multiple Vitamins For IV Soln**	MULTIVITAMINS	Non-Preferred	No	No	
INFUVITE INJ PEDIATRI	*Pediatric Multiple Vitamins IV Soln**	MULTIVITAMINS	Non-Preferred	No	No	
INFUVITE INJ	*Pediatric Multiple Vitamins IV Soln**	MULTIVITAMINS	Non-Preferred	No	No	
ESCAVITE D CHW	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 0.25-6 MG**	MULTIVITAMINS	Non-Preferred	No	No	
TL-FLUORIVIT CHW	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 0.25-7.5 MG**	MULTIVITAMINS	Non-Preferred	No	No	
ESCAVITE CHW	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 0.25-7.5 MG**	MULTIVITAMINS	Non-Preferred	No	No	
MULTI-VIT/FL DRO /FE 0.25	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	MULTIVITAMINS	Generic	No	No	
MULTI-VIT/FE DRO /FL 0.25	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	MULTIVITAMINS	Generic	No	No	
MULTIVIT/FL/ DRO FE 0.25	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**	MULTIVITAMINS	Generic	No	No	
ESCAVITE LQ DRO 0.25-6MG	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-6 MG/ML**	MULTIVITAMINS	Generic	No	No	
QUFLORA FE DRO 0.25-9.5	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-9.5 MG/ML**	MULTIVITAMINS	Non-Preferred	No	No	PA
MULTI VIT/FL CHW 0.25MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	MULTIVITAMINS	Generic	No	No	
MULTIVIT/FL CHW 0.25MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	MULTIVITAMINS	Generic	No	No	
QUFLORA PED CHW 0.25MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	MULTIVITAMINS	Preferred	No	No	
MVC-FLUORIDE CHW 0.25MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***	MULTIVITAMINS	Generic	No	No	
QUFLORA PED CHW 0.5MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	MULTIVITAMINS	Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MULTIVIT/FL CHW 0.5MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	MULTIVITAMINS	Generic	No	No	
MVC-FLUORIDE CHW 0.5MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	MULTIVITAMINS	Generic	No	No	
MULTIVIT/FL CHW 0.5MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***	MULTIVITAMINS	Generic	No	No	
QUFLORA PED CHW 1MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	MULTIVITAMINS	Preferred	No	No	
MULTIVIT/FL CHW 1MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
MULTIVIT/FL CHW 1MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
MVC-FLUORIDE CHW 1MG	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***	MULTIVITAMINS	Generic	No	No	
POLY-VI-FLOR MIS FS	*Pediatric Multiple Vitamins w/ Fluoride Oral Strip 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
FLORIVA DRO PLUS	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	MULTIVITAMINS	Preferred	No	No	
MULTIVIT/FL DRO 0.25MG	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	MULTIVITAMINS	Generic	No	No	
QUFLORA PED DRO 0.25MG	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***	MULTIVITAMINS	Preferred	No	No	
MULTI VIT/FL DRO 0.5MG/ML	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	MULTIVITAMINS	Generic	No	No	
QUFLORA PED DRO 0.5MG/ML	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	MULTIVITAMINS	Preferred	No	No	
MULTI-VIT/FL DRO 0.5MG/ML	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	MULTIVITAMINS	Generic	No	No	
MULTIVIT/FL SOL 0.5MG/ML	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***	MULTIVITAMINS	Generic	No	No	
TEXAVITE LQ LIQ	*Pediatric Multivitamins w/Fl-Fe-Zn Drops 0.25-7-3 MG/ML***	MULTIVITAMINS	Non-Preferred	No	No	PA
TRI-VIT/FLUO DRO 0.25MG	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	MULTIVITAMINS	Generic	No	No	
TRI-VIT/FLUO DRO 0.25MG	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	MULTIVITAMINS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VIT A/C/D/FL DRO 0.25MG		*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***	MULTIVITAMINS	Generic	No	No	
TRI-VIT/FLUO DRO 0.5MG		*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***	MULTIVITAMINS	Generic	No	No	
TRI-VIT/FLUO DRO 0.5MG		*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***	MULTIVITAMINS	Generic	No	No	
PRENATE	CHW 0.6-0.4	*Prenat MV & Min w/ L-Methylfolate-FA Chew Tab 0.6-0.4 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL	CHW GUMMIES	*Prenat Vit w/ Fe Phos-FA-Omega Chew Tab 3.33-0.333-34.8 MG*	MULTIVITAMINS	Non-Preferred	No	No	PA
HEMENATAL OB TAB 28-6-1MG		*Prenat Vit-Fe Poly Cmplx-Fe Heme Poly-FA Tab 28-6-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENA1	CHW	*Prenat w/ B2-B6-B12-D3-Folic Acid Chew Tab 1.4 MG**	MULTIVITAMINS	Non-Preferred	No	No	
REDICHEW RX CHW		*Prenat w/ B2-B6-B12-D3-Folic Acid Chew Tab 1.4 MG**	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL PLS MIS MV + DHA		*Prenat w/ Fe Fum-FA Tab 27-1 MG & Omega 3 Cap 312 MG Pak*	MULTIVITAMINS	Non-Preferred	No	No	PA
SELECT-OB	CHW	*Prenat w/ FePolyCmplx-Methylfol-FA Chew Tab 29-0.6-0.4 MG**	MULTIVITAMINS	Non-Preferred	No	No	
OB COMPLETE/ CAP DHA		*Prenat w/ Iron Cbn-Fe Asp Glyc-FA-Omega Cap 30-10-1-200 MG*	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL	CAP ULTRA	*Prenat w/Fe Poly-Methylfol-FA-DHA Cap 29-0.6-0.4-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DUET DHA	MIS BALANCED	*Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 267 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DUET DHA 400 MIS 25-1-400		*Prenat w/Fe Poly-Na Fered-FA Tab 25-1 & Omega Cap 400 MG***	MULTIVITAMINS	Non-Preferred	No	No	
BAL-CARE	MIS DHA	*Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 430MG*	MULTIVITAMINS	Non-Preferred	No	No	
VENA-BAL	MIS DHA	*Prenat w/Fe Poly-Na Fered-FA Tab 27-1 & Omega Cap DR 430MG*	MULTIVITAMINS	Non-Preferred	No	No	
FOLET DHA	PAK	*Prenat w/FeCbn-Bisg-Methylf-DSS Tab DR & DHA Cap Pak***	MULTIVITAMINS	Non-Preferred	No	No	
OBSTETRIX	PAK DHA	*Prenat w/FeCbn-FA-DSS Tab 29-1 MG & Omega 3 Cap 387 MG Pak*	MULTIVITAMINS	Non-Preferred	No	No	

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PRENATAL	MIS COMPLEAT	*Prenat w/o A FeFum-FA Tab 27-1 MG & Fish Oil Chew Cap Pak**	MULTIVITAMINS	Non-Preferred	No	No	
TRI-TABS	DHA MIS	*Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack*	MULTIVITAMINS	Non-Preferred	No	No	
NESTABS	DHA PAK	*Prenat w/o A w/ Fe Bisglyc-FA Tab 32-1 MG & Omega Cap Pack*	MULTIVITAMINS	Non-Preferred	No	No	
TARON-BC	MIS	*Prenat w/o A w/ Fe Cbnyl-FA Tab 20-1 MG & Vit B6 Tab Pak*	MULTIVITAMINS	Non-Preferred	No	No	
PNV-OMEGA	CAP	*Prenat w/o A w/ Fe Fumerate-Methylfolate-FA-Omega 3 Cap***	MULTIVITAMINS	Non-Preferred	No	No	
ZATEAN-PN	CAP PLUS	*Prenat w/o A w/ Fe Fumerate-Methylfolate-FA-Omega 3 Cap***	MULTIVITAMINS	Non-Preferred	No	No	
VIRT-PN	PLUS CAP	*Prenat w/o A w/ Fe Fumerate-Methylfolate-FA-Omega 3 Cap***	MULTIVITAMINS	Non-Preferred	No	No	
VITATRUE	MIS	*Prenat w/o A w/Fe Chel-FA Tab 30-1.4 MG & DHA Cap 300MG Pk*	MULTIVITAMINS	Non-Preferred	No	No	
PRENA 1	TRUE MIS	*Prenat w/o A w/Fe Chel-FA Tab 30-1.4 MG & DHA Cap 300MG Pk*	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL	CAP HARMONY	*Prenat w/o A w/Fe Fum-Fe Cbn-DSS-FA-DHA Cap 27-1-260 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL	CAP MEDLEY	*Prenat w/o A w/Fe Fum-Fe Cbn-FA-DHA Cap 27-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PROVIDA	DHA CAP	*Prenat w/o A w/Fe Fum-Fe Poly-FA-DHA Cap 16-16-1.25-110 MG*	MULTIVITAMINS	Non-Preferred	No	No	PA
PRENATE	CAP PIXIE	*Prenat w/o A w/FeAspG-Methfol-FA-DHA Cap 10-0.6-0.4-200 MG*	MULTIVITAMINS	Non-Preferred	No	No	
PRENATE	CAP ESSENT	*Prenat w/o A w/FeAspG-Methfol-FA-DHA Cap 18-0.6-0.4-300 MG*	MULTIVITAMINS	Non-Preferred	No	No	
PRENATE	DHA CAP	*Prenat w/o A w/FeAspG-Methfol-FA-DHA Cap 18-0.6-0.4-300 MG*	MULTIVITAMINS	Non-Preferred	No	No	
PRIMACARE	CAP	*Prenat w/o A w/FeAsp-Methlf-FA-Omeg Cap 30-0.75-0.25-470MG*	MULTIVITAMINS	Non-Preferred	No	No	PA
NESTABS	ONE CAP	*Prenat w/o A w/FeCbn-Bisg-Methylf-DHA Cap 38-1-225 MG**	MULTIVITAMINS	Non-Preferred	No	No	PA
OBSTETRX	ONE CAP 38-1-225	*Prenat w/o A w/FeCbn-Bisg-Methylf-DSS-DHA Cap 38-1-225 MG**	MULTIVITAMINS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FOLET ONE CAP 38-1-225	*Prenat w/o A w/FeCbn-Bisg-Methylf-DSS-DHA Cap 38-1-225 MG**	MULTIVITAMINS	Non-Preferred	No	No	
OB COMPLETE CAP PETITE	*Prenat w/o A w/FeCbn-FeAspGlyc-FA-Omega Cap 35-5-1-200 MG**	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL PAK DHA	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack*	MULTIVITAMINS	Non-Preferred	No	No	
PNV OB+DHA PAK	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 250 MG Pack*	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL PAK ASSURE	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab & DHA Cap 300 MG Pack*	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL MIS	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 & DHA Cap 300MG Pak*	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL MIS 90 DHA	*Prenat w/o A w/FeCbn-FeGI-DSS-FA Tab 90 & DHA Cap 300MG Pak*	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL MIS B-CALM	*Prenat w/o A w/FeCbn-FeGlu-FA Tab 20-1 MG & Vit B6 Tab Pak*	MULTIVITAMINS	Non-Preferred	No	No	
OB COMPLETE CAP GOLD	*Prenat w/o A w/FeCbn-Methfol-FA-DHA Cap 27.5-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
TRISTART DHA CAP	*Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 31-0.6-0.4-200 MG**	MULTIVITAMINS	Non-Preferred	No	No	PA
TRISTART ONE CAP 35-1-215	*Prenat w/o A w/FeCbn-Methylf-FA-DHA Cap 35-1-215 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
ZATEAN-PN CAP DHA	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**	MULTIVITAMINS	Non-Preferred	No	No	
PNV-DHA CAP	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**	MULTIVITAMINS	Generic	No	No	
VIRT-PN DHA CAP	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-300 MG**	MULTIVITAMINS	Non-Preferred	No	No	
PRENATE CAP RESTORE	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 27-0.6-0.4-400 MG**	MULTIVITAMINS	Non-Preferred	No	No	
PRENATE CAP ENHANCE	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 28-0.6-0.4-400 MG**	MULTIVITAMINS	Non-Preferred	No	No	
VITAMEDMD CAP ONE RX	*Prenat w/o A w/FeFum-Methfol-FA-DHA Cap 30-0.6-0.4-200 MG**	MULTIVITAMINS	Non-Preferred	No	No	
NEEVO DHA CAP 27-1.13	*Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***	MULTIVITAMINS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VINATE DHA	CAP 27-1.13	*Prenat w/o A w/FeFum-Methylfol-Omegas Cap 27-1.13 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TRICARE	CHW PRENATAL	*Prenat w/o Vit A w/ Fe Pyrophos-Methylf Chew Tab 4.5-1 MG*	MULTIVITAMINS	Non-Preferred	No	No	PA
PRENATE MINI CAP		*Prenat w/oA w/FeCb-FeAsp-Meth-FA-DHA Cap 18-0.6-0.4-350 MG*	MULTIVITAMINS	Non-Preferred	No	No	
VITAPEARL	CAP	*Prenat w/oA w/FeFum-Na Fered-FA-DHA Cap ER 30-1.4-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENA1 PEARL CAP		*Prenat w/oA w/FeFum-Na Fered-FA-DHA Cap ER 30-1.4-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
MYNATAL	CAP	*Prenatal Multivitamins & Minerals w/ Iron & FA Cap 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TRICARE PREN CAP DHA ONE		*Prenatal Multivitamins & Minerals w/Iron & FA Cap 0.8 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
VITAFOL-ONE	CAP	*Prenatal MV w/ Fe Polysac Cmplx-FA-DHA Cap 29-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL-OB	PAK +DHA	*Prenatal MV w/Fe Fum-FA Tab 65-1 MG & DHA Cap 250 MG Pack *	MULTIVITAMINS	Non-Preferred	No	No	
SELECT-OB+	PAK DHA	*Prenatal MV w/Fe Poly-FA Chw 29-1 MG & DHA Cap 250 MG Pak *	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL	TAB BLOOM	*Prenatal Vit w/ DSS-Fe Cbn-Fe Gluc-FA Tab 90-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL 19 TAB		*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	MULTIVITAMINS	Generic	No	No	
PRENATAL 19 TAB 29-1MG		*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
SE-NATAL 19 TAB		*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
THRIVITE 19 TAB		*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
MYNATE 90 TAB PLUS		*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab ER 90-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
OBSTETRIX EC TAB		*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
INATAL GT	TAB	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	MULTIVITAMINS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MYNATAL	TAB	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
MYNATAL	TAB ADVANCE	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
ATABEX EC	TAB 29-1MG	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab DR 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
ATABEX OB	TAB 29-1MG	*Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VINATE II	TAB	*Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
OB COMPLETE	TAB PREMIER	*Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA Tab 30-20-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
ULTIMATECARE CAP ONE		*Prenatal Vit w/ Fe Cbn-Fe Asp Glyc-FA-Omega 3 Cap 27-1MG***	MULTIVITAMINS	Non-Preferred	No	No	
SE-NATAL 19	CHW	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
COMPLETENATE CHW		*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL 19	CHW 29-1MG	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL 19	CHW TAB	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***	MULTIVITAMINS	Generic	No	No	
O-CAL	TAB PRENATAL	*Prenatal Vit w/ Fe Fumarate-FA Tab 15-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TRICARE	TAB PRENATAL	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PREPLUS	TAB 27-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL VIT TAB LOW IRON		*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL	TAB 27-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
M-VIT	TAB 27-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PNV FOLIC AC TAB + IRON		*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PNV PRENATAL TAB PLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VOL-PLUS TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
O-CAL FA TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NEONATAL PLS TAB 27-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL TAB PLUS	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NIVA-PLUS TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
TRINATE TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***	MULTIVITAMINS	Generic	No	No	
VOL-NATE TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CO-NATAL FA TAB 29-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRETAB TAB 29-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VINATE ONE TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TRINATAL RX TAB 1	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL-OB TAB 65-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
MYNATAL-Z TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
MYNATAL PLUS TAB	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NATALVIT TAB 75-1MG	*Prenatal Vit w/ Fe Fumarate-FA Tab 75-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
RELNATE DHA CAP	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VIRT-NATE CAP DHA	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VIVA DHA CAP	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
C-NATE DHA CAP 28-1-200	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-200 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VP-PNV-DHA CAP	*Prenatal Vit w/ Fe Fum-FA-Omega 3 Cap 28-1-215.8 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NATACHEW CHW	*Prenatal Vit w/ Fe Fum-Fe Bisglycin-FA Chew Tab 28-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TL FOLATE TAB	*Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.5-0.5 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VIRT-PN TAB	*Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PNV-SELECT TAB	*Prenatal Vit w/ Fe Fum-Methylfolate-FA Tab 27-0.6-0.4 MG***	MULTIVITAMINS	Generic	No	No	
ENBRACE HR CAP	*Prenatal Vit w/ Fe Gly Cys-FA-Omega 3 Fatty Acids Cap***	MULTIVITAMINS	Non-Preferred	No	No	PA
SELECT-OB CHW	*Prenatal Vit w/ Fe Polysac Cmplx-FA Chew Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VOL-TAB RX TAB	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
THRIVITE RX TAB 29-1MG	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PNV TABS TAB 29-1MG	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VIL-RX TAB 29-1MG	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATABS RX TAB	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Generic	No	No	
PRENATAL+FE TAB 29-1MG	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
KOSHR PRENAT TAB 30-1MG	*Prenatal Vit w/ Iron Carbonyl-FA Tab 30-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
ELITE-OB TAB	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***	MULTIVITAMINS	Generic	No	No	
OB COMPLETE TAB	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	

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VINATE M	TAB	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NESTABS	TAB	*Prenatal Vit w/o Vit A w/ Fe Bisglycinate-FA Tab 32-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NEWGEN	TAB 32-1MG	*Prenatal Vit w/o Vit A w/ Fe Bisglycinate-FA Tab 32-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PREMESISRX	TAB	*Prenatal w/ Calcium-Vit B6-Vit B12-FA-Ginger Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATE AM	TAB 1MG	*Prenatal w/ Calcium-Vit B6-Vit B12-FA-Ginger Tab 1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATE	TAB ELITE	*Prenatal w/ Fe Asp Gly-L Methylfol-FA Tab 20-0.6-0.4 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TRICARE PRE	CAP 27-1-500	*Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TL-CARE DHA	CAP 27-1-500	*Prenatal w/Fe Fumarate-FA-DSS-Fish Oil Cap 27-1-500 MG***	MULTIVITAMINS	Non-Preferred	No	No	
VIRT-C DHA	CAP	*Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
DOTHELLE DHA	CAP	*Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
TARON-C DHA	CAP	*Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CONCEPT DHA	CAP	*Prenatal w/Fe Fum-Fe Poly -FA-Omega 3 Cap 53.5-38-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATAL-U	CAP 106.5-1	*Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106.5-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENATA	CHW 29-1MG	*Prenatal w/o A Vit w/ Fe Fum-FA Tab Chew 29-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CITRANATAL	TAB RX	*Prenatal w/o A w/ Fe Carbonyl-Fe Gluc-DSS-FA Tab 27-1MG***	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL-NANO	TAB	*Prenatal w/o A w/ FeFum-L Methylfol-FA Tab 18-0.6-0.4 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PRENAISSANCE	CAP PLUS	*Prenatal w/o A w/Fe Cbn-DSS-FA-DHA Cap 28-1-250 MG***	MULTIVITAMINS	Non-Preferred	No	No	
R-NATAL OB	CAP 20-1-320	*Prenatal w/o A w/Fe Cbn-FA-DHA Cap 20-1-320 MG***	MULTIVITAMINS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRENATAL DHA PAK 27-1-250	*Prenatal w/o A w/Fe Fum-FA Tab 27-1 MG & DHA Cap 250 MG***	MULTIVITAMINS	Non-Preferred	No	No	PA
FOLIVANE-OB CAP	*Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
CONCEPT OB CAP	*Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 130-92.4-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PUREFE OB CAP PLUS	*Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 162.115.2-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
PROVIDA OB CAP	*Prenatal w/o A w/Fe Fum-Fe Poly-FA Cap 20-20-1.25 MG***	MULTIVITAMINS	Non-Preferred	No	No	
OB COMPLETE CAP ONE	*Prenatal w/o A w/FeCbn-Fe Asp Glyc-FA-Fish Cap 50-1-476 MG*	MULTIVITAMINS	Non-Preferred	No	No	
NEXA PLUS CAP	*Prenatal w/o Vit A w/ Fe Fum-Doc-FA-DHA Cap 29-1.25-350 MG*	MULTIVITAMINS	Non-Preferred	No	No	
PNV-DHA CAP DOCUSATE	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 27-1.25-300 MG*	MULTIVITAMINS	Non-Preferred	No	No	
TL-SELECT CAP	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG*	MULTIVITAMINS	Non-Preferred	No	No	
PRENAISSANCE CAP	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 29-1.25-325 MG*	MULTIVITAMINS	Non-Preferred	No	No	
TARON-PREX CAP	*Prenatal w/o Vit A w/ Fe Fum-DSS-FA-DHA Cap 30-1.2-265 MG**	MULTIVITAMINS	Non-Preferred	No	No	
NATELLE ONE CAP	*Prenatal w/o Vit A w/ Fe Fum-FA-Omega 3 Cap 28-1-250 MG***	MULTIVITAMINS	Non-Preferred	No	No	
MARNATAL-F CAP	*Prenatal w/o Vit A w/ Fe Polysac Cmplx-FA Cap 60-1 MG***	MULTIVITAMINS	Non-Preferred	No	No	
NESTABS ABC MIS	*Prenatal w/o Vit A w/FE Polysac-FA-CA Tab & Omega 3 Cap***	MULTIVITAMINS	Non-Preferred	No	No	
COMPLETE NAT PAK DHA	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 250 Pk**	MULTIVITAMINS	Non-Preferred	No	No	
TRIVEEN-DUO PAK DHA	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 400 Pk**	MULTIVITAMINS	Non-Preferred	No	No	
PR NATAL 400 PAK	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 400 Pk**	MULTIVITAMINS	Non-Preferred	No	No	
PR NATAL 430 PAK	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega 3 Cap 430 Pk**	MULTIVITAMINS	Non-Preferred	No	No	

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PR NATAL 400 PAK EC	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 400 Pk*	MULTIVITAMINS	Non-Preferred	No	No	
PR NATAL 430 PAK EC	*Prenat-Fe Bis-Fe Prot Succ-FA-Ca Tab & Omega Cap DR 430 Pk*	MULTIVITAMINS	Non-Preferred	No	No	
VP-HEME OB MIS + DHA	*Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck*	MULTIVITAMINS	Non-Preferred	No	No	
HEMENATAL OB MIS + DHA	*Prenat-Fe Poly Cmplx-Fe Heme Poly-FA Tab & Omega 3 Cap Pck*	MULTIVITAMINS	Non-Preferred	No	No	
VITAFOL FE+ CAP	*Prenat-FePoly-Methol-FA-DHA Cap 90-1-200 MG & DSS 50MG Cap*	MULTIVITAMINS	Non-Preferred	No	No	
DIABETIC CAP VITAMIN	*Specialty Vitamin Product Cap**	MULTIVITAMINS	Non-Preferred	No	No	
SUPPORT-500 CAP	*Specialty Vitamin Product Cap**	MULTIVITAMINS	Non-Preferred	No	No	
UROSEX TAB	*Specialty Vitamin Product Tab**	MULTIVITAMINS	Generic	No	No	
FIRST-BACLOF SUS 1	*Baclofen Oral Susp 1 MG/ML (Cmpd Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
FIRST-BACLOF SUS 5 KIT	*Baclofen Oral Susp 5 MG/ML (Cmpd Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
CYCLOTENS KIT STARTER	*Cyclobenzaprine HCl Tab 10 MG & Electrode Device/Pads Kit**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
CYCLOTENS KIT REFILL	*Cyclobenzaprine HCl Tab 10 MG & Electrode Pads Kit**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
CYCLOBENZAPR CRE 20MG/GM	*Cyclobenzaprine HCl TD Cream 20 MG/GM (Compound Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
CYCLOPHENE CRE RAPIDPAQ	*Cyclobenzaprine HCl TD Cream 5% (Compound Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
CYCLOBENZAPR CRE 5% KIT	*Cyclobenzaprine HCl TD Cream 5% (Compound Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
TABRADOL SUS RAPIDPAQ	*Cyclobenzaprine HCl w/ MSM Oral Susp 1 MG/ML (Cmpd Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
TABRADOL SUS 1MG/ML	*Cyclobenzaprine HCl w/ MSM Oral Susp 1 MG/ML (Cmpd Kit)**	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
TIZANIDINE KIT COMFORT	*Tizanidine Tab 4 MG & Liniment Topical Gel Pack***	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIORESAL INT INJ 0.05MG/1	Baclofen Intrathecal Inj 0.05 MG/ML (50 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
LIORESAL INT INJ 10MG/20	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 10000/20	Baclofen Intrathecal Inj 10 MG/20ML (500 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
LIORESAL INT INJ 10MG/5ML	Baclofen Intrathecal Inj 10 MG/5ML (2000 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 20000/20	Baclofen Intrathecal Inj 20 MG/20ML (1000 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
LIORESAL INT INJ 40MG/20	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 40000/20	Baclofen Intrathecal Inj 40 MG/20ML (2000 MCG/ML)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 10000/20	Baclofen Intrathecal Soln Prefilled Syringe 10000 MCG/20ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 20000/20	Baclofen Intrathecal Soln Prefilled Syringe 20000 MCG/20ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 40000/20	Baclofen Intrathecal Soln Prefilled Syringe 40000 MCG/20ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GABLOFEN INJ 50MCG/ML	Baclofen Intrathecal Soln Prefilled Syringe 50 MCG/ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
BACLOFEN POW	Baclofen Powder	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
BACLOFEN TAB 10MG	Baclofen Tab 10 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
BACLOFEN TAB 20MG	Baclofen Tab 20 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
BACLOFEN TAB 5MG	Baclofen Tab 5 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	Yes	No	
CARISOPRODOL POW	Carisoprodol Powder	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
CARISOPRODOL TAB 250MG	Carisoprodol Tab 250 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	QL
SOMA TAB 250MG	Carisoprodol Tab 250 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	QL

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SOMA	TAB 350MG	Carisoprodol Tab 350 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	QL
CARISOPRODOL TAB 350MG		Carisoprodol Tab 350 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	QL
CARISOPRODOL TAB ASA/COD		Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	QL
CARISOPR/ASA TAB 200-325		Carisoprodol w/ Aspirin Tab 200-325 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	QL
CHLORZOXAZON TAB 250MG		Chlorzoxazone Tab 250 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
LORZONE	TAB 375MG	Chlorzoxazone Tab 375 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
CHLORZOXAZON TAB 500MG		Chlorzoxazone Tab 500 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
LORZONE	TAB 750MG	Chlorzoxazone Tab 750 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
GEL-ONE	INJ 30MG/3ML	Cross-Linked Hyaluronate Gel Prefilled Syringe 30 MG/3ML	MUSCULOSKELETAL THERAPY AGENTS	Preferred	No	No	*Various UM Required
AMRIX	CAP 15MG	Cyclobenzaprine HCl Cap ER 24HR 15 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
AMRIX	CAP 30MG	Cyclobenzaprine HCl Cap ER 24HR 30 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
CYCLOBENZAPR TAB 10MG		Cyclobenzaprine HCl Tab 10 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
CYCLOBENZAPR TAB 10MG		Cyclobenzaprine HCl Tab 10 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
CYCLOBENZAPR TAB 5MG		Cyclobenzaprine HCl Tab 5 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
FEXMID	TAB 7.5MG	Cyclobenzaprine HCl Tab 7.5 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
CYCLOBENZAPR TAB 7.5MG		Cyclobenzaprine HCl Tab 7.5 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
CYCLO/GABA	PAK 10/300	Cyclobenzaprine Tab 10 MG & Gabapentin Cap 300 MG Thera Pack	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
DANTROLENE	CAP 100MG	Dantrolene Sodium Cap 100 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DANTRIUM	CAP 25MG	Dantrolene Sodium Cap 25 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
DANTROLENE	CAP 25MG	Dantrolene Sodium Cap 25 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
DANTRIUM	CAP 50MG	Dantrolene Sodium Cap 50 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
DANTROLENE	CAP 50MG	Dantrolene Sodium Cap 50 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
REVONTO	INJ 20MG	Dantrolene Sodium For IV Soln 20 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
DANTRIUM IV	INJ 20MG	Dantrolene Sodium For IV Soln 20 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
RYANODEX	INJ 250MG	Dantrolene Sodium For IV Susp 250 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
HYMOVIS	INJ 24MG/3ML	Hyaluronan Intra-articular Soln Prefilled Syringe 24 MG/3ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
ORTHOVISC	INJ 15MG/ML	Hyaluronan Intra-articular Soln Prefilled Syringe 30 MG/2ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
MONOVISC	INJ 88MG/4ML	Hyaluronan Intra-articular Soln Prefilled Syringe 88 MG/4ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
SYNVISC	INJ 8MG/ML	Hylan Intra-articular Solution Prefilled Syringe 16 MG/2ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
SYNVISC ONE	INJ 8MG/ML	Hylan Intra-articular Solution Prefilled Syringe 48 MG/6ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
METAXALONE	TAB 400MG	Metaxalone Tab 400 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
METAXALONE	TAB 800MG	Metaxalone Tab 800 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
METAXALONE	TAB 800MG	Metaxalone Tab 800 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
METAXALL	TAB 800MG	Metaxalone Tab 800 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
SKELAXIN	TAB 800MG	Metaxalone Tab 800 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
METAXALL CP	KIT 0.025%	Metaxalone Tab 800 MG & Capsaicin Cr 0.025% Kit	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
METHOCARBAM INJ 1000MG	Methocarbamol Inj 1000 MG/10ML	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
METHOCARBAM INJ 100MG/ML	Methocarbamol Inj 1000 MG/10ML	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ROBAXIN INJ 100MG/ML	Methocarbamol Inj 1000 MG/10ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
METHOCARBAM TAB 500MG	Methocarbamol Tab 500 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
METHOCARBAM TAB 500MG	Methocarbamol Tab 500 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ROBAXIN TAB 500MG	Methocarbamol Tab 500 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
ROBAXIN-750 TAB 750MG	Methocarbamol Tab 750 MG	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
METHOCARBAM TAB 750MG	Methocarbamol Tab 750 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
METHOCARBAM TAB 750MG	Methocarbamol Tab 750 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ORPHENADRINE INJ 30MG/ML	Orphenadrine Citrate Inj 30 MG/ML	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ORPHENADRINE POW CITRATE	Orphenadrine Citrate Powder	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
ORPHENADRINE POW CITRATE	Orphenadrine Citrate Powder	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
ORPHENADRINE TAB 100MG ER	Orphenadrine Citrate Tab ER 12HR 100 MG	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
DUROLANE INJ 60MG/3ML	Sodium Hyaluronate Intra-articular Gel Pref Syr 60 MG/3ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	*Various UM Required
HYALGAN INJ 20MG/2ML	Sodium Hyaluronate Intra-articular Inj 20 MG/2ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
GELSYN-3 INJ 16.8/2ML	Sodium Hyaluronate Intra-articular Soln Pref Syr 16.8 MG/2ML	MUSCULOSKELETAL THERAPY AGENTS	Preferred	No	No	*Various UM Required
HYALGAN INJ 20MG/2ML	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
EUFLEXXA INJ 10MG/ML	Sodium Hyaluronate Intra-articular Soln Pref Syr 20 MG/2ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SUPARTZ FX INJ 25/2.5ML	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	MUSCULOSKELETAL THERAPY AGENTS	Preferred	No	No	*Various UM Required
VISCO-3 INJ 25/2.5ML	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	MUSCULOSKELETAL THERAPY AGENTS	Preferred	No	No	*Various UM Required
TRIVISC INJ 25/2.5ML	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
GENVISC 850 INJ 25/2.5	Sodium Hyaluronate Intra-articular Soln Pref Syr 25 MG/2.5ML	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	PA
ZANAFLEX CAP 2MG	Tizanidine HCl Cap 2 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
TIZANIDINE CAP 2MG	Tizanidine HCl Cap 2 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
TIZANIDINE CAP 4MG	Tizanidine HCl Cap 4 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ZANAFLEX CAP 4MG	Tizanidine HCl Cap 4 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
TIZANIDINE CAP 6MG	Tizanidine HCl Cap 6 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ZANAFLEX CAP 6MG	Tizanidine HCl Cap 6 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
TIZANIDINE TAB 2MG	Tizanidine HCl Tab 2 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
TIZANIDINE TAB 4MG	Tizanidine HCl Tab 4 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Generic	No	No	
ZANAFLEX TAB 4MG	Tizanidine HCl Tab 4 MG (Base Equivalent)	MUSCULOSKELETAL THERAPY AGENTS	Non-Preferred	No	No	
ALZAIR NASAL SPR 800MG	*Hypromellose Nasal Powder**	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
AZELASTINE SPR 0.1%	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	No	No	
ASTEPRO SPR 0.15%	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
AZELASTINE SPR 0.15%	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	No	No	
DYMISTA SPR 137-50	Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AZENASE PAK MIS 137-50		Azelastine Sol 137 MCG/ACT & Fluticasone Sus 50 MCG/ACT THPK	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
TICALAST KIT 137/50		Azelastine-Fluticasone Spr 137-50 MCG/ACT & NaCl Sp 0.9% Kit	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
BECONASE AQ SUS 0.042%		Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
QNASL CHILD SPR 40MCG		Beclomethasone Dipropionate Nasal Aerosol 40 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
QNASL AER 80MCG		Beclomethasone Dipropionate Nasal Aerosol 80 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
ZETONNA AER 37MCG		Ciclesonide Nasal Aerosol Soln 37 MCG/ACT (50 MCG/Valve)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
OMNARIS SPR		Ciclesonide Nasal Susp 50 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
GOPRELTO SOL 40MG/ML		Cocaine HCl Nasal Soln 40 MG/ML (4%)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
COCAINE HCL SOL 40MG/ML		Cocaine HCl Nasal Soln 40 MG/ML (4%)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
ADRENALIN SOL 1:1000		Epinephrine HCl Nasal Soln 0.1%	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
FLUNISOLIDE SPR 0.025%		Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	No	No	
TICASPRAY PAK		Fluticasone Nasal Susp 50 MCG/ACT & Sod Chlor 0.9% Spray THPK	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
TICANASE PAK 50-2.7		Fluticasone Nasal Susp 50 MCG/ACT & Sod Chlor 2.7% Spray THPK	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
XHANCE MIS 93MCG		Fluticasone Propionate Nasal Exhaler Susp 93 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
FLUTICASONE SPR 50MCG		Fluticasone Propionate Nasal Susp 50 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	No	No	
IPRATROPIUM SPR 0.03%		Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	Yes	No	
IPRATROPIUM SPR 0.06%		Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	Yes	No	
PROPEL IMP 370MCG		Mometasone Furoate Nasal Implant 370 MCG	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROPEL MINI	IMP 370MCG	Mometasone Furoate Nasal Implant 370 MCG	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
NASONEX	SPR 50MCG/AC	Mometasone Furoate Nasal Susp 50 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
MOMETASONE	SPR 50MCG	Mometasone Furoate Nasal Susp 50 MCG/ACT	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	No	No	
SINUVA	IMP 1350MCG	Mometasone Furoate Sinus Implant 1350 MCG	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	PA
BACTROBAN	OIN NASAL 2%	Mupirocin Calcium Nasal Oint 2%	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
OLOPATADINE	SPR 0.6%	Olopatadine HCl Nasal Soln 0.6%	NASAL AGENTS - SYSTEMIC AND TOPICAL	Generic	No	No	
PATANASE	SPR 0.6%	Olopatadine HCl Nasal Soln 0.6%	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
PHENYLEPHRIN	CRY	Phenylephrine HCl Crystals	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
PHENYLEPHRIN	POW HCL	Phenylephrine HCl Powder	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
PHENYLPROPAN	POW HCL	Phenylpropanolamine HCl Powder	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
PSEUDOEPHEDR	CRY HCL	Pseudoephedrine HCl Crystals	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
PSEUDOEPHED	POW	Pseudoephedrine HCl Powder	NASAL AGENTS - SYSTEMIC AND TOPICAL	Non-Preferred	No	No	
DYSPORE	INJ 300UNIT	AbobotulinumtoxinA For IM Inj 300 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
DYSPORE	INJ 500UNIT	AbobotulinumtoxinA For IM Inj 500 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
RADICAVA	INJ 30MG	Edaravone Inj 30 MG/100ML (0.3 MG/ML)	NEUROMUSCULAR AGENTS	Non-Preferred	No	Yes	*Various UM Required
EXONDYS 51	SOL 100/2ML	Eteplirsen IV Soln 100 MG/2ML (50 MG/ML)	NEUROMUSCULAR AGENTS	Non-Preferred	No	Yes	*Various UM Required
EXONDYS 51	SOL 500/10ML	Eteplirsen IV Soln 500 MG/10ML (50 MG/ML)	NEUROMUSCULAR AGENTS	Non-Preferred	No	Yes	*Various UM Required
XEOMIN	INJ 100UNIT	IncobotulinumtoxinA For IM Inj 100 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
XEOMIN	INJ 200UNIT	IncobotulinumtoxinA For IM Inj 200 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
XEOMIN	INJ 50 UNIT	IncobotulinumtoxinA For IM Inj 50 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
SPINRAZA	INJ 12MG/5ML	Nusinersen Intrathecal Soln 12 MG/5ML (2.4 MG/ML)	NEUROMUSCULAR AGENTS	Non-Preferred	No	Yes	*Various UM Required
BOTOX	INJ 100UNIT	OnabotulinumtoxinA For Inj 100 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
BOTOX	INJ 200UNIT	OnabotulinumtoxinA For Inj 200 Unit	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
TIGLUTIK	SUS 50/10ML	Riluzole Susp 50 MG/10ML	NEUROMUSCULAR AGENTS	Non-Preferred	Yes	No	PA
RILUZOLE	TAB 50MG	Riluzole Tab 50 MG	NEUROMUSCULAR AGENTS	Generic	Yes	No	
RILUTEK	TAB 50MG	Riluzole Tab 50 MG	NEUROMUSCULAR AGENTS	Non-Preferred	Yes	No	
MYOBLOC	INJ 10000/2	RimabotulinumtoxinB IM Inj 10000 Unit/2ML	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
MYOBLOC	INJ 2500/0.5	RimabotulinumtoxinB IM Inj 2500 Unit/0.5ML	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
MYOBLOC	INJ 5000/ML	RimabotulinumtoxinB IM Inj 5000 Unit/ML	NEUROMUSCULAR AGENTS	Non-Preferred	No	No	*Various UM Required
LACRISERT	MIS 5MG OP	*Artificial Tear Ophth Insert***	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BSS	SOL OP	*Ophthalmic Irrigation Solution - Intraocular***	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BALANCED SAL SOL OP		*Ophthalmic Irrigation Solution - Intraocular***	OPHTHALMIC AGENTS	Generic	No	No	
BAL SALT	SOL OP	*Ophthalmic Irrigation Solution - Intraocular***	OPHTHALMIC AGENTS	Generic	No	No	
BSS PLUS	SOL OP	*Ophthalmic Irrigation Solution - Intraocular***	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TRIPLE PMB	SOL	*Prednisol-Moxiflox-Bromfen For Sol 1-0.5-0.09% (Cmpd Kit)*	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
TRIPLE PMK	SOL	*Prednisol-Moxiflox-Ketorolac For Sol 1-0.5-0.5% (Cmpd Kit)*	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOUBLE PM	SOL	*Prednisolone-Moxifloxacin Opth For Soln 1-0.5% (Cmpd Kit)*	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
MIOCHOL-E	SOL 1:100	Acetylcholine Chloride Intraocular For Soln 20 MG (1:100)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
EYLEA	INJ 2/0.05ML	Aflibercept Intravitreal Inj 2 MG/0.05ML (40 MG/ML)	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
LASTACFT	SOL 0.25%	Alcaftadine Ophth Soln 0.25%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
APRACLONIDIN	SOL 0.5% OP	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	OPHTHALMIC AGENTS	Generic	No	No	
IOPIDINE	SOL 0.5% OP	Apraclonidine HCl Ophth Soln 0.5% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
IOPIDINE	SOL 1% OP	Apraclonidine HCl Ophth Soln 1% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
ATROPINE SUL	OIN 1% OP	Atropine Sulfate Ophth Oint 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
ISOPTO ATROP	SOL 1% OP	Atropine Sulfate Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	Yes	No	
ATROPINE SUL	SOL 1% OP	Atropine Sulfate Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	No	No	
AZELASTINE	DRO 0.05%	Azelastine HCl Ophth Soln 0.05%	OPHTHALMIC AGENTS	Generic	No	No	
AZASITE	SOL 1%	Azithromycin Ophth Soln 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BACITRACIN	OIN OP	Bacitracin Ophth Oint 500 Unit/GM	OPHTHALMIC AGENTS	Generic	No	No	
AK-POLY-BAC	OIN OP	Bacitracin-Polymyxin B Ophth Oint	OPHTHALMIC AGENTS	Generic	No	No	
POLYCIN	OIN OP	Bacitracin-Polymyxin B Ophth Oint	OPHTHALMIC AGENTS	Generic	No	No	
BACIT/POLYMY	OIN OP	Bacitracin-Polymyxin B Ophth Oint	OPHTHALMIC AGENTS	Generic	No	No	
NEO-POLYCIN	OIN HC 1%OP	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%	OPHTHALMIC AGENTS	Generic	No	No	
NEO/POLY/BAC	OIN /HC 1%OP	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%	OPHTHALMIC AGENTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BEPREVE	DRO 1.5%	Bepotastine Besilate Ophth Soln 1.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BESIVANCE	SUS 0.6%	Besifloxacin HCl Ophth Susp 0.6% (Base Equiv)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BETAXOLOL	SOL 0.5% OP	Betaxolol HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	Yes	No	
BETOPTIC-S	SUS 0.25% OP	Betaxolol HCl Ophth Susp 0.25%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
BEVACIZUMAB	INJ 2.75MG	Bevacizumab Inj Soln Pref Syr 2.75 MG/0.11ML (2.5 MG/0.1ML)	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
BEVACIZUMAB	INJ 3.75MG	Bevacizumab Inj Soln Pref Syr 3.75 MG/0.15ML (2.5 MG/0.1ML)	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
LUMIGAN	SOL 0.01%	Bimatoprost Ophth Soln 0.01%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
BIMATOPROST	SOL 0.03%	Bimatoprost Ophth Soln 0.03%	OPHTHALMIC AGENTS	Generic	Yes	No	
BIMATOPROST	SOL 0.03%	Bimatoprost Ophth Soln 0.03%	OPHTHALMIC AGENTS	Generic	Yes	No	
ALPHAGAN P	SOL 0.1%	Brimonidine Tartrate Ophth Soln 0.1%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
BRIMONIDINE	SOL 0.15%	Brimonidine Tartrate Ophth Soln 0.15%	OPHTHALMIC AGENTS	Generic	Yes	No	
ALPHAGAN P	SOL 0.15%	Brimonidine Tartrate Ophth Soln 0.15%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
BRIMONIDINE	SOL 0.2% OP	Brimonidine Tartrate Ophth Soln 0.2%	OPHTHALMIC AGENTS	Generic	Yes	No	
BRIMO/DORZO	SOL 0.15-2%	Brimonidine Tartrate-Dorzolamide HCl Ophth Soln 0.15-2%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
COMBIGAN	SOL 0.2/0.5%	Brimonidine Tartrate-Timolol Maleate Ophth Soln 0.2-0.5%	OPHTHALMIC AGENTS	Preferred	Yes	No	
AZOPT	SUS 1% OP	Brinzolamide Ophth Susp 1%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
SIMBRINZA	SUS 1-0.2%	Brinzolamide-Brimonidine Tartrate Ophth Susp 1-0.2%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
PROLENSA	SOL 0.07%	Bromfenac Sodium Ophth Soln 0.07% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BROMSITE	DRO 0.075%	Bromfenac Sodium Ophth Soln 0.075% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BROMFENAC	SOL 0.09% OP	Bromfenac Sodium Ophth Soln 0.09% (Base Equiv) (Once-Daily)	OPHTHALMIC AGENTS	Generic	No	No	
MIOSTAT	INJ 0.01% OP	Carbachol Intraocular Inj 0.01%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
CARTEOLOL	SOL 1% OP	Carteolol HCl Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	Yes	No	
CEFUROXIME	INJ 3MG	Cefuroxime Sodium-NaCl Intraocular Pref Syr 3 MG/0.3ML-0.9%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
CEFUROXIME	INJ 10MG/ML	Cefuroxime Sodium-NaCl Intravitreal Soln 10 MG/ML-0.9%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
CILOXAN	OIN 0.3% OP	Ciprofloxacin HCl Ophth Oint 0.3%	OPHTHALMIC AGENTS	Preferred	No	No	
CILOXAN	SOL 0.3% OP	Ciprofloxacin HCl Ophth Soln 0.3%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
CIPROFLOXACN	SOL 0.3% OP	Ciprofloxacin HCl Ophth Soln 0.3%	OPHTHALMIC AGENTS	Generic	No	No	
CROMOLYN SOD	SOL 4% OP	Cromolyn Sodium Ophth Soln 4%	OPHTHALMIC AGENTS	Generic	No	No	
CYCLOPENTOLA	SOL 0.5%	Cyclopentolate HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
CYCLOGYL	SOL 0.5% OP	Cyclopentolate HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
CYCLOGYL	SOL 1% OP	Cyclopentolate HCl Ophth Soln 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
CYCLOPENTOL	SOL 1% OP	Cyclopentolate HCl Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	No	No	
CYCLOGYL	SOL 2% OP	Cyclopentolate HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
CYCLOPENTOL	SOL 2% OP	Cyclopentolate HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Generic	No	No	
CYCLOMYDRIL	SOL OP	Cyclopentolate w/ Phenylephrine Ophth Soln 0.2-1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
RESTASIS MUL	EMU 0.05%	Cyclosporine (Ophth) Emulsion 0.05%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RESTASIS	EMU 0.05%	Cyclosporine (Ophth) Emulsion 0.05%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
CYCLOSPORINE EMU 0.1%		Cyclosporine (Ophth) Emulsion 0.1%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
CYSTARAN	SOL 0.44%	Cysteamine HCl Ophth Soln 0.44% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
DEXYCU	SUS 9%	Dexamethasone Intraocular Susp 9%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
OZURDEX	IMP 0.7MG	Dexamethasone Intravitreal Implant 0.7 MG	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
MAXIDEX	SUS 0.1% OP	Dexamethasone Ophth Susp 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
DEXAMETH PHO SOL 0.1% OP		Dexamethasone Sodium Phosphate Ophth Soln 0.1%	OPHTHALMIC AGENTS	Generic	No	No	
DEXAM/MOXI	SOL 1-5MG/ML	Dexamethasone-Moxifloxacin HCl Intraocular Soln 1-5 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
DEX/MOX/KETO SOL		Dexamethason-Moxifloxacin-Ketorolac Inj Soln 1-0.5-0.4 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
DICLOFENAC	SOL 0.1% OP	Diclofenac Sodium Ophth Soln 0.1%	OPHTHALMIC AGENTS	Generic	No	No	
DUREZOL	EMU 0.05%	Difluprednate Ophth Emulsion 0.05%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
DORZOLAMIDE SOL 2%		Dorzolamide HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TRUSOPT	SOL 2% OP	Dorzolamide HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
DORZOLAMIDE SOL 2% OP		Dorzolamide HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Generic	Yes	No	
COSOPT PF	SOL	Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
DORZOL/TIMOL SOL 22.3-6.8		Dorzolamide HCl-Timolol Maleate Ophth Sol 22.3-6.8 MG/ML PF	OPHTHALMIC AGENTS	Generic	Yes	No	
COSOPT	SOL 22.3-6.8	Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
DORZOL/TIMOL SOL 22.3-6.8		Dorzolamide HCl-Timolol Maleate Ophth Soln 22.3-6.8 MG/ML	OPHTHALMIC AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHOSPHOLINE SOL 0.125%OP		Echothiophate Iodide Ophth For Soln 0.125%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
EMADINE SOL 0.05% OP		Emedastine Difumarate Ophth Soln 0.05% (Base Equiv)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
EPINASTINE DRO 0.05%		Epinastine HCl Ophth Soln 0.05%	OPHTHALMIC AGENTS	Generic	No	No	
ELESTAT DRO 0.05%		Epinastine HCl Ophth Soln 0.05%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
ERYTHROMYCIN OIN OP		Erythromycin Ophth Oint 5 MG/GM	OPHTHALMIC AGENTS	Generic	No	No	
ERYTHROMYCIN OIN 5MG/GM		Erythromycin Ophth Oint 5 MG/GM	OPHTHALMIC AGENTS	Generic	No	No	
ILUVIEN IMP 0.19MG		Fluocinolone Acetonide Intravitreal Implant 0.19 MG	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
RETISERT IMP 0.59MG		Fluocinolone Acetonide Intravitreal Implant 0.59 MG	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
AK-FLUOR INJ 10% OP		Fluorescein Sodium IV Soln 10%	OPHTHALMIC AGENTS	Generic	No	No	
FLUORESCITE INJ 10% OP		Fluorescein Sodium IV Soln 10%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
AK-FLUOR INJ 25% OP		Fluorescein Sodium IV Soln 25%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FUL-GLO TES 0.6MG OP		Fluorescein Sodium Ophth Strips 0.6 MG	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FLUOR-I-STRIP TES 1MG OP		Fluorescein Sodium Ophth Strips 1 MG	OPHTHALMIC AGENTS	Generic	No	No	
BIO GLO TES 1MG OP		Fluorescein Sodium Ophth Strips 1 MG	OPHTHALMIC AGENTS	Generic	No	No	
GLOSTRIPS MIS 1MG OP		Fluorescein Sodium Ophth Strips 1 MG	OPHTHALMIC AGENTS	Generic	No	No	
FUL-GLO TES 1MG OP		Fluorescein Sodium Ophth Strips 1 MG	OPHTHALMIC AGENTS	Generic	No	No	
ALTAFLUOR SOL 0.25-0.4		Fluorescein w/ Benoxinate Ophth Soln 0.25-0.4%	OPHTHALMIC AGENTS	Generic	No	No	
ALTAFLUOR-BE SOL 0.25-0.4		Fluorescein w/ Benoxinate Ophth Soln 0.25-0.4%	OPHTHALMIC AGENTS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLUORE-BENOX SOL 0.25-0.4	Fluorescein w/ Benoxinate Ophth Soln 0.25-0.4%	OPHTHALMIC AGENTS	Generic	No	No	
FLUORESCEIN/ SOL PROPARAC	Fluorescein w/ Proparacaine Ophth Soln 0.25-0.5%	OPHTHALMIC AGENTS	Generic	No	No	
FLUCAINE SOL 0.25-0.5	Fluorescein w/ Proparacaine Ophth Soln 0.25-0.5%	OPHTHALMIC AGENTS	Generic	No	No	
FLURA-SAFE SOL	Fluorexon-Benoxinate Ophth Soln 0.35-0.4%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FLAREX SUS 0.1% OP	Fluorometholone Acetate Ophth Susp 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FML OIN 0.1% OP	Fluorometholone Ophth Oint 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FML LIQUIFLM SUS 0.1% OP	Fluorometholone Ophth Susp 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FLUOROMETHOL SUS 0.1% OP	Fluorometholone Ophth Susp 0.1%	OPHTHALMIC AGENTS	Generic	No	No	
FML FORTE SUS 0.25% OP	Fluorometholone Ophth Susp 0.25%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
FLURBIPROFEN SOL 0.03% OP	Flurbiprofen Sodium Ophth Soln 0.03%	OPHTHALMIC AGENTS	Generic	No	No	
FLURBIPROFEN SOL 0.03% OP	Flurbiprofen Sodium Ophth Soln 0.03%	OPHTHALMIC AGENTS	Generic	No	No	
ZIRGAN GEL 0.15%	Ganciclovir Ophth Gel 0.15%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
GATIFLOXACIN SOL 0.5%	Gatifloxacin Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
ZYMAXID SOL 0.5%	Gatifloxacin Ophth Soln 0.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
GATIFL-DEXAM SOL 0.5-0.1%	Gatifloxacin-Dexamethasone Ophth Soln 0.5-0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
GENTAK OIN 0.3% OP	Gentamicin Sulfate Ophth Oint 0.3%	OPHTHALMIC AGENTS	Generic	No	No	
GENTAMICIN SOL 0.3% OP	Gentamicin Sulfate Ophth Soln 0.3%	OPHTHALMIC AGENTS	Generic	No	No	
PRED-G S.O.P OIN OP	Gentamicin-Prednisolone Ace Ophth Oint 0.3-0.6%	OPHTHALMIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PRED-G	SUS OP	Gentamicin-Prednisolone Ace Ophth Susp 0.3-1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
HOMATROPINE	SOL 5% OP	Homatropine HBr Ophth Soln 5%	OPHTHALMIC AGENTS	Generic	No	No	
HOMATROPAIRE	SOL 5% OP	Homatropine HBr Ophth Soln 5%	OPHTHALMIC AGENTS	Generic	No	No	
PAREMYD	SOL 1-0.25%	Hydroxyamphetamine-Tropicamide Ophth Soln 1-0.25%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
ACUVAIL	SOL 0.45%	Ketorolac Tromethamine (PF) Ophth Soln 0.45%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
KETOROLAC	SOL 0.4%	Ketorolac Tromethamine Ophth Soln 0.4%	OPHTHALMIC AGENTS	Generic	No	No	
ACULAR LS	SOL 0.4%	Ketorolac Tromethamine Ophth Soln 0.4%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
KETOROLAC	SOL 0.5%	Ketorolac Tromethamine Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
ACULAR	SOL 0.5% OP	Ketorolac Tromethamine Ophth Soln 0.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
LATANOPROST	SOL 0.005%	Latanoprost Ophth Soln 0.005%	OPHTHALMIC AGENTS	Generic	Yes	No	
XALATAN	SOL 0.005%	Latanoprost Ophth Soln 0.005%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
VYZULTA	SOL 0.024%	Latanoprostene Bunod Ophth Soln 0.024%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
VYZULTA	SOL 0.024%	Latanoprostene Bunod Ophth Soln 0.024%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
TIMOL/LATAN	SOL	Latanoprost-Timolol Maleate Ophth Soln 0.005-0.5%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
BETAGAN	SOL 0.5% OP	Levobunolol HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
LEVOBUNOLOL	SOL 0.5% OP	Levobunolol HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	Yes	No	
LEVOFLOXACIN	SOL 0.5%	Levofloxacin Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
AKTEN	GEL 3.5%	Lidocaine HCl Ophth Gel 3.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIDOCAINE/PH SOL 1-1.5%		Lidocaine HCl-Phenylephrine HCl Intraocular Soln 1-1.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
LIDO-PHENYL INJ 1-1.5%		Lidocaine-Phenyleph-BSS Intraocular Pref Syr 1-1.5% (1 ML)	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
XIIDRA	DRO 5%	Lifitegrast Ophth Soln 5%	OPHTHALMIC AGENTS	Preferred	Yes	No	
GREEN GLO	MIS 1.5MG	Lissamine Green Strips 1.5 MG	OPHTHALMIC AGENTS	Generic	No	No	
LISSAMINE GR TES 1.5MG		Lissamine Green Strips 1.5 MG	OPHTHALMIC AGENTS	Generic	No	No	
ALOMIDE	SOL 0.1% OP	Lodoxamide Tromethamine Ophth Soln 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
LOTEMAX	GEL 0.5%	Loteprednol Etabonate Ophth Gel 0.5%	OPHTHALMIC AGENTS	Preferred	No	No	
LOTEMAX	OIN 0.5%	Loteprednol Etabonate Ophth Oint 0.5%	OPHTHALMIC AGENTS	Preferred	No	No	
ALREX	SUS 0.2%	Loteprednol Etabonate Ophth Susp 0.2%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
LOTEMAX	SUS 0.5%	Loteprednol Etabonate Ophth Susp 0.5%	OPHTHALMIC AGENTS	Preferred	No	No	
ZYLET	SUS 0.5-0.3%	Loteprednol Etabonate-Tobramycin Ophth Susp 0.5-0.3%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
METIPRANOLOL SOL 0.3% OPH		Metipranolol Ophth Soln 0.3%	OPHTHALMIC AGENTS	Generic	Yes	No	
MITOSOL	KIT 0.2MG	Mitomycin For Ophth Soln Kit 0.2 MG	OPHTHALMIC AGENTS	Non-Preferred	No	No	
MOXIFLOXACIN INJ 1MG/ML		Moxifloxacin HCl in BSS Intravitreal Soln 1 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
MOXIFLOXACIN INJ 0.3MG		Moxifloxacin HCl Intraocular Pref Syr 0.3 MG/0.3ML (0.1%)	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
MOXIFLOXACIN SOL 5MG/ML		Moxifloxacin HCl Intraocular Soln 5 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
MOXEZA	SOL 0.5%	Moxifloxacin HCl Ophth Soln 0.5% (Base Eq) (2 Times Daily)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
VIGAMOX	DRO 0.5%	Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	OPHTHALMIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MOXIFLOXACIN SOL HCL 0.5%		Moxifloxacin HCl Ophth Soln 0.5% (Base Equiv)	OPHTHALMIC AGENTS	Generic	No	No	
NATACYN	SUS 5% OP	Natamycin Ophth Susp 5%	OPHTHALMIC AGENTS	Preferred	No	No	
ALOCRIL	SOL 2%	Nedocromil Sodium Ophth Soln 2%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
NEO-POLYCIN OIN OP		Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	OPHTHALMIC AGENTS	Generic	No	No	
NEO/BAC/POLY OIN OP		Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	OPHTHALMIC AGENTS	Generic	No	No	
NEO/POLY/BAC OIN OP		Neomycin-Bacitrac Zn-Polymyx 5(3.5)MG-400Unt-10000Unt Op Oin	OPHTHALMIC AGENTS	Generic	No	No	
NEOSPORIN	SOL OP	Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	
NEO/POLY/GRA SOL OP		Neomycin-Polymy-Gramicid Op Sol 1.75-10000-0.025MG-UNT-MG/ML	OPHTHALMIC AGENTS	Generic	No	No	
MAXITROL	OIN 0.1% OP	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
NEO/POLY/DEX OIN 0.1% OP		Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%	OPHTHALMIC AGENTS	Generic	No	No	
NEO/POLY/DEX SUS 0.1% OP		Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	OPHTHALMIC AGENTS	Generic	No	No	
MAXITROL	SUS 0.1% OP	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
NEO/POLY/HC SUS OP		Neomycin-Polymyxin-HC Ophth Susp	OPHTHALMIC AGENTS	Generic	No	No	
NEVANAC	SUS 0.1%	Nepafenac Ophth Susp 0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
ILEVRO	DRO 0.3% OP	Nepafenac Ophth Susp 0.3%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
RHOPRESSA	SOL 0.02%	Netarsudil Dimesylate Ophth Soln 0.02%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
JETREA	INJ 1.25/ML	Ocriplasmin Intravitreal Inj 0.375 MG/0.3ML (1.25 MG/ML)	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	
OFLOXACIN	DRO 0.3% OP	Ofloxacin Ophth Soln 0.3%	OPHTHALMIC AGENTS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OCUFLOX	DRO 0.3% OP	Ofloxacin Ophth Soln 0.3%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
OLOPATADINE	DRO 0.1%	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	OPHTHALMIC AGENTS	Generic	No	No	
PATANOL	SOL 0.1% OP	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
OLOPATADINE	DRO 0.1%	Olopatadine HCl Ophth Soln 0.1% (Base Equivalent)	OPHTHALMIC AGENTS	Generic	No	No	
OLOPATADINE	SOL 0.2%	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	OPHTHALMIC AGENTS	Generic	No	No	
PATADAY	SOL 0.2%	Olopatadine HCl Ophth Soln 0.2% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
PAZEO	DRO 0.7%	Olopatadine HCl Ophth Soln 0.7% (Base Equivalent)	OPHTHALMIC AGENTS	Non-Preferred	No	No	
MACUGEN	INJ	Pegaptanib Sodium Intravitreal Inj 0.3 MG/90 Microliter	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
ALTAFRIN	SOL 10% OP	Phenylephrine HCl Ophth Soln 10%	OPHTHALMIC AGENTS	Generic	No	No	
PHENYLEPHRIN	SOL 10% OP	Phenylephrine HCl Ophth Soln 10%	OPHTHALMIC AGENTS	Generic	No	No	
PHENYLEPHRIN	SOL 2.5% OP	Phenylephrine HCl Ophth Soln 2.5%	OPHTHALMIC AGENTS	Generic	No	No	
ALTAFRIN	SOL 2.5% OP	Phenylephrine HCl Ophth Soln 2.5%	OPHTHALMIC AGENTS	Generic	No	No	
PILOCARPINE	SOL 1% OP	Pilocarpine HCl Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	Yes	No	
ISOPTO CARP	SOL 1% OP	Pilocarpine HCl Ophth Soln 1%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
PILOCARPINE	SOL 2% OP	Pilocarpine HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Generic	Yes	No	
ISOPTO CARP	SOL 2% OP	Pilocarpine HCl Ophth Soln 2%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
PILOCARPINE	SOL 4% OP	Pilocarpine HCl Ophth Soln 4%	OPHTHALMIC AGENTS	Generic	Yes	No	
ISOPTO CARP	SOL 4% OP	Pilocarpine HCl Ophth Soln 4%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TRIMETHOPRIM SOL POLYMYXN	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	OPHTHALMIC AGENTS	Generic	No	No	
POLYMYXIN B/ SOL TRIMETHP	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	OPHTHALMIC AGENTS	Generic	No	No	
POLYTRIM SOL OP	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BETADINE SOL 5% OP	Povidone-Iodine Ophth Soln 5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
PRED MILD SUS 0.12% OP	Prednisolone Acetate Ophth Susp 0.12%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
PREDNISOLONE SUS 1%	Prednisolone Acetate Ophth Susp 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
OMNIPRED SUS 1% OP	Prednisolone Acetate Ophth Susp 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
PRED FORTE SUS 1% OP	Prednisolone Acetate Ophth Susp 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
PREDNISOLONE SUS 1% OP	Prednisolone Acetate Ophth Susp 1%	OPHTHALMIC AGENTS	Generic	No	No	
PRED SOD PHO SOL 1% OP	Prednisolone Sodium Phosphate Ophth Soln 1%	OPHTHALMIC AGENTS	Preferred	No	No	
PREDNIS/BROM SUS 1-0.075%	Prednisolone-Bromfenac Ophth Susp 1-0.075%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
PRED-GATI SUS 1-0.5%	Prednisolone-Gatifloxacin Ophth Susp 1-0.5%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
PRED-GATIFL- SUS BROMFENA	Prednisolone-Gatifloxacin-Bromfenac Ophth Susp 1-0.5-0.075%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
PROPARACAINE SOL 0.5% OP	Proparacaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
LUCENTIS SOL 0.3MG	Ranibizumab Intravitreal Inj 0.3 MG/0.05ML (6 MG/ML)	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
LUCENTIS SOL 0.5MG	Ranibizumab Intravitreal Inj 0.5 MG/0.05ML (10 MG/ML)	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required
LUCENTIS INJ 0.3MG	Ranibizumab Intravitreal Soln Pref Syr 0.3 MG/0.05ML	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	PA
LUCENTIS INJ 0.5MG	Ranibizumab Intravitreal Soln Pref Syr 0.5 MG/0.05ML	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHOTREXA/PHO SOL VISC KIT	Riboflav 0.146% & Riboflav-Dextran 0.146-20% Op Sol Pref Syr	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
PHOTREXA VIS SOL 0.146-20	Riboflavin 5-Phos Sod-Dextran Ophth Soln Pref Syr 0.146-20%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
ROSE GLO TES 1.5MG	Rose Bengal Strips 1.5 MG	OPHTHALMIC AGENTS	Non-Preferred	No	No	
SULFACET SOD OIN 10% OP	Sulfacetamide Sodium Ophth Oint 10%	OPHTHALMIC AGENTS	Generic	No	No	
SOD SULFACET SOL 10% OP	Sulfacetamide Sodium Ophth Soln 10%	OPHTHALMIC AGENTS	Generic	No	No	
SULFACET SOD SOL 10% OP	Sulfacetamide Sodium Ophth Soln 10%	OPHTHALMIC AGENTS	Generic	No	No	
BLEPH-10 SOL 10% OP	Sulfacetamide Sodium Ophth Soln 10%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
BLEPHAMIDE OIN S.O.P.	Sulfacetamide Sodium-Prednisolone Ophth Oint 10-0.2%	OPHTHALMIC AGENTS	Preferred	No	No	
SULF/PRED NA SOL OP	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%	OPHTHALMIC AGENTS	Generic	No	No	
BLEPHAMIDE SUS OP	Sulfacetamide Sodium-Prednisolone Ophth Susp 10-0.2%	OPHTHALMIC AGENTS	Preferred	No	No	
ZIOPTAN DRO 0.0015%	Tafluprost Ophth Soln 0.0015%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TETCAINE SOL 0.5% OP	Tetracaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
ALTACAIN SOL 0.5% OP	Tetracaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
TETRACAIN SOL 0.5% OP	Tetracaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
TETRACAIN SOL 0.5% OP	Tetracaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
TETRAVISC SOL 0.5% OP	Tetracaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
TETRAVISC SOL FORTE	Tetracaine HCl Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
TIMOPTIC-XE SOL 0.25% OP	Timolol Maleate Ophth Gel Forming Soln 0.25%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TIMOLOL GEL SOL 0.25% OP	Timolol Maleate Ophth Gel Forming Soln 0.25%	OPHTHALMIC AGENTS	Generic	Yes	No	
TIMOPTIC-XE SOL 0.5% OP	Timolol Maleate Ophth Gel Forming Soln 0.5%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TIMOLOL GEL SOL 0.5% OP	Timolol Maleate Ophth Gel Forming Soln 0.5%	OPHTHALMIC AGENTS	Generic	Yes	No	
TIMOPTIC SOL 0.25% OP	Timolol Maleate Ophth Soln 0.25%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TIMOLOL MAL SOL 0.25% OP	Timolol Maleate Ophth Soln 0.25%	OPHTHALMIC AGENTS	Generic	Yes	No	
TIMOLOL MAL SOL 0.5% OP	Timolol Maleate Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	Yes	No	
TIMOPTIC SOL 0.5% OP	Timolol Maleate Ophth Soln 0.5%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TIMOLOL MALE SOL 0.5%	Timolol Maleate Ophth Soln 0.5% (Once-Daily)	OPHTHALMIC AGENTS	Generic	Yes	No	
ISTALOL SOL 0.5% OP	Timolol Maleate Ophth Soln 0.5% (Once-Daily)	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TIMOPTIC OCU SOL 0.25% OP	Timolol Maleate Preservative Free Ophth Soln 0.25%	OPHTHALMIC AGENTS	Preferred	Yes	No	
TIMOPTIC OCU SOL 0.5% OP	Timolol Maleate Preservative Free Ophth Soln 0.5%	OPHTHALMIC AGENTS	Preferred	Yes	No	
BETIMOL SOL 0.25%	Timolol Ophth Soln 0.25%	OPHTHALMIC AGENTS	Preferred	Yes	No	
BETIMOL SOL 0.5%	Timolol Ophth Soln 0.5%	OPHTHALMIC AGENTS	Preferred	Yes	No	
TIMOL/BRIM SOL DORZ/LAT	Timolol-Brimon-Dorzol-Latanoprost Oph Soln 0.5-0.15-2-0.005%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
TIM/BRIM/DOR SOL	Timolol-Brimonidine-Dorzolamide Ophth Soln 0.5-0.15-2%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
TIM/DORZ/LAT SOL	Timolol-Dorzolamide-Latanoprost Ophth Soln 0.5-0.15-0.005%	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
TOBREX OIN 0.3% OP	Tobramycin Ophth Oint 0.3%	OPHTHALMIC AGENTS	Preferred	No	No	
TOBREX SOL 0.3% OP	Tobramycin Ophth Soln 0.3%	OPHTHALMIC AGENTS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TOBRAMYCIN SOL 0.3% OP	Tobramycin Ophth Soln 0.3%	OPHTHALMIC AGENTS	Generic	No	No	
TOBRADEX OIN 0.3-0.1%	Tobramycin-Dexamethasone Ophth Oint 0.3-0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TOBRADEX ST SUS 0.3-0.05	Tobramycin-Dexamethasone Ophth Susp 0.3-0.05%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TOBRADEX SUS 0.3-0.1%	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TOBRA/DEXAME SUS 0.3-0.1%	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	OPHTHALMIC AGENTS	Generic	No	No	
TRAVATAN Z DRO 0.004%	Travoprost Ophth Soln 0.004% (Benzalkonium Free) (BAK Free)	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	
TRIESENCE INJ 40MG/ML	Triamcinolone Acetonide Ophth Inj 40 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TRIAM/MOXI SUS 15-1	Triamcinolone-Moxifloxacin HCl Intraocular Susp 15-1 MG/ML	OPHTHALMIC AGENTS	Non-Preferred	No	No	PA
VIROPTIC SOL 1% OP	Trifluridine Ophth Soln 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TRIFLURIDINE SOL 1% OP	Trifluridine Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	No	No	
TROPICAMIDE SOL 0.5% OP	Tropicamide Ophth Soln 0.5%	OPHTHALMIC AGENTS	Generic	No	No	
MYDRIACYL SOL 1% OP	Tropicamide Ophth Soln 1%	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TROPICAMIDE SOL 1% OP	Tropicamide Ophth Soln 1%	OPHTHALMIC AGENTS	Generic	No	No	
TROPICAMIDE POW	Tropicamide Powder	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TROPICAMIDE POW	Tropicamide Powder	OPHTHALMIC AGENTS	Non-Preferred	No	No	
TROP-CYC-PE DRO 1-1-2.5	Tropicamide-Cyclopentolate-Phenylephrine Ophth Soln 1-1-2.5%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
TROP-CYC-PE DRO 1-1-2.5	Tropicamide-Cyclopentolate-Phenylephrine Ophth Soln 1-1-2.5%	OPHTHALMIC AGENTS	Non-Preferred	Yes	No	PA
VISUDYNE INJ 15MG	Verteporfin For IV Soln 15 MG (2 MG/ML)	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LUXTURN A	SUS	Voretigene Neparvovec-rzyl Intraocular Susp	OPHTHALMIC AGENTS	Non-Preferred	No	Yes	
ACETIC ACID	SOL 2% OTIC	Acetic Acid Otic Soln 2%	OTIC AGENTS	Generic	No	No	
CETRAXAL	SOL 0.2%	Ciprofloxacin HCl Otic Soln 0.2% (Base Equivalent)	OTIC AGENTS	Non-Preferred	No	No	
CIPROFLOXACN	SOL 0.2%	Ciprofloxacin HCl Otic Soln 0.2% (Base Equivalent)	OTIC AGENTS	Generic	No	No	
OTIPRIO	SUS 60MG/ML	Ciprofloxacin Intratympanic Susp 6% (60 MG/ML)	OTIC AGENTS	Non-Preferred	No	No	PA
CIPRODEX	SUS 0.3-0.1%	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	OTIC AGENTS	Preferred	No	No	
OTOVEL	DRO	Ciprofloxacin-Fluocinolone Aceton (PF) Otic Soln 0.3-0.025%	OTIC AGENTS	Non-Preferred	No	No	PA
CIPRO HC	SUS OTIC	Ciprofloxacin-Hydrocortisone Otic Susp 0.2-1%	OTIC AGENTS	Non-Preferred	No	No	
DERMOTIC	OIL 0.01%	Fluocinolone Acetonide (Otic) Oil 0.01%	OTIC AGENTS	Non-Preferred	No	No	
FLUOCIN ACET	OIL 0.01%	Fluocinolone Acetonide (Otic) Oil 0.01%	OTIC AGENTS	Generic	No	No	
FLUOCIN ACET	OIL EAR0.01%	Fluocinolone Acetonide (Otic) Oil 0.01%	OTIC AGENTS	Generic	No	No	
HC/ACET ACID	SOL OTIC	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%	OTIC AGENTS	Generic	No	No	
COLY-MYCIN S	SUS OTIC	Neomycin-Colistin-HC-Thonzonium Otic Susp 3.3-3-10-0.5 MG/ML	OTIC AGENTS	Non-Preferred	No	No	
NEO/POLY/HC	SOL 1% OTIC	Neomycin-Polymyxin-HC Otic Soln 1%	OTIC AGENTS	Generic	No	No	
NEO/POLY/HC	SUS 1% OTIC	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%	OTIC AGENTS	Generic	No	No	
OFLOXACIN	DRO 0.3%OTIC	Ofloxacin Otic Soln 0.3%	OTIC AGENTS	Generic	No	No	
FLOXIN	SOL 0.3%	Ofloxacin Otic Soln 0.3%	OTIC AGENTS	Non-Preferred	No	No	PA
PRAMOTIC	DRO 1-0.1%	Pramoxine-Chloroxylonol Otic Liquid 1-0.1%	OTIC AGENTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CORTANE-B	DRO AQ OTIC	Pramoxine-HC-Chloroxylenol Aqueous Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Non-Preferred	No	No	
OTICIN HC	DRO	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Non-Preferred	No	No	
OTOMAX-HC	DRO	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Generic	No	No	
CORTIC-ND	DRO	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Generic	No	No	
CORTANE-B	DRO OTIC	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Non-Preferred	No	No	
CYOTIC	DRO	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Generic	No	No	
EXOTIC-HC	DRO OTIC	Pramoxine-HC-Chloroxylenol Otic Soln 10-10-1 MG/ML	OTIC AGENTS	Generic	No	No	
HEMABATE	INJ 250MCG	Carboprost Tromethamine IM Soln 250 MCG/ML	OXYTOCICS	Non-Preferred	No	No	
PREPIDIL	GEL 0.5MG/3G	Dinoprostone Cervical Gel 0.5 MG/3GM	OXYTOCICS	Non-Preferred	No	No	
CERVIDIL VAG	MIS 10MG INS	Dinoprostone Vaginal Inserts 10 MG	OXYTOCICS	Non-Preferred	No	No	
PROSTIN E2	SUP 20MG	Dinoprostone Vaginal Suppos 20 MG	OXYTOCICS	Non-Preferred	No	No	
METHYLERGON	INJ 0.2MG/ML	Methylergonovine Maleate Inj 0.2 MG/ML	OXYTOCICS	Generic	No	No	
METHYLERGON	TAB 0.2MG	Methylergonovine Maleate Tab 0.2 MG	OXYTOCICS	Generic	No	No	
METHERGINE	TAB 0.2MG	Methylergonovine Maleate Tab 0.2 MG	OXYTOCICS	Generic	No	No	
METHYLERGON	TAB 0.2MG	Methylergonovine Maleate Tab 0.2 MG	OXYTOCICS	Generic	No	No	
PITOCIN	INJ 10UNT/ML	Oxytocin Inj 10 Unit/ML	OXYTOCICS	Non-Preferred	No	No	
OXYTOCIN	INJ 10UNT/ML	Oxytocin Inj 10 Unit/ML	OXYTOCICS	Generic	No	No	
OXYTOCIN/D5W	INJ 10/1000	Oxytocin-Dextrose 5% IV Soln 10 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYTOCIN/D5W INJ 10/500ML	Oxytocin-Dextrose 5% IV Soln 10 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/D5W INJ 15/250ML	Oxytocin-Dextrose 5% IV Soln 15 Unit/250ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/D5W INJ 20/1000	Oxytocin-Dextrose 5% IV Soln 20 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/D5W INJ 20/500ML	Oxytocin-Dextrose 5% IV Soln 20 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/D5W INJ 30/1000	Oxytocin-Dextrose 5% IV Soln 30 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/D5W INJ 30/500ML	Oxytocin-Dextrose 5% IV Soln 30 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYT/D5W/LAC INJ 10/1000	Oxytocin-Dextrose-Lactated Ringers IV Soln 10 Unit/1000ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/DEX INJ LACT RIN	Oxytocin-Dextrose-Lactated Ringers IV Soln 10 Unit/500ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/DEX INJ LACT RIN	Oxytocin-Dextrose-Lactated Ringers IV Soln 20 Unit/1000ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/DEX INJ LACT RIN	Oxytocin-Dextrose-Lactated Ringers IV Soln 20 Unit/500ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYT/D5W/LAC INJ 30/1000	Oxytocin-Dextrose-Lactated Ringers IV Soln 30 Unit/1000ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYT/D5W/LAC INJ 30/500ML	Oxytocin-Dextrose-Lactated Ringers IV Soln 30 Unit/500ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYT/D5W/LAC INJ 40/1000	Oxytocin-Dextrose-Lactated Ringers IV Soln 40 Unit/1000ML-5%	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 10/1000	Oxytocin-Lactated Ringers IV Soln 10 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 10/500ML	Oxytocin-Lactated Ringers IV Soln 10 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 15/250ML	Oxytocin-Lactated Ringers IV Soln 15 Unit/250ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 20/1000	Oxytocin-Lactated Ringers IV Soln 20 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 20/500ML	Oxytocin-Lactated Ringers IV Soln 20 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYTOCIN/LAC INJ 30/1000	Oxytocin-Lactated Ringers IV Soln 30 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 30/500ML	Oxytocin-Lactated Ringers IV Soln 30 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 30/500ML	Oxytocin-Lactated Ringers IV Soln 30 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCIN/LAC INJ 40/1000	Oxytocin-Lactated Ringers IV Soln 40 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOIN/LAC INJ 40/500ML	Oxytocin-Lactated Ringers IV Soln 40 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 20/1000	Oxytocin-Sodium Chloride 0.45% IV Soln 20 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 10/1000	Oxytocin-Sodium Chloride 0.9% IV Soln 10 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 10/500ML	Oxytocin-Sodium Chloride 0.9% IV Soln 10 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 15/250ML	Oxytocin-Sodium Chloride 0.9% IV Soln 15 Unit/250ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 15/250ML	Oxytocin-Sodium Chloride 0.9% IV Soln 15 Unit/250ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL SOL 20/1000	Oxytocin-Sodium Chloride 0.9% IV Soln 20 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 20/500ML	Oxytocin-Sodium Chloride 0.9% IV Soln 20 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 30/1000	Oxytocin-Sodium Chloride 0.9% IV Soln 30 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 30/500ML	Oxytocin-Sodium Chloride 0.9% IV Soln 30 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 30/500ML	Oxytocin-Sodium Chloride 0.9% IV Soln 30 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 40/1000	Oxytocin-Sodium Chloride 0.9% IV Soln 40 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 40/500ML	Oxytocin-Sodium Chloride 0.9% IV Soln 40 Unit/500ML	OXYTOCICS	Non-Preferred	No	No	PA
OXYTOCN/NACL INJ 60/1000	Oxytocin-Sodium Chloride 0.9% IV Soln 60 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYTOCN/NACL INJ 80/1000		Oxytocin-Sodium Chloride 0.9% IV Soln 80 Unit/1000ML	OXYTOCICS	Non-Preferred	No	No	PA
ANTIVENIN	KIT LAT MACT	Antivenin Latrodectus Mactans Inj Kit	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
ANTIVENIN NA INJ CORAL SN		Antivenin Micrurus Fulvius For IV Soln	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
ZINPLAVA	SOL 25MG/ML	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	PA
ZINPLAVA	SOL 25MG/ML	Bezlotoxumab IV Soln 1000 MG/40ML (25 MG/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	PA
ANASCORP	INJ	Centruroides (Scorpion) Imm F(ab')2 (Equine) For IV Infusion	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
CROFAB	INJ	Crotalidae Polyvalent Immune Fab (Ovine) For IV Infusion	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
CYTOGAM	INJ	Cytomegalovirus Immune Globulin (Human) IV Inj	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HYPERHEP B	INJ S/D	Hepatitis B Immune Globulin (Human) IM Inj Soln	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
NABI-HB	INJ	Hepatitis B Immune Globulin (Human) IM Inj Soln	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HEPAGAM B	INJ	Hepatitis B Immune Globulin (Human) Inj Soln	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HYQVIA	INJ 10-800	Immun Glob Inj 10 GM/100ML-Hyaluron Inj 800 Unt/5 ML Kit	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
HYQVIA	INJ 2.5-200	Immun Glob Inj 2.5 GM/25ML-Hyaluron Inj 200 Unt/1.25 ML Kit	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
HYQVIA	INJ 20-1600	Immun Glob Inj 20 GM/200ML-Hyaluron Inj 1600 Unt/10 ML Kit	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
HYQVIA	INJ 30-2400	Immun Glob Inj 30 GM/300ML-Hyaluron Inj 2400 Unt/15 ML Kit	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
HYQVIA	INJ 5-400	Immun Glob Inj 5 GM/50ML-Hyaluron Inj 400 Unt/2.5 ML Kit	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
GAMASTAN	INJ	Immune Globulin (Human) IM Inj	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	
GAMASTAN S/D INJ		Immune Globulin (Human) IM Inj	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GAMMAGARD SD INJ 10GM HU	Immune Globulin (Human) IV For Soln 10 GM	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
CARIMUNE NF INJ 12GM	Immune Globulin (Human) IV For Soln 12 GM	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD SD INJ 5GM HU	Immune Globulin (Human) IV For Soln 5 GM	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
CARIMUNE NF INJ 6GM	Immune Globulin (Human) IV For Soln 6 GM	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD INJ 1GM/10ML	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMUNEX-C INJ 1GM/10ML	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAKED INJ 1GM/10ML	Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAKED INJ 10GM/100	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMUNEX-C INJ 10GM/100	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD INJ 10GM/100	Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD INJ 2.5GM/25	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAKED INJ 2.5GM/25	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMUNEX-C INJ 2.5GM/25	Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAKED INJ 20GM/200	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD INJ 20GM/200	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMUNEX-C INJ 20GM/200	Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD INJ 30GM/300	Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMUNEX-C INJ 40/400ML	Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GAMMAKED	INJ 5GM/50ML	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAGARD	INJ 5GM/50ML	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMUNEX-C	INJ 5GM/50ML	Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ DIF 5%	Immune Globulin (Human) IV Soln 0.5 GM/10ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 1GM	Immune Globulin (Human) IV Soln 1 GM/20ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ 10/100ML	Immune Globulin (Human) IV Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
BIVIGAM	INJ 10%	Immune Globulin (Human) IV Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAPLEX	INJ 10%	Immune Globulin (Human) IV Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 10/100ML	Immune Globulin (Human) IV Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
PRIVIGEN	INJ 10GRAMS	Immune Globulin (Human) IV Soln 10 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 10GM	Immune Globulin (Human) IV Soln 10 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ 10/200ML	Immune Globulin (Human) IV Soln 10 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAPLEX	INJ 5%	Immune Globulin (Human) IV Soln 10 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 2GM/20ML	Immune Globulin (Human) IV Soln 2 GM/20ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 2.5GM	Immune Globulin (Human) IV Soln 2.5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ DIF 5%	Immune Globulin (Human) IV Soln 2.5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
PRIVIGEN	INJ 20GRAMS	Immune Globulin (Human) IV Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 20/200ML	Immune Globulin (Human) IV Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GAMMAPLEX	INJ 10%	Immune Globulin (Human) IV Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ 20/200ML	Immune Globulin (Human) IV Soln 20 GM/200ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAPLEX	INJ 5%	Immune Globulin (Human) IV Soln 20 GM/400ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ 20/400ML	Immune Globulin (Human) IV Soln 20 GM/400ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 25GM	Immune Globulin (Human) IV Soln 25 GM/500ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
PRIVIGEN	INJ 40GRAMS	Immune Globulin (Human) IV Soln 40 GM/400ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 5GM	Immune Globulin (Human) IV Soln 5 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ DIF 5%	Immune Globulin (Human) IV Soln 5 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAPLEX	INJ 5%	Immune Globulin (Human) IV Soln 5 GM/100ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
PRIVIGEN	INJ 5 GRAMS	Immune Globulin (Human) IV Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
BIVIGAM	INJ 10%	Immune Globulin (Human) IV Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
GAMMAPLEX	INJ 10%	Immune Globulin (Human) IV Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
FLEBOGAMMA	INJ 5GM/50ML	Immune Globulin (Human) IV Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
OCTAGAM	INJ 5GM/50ML	Immune Globulin (Human) IV Soln 5 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
CUVITRU	SOL 1GM/5ML	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
HIZENTRA	INJ 1GM/5ML	Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HIZENTRA	INJ 10/50ML	Immune Globulin (Human) Subcutaneous Inj 10 GM/50ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
CUVITRU	INJ 2GM/10ML	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HIZENTRA	INJ 2GM/10ML	Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
CUVITRU	INJ 4GM/20ML	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
HIZENTRA	INJ 4GM/20ML	Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
CUVITRU	INJ 8GM/40ML	Immune Globulin (Human) Subcutaneous Inj 8 GM/40ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	PA
SYNAGIS	INJ 100MG/ML	Palivizumab IM Soln 100 MG/ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
SYNAGIS	INJ 50MG	Palivizumab IM Soln 50 MG/0.5ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
KEDRAB	SOL 150UNITS	Rabies Immune Globulin (Human) Inj 1500 Unt/10ML(150 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
HYPERRAB S/D INJ 150/ML		Rabies Immune Globulin (Human) Inj 1500 Unt/10ML(150 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
IMOGAM RABIE INJ 150/ML		Rabies Immune Globulin (Human) Inj 1500 Unt/10ML(150 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
HYPERRAB	INJ 1500UNIT	Rabies Immune Globulin (Human) Inj 1500 Unt/5ML (300 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
HYPERRAB S/D INJ 300/2ML		Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
KEDRAB	SOL 300/2ML	Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
IMOGAM RABIE INJ 300/2ML		Rabies Immune Globulin (Human) Inj 300 Unit/2ML (150 Unt/ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
HYPERRAB	INJ 300UNIT	Rabies Immune Globulin (Human) Inj 300 Unit/ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
WINRHO SDF	INJ 1500UNIT	Rho D Immune Globulin (Human) Inj 1500 Unit/1.3ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
WINRHO SDF	INJ 15000UNT	Rho D Immune Globulin (Human) Inj 15000 Unit/13ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
WINRHO SDF	INJ 2500UNIT	Rho D Immune Globulin (Human) Inj 2500 Unit/2.2ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
WINRHO SDF	INJ 5000UNIT	Rho D Immune Globulin (Human) Inj 5000 Unit/4.4ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
HYPERRHO S/D INJ 300MCG	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	
RHOGAM PLUS INJ 300MCG	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HYPERRHO S/D INJ 300MCG	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	
HYPERRHO S/D INJ 300MCG	Rho D Immune Globulin IM Soln Pref Syr 1500 Unit (300MCG)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
MICRHOGAM PL INJ 50MCG	Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HYPERRHO S/D INJ 50MCG	Rho D Immune Globulin IM Soln Pref Syr 250 Unit (50 MCG)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
RHOPHYLAC INJ 1500/2ML	Rho D Immune Globulin Sol Pref Syr 1500 Unt/2ML (300MCG/2ML)	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
HYPERTET S/D INJ 250/ML	Tetanus Immune Globulin (Human) Inj 250 Unit/ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	No	
VARIZIG INJ 125UNIT	Varicella-Zoster Immune Glob (Human) IM Inj 125 Unit/1.2ML	PASSIVE IMMUNIZING AND TREATMENT AGENTS	Non-Preferred	No	Yes	*Various UM Required
AMOX/K CLAV CHW 200MG	Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG	PENICILLINS	Generic	No	No	
AMOX/K CLAV CHW 400MG	Amoxicillin & K Clavulanate Chew Tab 400-57 MG	PENICILLINS	Generic	No	No	
AUGMENTIN SUS 125/5ML	Amoxicillin & K Clavulanate For Susp 125-31.25 MG/5ML	PENICILLINS	Preferred	No	No	
AMOX/K CLAV SUS 200/5ML	Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML	PENICILLINS	Generic	No	No	
AUGMENTIN SUS 250/5ML	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	PENICILLINS	Non-Preferred	No	No	
AMOX/K CLAV SUS 250/5ML	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	PENICILLINS	Generic	No	No	
AMOX/K CLAV SUS 400/5ML	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML	PENICILLINS	Generic	No	No	
AMOX/K CLAV SUS 600/5ML	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	PENICILLINS	Generic	No	No	
AUGMENTIN SUS ES-600	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML	PENICILLINS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMOX/K CLAV TAB 250-125	Amoxicillin & K Clavulanate Tab 250-125 MG	PENICILLINS	Generic	No	No	
AMOX/K CLAV TAB 500-125	Amoxicillin & K Clavulanate Tab 500-125 MG	PENICILLINS	Generic	No	No	
AUGMENTIN TAB 500MG	Amoxicillin & K Clavulanate Tab 500-125 MG	PENICILLINS	Non-Preferred	No	No	
AMOX/K CLAV TAB 875-125	Amoxicillin & K Clavulanate Tab 875-125 MG	PENICILLINS	Generic	No	No	
AUGMENTIN TAB 875MG	Amoxicillin & K Clavulanate Tab 875-125 MG	PENICILLINS	Non-Preferred	No	No	
AUGMENTIN XR TAB 12HR	Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG	PENICILLINS	Non-Preferred	No	No	
AMOX-POT CLA TAB ER	Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG	PENICILLINS	Generic	No	No	
AMOXICILLIN CAP 250MG	Amoxicillin (Trihydrate) Cap 250 MG	PENICILLINS	Generic	No	No	
AMOXICILLIN CAP 500MG	Amoxicillin (Trihydrate) Cap 500 MG	PENICILLINS	Generic	No	No	
AMOXICILLIN CHW 125MG	Amoxicillin (Trihydrate) Chew Tab 125 MG	PENICILLINS	Generic	No	No	
AMOXICILLIN CHW 250MG	Amoxicillin (Trihydrate) Chew Tab 250 MG	PENICILLINS	Generic	No	No	
AMOXICILLIN SUS 125/5ML	Amoxicillin (Trihydrate) For Susp 125 MG/5ML	PENICILLINS	Generic	No	No	
AMOXICILLIN SUS 200/5ML	Amoxicillin (Trihydrate) For Susp 200 MG/5ML	PENICILLINS	Generic	No	No	
AMOXICILLIN SUS 250MG/5M	Amoxicillin (Trihydrate) For Susp 250 MG/5ML	PENICILLINS	Generic	No	No	
AMOXICILLIN SUS 250/5ML	Amoxicillin (Trihydrate) For Susp 250 MG/5ML	PENICILLINS	Generic	No	No	
AMOXICILLIN SUS 400/5ML	Amoxicillin (Trihydrate) For Susp 400 MG/5ML	PENICILLINS	Generic	No	No	
AMOXICILLIN POW TRIHYDRA	Amoxicillin (Trihydrate) Powder	PENICILLINS	Non-Preferred	No	No	
AMOXICILLIN TAB 500MG	Amoxicillin (Trihydrate) Tab 500 MG	PENICILLINS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMOXICILLIN TAB 875MG	Amoxicillin (Trihydrate) Tab 875 MG	PENICILLINS	Generic	No	No	
AMOXICILLIN TAB 875MG	Amoxicillin (Trihydrate) Tab 875 MG	PENICILLINS	Generic	No	No	
MOXATAG TAB 775MG	Amoxicillin (Trihydrate) Tab ER 24HR 775 MG	PENICILLINS	Non-Preferred	No	No	
UNASYN INJ 1.5GM	Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM	PENICILLINS	Non-Preferred	No	No	
AMP-SULBACTA INJ 1.5GM	Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 1-0.5GM	Ampicillin & Sulbactam Sodium For Inj 1.5 (1-0.5) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 15GM	Ampicillin & Sulbactam Sodium For Inj 15 (10-5) GM	PENICILLINS	Generic	No	No	
UNASYN INJ 15GM	Ampicillin & Sulbactam Sodium For Inj 15 (10-5) GM	PENICILLINS	Non-Preferred	No	No	
AMP-SULBACTA INJ 10-5GM	Ampicillin & Sulbactam Sodium For Inj 15 (10-5) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 2-1GM	Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	PENICILLINS	Generic	No	No	
UNASYN INJ 3GM	Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	PENICILLINS	Non-Preferred	No	No	
AMP-SULBACTA INJ 3GM	Ampicillin & Sulbactam Sodium For Inj 3 (2-1) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 1.5GM	Ampicillin & Sulbactam Sodium For IV Soln 1.5 (1-0.5) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 10-5GM	Ampicillin & Sulbactam Sodium For IV Soln 15 (10-5) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 15GM	Ampicillin & Sulbactam Sodium For IV Soln 15 (10-5) GM	PENICILLINS	Generic	No	No	
AMP-SULBACTA INJ 3GM	Ampicillin & Sulbactam Sodium For IV Soln 3 (2-1) GM	PENICILLINS	Generic	No	No	
AMPICILLIN CAP 500MG	Ampicillin Cap 500 MG	PENICILLINS	Generic	No	No	
AMPICILLIN INJ 1GM	Ampicillin Sodium For Inj 1 GM	PENICILLINS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AMPICILLIN	INJ 1GM	Ampicillin Sodium For Inj 1 GM	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 10GM	Ampicillin Sodium For Inj 10 GM	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 125MG	Ampicillin Sodium For Inj 125 MG	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 2GM	Ampicillin Sodium For Inj 2 GM	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 250MG	Ampicillin Sodium For Inj 250 MG	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 250MG	Ampicillin Sodium For Inj 250 MG	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 500MG	Ampicillin Sodium For Inj 500 MG	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 500MG	Ampicillin Sodium For Inj 500 MG	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 1GM	Ampicillin Sodium For IV Soln 1 GM	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 10GM	Ampicillin Sodium For IV Soln 10 GM	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 2GM	Ampicillin Sodium For IV Soln 2 GM	PENICILLINS	Generic	No	No	
AMPICILLIN	INJ 2GM	Ampicillin Sodium For IV Soln 2 GM	PENICILLINS	Generic	No	No	
DICLOXACILL	CAP 250MG	Dicloxacillin Sodium Cap 250 MG	PENICILLINS	Generic	No	No	
DICLOXACILL	CAP 500MG	Dicloxacillin Sodium Cap 500 MG	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 1GM	Nafcillin Sodium For Inj 1 GM	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 1GM	Nafcillin Sodium For Inj 1 GM	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 10GM	Nafcillin Sodium For Inj 10 GM	PENICILLINS	Non-Preferred	No	No	
NAFCILLIN	INJ 2GM	Nafcillin Sodium For Inj 2 GM	PENICILLINS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NAFCILLIN	INJ 2GM	Nafcillin Sodium For Inj 2 GM	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 1GM	Nafcillin Sodium For IV Soln 1 GM	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 10GM	Nafcillin Sodium For IV Soln 10 GM	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 2GM	Nafcillin Sodium For IV Soln 2 GM	PENICILLINS	Generic	No	No	
NAFCILLIN	INJ 1GM/50ML	Nafcillin Sodium in Dextrose Inj 1 GM/50ML	PENICILLINS	Non-Preferred	No	No	
NAFCILLIN	INJ 2GM/100	Nafcillin Sodium in Dextrose Inj 2 GM/100ML	PENICILLINS	Non-Preferred	No	No	
OXACILLIN	INJ 1GM	Oxacillin Sodium For Inj 1 GM (Base Equivalent)	PENICILLINS	Generic	No	No	
OXACILLIN	INJ 10GM	Oxacillin Sodium For Inj 10 GM (Base Equivalent)	PENICILLINS	Generic	No	No	
OXACILLIN	INJ 2GM	Oxacillin Sodium For Inj 2 GM (Base Equivalent)	PENICILLINS	Generic	No	No	
BACTOCILL	INJ DEX 1GM	Oxacillin Sodium in Dextrose Inj 1 GM/50ML	PENICILLINS	Non-Preferred	No	No	
BACTOCILL	INJ DEX 2GM	Oxacillin Sodium in Dextrose Inj 2 GM/50ML	PENICILLINS	Non-Preferred	No	No	
BICILLIN C-R	INJ 900/300	Penicillin G Benzathine & Procaine Inj 900000-300000 Unt/2ML	PENICILLINS	Non-Preferred	No	No	
BICILLIN C-R	INJ 1200000	Penicillin G Benzathine & Procaine Inj Susp 1200000 Unit/2ML	PENICILLINS	Non-Preferred	No	No	
BICILLIN L-A	INJ 1200000	Penicillin G Benzathine Intramuscular Susp 1200000 Unit/2ML	PENICILLINS	Non-Preferred	No	No	
BICILLIN L-A	INJ 2400000	Penicillin G Benzathine Intramuscular Susp 2400000 Unit/4ML	PENICILLINS	Non-Preferred	No	No	
BICILLIN L-A	INJ 600000	Penicillin G Benzathine Intramuscular Susp 600000 Unit/ML	PENICILLINS	Non-Preferred	No	No	
PFIZERPEN	INJ 20MU	Penicillin G Potassium For Inj 20000000 Unit	PENICILLINS	Generic	No	No	
PENICILLN GK	INJ 20MU	Penicillin G Potassium For Inj 20000000 Unit	PENICILLINS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PENICILLN GK INJ 5MU	Penicillin G Potassium For Inj 5000000 Unit	PENICILLINS	Generic	No	No	
PFIZERPEN INJ 5MU	Penicillin G Potassium For Inj 5000000 Unit	PENICILLINS	Generic	No	No	
PENICILL GK/ INJ DEX 1MU	Penicillin G Potassium Inj 20000 Unit/ML in Dextrose	PENICILLINS	Non-Preferred	No	No	
PENICILL GK/ INJ DEX 2MU	Penicillin G Potassium Inj 40000 Unit/ML in Dextrose	PENICILLINS	Non-Preferred	No	No	
PENICILL GK/ INJ DEX 3MU	Penicillin G Potassium Inj 60000 Unit/ML in Dextrose	PENICILLINS	Non-Preferred	No	No	
PEN G PROC INJ 600000	Penicillin G Procaine Intramuscular Susp 600000 Unit/ML	PENICILLINS	Non-Preferred	No	No	
PEN G SOD INJ 5000000	Penicillin G Sodium For Inj 5000000 Unit	PENICILLINS	Generic	No	No	
PENICILLN VK SOL 125/5ML	Penicillin V Potassium For Soln 125 MG/5ML	PENICILLINS	Generic	No	No	
PENICILLN VK SOL 250/5ML	Penicillin V Potassium For Soln 250 MG/5ML	PENICILLINS	Generic	No	No	
PENICILLN VK TAB 250MG	Penicillin V Potassium Tab 250 MG	PENICILLINS	Generic	No	No	
PENICILLN VK TAB 500MG	Penicillin V Potassium Tab 500 MG	PENICILLINS	Generic	No	No	
ZOSYN INJ 3-0.375G	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	PENICILLINS	Non-Preferred	No	No	
PIPER/TAZOBA INJ 3-0.375G	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	PENICILLINS	Generic	No	No	
PIPER/TAZOBA INJ 3-0.375G	Piperacillin Sod-Tazobactam Na For Inj 3.375 GM (3-0.375 GM)	PENICILLINS	Generic	No	No	
PIPER/TAZOBA INJ 12-1.5GM	Piperacillin Sod-Tazobactam Sod For Inj 13.5 GM (12-1.5 GM)	PENICILLINS	Non-Preferred	No	No	PA
PIPER/TAZOBA INJ 2-0.25GM	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)	PENICILLINS	Generic	No	No	
ZOSYN INJ 2-0.25GM	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)	PENICILLINS	Non-Preferred	No	No	
PIPER/TAZOBA INJ 2-0.25GM	Piperacillin Sod-Tazobactam Sod For Inj 2.25 GM (2-0.25 GM)	PENICILLINS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ZOSYN	INJ 4-0.5GM	Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	PENICILLINS	Non-Preferred	No	No	
PIPER/TAZOBA INJ 4-0.5GM		Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	PENICILLINS	Generic	No	No	
PIPER/TAZOBA INJ 4-0.5GM		Piperacillin Sod-Tazobactam Sod For Inj 4.5 GM (4-0.5 GM)	PENICILLINS	Generic	No	No	
PIPER/TAZOBA INJ 36-4.5GM		Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)	PENICILLINS	Generic	No	No	
ZOSYN	INJ 36-4.5GM	Piperacillin Sod-Tazobactam Sod For Inj 40.5 GM (36-4.5 GM)	PENICILLINS	Non-Preferred	No	No	
ZOSYN	SOL 3-0.375G	Piperacillin Sod-Tazobactam Sod in Dex IV Sol 3-0.375GM/50ML	PENICILLINS	Non-Preferred	No	No	
ZOSYN	SOL 2-0.25GM	Piperacillin Sod-Tazobactam Sod in Dex IV Soln 2-0.25GM/50ML	PENICILLINS	Non-Preferred	No	No	
ZOSYN	SOL 4-0.50GM	Piperacillin Sod-Tazobactam Sod in Dex IV Soln 4-0.5GM/100ML	PENICILLINS	Non-Preferred	No	No	
PROGESTERONE CRE 10% KIT		*Progesterone Micronized TD Cream 10% (Cmpd Kit)*	PROGESTINS	Non-Preferred	No	No	
EC-RX PROGES CRE 10%		*Progesterone Micronized TD Cream 10% (Cmpd Kit)*	PROGESTINS	Non-Preferred	No	No	PA
EC-RX PROGES CRE 20%		*Progesterone Micronized TD Cream 20% (Cmpd Kit)*	PROGESTINS	Non-Preferred	No	No	PA
PROGESTERONE CRE		*Progesterone Micronized TD Cream 20% (Cmpd Kit)*	PROGESTINS	Non-Preferred	No	No	PA
HYDROXYPROG INJ 250MG/ML		Hydroxyprogesterone Caproate IM in Oil 250 MG/ML	PROGESTINS	Generic	No	Yes	
HYDROXYPROG INJ 250MG/ML		Hydroxyprogesterone Caproate IM in Oil 250 MG/ML	PROGESTINS	Generic	No	Yes	
MAKENA	INJ 250MG/ML	Hydroxyprogesterone Caproate IM in Oil 250 MG/ML	PROGESTINS	Non-Preferred	No	Yes	*Various UM Required
MAKENA	INJ 275MG	Hydroxyprogesterone Caproate Soln Auto-Injector 275 MG/1.1ML	PROGESTINS	Non-Preferred	No	Yes	*Various UM Required
MEDROXYPR AC TAB 10MG		Medroxyprogesterone Acetate Tab 10 MG	PROGESTINS	Generic	No	No	
PROVERA	TAB 10MG	Medroxyprogesterone Acetate Tab 10 MG	PROGESTINS	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MEDROXYPR AC TAB 2.5MG	Medroxyprogesterone Acetate Tab 2.5 MG	PROGESTINS	Generic	No	No	
PROVERA TAB 2.5MG	Medroxyprogesterone Acetate Tab 2.5 MG	PROGESTINS	Non-Preferred	No	No	
MEDROXYPR AC TAB 2.5MG	Medroxyprogesterone Acetate Tab 2.5 MG	PROGESTINS	Generic	No	No	
PROVERA TAB 5MG	Medroxyprogesterone Acetate Tab 5 MG	PROGESTINS	Non-Preferred	No	No	
MEDROXYPR AC TAB 5MG	Medroxyprogesterone Acetate Tab 5 MG	PROGESTINS	Generic	No	No	
MEGACE ES SUS 625/5ML	Megestrol Acetate Susp 625 MG/5ML	PROGESTINS	Non-Preferred	No	No	
MEGESTROL SUS 625MG/5M	Megestrol Acetate Susp 625 MG/5ML	PROGESTINS	Generic	No	No	
NORETHINDRON POW ACETATE	Norethindrone Acetate Powder	PROGESTINS	Non-Preferred	No	No	
NORETHIN ACE TAB 5MG	Norethindrone Acetate Tab 5 MG	PROGESTINS	Generic	No	No	
AYGESTIN TAB 5MG	Norethindrone Acetate Tab 5 MG	PROGESTINS	Non-Preferred	No	No	
PROGESTERONE INJ 50MG/ML	Progesterone IM in Oil 50 MG/ML	PROGESTINS	Generic	No	No	
PROMETRIUM CAP 100MG	Progesterone Micronized Cap 100 MG	PROGESTINS	Non-Preferred	No	No	
PROGESTERONE CAP 100MG	Progesterone Micronized Cap 100 MG	PROGESTINS	Generic	No	No	
PROMETRIUM CAP 200MG	Progesterone Micronized Cap 200 MG	PROGESTINS	Non-Preferred	No	No	
PROGESTERONE CAP 200MG	Progesterone Micronized Cap 200 MG	PROGESTINS	Generic	No	No	
ACTIVE-PAC/ MIS GABA 300	*Gabapentin Oral Cap 300 MG & Lidocaine-Menthol Gel Ther Pk*	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
CONVENIENCE PAK	*Gabapentin Tab 600 MG & Lidocaine Oint 5% Therapy Pack***	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA
ACAMPRO CAL TAB 333MG	Acamprosate Calcium Tab Delayed Release 333 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEMTRADA	INJ 12/1.2ML	Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
ZYBAN	TAB 150MG SR	Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
BUPROPION	TAB 150MG	Bupropion HCl (Smoking Deterrent) Tab ER 12HR 150 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CDP/AMITRIP	TAB 10-25MG	Chlordiazepoxide-Amitriptyline Tab 10-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
CDP/AMITRIP	TAB 5-12.5MG	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
DALFAMPRIDIN	TAB 10MG ER	Dalfampridine Tab ER 12HR 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	Yes	
AMPYRA	TAB 10MG	Dalfampridine Tab ER 12HR 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AUSTEDO	TAB 12MG	Deutetrabenazine Tab 12 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
AUSTEDO	TAB 6MG	Deutetrabenazine Tab 6 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
AUSTEDO	TAB 9MG	Deutetrabenazine Tab 9 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
NUEDEXTA	CAP 20-10MG	Dextromethorphan HBr-Quinidine Sulfate Cap 20-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
TECFIDERA	CAP 120MG	Dimethyl Fumarate Capsule Delayed Release 120 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
TECFIDERA	CAP 240MG	Dimethyl Fumarate Capsule Delayed Release 240 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
TECFIDERA	MIS STARTER	Dimethyl Fumarate Capsule DR Starter Pack 120 MG & 240 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
DISULFIRAM	TAB 250MG	Disulfiram Tab 250 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
ANTABUSE	TAB 250MG	Disulfiram Tab 250 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
ANTABUSE	TAB 500MG	Disulfiram Tab 500 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
DISULFIRAM	TAB 500MG	Disulfiram Tab 500 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DONEPEZIL	TAB 10MG ODT	Donepezil Hydrochloride Orally Disintegrating Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
DONEPEZIL	TAB ODT 10MG	Donepezil Hydrochloride Orally Disintegrating Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
DONEPEZIL	TAB 5MG ODT	Donepezil Hydrochloride Orally Disintegrating Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
DONEPEZIL	TAB ODT 5MG	Donepezil Hydrochloride Orally Disintegrating Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
DONEPEZIL	TAB 10MG	Donepezil Hydrochloride Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
ARICEPT	TAB 10MG	Donepezil Hydrochloride Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
DONEPEZIL	TAB HCL 23MG	Donepezil Hydrochloride Tab 23 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
ARICEPT	TAB 23MG	Donepezil Hydrochloride Tab 23 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
ARICEPT	TAB 5MG	Donepezil Hydrochloride Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
DONEPEZIL	TAB 5MG	Donepezil Hydrochloride Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
ERGOLOID MES	TAB 1MG ORAL	Ergoloid Mesylates Tab 1 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
GILENYA	CAP 0.5MG	Fingolimod HCl Cap 0.5 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ADDYI	TAB 100MG	Flibanserin Tab 100 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA
FLUOXETINE	CAP 10MG	Fluoxetine HCl (PMDD) Cap 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
FLUOXETINE	CAP 20MG	Fluoxetine HCl (PMDD) Cap 20 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
FLUOXETINE	TAB 10MG	Fluoxetine HCl (PMDD) Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
SARAFEM	TAB 10MG	Fluoxetine HCl (PMDD) Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
FLUOXETINE	TAB 20MG	Fluoxetine HCl (PMDD) Tab 20 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SARAFEM	TAB 20MG	Fluoxetine HCl (PMDD) Tab 20 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
GRALISE	TAB 300MG	Gabapentin (Once-Daily) Tab 300 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
GRALISE	TAB 600MG	Gabapentin (Once-Daily) Tab 600 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
GRALISE STAR MIS 300/600		Gabapentin (Once-Daily) Tab Pack 300 MG (9) & 600 MG (69)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
HORIZANT	TAB 300MG ER	Gabapentin Enacarbil Tab ER 300 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
HORIZANT	TAB 600MG ER	Gabapentin Enacarbil Tab ER 600 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
GALANTAMINE CAP 16MG ER		Galantamine Hydrobromide Cap ER 24HR 16 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RAZADYNE ER CAP 16MG		Galantamine Hydrobromide Cap ER 24HR 16 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
RAZADYNE ER CAP 24MG		Galantamine Hydrobromide Cap ER 24HR 24 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
GALANTAMINE CAP 24MG ER		Galantamine Hydrobromide Cap ER 24HR 24 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RAZADYNE ER CAP 8MG		Galantamine Hydrobromide Cap ER 24HR 8 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
GALANTAMINE CAP 8MG ER		Galantamine Hydrobromide Cap ER 24HR 8 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
GALANTAMINE SOL 4MG/ML		Galantamine Hydrobromide Oral Soln 4 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
GALANTAMINE TAB 12MG		Galantamine Hydrobromide Tab 12 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RAZADYNE TAB 12MG		Galantamine Hydrobromide Tab 12 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
GALANTAMINE TAB 4MG		Galantamine Hydrobromide Tab 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RAZADYNE TAB 4MG		Galantamine Hydrobromide Tab 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
RAZADYNE TAB 8MG		Galantamine Hydrobromide Tab 8 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	

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GALANTAMINE TAB 8MG		Galantamine Hydrobromide Tab 8 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
COPAXONE	INJ 20MG/ML	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GLATOPA	INJ 20MG/ML	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	Yes	*Various UM Required
GLATOPA	INJ 20MG/ML	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	Yes	
GLATIRAMER	INJ 20MG/ML	Glatiramer Acetate Soln Prefilled Syringe 20 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	Yes	
GLATOPA	INJ 40MG/ML	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	Yes	
GLATIRAMER	INJ 40MG/ML	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	Yes	
COPAXONE	INJ 40MG/ML	Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
REBIF REBIDO INJ TITRATN		Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
AVONEX	KIT 30MCG	Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AVONEX PEN	KIT 30MCG	Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
AVONEX PREFL KIT 30MCG		Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
REBIF TITRTN INJ PACK		Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
REBIF REBIDO INJ 22/0.5		Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
REBIF REBIDO INJ 22/0.5		Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML (12MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	
REBIF REBIDO INJ 44/0.5		Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	
REBIF REBIDO INJ 44/0.5		Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML (24MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
REBIF	INJ 22/0.5	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
REBIF	INJ 22/0.5	Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML (12MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
REBIF	INJ 44/0.5	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	
REBIF	INJ 44/0.5	Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML (24MU/ML)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
BETASERON	INJ 0.3MG	Interferon Beta-1b For Inj Kit 0.3 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
EXTAVIA	INJ 0.3MG	Interferon Beta-1b For Inj Kit 0.3 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
LUCEMYRA	TAB 0.18MG	Lofexidine HCl Tab 0.18 MG (Base Equivalent)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA
NAMENDA XR	CAP 14MG	Memantine HCl Cap ER 24HR 14 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
MEMANTINE HC	CAP 14MG ER	Memantine HCl Cap ER 24HR 14 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
MEMANTINE HC	CAP 21MG ER	Memantine HCl Cap ER 24HR 21 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
NAMENDA XR	CAP 21MG	Memantine HCl Cap ER 24HR 21 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
NAMENDA XR	CAP 28MG	Memantine HCl Cap ER 24HR 28 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
MEMANTINE HC	CAP 28MG ER	Memantine HCl Cap ER 24HR 28 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
MEMANTINE HC	CAP 7MG ER	Memantine HCl Cap ER 24HR 7 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
NAMENDA XR	CAP 7MG	Memantine HCl Cap ER 24HR 7 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
NAMENDA XR	CAP TITRATIO	Memantine HCl Cap ER 24HR 7 MG & 14 MG & 21 MG & 28 MG Pack	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
MEMANTINE	SOL 2MG/ML	Memantine HCl Oral Solution 2 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
MEMANTINE HC	SOL 2MG/ML	Memantine HCl Oral Solution 2 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
NAMENDA	TAB 10MG	Memantine HCl Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MEMANTINE	TAB HCL 10MG	Memantine HCl Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
MEMANTINE	TAB HCL 10MG	Memantine HCl Tab 10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
MEMANTINE	TAB HCL 5MG	Memantine HCl Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
MEMANTINE	TAB HCL 5MG	Memantine HCl Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
NAMENDA	TAB 5MG	Memantine HCl Tab 5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
MEMANT TITRA PAK 5-10MG		Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
NAMENDA	TAB 5-10MG	Memantine HCl Tab 5 MG (28) & 10 MG (21) Titration Pak	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
NAMZARIC	CAP 14-10MG	Memantine HCl-Donepezil HCl Cap ER 24HR 14-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
NAMZARIC	CAP 21-10MG	Memantine HCl-Donepezil HCl Cap ER 24HR 21-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
NAMZARIC	CAP 28-10MG	Memantine HCl-Donepezil HCl Cap ER 24HR 28-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
NAMZARIC	CAP 7-10MG	Memantine HCl-Donepezil HCl Cap ER 24HR 7-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
NAMZARIC	CAP	Memantine-Donepezil Cap ER 24HR 7 & 14 & 21 & 28-10 MG Pack	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	
SAVELLA	TAB 100MG	Milnacipran HCl Tab 100 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
SAVELLA	TAB 12.5MG	Milnacipran HCl Tab 12.5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
SAVELLA	MIS TITR PAK	Milnacipran HCl Tab 12.5 MG (5) & 25 MG (8) & 50 MG (42) Pak	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	No	PA
SAVELLA	TAB 25MG	Milnacipran HCl Tab 25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
SAVELLA	TAB 50MG	Milnacipran HCl Tab 50 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
TYSABRI	INJ 300/15ML	Natalizumab for IV Inj Conc 300 MG/15ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NICOTROL	INH	Nicotine Inhaler System 10 MG (4 MG Delivered)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTROL NS	SPR 10MG/ML	Nicotine Nasal Spray 10 MG/ML (0.5 MG/SPRAY)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE	GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORELIEF	GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORELIEF	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
KLS QUIT2	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE	GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE	GUM 2MG CINN	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE	GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQL NICOTINE	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE	GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE	GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE	GUM 2MG CINN	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE ST	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE ST	GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NICOTINE	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MG REF		Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE	GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MG MINT		Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE	GUM 2MG CINN	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE	GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE	GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE	GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SR NICOTINE	GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE	GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
STOP SMOKING GUM 2MG MINT		Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
STOP SMOKING GUM 2MG ORIG		Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE	GUM 2MG CINN	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SW NICOTINE GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
THRIVE GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MG CINN	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MG STRT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MG ORIG	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE GUM 2MG MINT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 2MGFRUIT	Nicotine Polacrilex Gum 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE GUM 4MG STRT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE GUM 4MGFRUIT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQL NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE GUM 4MG REF	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NICORETTE ST GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE GUM 4MG CINN	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
QC NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE GUM 4MGFRUIT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE GUM 4MG CINN	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SW NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORELIEF GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORELIEF GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
KLS QUIT4 GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE GUM 4MG CINN	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RA NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE GUM 4MG FRUT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
STOP SMOKING GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MG STRT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MG REF	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MGFRUIT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MG MINT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MG CINN	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE GUM 4MG ORIG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE GUM 4MGFRUIT	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE GUM 4MG	Nicotine Polacrilex Gum 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
KLS QUIT2 LOZ 2MG	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE LOZ MINI 2MG	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE LOZ 2MG CHRY	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE LOZ 2MG CHRY	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL LOZ 2MG CINN	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL LOZ 2MG CHRY	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SW NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE LOZ 2MG CHRY	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE LOZ 2MG ORIG	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
STOP SMOKING LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQL NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CVS NICOTINE LOZ 2MG	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE LOZ 2MG CINN	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQL NICOTINE LOZ 2MG	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE LOZ 2MG CHER	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE LOZ 2MG MINT	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE LOZ MINI 2MG	Nicotine Polacrilex Lozenge 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE LOZ 4MG CHRY	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE LOZ 4MG ORIG	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICORETTE LOZ 4MG CHRY	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
STOP SMOKING LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EQ NICOTINE LOZ 4MG CHRY	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SW NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE LOZ 4MG CINN	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE LOZ 4MG CINN	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
KLS QUIT4 LOZ 4MG	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQL NICOTINE LOZ 4MG CHRY	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQL NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL LOZ 4MG CHRY	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL LOZ 4MG CINN	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE POL LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE LOZ 4MG CHRY	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE LOZ 4MG MINT	Nicotine Polacrilex Lozenge 4 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE SYS KIT TRANSDER	Nicotine TD Patch 24 HR Kit 21-14-7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RA NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE DIS STEP 2	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE TD DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICODERM CQ DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE DIS 14MG/24H	Nicotine TD Patch 24HR 14 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE DIS 21MG	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE TD DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NTS DIS STEP 1	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICODERM CQ DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NICOTINE	DIS 21MG/24H	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE	DIS STEP 1	Nicotine TD Patch 24HR 21 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE	DIS STEP 3	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE TD	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
SM NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICODERM CQ	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CVS NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
RA NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
GNP NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
EQ NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
HM NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
TGT NICOTINE	DIS 7MG/24HR	Nicotine TD Patch 24HR 7 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
OCREVUS	INJ 300/10ML	Ocrelizumab Soln For IV Infusion 300 MG/10ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SYMBYAX	CAP 12-25MG	Olanzapine-Fluoxetine HCl Cap 12-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
OLANZA/FLUOX	CAP 12-25MG	Olanzapine-Fluoxetine HCl Cap 12-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
SYMBYAX	CAP 12-50MG	Olanzapine-Fluoxetine HCl Cap 12-50 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
OLANZA/FLUOX	CAP 12-50MG	Olanzapine-Fluoxetine HCl Cap 12-50 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SYMBYAX	CAP 3-25MG	Olanzapine-Fluoxetine HCl Cap 3-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
OLANZA/FLUOX CAP 3-25MG		Olanzapine-Fluoxetine HCl Cap 3-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
OLANZA/FLUOX CAP 6-25MG		Olanzapine-Fluoxetine HCl Cap 6-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
SYMBYAX	CAP 6-25MG	Olanzapine-Fluoxetine HCl Cap 6-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
OLANZA/FLUOX CAP 6-50MG		Olanzapine-Fluoxetine HCl Cap 6-50 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
SYMBYAX	CAP 6-50MG	Olanzapine-Fluoxetine HCl Cap 6-50 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
BRISDELLE	CAP 7.5MG	Paroxetine Mesylate Cap 7.5 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
PAROXETINE	CAP 7.5MG	Paroxetine Mesylate Cap 7.5 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
ONPATTRO	SOL 10MG/5ML	Patisiran Sodium IV Soln 10 MG/5ML (2 MG/ML) (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
PLEGRIDY PEN INJ STARTER		Peginterferon Beta-1a Soln Pen-inj 63 & 94 MCG/0.5ML Pack	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PLEGRIDY	INJ PEN	Peginterferon Beta-1a Soln Pen-injector 125 MCG/0.5ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PLEGRIDY	INJ STARTER	Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PLEGRIDY	INJ	Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PERPHEN/AMIT TAB 2-10MG		Perphenazine-Amitriptyline Tab 2-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
PERPHEN/AMIT TAB 2-25MG		Perphenazine-Amitriptyline Tab 2-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
PERPHEN/AMIT TAB 4-10MG		Perphenazine-Amitriptyline Tab 4-10 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
PERPHEN/AMIT TAB 4-25MG		Perphenazine-Amitriptyline Tab 4-25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	
PERPHEN/AMIT TAB 4-50MG		Perphenazine-Amitriptyline Tab 4-50 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PIMOZIDE	TAB 1MG	Pimozide Tab 1 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
ORAP	TAB 1MG	Pimozide Tab 1 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
PIMOZIDE	TAB 2MG	Pimozide Tab 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
ORAP	TAB 2MG	Pimozide Tab 2 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
LYRICA CR	TAB 165MG	Pregabalin Tab ER 24HR 165 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
LYRICA CR	TAB 330MG	Pregabalin Tab ER 24HR 330 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
LYRICA CR	TAB 82.5MG	Pregabalin Tab ER 24HR 82.5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	PA
RIVASTIGMINE CAP 1.5MG		Rivastigmine Tartrate Cap 1.5 MG (Base Equivalent)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RIVASTIGMINE CAP 3MG		Rivastigmine Tartrate Cap 3 MG (Base Equivalent)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RIVASTIGMINE CAP 4.5MG		Rivastigmine Tartrate Cap 4.5 MG (Base Equivalent)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RIVASTIGMINE CAP 6MG		Rivastigmine Tartrate Cap 6 MG (Base Equivalent)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
RIVASTIGMINE DIS 13.3/24		Rivastigmine TD Patch 24HR 13.3 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
EXELON	DIS 13.3/24	Rivastigmine TD Patch 24HR 13.3 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
RIVASTIGMINE DIS 4.6MG/24		Rivastigmine TD Patch 24HR 4.6 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
EXELON	DIS 4.6MG/24	Rivastigmine TD Patch 24HR 4.6 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
RIVASTIGMINE DIS 9.5MG/24		Rivastigmine TD Patch 24HR 9.5 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	Yes	No	
EXELON	DIS 9.5MG/24	Rivastigmine TD Patch 24HR 9.5 MG/24HR	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	No	
XYREM	SOL 500MG/ML	Sodium Oxybate Oral Solution 500 MG/ML	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AUBAGIO	TAB 14MG	Teriflunomide Tab 14 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
AUBAGIO	TAB 7MG	Teriflunomide Tab 7 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
TETRABENAZIN TAB 12.5MG		Tetrabenazine Tab 12.5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	Yes	
XENAZINE	TAB 12.5MG	Tetrabenazine Tab 12.5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
TETRABENAZIN TAB 12.5MG		Tetrabenazine Tab 12.5 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	Yes	*Various UM Required
XENAZINE	TAB 25MG	Tetrabenazine Tab 25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
TETRABENAZIN TAB 25MG		Tetrabenazine Tab 25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	Yes	*Various UM Required
TETRABENAZIN TAB 25MG		Tetrabenazine Tab 25 MG	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Generic	No	Yes	
INGREZZA	CAP 40MG	Valbenazine Tosylate Cap 40 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	No	Yes	PA
INGREZZA	CAP 80MG	Valbenazine Tosylate Cap 80 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Non-Preferred	Yes	Yes	PA
CHANTIX	TAB 0.5MG	Varenicline Tartrate Tab 0.5 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CHANTIX	PAK 0.5& 1MG	Varenicline Tartrate Tab 0.5 MG X 11 & Tab 1 MG X 42 Pack	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CHANTIX	TAB 1MG	Varenicline Tartrate Tab 1 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
CHANTIX	PAK 1MG	Varenicline Tartrate Tab 1 MG (Base Equiv)	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	No Cost	No	No	
ZEMAIRA	INJ 1000MG	Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
PROLASTIN-C INJ 1000MG		Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ARALAST NP INJ 1000MG		Alpha1-Proteinase Inhibitor (Human) For IV Soln 1000 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ARALAST NP INJ 500MG		Alpha1-Proteinase Inhibitor (Human) For IV Soln 500 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROLASTIN-C INJ 1000MG		Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/20ML	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
GLASSIA INJ		Alpha1-Proteinase Inhibitor (Human) Inj 1000 MG/50ML	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
SURVANTA INH		Beractant in NaCl 0.9% Intratracheal Susp 25 MG/ML	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
INFASURF SUS 35MG/ML		Calfactant in NaCl 0.9% Intratracheal Susp 35 MG/ML	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
PULMOZYME SOL 1MG/ML		Dornase Alfa Inhal Soln 1 MG/ML	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KALYDECO PAK 50MG		Ivacaftor Packet 50 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KALYDECO PAK 75MG		Ivacaftor Packet 75 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
KALYDECO TAB 150MG		Ivacaftor Tab 150 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ORKAMBI GRA 100-125		Lumacaftor-Ivacaftor Granules Packet 100-125 MG	RESPIRATORY AGENTS - MISC.	Preferred	Yes	Yes	
ORKAMBI GRA 150-188		Lumacaftor-Ivacaftor Granules Packet 150-188 MG	RESPIRATORY AGENTS - MISC.	Preferred	Yes	Yes	
ORKAMBI TAB 100-125		Lumacaftor-Ivacaftor Tab 100-125 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
ORKAMBI TAB 200-125		Lumacaftor-Ivacaftor Tab 200-125 MG	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	Yes	*Various UM Required
OFEV CAP 100MG		Nintedanib Esylate Cap 100 MG (Base Equivalent)	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
OFEV CAP 150MG		Nintedanib Esylate Cap 150 MG (Base Equivalent)	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ESBRIET CAP 267MG		Pirfenidone Cap 267 MG	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ESBRIET TAB 267MG		Pirfenidone Tab 267 MG	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
ESBRIET TAB 801MG		Pirfenidone Tab 801 MG	RESPIRATORY AGENTS - MISC.	Preferred	No	Yes	*Various UM Required
CUROSURF SUS 120/1.5		Poractant Alfa Intratracheal Susp 120 MG/1.5ML	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CUROSURF	SUS 240/3ML	Poractant Alfa Intratracheal Susp 240 MG/3ML	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
SCLEROSOL	AER INTRAPLE	Talc Intrapleural Aerosol Powder 4 GM (0.4 GM/SECOND)	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
STERITALC	POW 2GM	Talc Intrapleural Powder 2 GM	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
STERITALC	POW 3GM	Talc Intrapleural Powder 3 GM	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
STERITALC	POW 4GM	Talc Intrapleural Powder 4 GM	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
STERIL TALC	SUS 5GM	Talc Intrapleural Powder For Susp 5 GM	RESPIRATORY AGENTS - MISC.	Non-Preferred	No	No	
SYMDEKO	TAB 100-150	Tezacaftor-Ivacaftor 100-150 MG & Ivacaftor 150 MG Tab TBPk	RESPIRATORY AGENTS - MISC.	Preferred	Yes	Yes	
SULFADIAZINE POW		Sulfadiazine Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFADIAZINE POW SODIUM		Sulfadiazine Sodium Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFADIAZINE POW SODIUM		Sulfadiazine Sodium Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFADIAZINE TAB 500MG		Sulfadiazine Tab 500 MG	SULFONAMIDES	Non-Preferred	No	No	
SULFAMETHOX POW MICRO		Sulfamethoxazole Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFAMETHOX POW		Sulfamethoxazole Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFAMETHOX POW		Sulfamethoxazole Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFAPYRIDIN POW		Sulfapyridine Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFATHIAZOL POW		Sulfathiazole Powder	SULFONAMIDES	Non-Preferred	No	No	
SULFISOXIZOL CRY		Sulfisoxazole Crystals	SULFONAMIDES	Non-Preferred	No	No	
MORGIDOX	KIT 1X100MG	*Doxycycline Hyclate Cap 1 x 100 MG w/ Cleanser Kit*	TETRACYCLINES	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MORGIDOX	KIT 1X50MG	*Doxycycline Hyclate Cap 1 x 50 MG w/ Cleanser Kit*	TETRACYCLINES	Non-Preferred	No	No	PA
MORGIDOX	KIT 2X100MG	*Doxycycline Hyclate Cap 2 x 100 MG w/ Cleanser Kit*	TETRACYCLINES	Non-Preferred	No	No	
NUTRIDOX	KIT	*Doxycycline Monohyd Cap 75 MG w/ Omega 3-Vit E Cap Kit*	TETRACYCLINES	Non-Preferred	No	No	
AVIDOXY DK	KIT	*Doxycycline Tab 100 MG & Sunscreen & Sal Acid Wash 2% Kit**	TETRACYCLINES	Non-Preferred	No	No	
DEMECLOCYCL	TAB 150MG	Demeclocycline HCl Tab 150 MG	TETRACYCLINES	Generic	No	No	
DEMECLOCYCL	TAB 150MG	Demeclocycline HCl Tab 150 MG	TETRACYCLINES	Generic	No	No	
DEMECLOCYCL	TAB 300MG	Demeclocycline HCl Tab 300 MG	TETRACYCLINES	Generic	No	No	
DEMECLOCYCL	TAB 300MG	Demeclocycline HCl Tab 300 MG	TETRACYCLINES	Generic	No	No	
VIBRAMYCIN	SYP 50MG/5ML	Doxycycline Calcium Syrup 50 MG/5ML	TETRACYCLINES	Non-Preferred	No	No	
DOXYCYCL HYC	CAP 100MG	Doxycycline Hyclate Cap 100 MG	TETRACYCLINES	Generic	No	No	
MORGIDOX	CAP 1X100MG	Doxycycline Hyclate Cap 100 MG	TETRACYCLINES	Generic	No	No	
MORGIDOX	CAP 2X100MG	Doxycycline Hyclate Cap 100 MG	TETRACYCLINES	Generic	No	No	
VIBRAMYCIN	CAP 100MG	Doxycycline Hyclate Cap 100 MG	TETRACYCLINES	Non-Preferred	No	No	
MORGIDOX	CAP 1X50MG	Doxycycline Hyclate Cap 50 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCL HYC	CAP 50MG	Doxycycline Hyclate Cap 50 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCL HYC	INJ 100MG	Doxycycline Hyclate For Inj 100 MG	TETRACYCLINES	Generic	No	No	
DOXY 100	INJ 100MG	Doxycycline Hyclate For Inj 100 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE	POW HYCLATE	Doxycycline Hyclate Powder	TETRACYCLINES	Non-Preferred	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOXYCYCL HYC TAB 100MG	Doxycycline Hyclate Tab 100 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE TAB 150MG	Doxycycline Hyclate Tab 150 MG	TETRACYCLINES	Generic	No	No	
ACTICLATE TAB 150MG	Doxycycline Hyclate Tab 150 MG	TETRACYCLINES	Non-Preferred	No	No	
DOXYCYCLINE TAB 20MG	Doxycycline Hyclate Tab 20 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCL HYC TAB 50MG	Doxycycline Hyclate Tab 50 MG	TETRACYCLINES	Generic	No	No	
TARGADOX TAB 50MG	Doxycycline Hyclate Tab 50 MG	TETRACYCLINES	Non-Preferred	No	No	
DOXYCYCLINE TAB 75MG	Doxycycline Hyclate Tab 75 MG	TETRACYCLINES	Generic	No	No	
ACTICLATE TAB 75MG	Doxycycline Hyclate Tab 75 MG	TETRACYCLINES	Non-Preferred	No	No	
DOXYCYCL HYC TAB 100MG DR	Doxycycline Hyclate Tab Delayed Release 100 MG	TETRACYCLINES	Generic	No	No	
DORYX MPC TAB 120MG	Doxycycline Hyclate Tab Delayed Release 120 MG	TETRACYCLINES	Non-Preferred	No	No	PA
SOLOXIDE TAB 150MG DR	Doxycycline Hyclate Tab Delayed Release 150 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCL HYC TAB 150MG DR	Doxycycline Hyclate Tab Delayed Release 150 MG	TETRACYCLINES	Generic	No	No	
DORYX TAB 200MG	Doxycycline Hyclate Tab Delayed Release 200 MG	TETRACYCLINES	Non-Preferred	No	No	PA
DOXYCYCL HYC TAB 200MG DR	Doxycycline Hyclate Tab Delayed Release 200 MG	TETRACYCLINES	Generic	No	No	
DORYX TAB 50MG	Doxycycline Hyclate Tab Delayed Release 50 MG	TETRACYCLINES	Non-Preferred	No	No	PA
DOXYCYCL HYC TAB 50MG DR	Doxycycline Hyclate Tab Delayed Release 50 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCL HYC TAB 75MG DR	Doxycycline Hyclate Tab Delayed Release 75 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO CAP 100MG	Doxycycline Monohydrate Cap 100 MG	TETRACYCLINES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
MONDOXYNE NL CAP 100MG	Doxycycline Monohydrate Cap 100 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO CAP 100MG	Doxycycline Monohydrate Cap 100 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO CAP 150MG	Doxycycline Monohydrate Cap 150 MG	TETRACYCLINES	Generic	No	No	
MONDOXYNE NL CAP 50MG	Doxycycline Monohydrate Cap 50 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO CAP 50MG	Doxycycline Monohydrate Cap 50 MG	TETRACYCLINES	Generic	No	No	
OKEBO CAP 75MG	Doxycycline Monohydrate Cap 75 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO CAP 75MG	Doxycycline Monohydrate Cap 75 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO CAP 75MG	Doxycycline Monohydrate Cap 75 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE SUS 25MG/5ML	Doxycycline Monohydrate For Susp 25 MG/5ML	TETRACYCLINES	Generic	No	No	
VIBRAMYCIN SUS 25MG/5ML	Doxycycline Monohydrate For Susp 25 MG/5ML	TETRACYCLINES	Non-Preferred	No	No	
DOXYCYC MONO TAB 100MG	Doxycycline Monohydrate Tab 100 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE TAB 100MG	Doxycycline Monohydrate Tab 100 MG	TETRACYCLINES	Generic	No	No	
AVIDOXY TAB 100MG	Doxycycline Monohydrate Tab 100 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE TAB 150MG	Doxycycline Monohydrate Tab 150 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO TAB 150MG	Doxycycline Monohydrate Tab 150 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE TAB 50MG	Doxycycline Monohydrate Tab 50 MG	TETRACYCLINES	Generic	No	No	
DOXYCYC MONO TAB 50MG	Doxycycline Monohydrate Tab 50 MG	TETRACYCLINES	Generic	No	No	
DOXYCYCLINE TAB 75MG	Doxycycline Monohydrate Tab 75 MG	TETRACYCLINES	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOXYCYC MONO TAB 75MG	Doxycycline Monohydrate Tab 75 MG	TETRACYCLINES	Generic	No	No	
BENZODOX 30 MIS	Doxycycline Tab 100 MG (30) & Benzoyl Peroxide Liqd 4.4% Pak	TETRACYCLINES	Non-Preferred	No	No	PA
BENZODOX 60 MIS	Doxycycline Tab 100 MG (60) & Benzoyl Peroxide Liqd 4.4% Pak	TETRACYCLINES	Non-Preferred	No	No	PA
XERAVA INJ 50MG	Eravacycline Dihydrochloride IV For Soln 50 MG (Base Equiv)	TETRACYCLINES	Non-Preferred	No	No	PA
MINOCYCLINE CAP 100MG	Minocycline HCl Cap 100 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE CAP 50MG	Minocycline HCl Cap 50 MG	TETRACYCLINES	Generic	No	No	
MINOCIN CAP 50MG	Minocycline HCl Cap 50 MG	TETRACYCLINES	Non-Preferred	No	No	PA
MINOCYCLINE CAP 75MG	Minocycline HCl Cap 75 MG	TETRACYCLINES	Generic	No	No	
XIMINO CAP 135MG ER	Minocycline HCl Cap ER 24HR 135 MG (Base Equivalent)	TETRACYCLINES	Non-Preferred	No	No	PA
XIMINO CAP 45MG ER	Minocycline HCl Cap ER 24HR 45 MG (Base Equivalent)	TETRACYCLINES	Non-Preferred	No	No	PA
XIMINO CAP 90MG ER	Minocycline HCl Cap ER 24HR 90 MG (Base Equivalent)	TETRACYCLINES	Non-Preferred	No	No	PA
MINOCIN INJ 100MG	Minocycline HCl IV For Soln 100 MG	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE POW	Minocycline HCl Powder	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE TAB 100MG	Minocycline HCl Tab 100 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE TAB 50MG	Minocycline HCl Tab 50 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE TAB 75MG	Minocycline HCl Tab 75 MG	TETRACYCLINES	Generic	No	No	
SOLODYN TAB 105MG	Minocycline HCl Tab ER 24HR 105 MG	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE TAB 115MG ER	Minocycline HCl Tab ER 24HR 115 MG	TETRACYCLINES	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
SOLODYN	TAB 115MG	Minocycline HCl Tab ER 24HR 115 MG	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE	TAB 115MG ER	Minocycline HCl Tab ER 24HR 115 MG	TETRACYCLINES	Generic	No	No	
COREMINO	TAB 135MG	Minocycline HCl Tab ER 24HR 135 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE	TAB 135MG ER	Minocycline HCl Tab ER 24HR 135 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE	TAB 135MG ER	Minocycline HCl Tab ER 24HR 135 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE	TAB 45MG ER	Minocycline HCl Tab ER 24HR 45 MG	TETRACYCLINES	Generic	No	No	
COREMINO	TAB 45MG	Minocycline HCl Tab ER 24HR 45 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE	TAB 45MG ER	Minocycline HCl Tab ER 24HR 45 MG	TETRACYCLINES	Generic	No	No	
SOLODYN	TAB 55MG	Minocycline HCl Tab ER 24HR 55 MG	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE	TAB 65MG ER	Minocycline HCl Tab ER 24HR 65 MG	TETRACYCLINES	Generic	No	No	
SOLODYN	TAB 65MG	Minocycline HCl Tab ER 24HR 65 MG	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE	TAB 65MG ER	Minocycline HCl Tab ER 24HR 65 MG	TETRACYCLINES	Generic	No	No	
SOLODYN	TAB 80MG	Minocycline HCl Tab ER 24HR 80 MG	TETRACYCLINES	Non-Preferred	No	No	
MINOCYCLINE	TAB 90MG ER	Minocycline HCl Tab ER 24HR 90 MG	TETRACYCLINES	Generic	No	No	
MINOCYCLINE	TAB 90MG ER	Minocycline HCl Tab ER 24HR 90 MG	TETRACYCLINES	Generic	No	No	
COREMINO	TAB 90MG	Minocycline HCl Tab ER 24HR 90 MG	TETRACYCLINES	Generic	No	No	
MINOLIRA	TAB 105MG	Minocycline HCl Tab ER 24HR Biphasic Release 105 MG	TETRACYCLINES	Non-Preferred	No	No	PA
MINOLIRA	TAB 135MG	Minocycline HCl Tab ER 24HR Biphasic Release 135 MG	TETRACYCLINES	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OXYTETRACYC POW HCL	Oxytetracycline HCl Powder	TETRACYCLINES	Non-Preferred	No	No	
TETRACYCLINE CAP 250MG	Tetracycline HCl Cap 250 MG	TETRACYCLINES	Generic	No	No	
TETRACYCLINE CAP 500MG	Tetracycline HCl Cap 500 MG	TETRACYCLINES	Generic	No	No	
TIROSINT CAP 100MCG	Levothyroxine Sodium Cap 100 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 112MCG	Levothyroxine Sodium Cap 112 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 125MCG	Levothyroxine Sodium Cap 125 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 13MCG	Levothyroxine Sodium Cap 13 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 137MCG	Levothyroxine Sodium Cap 137 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 150MCG	Levothyroxine Sodium Cap 150 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 25MCG	Levothyroxine Sodium Cap 25 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 50MCG	Levothyroxine Sodium Cap 50 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 75MCG	Levothyroxine Sodium Cap 75 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
TIROSINT CAP 88MCG	Levothyroxine Sodium Cap 88 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVOTHYROXIN INJ 100MCG	Levothyroxine Sodium For IV Inj 100 MCG	THYROID AGENTS	Generic	No	No	
LEVOTHYROXIN INJ 200MCG	Levothyroxine Sodium For IV Inj 200 MCG	THYROID AGENTS	Non-Preferred	No	No	
LEVOTHYROXIN INJ 500MCG	Levothyroxine Sodium For IV Inj 500 MCG	THYROID AGENTS	Generic	No	No	
LEVO-T TAB 100MCG	Levothyroxine Sodium Tab 100 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 100MCG	Levothyroxine Sodium Tab 100 MCG	THYROID AGENTS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVOXYL	TAB 100MCG	Levothyroxine Sodium Tab 100 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 100MCG	Levothyroxine Sodium Tab 100 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
UNITHROID	TAB 100MCG	Levothyroxine Sodium Tab 100 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 100MCG		Levothyroxine Sodium Tab 100 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 112MCG	Levothyroxine Sodium Tab 112 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 112MCG		Levothyroxine Sodium Tab 112 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 112MCG	Levothyroxine Sodium Tab 112 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 112MCG	Levothyroxine Sodium Tab 112 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
UNITH DIRECT TAB 112MCG		Levothyroxine Sodium Tab 112 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 112MCG	Levothyroxine Sodium Tab 112 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 125MCG		Levothyroxine Sodium Tab 125 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 125MCG	Levothyroxine Sodium Tab 125 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVOTHYROXIN TAB 125MCG		Levothyroxine Sodium Tab 125 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 125MCG	Levothyroxine Sodium Tab 125 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 125MCG	Levothyroxine Sodium Tab 125 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 125MCG	Levothyroxine Sodium Tab 125 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 137MCG	Levothyroxine Sodium Tab 137 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 137MCG		Levothyroxine Sodium Tab 137 MCG	THYROID AGENTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVOXYL	TAB 137MCG	Levothyroxine Sodium Tab 137 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 137MCG	Levothyroxine Sodium Tab 137 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVO-T	TAB 137MCG	Levothyroxine Sodium Tab 137 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 150MCG		Levothyroxine Sodium Tab 150 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 150MCG	Levothyroxine Sodium Tab 150 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 150MCG	Levothyroxine Sodium Tab 150 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 150MCG	Levothyroxine Sodium Tab 150 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVOTHYROXIN TAB 150MCG		Levothyroxine Sodium Tab 150 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 150MCG	Levothyroxine Sodium Tab 150 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 175MCG	Levothyroxine Sodium Tab 175 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 175MCG		Levothyroxine Sodium Tab 175 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 175MCG	Levothyroxine Sodium Tab 175 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
UNITH DIRECT TAB 175MCG		Levothyroxine Sodium Tab 175 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 175MCG	Levothyroxine Sodium Tab 175 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 175MCG	Levothyroxine Sodium Tab 175 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 200MCG		Levothyroxine Sodium Tab 200 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 200MCG	Levothyroxine Sodium Tab 200 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVO-T	TAB 200 MCG	Levothyroxine Sodium Tab 200 MCG	THYROID AGENTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UNITHROID	TAB 200MCG	Levothyroxine Sodium Tab 200 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 200MCG		Levothyroxine Sodium Tab 200 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 200MCG	Levothyroxine Sodium Tab 200 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 25MCG		Levothyroxine Sodium Tab 25 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 25MCG	Levothyroxine Sodium Tab 25 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
UNITHROID	TAB 25MCG	Levothyroxine Sodium Tab 25 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 25MCG	Levothyroxine Sodium Tab 25 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 25MCG		Levothyroxine Sodium Tab 25 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 25MCG	Levothyroxine Sodium Tab 25 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 300MCG		Levothyroxine Sodium Tab 300 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 300 MCG	Levothyroxine Sodium Tab 300 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 300MCG		Levothyroxine Sodium Tab 300 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 300MCG	Levothyroxine Sodium Tab 300 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
UNITHROID	TAB 300MCG	Levothyroxine Sodium Tab 300 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 50MCG		Levothyroxine Sodium Tab 50 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 50MCG	Levothyroxine Sodium Tab 50 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 50MCG	Levothyroxine Sodium Tab 50 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVOXYL	TAB 50MCG	Levothyroxine Sodium Tab 50 MCG	THYROID AGENTS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVO-T	TAB 50MCG	Levothyroxine Sodium Tab 50 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 50MCG		Levothyroxine Sodium Tab 50 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 75MCG	Levothyroxine Sodium Tab 75 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 75MCG	Levothyroxine Sodium Tab 75 MCG	THYROID AGENTS	Generic	Yes	No	
LEVO-T	TAB 75MCG	Levothyroxine Sodium Tab 75 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 75MCG		Levothyroxine Sodium Tab 75 MCG	THYROID AGENTS	Generic	Yes	No	
UNITH DIRECT TAB 75MCG		Levothyroxine Sodium Tab 75 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 75MCG	Levothyroxine Sodium Tab 75 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
UNITH DIRECT TAB 88MCG		Levothyroxine Sodium Tab 88 MCG	THYROID AGENTS	Generic	Yes	No	
SYNTHROID	TAB 88MCG	Levothyroxine Sodium Tab 88 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVO-T	TAB 88MCG	Levothyroxine Sodium Tab 88 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOTHYROXIN TAB 88MCG		Levothyroxine Sodium Tab 88 MCG	THYROID AGENTS	Generic	Yes	No	
UNITHROID	TAB 88MCG	Levothyroxine Sodium Tab 88 MCG	THYROID AGENTS	Generic	Yes	No	
LEVOXYL	TAB 88MCG	Levothyroxine Sodium Tab 88 MCG	THYROID AGENTS	Generic	Yes	No	
TRIOSTAT	INJ 10MCG/ML	Liothyronine Sodium IV Soln 10 MCG/ML	THYROID AGENTS	Non-Preferred	No	No	
LIOTHYRONINE INJ 10MCG/ML		Liothyronine Sodium IV Soln 10 MCG/ML	THYROID AGENTS	Generic	No	No	
T3 SODIUM	POW DILUTION	Liothyronine Sodium Powder	THYROID AGENTS	Non-Preferred	No	No	
L-THYRONINE POW SODIUM		Liothyronine Sodium Powder	THYROID AGENTS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LIOTHYRONINE POW SODIUM		Liothyronine Sodium Powder	THYROID AGENTS	Non-Preferred	No	No	
LIOTHYRONINE POW SODIUM		Liothyronine Sodium Powder	THYROID AGENTS	Non-Preferred	No	No	
CYTOMEL	TAB 25MCG	Liothyronine Sodium Tab 25 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LIOTHYRONINE TAB 25MCG		Liothyronine Sodium Tab 25 MCG	THYROID AGENTS	Generic	Yes	No	
LIOTHYRONINE TAB 5MCG		Liothyronine Sodium Tab 5 MCG	THYROID AGENTS	Generic	Yes	No	
CYTOMEL	TAB 5MCG	Liothyronine Sodium Tab 5 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
CYTOMEL	TAB 50MCG	Liothyronine Sodium Tab 50 MCG	THYROID AGENTS	Non-Preferred	Yes	No	
LIOTHYRONINE TAB 50MCG		Liothyronine Sodium Tab 50 MCG	THYROID AGENTS	Generic	Yes	No	
THYROLAR-2	TAB 120MG	Liotrix (T3-T4) Tab 120 MG (25-100 MCG)	THYROID AGENTS	Non-Preferred	Yes	No	
THYROLAR-1/4 TAB 15MG		Liotrix (T3-T4) Tab 15 MG (3.1-12.5 MCG)	THYROID AGENTS	Non-Preferred	Yes	No	
THYROLAR-3	TAB 180MG	Liotrix (T3-T4) Tab 180 MG (37.5-150 MCG)	THYROID AGENTS	Non-Preferred	Yes	No	
THYROLAR-1/2 TAB 30MG		Liotrix (T3-T4) Tab 30 MG (6.25-25 MCG)	THYROID AGENTS	Non-Preferred	Yes	No	
THYROLAR-1	TAB 60MG	Liotrix (T3-T4) Tab 60 MG (12.5-50 MCG)	THYROID AGENTS	Non-Preferred	Yes	No	
METHIMAZOLE POW		Methimazole Powder	THYROID AGENTS	Non-Preferred	No	No	
TAPAZOLE	TAB 10MG	Methimazole Tab 10 MG	THYROID AGENTS	Non-Preferred	No	No	
METHIMAZOLE TAB 10MG		Methimazole Tab 10 MG	THYROID AGENTS	Generic	No	No	
METHIMAZOLE TAB 5MG		Methimazole Tab 5 MG	THYROID AGENTS	Generic	No	No	
TAPAZOLE	TAB 5MG	Methimazole Tab 5 MG	THYROID AGENTS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PROPYLTHIOUR TAB 50MG		Propylthiouracil Tab 50 MG	THYROID AGENTS	Generic	No	No	
THYROID	POW 0.23%	Thyroid Powder	THYROID AGENTS	Non-Preferred	No	No	
THYROID	POW PORCINE	Thyroid Powder	THYROID AGENTS	Non-Preferred	No	No	
THYROID	POW 0.23%	Thyroid Powder	THYROID AGENTS	Non-Preferred	No	No	
THYROID	POW	Thyroid Powder	THYROID AGENTS	Non-Preferred	No	No	
WP THYROID TAB 113.75MG		Thyroid Tab 113.75 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 113.75MG		Thyroid Tab 113.75 MG	THYROID AGENTS	Non-Preferred	Yes	No	
ARMOUR THYRO TAB 120MG		Thyroid Tab 120 MG (2 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NP THYROID TAB 120MG		Thyroid Tab 120 MG (2 Grain)	THYROID AGENTS	Generic	Yes	No	
LEVO/LIOTHYR TAB 120MG		Thyroid Tab 120 MG (2 Grain)	THYROID AGENTS	Generic	Yes	No	
WESTHROID TAB 130MG		Thyroid Tab 130 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 130MG		Thyroid Tab 130 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WP THYROID TAB 130MG		Thyroid Tab 130 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 146.25MG		Thyroid Tab 146.25 MG	THYROID AGENTS	Non-Preferred	Yes	No	
LEVO/LIOTHYR TAB 15MG		Thyroid Tab 15 MG (1/4 Grain)	THYROID AGENTS	Generic	Yes	No	
NP THYROID TAB 15MG		Thyroid Tab 15 MG (1/4 Grain)	THYROID AGENTS	Generic	Yes	No	
ARMOUR THYRO TAB 15MG		Thyroid Tab 15 MG (1/4 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 16.25MG		Thyroid Tab 16.25 MG	THYROID AGENTS	Non-Preferred	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
WP THYROID TAB 16.25MG	Thyroid Tab 16.25 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE THROI TAB 162.5MG	Thyroid Tab 162.5 MG (2 1/2 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
ARMOUR THYRO TAB 180MG	Thyroid Tab 180 MG (3 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
WESTHROID TAB 195MG	Thyroid Tab 195 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 195MG	Thyroid Tab 195 MG	THYROID AGENTS	Non-Preferred	Yes	No	
ARMOUR THYRO TAB 240MG	Thyroid Tab 240 MG (4 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 260MG	Thyroid Tab 260 MG	THYROID AGENTS	Non-Preferred	Yes	No	
ARMOUR THYRO TAB 30MG	Thyroid Tab 30 MG (1/2 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
LEVO/LIOTHYR TAB 30MG	Thyroid Tab 30 MG (1/2 Grain)	THYROID AGENTS	Generic	Yes	No	
NP THYROID TAB 30MG	Thyroid Tab 30 MG (1/2 Grain)	THYROID AGENTS	Generic	Yes	No	
ARMOUR THYRO TAB 300MG	Thyroid Tab 300 MG (5 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 32.5MG	Thyroid Tab 32.5 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WESTHROID TAB 32.5MG	Thyroid Tab 32.5 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WP THYROID TAB 32.5MG	Thyroid Tab 32.5 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 325MG	Thyroid Tab 325 MG (5 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
WP THYROID TAB 48.75MG	Thyroid Tab 48.75 MG (3/4 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 48.75MG	Thyroid Tab 48.75 MG (3/4 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NP THYROID TAB 60MG	Thyroid Tab 60 MG (1 Grain)	THYROID AGENTS	Generic	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVO/LIOTHYR TAB 60MG	Thyroid Tab 60 MG (1 Grain)	THYROID AGENTS	Generic	Yes	No	
ARMOUR THYRO TAB 60MG	Thyroid Tab 60 MG (1 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
WP THYROID TAB 65MG	Thyroid Tab 65 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 65MG	Thyroid Tab 65 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WESTHROID TAB 65MG	Thyroid Tab 65 MG	THYROID AGENTS	Non-Preferred	Yes	No	
NATURE-THROI TAB 81.25MG	Thyroid Tab 81.25 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WP THYROID TAB 81.25MG	Thyroid Tab 81.25 MG	THYROID AGENTS	Non-Preferred	Yes	No	
ARMOUR THYRO TAB 90MG	Thyroid Tab 90 MG (1 1/2 Grain)	THYROID AGENTS	Non-Preferred	Yes	No	
NP THYROID TAB 90MG	Thyroid Tab 90 MG (1 1/2 Grain)	THYROID AGENTS	Generic	Yes	No	
LEVO/LIOTHYR TAB 90MG	Thyroid Tab 90 MG (1 1/2 Grain)	THYROID AGENTS	Generic	Yes	No	
NATURE-THROI TAB 97.5MG	Thyroid Tab 97.5 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WP THYROID TAB 97.5MG	Thyroid Tab 97.5 MG	THYROID AGENTS	Non-Preferred	Yes	No	
WESTHROID TAB 97.5MG	Thyroid Tab 97.5 MG	THYROID AGENTS	Non-Preferred	Yes	No	
DAPTACEL INJ	Diph, Acellular Pert & Tet Tox Inj 15 LF-23 MCG-5 LF/0.5ML	TOXOIDS	No Cost	No	No	
INFANRIX INJ	Diph, Acellular Pert & Tet Tox Inj 25 LF-58 MCG-10 LF/0.5ML	TOXOIDS	No Cost	No	No	
PENTACEL INJ	Diph-Ac Per-Tet Tox Ad-PolioV-Haemoph B Poly Vac For IM Susp	TOXOIDS	No Cost	No	No	
QUADRACEL INJ	Diph-Tetanus Tox Ad-Acell Pert & Polio Virus, IPV Vac Inj	TOXOIDS	No Cost	No	No	
KINRIX INJ	Diph-Tetanus Tox Ad-Acell Pert & Polio Virus, IPV Vac Inj	TOXOIDS	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PEDIARIX	INJ 0.5ML	Diph-Tetanus Tox-Acell Pert-Hepatitis B- Polio IPV Vac Inj	TOXOIDS	No Cost	No	No	
DIP/TET PED	INJ 25-5LFU	Diphtheria-Tetanus Tox Adsorbed (DT) IM Inj 25-5 Unit/0.5ML	TOXOIDS	No Cost	No	No	
BOOSTRIX	INJ	Tet Tox-Diph-Acell Pertuss Ad Inj 5-2.5-18.5 LF-LF-MCG/0.5ML	TOXOIDS	No Cost	No	No	
ADACEL	INJ	Tet Tox-Diph-Acell Pertuss Ad Inj 5-2-15.5 LF-LF-MCG/0.5ML	TOXOIDS	No Cost	No	No	
TET/DIP TOX	INJ 2-2 LF	Tetanus-Diphtheria Toxoids (Td) Inj 2-2 LF/0.5ML	TOXOIDS	No Cost	No	No	
TENIVAC	INJ 5-2LF	Tetanus-Diphtheria Toxoids (Td) Inj 5-2 LFU	TOXOIDS	No Cost	No	No	
ESOMEPR-EZS	KIT 20MG	*Esomeprazole Mag DR Cap 20 MG and Swallowing Spray Kit**	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
LANSOPRAZOLE	SUS 3MG/ML	*Lansoprazole Susp 3 MG/ML (Compound Kit)**	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
OMEPRAZOLE + SUS	SYRSPEND	*Omeprazole Susp 2 MG/ML (Compound Kit)**	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
FIRST-OMEPRASUS	2MG/ML	*Omeprazole Susp 2 MG/ML (Compound Kit)**	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
DEPRIZINE	SUS 22.4/ML	*Ranitidine HCl For Oral Susp 22.4 MG/ML (Compound Kit)**	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
OMECLAMOX-	MIS PAK	Amoxicillin Cap-Clarithro Tab w/ Omepraz Cap DR Therapy Pack	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
LANSOPR/AMOX MIS /CLARITH		Amoxicillin Cap-Clarithro Tab-Lansopraz Cap DR Therapy Pack	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ATROPEN	INJ 0.25MG	Atropine Sulfate IM Soln Auto-Injector 0.25 MG/0.3ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPEN	INJ 0.5MG	Atropine Sulfate IM Soln Auto-Injector 0.5 MG/0.7ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATROPEN	INJ 1MG	Atropine Sulfate IM Soln Auto-Injector 1 MG/0.7ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPEN	INJ 2MG	Atropine Sulfate IM Soln Auto-Injector 2 MG/0.7ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPINE SUL INJ 0.4MG/ML		Atropine Sulfate Inj 0.4 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ATROPINE SUL INJ 1MG/ML		Atropine Sulfate Inj 1 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ATROPINE SUL INJ 8MG/20ML		Atropine Sulfate Inj 8 MG/20ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPINE SUL INJ 0.4MG/ML		Atropine Sulfate Inj 8 MG/20ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ATROPINE SUL INJ 0.8/2ML		Atropine Sulfate IV Soln Prefill Syr 0.8 MG/2ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
ATROPINE SUL INJ 0.8/2ML		Atropine Sulfate IV Soln Prefill Syr 0.8 MG/2ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
ATROPINE SUL INJ 1/2.5ML		Atropine Sulfate IV Soln Prefill Syr 1 MG/2.5ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
ATROPINE SUL INJ 1/2.5ML		Atropine Sulfate IV Soln Prefill Syr 1 MG/2.5ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
ATROPINE SUL INJ 1.2/3ML		Atropine Sulfate IV Soln Prefill Syr 1.2 MG/3ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
ATROPINE SUL SOL 2MG/5ML		Atropine Sulfate IV Soln Prefill Syr 2 MG/5ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
ATROPINE SUL SOL 2MG/5ML		Atropine Sulfate IV Soln Prefill Syr 2 MG/5ML (0.4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ATROPINE	POW SULFATE	Atropine Sulfate Monohydrate Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPINE SUL POW MONOHYDT		Atropine Sulfate Monohydrate Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPINE	POW SULFATE	Atropine Sulfate Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ATROPINE SUL INJ 0.05MG/1		Atropine Sulfate Soln Prefill Syr 0.25 MG/5ML (0.05 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ATROPINE SUL INJ 0.1MG/ML		Atropine Sulfate Soln Prefill Syr 0.5 MG/5ML (0.1 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ATROPINE SUL INJ 0.1MG/ML		Atropine Sulfate Soln Prefill Syr 1 MG/10ML (0.1 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
BELLA/OPIUM SUP 16.2-30		Belladonna Alkaloids & Opium Suppos 16.2-30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
BELLA/OPIUM SUP 16.2-60		Belladonna Alkaloids & Opium Suppos 16.2-60 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
PYLERA	CAP	Bismuth Subcit-Metronidazole-Tetracycline Cap 140-125-125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
CHLORD/CLIDI CAP 5-2.5MG		Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
LIBRAX	CAP 5-2.5MG	Chlordiazepoxide HCl-Clidinium Bromide Cap 5-2.5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
CIMETIDINE SOL 300/5ML		Cimetidine HCl Soln 300 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
CIMETIDINE POW		Cimetidine Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CIMETIDINE TAB 200MG	Cimetidine Tab 200 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
CIMETIDINE TAB 300MG	Cimetidine Tab 300 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
CIMETIDINE TAB 400MG	Cimetidine Tab 400 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
CIMETIDINE TAB 800MG	Cimetidine Tab 800 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
DEXILANT CAP 30MG DR	Dexlansoprazole Cap Delayed Release 30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
DEXILANT CAP 60MG DR	Dexlansoprazole Cap Delayed Release 60 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
DICYCLOMINE CAP 10MG	Dicyclomine HCl Cap 10 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
DICYCLOMINE INJ 10MG/ML	Dicyclomine HCl Inj 10 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
BENTYL INJ 10MG/ML	Dicyclomine HCl Inj 10 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
DICYCLOMINE SOL 10MG/5ML	Dicyclomine HCl Oral Soln 10 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
DICYCLOMINE TAB 20MG	Dicyclomine HCl Tab 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
DICYCLOMINE TAB 20MG	Dicyclomine HCl Tab 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ESOMEPRAMAG CAP 20MG DR	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ESOMEPRRA MAG CAP 20MG DR		Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
NEXIUM	CAP 20MG	Esomeprazole Magnesium Cap Delayed Release 20 MG (Base Eq)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
NEXIUM	CAP 40MG	Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
ESOMEPRRA MAG CAP 40MG DR		Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
ESOMEPRRA MAG CAP 40MG DR		Esomeprazole Magnesium Cap Delayed Release 40 MG (Base Eq)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
NEXIUM	GRA 2.5MG DR	Esomeprazole Magnesium For Delayed Release Susp Pack 2.5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
NEXIUM	GRA 10MG DR	Esomeprazole Magnesium For Delayed Release Susp Packet 10 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
NEXIUM	GRA 20MG DR	Esomeprazole Magnesium For Delayed Release Susp Packet 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
NEXIUM	GRA 40MG DR	Esomeprazole Magnesium For Delayed Release Susp Packet 40 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
NEXIUM	GRA 5MG DR	Esomeprazole Magnesium For Delayed Release Susp Packet 5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
ESOMEPRAZOLE INJ 20MG		Esomeprazole Sodium For Intravenous Soln 20 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
NEXIUM I.V. INJ 40MG		Esomeprazole Sodium For Intravenous Soln 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
ESOMEPRAZOLE INJ 40MG		Esomeprazole Sodium For Intravenous Soln 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ESOMEPRAZOLE CAP 49.3MG		Esomeprazole Strontium Cap Delayed Release 49.3 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
PEPCID	SUS 40MG/5ML	Famotidine For Susp 40 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
FAMOTIDINE	SUS 40MG/5ML	Famotidine For Susp 40 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
FAMOTIDINE	INJ 20MG/50M	Famotidine in NaCl 0.9% IV Soln 20 MG/50ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
FAMOTID/NACL INJ 20/10ML		Famotidine in NaCl IV Sol Pref Syr 20 MG/10ML-0.9% (2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
FAMOTID/NACL INJ 20MG/5ML		Famotidine in NaCl IV Sol Pref Syr 20 MG/5ML-0.9% (4 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
FAMOTIDINE	INJ 20MG/2ML	Famotidine Inj 20 MG/2ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
FAMOTIDINE	INJ 10MG/ML	Famotidine Inj 20 MG/2ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
FAMOTIDINE	INJ 200/20ML	Famotidine Inj 200 MG/20ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
FAMOTIDINE	INJ 40MG/4ML	Famotidine Inj 40 MG/4ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
FAMOTIDINE	TAB 20MG	Famotidine Tab 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PEPCID	TAB 20MG	Famotidine Tab 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
FAMOTIDINE	TAB 40MG	Famotidine Tab 40 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PEPCID	TAB 40MG	Famotidine Tab 40 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
GLYCOPYRROL INJ 0.2MG/ML		Glycopyrrolate Inj 0.2 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 0.2MG/ML		Glycopyrrolate Inj 0.2 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 0.2MG/ML		Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 0.4/2ML		Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 0.4/2ML		Glycopyrrolate Inj 0.4 MG/2ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 1MG/5ML		Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 0.2MG/ML		Glycopyrrolate Inj 1 MG/5ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 4MG/20ML		Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCOPYRROL INJ 0.2MG/ML		Glycopyrrolate Inj 4 MG/20ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYRX-PF	SOL 0.2MG/ML	Glycopyrrolate Inj PF 0.2 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYRX-PF	SOL 0.4/2	Glycopyrrolate Inj PF 0.4 MG/2ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYCOPYRROLA INJ 0.4/2ML		Glycopyrrolate IV Soln Prefilled Syr 0.4 MG/2ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
GLYCOPYRROLA INJ 0.6/3ML	Glycopyrrolate IV Soln Prefilled Syr 0.6 MG/3ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYCOPYRROLA INJ 0.6/3ML	Glycopyrrolate IV Soln Prefilled Syr 0.6 MG/3ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYCOPYRROLA INJ 1MG/5ML	Glycopyrrolate IV Soln Prefilled Syr 1 MG/5ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
CUVPOSA SOL 1MG/5ML	Glycopyrrolate Oral Soln 1 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Preferred	No	No	
GLYCOPYRROLA INJ 0.6/3ML	Glycopyrrolate Soln Prefilled Syr 0.6 MG/3ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYCOPYRROLA INJ 1MG/5ML	Glycopyrrolate Soln Prefilled Syr 1 MG/5ML (0.2 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYCOPYRROL TAB 1MG	Glycopyrrolate Tab 1 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
GLYCATE TAB 1.5MG	Glycopyrrolate Tab 1.5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	PA
GLYCOPYRROL TAB 2MG	Glycopyrrolate Tab 2 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSYNE ELX 0.125/5	Hyoscyamine Sulfate Elixir 0.125 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSCYAMINE ELX 0.125/5	Hyoscyamine Sulfate Elixir 0.125 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
LEVSIN INJ 0.5MG/ML	Hyoscyamine Sulfate Inj 0.5 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
HYOSCYAMINE POW SULFATE	Hyoscyamine Sulfate Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
LEVSIN/SL SUB 0.125MG	Hyoscyamine Sulfate SL Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
HYOSCYAMINE SUB 0.125MG	Hyoscyamine Sulfate SL Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
SYMAX-SL SUB 0.125MG	Hyoscyamine Sulfate SL Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
OSCIMIN SUB 0.125MG	Hyoscyamine Sulfate SL Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSYNE DRO 0.125/ML	Hyoscyamine Sulfate Soln 0.125 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSCYAMINE DRO 0.125/ML	Hyoscyamine Sulfate Soln 0.125 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSCYAMINE TAB 0.125MG	Hyoscyamine Sulfate Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
LEVSIN TAB 0.125MG	Hyoscyamine Sulfate Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
OSCIMIN TAB 0.125MG	Hyoscyamine Sulfate Tab 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
NULEV TAB 0.125MG	Hyoscyamine Sulfate Tab Disint 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ED-SPAZ TAB 0.125MG	Hyoscyamine Sulfate Tab Disint 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSCYAMINE TAB 0.125MG	Hyoscyamine Sulfate Tab Disint 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ANASPAZ TAB 0.125MG	Hyoscyamine Sulfate Tab Disint 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OSCIMIN	TAB 0.125MG	Hyoscyamine Sulfate Tab Disint 0.125 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
SYMEX DUOTAB TAB		Hyoscyamine Sulfate Tab ER 0.375 MG (0.125 MG IR/0.25 MG ER)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
LEVBIID	TAB 0.375 ER	Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
HYOSCYAMINE TAB 0.375 ER		Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
HYOSCYAMINE TAB 0.375 SR		Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
SYMEX-SR	TAB 0.375MG	Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
OSCIMIN SR	TAB 0.375MG	Hyoscyamine Sulfate Tab ER 12HR 0.375 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ISOPROPAMIDE POW IODIDE		Isopropamide Iodide Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
LANSOPRAZOLE CAP 15MG DR		Lansoprazole Cap Delayed Release 15 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PREVACID	CAP 15MG DR	Lansoprazole Cap Delayed Release 15 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
LANSOPRAZOLE CAP 15MG DR		Lansoprazole Cap Delayed Release 15 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
LANSOPRAZOLE CAP 30MG DR		Lansoprazole Cap Delayed Release 30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
LANSOPRAZOLE CAP 30MG DR		Lansoprazole Cap Delayed Release 30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PREVACID	CAP 30MG DR	Lansoprazole Cap Delayed Release 30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
PREVACID	TAB 15MG STB	Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
LANSOPRAZOLE TAB 15MG		Lansoprazole Tab Delayed Release Orally Disintegrating 15 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PREVACID	TAB 30MG STB	Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
LANSOPRAZOLE TAB 30MG		Lansoprazole Tab Delayed Release Orally Disintegrating 30 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
METHSCOPOLAM TAB 2.5MG		Methscopolamine Bromide Tab 2.5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
METHSCOPOLAM TAB 5MG		Methscopolamine Bromide Tab 5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
MISOPROSTOL TAB 100MCG		Misoprostol Tab 100 MCG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
CYTOTEC	TAB 100MCG	Misoprostol Tab 100 MCG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
MISOPROSTOL TAB 200MCG		Misoprostol Tab 200 MCG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
CYTOTEC	TAB 200MCG	Misoprostol Tab 200 MCG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
NIZATIDINE CAP 150MG		Nizatidine Cap 150 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
NIZATIDINE CAP 300MG		Nizatidine Cap 300 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NIZATIDINE SOL 15MG/ML	Nizatidine Oral Soln 15 MG/ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPRAZOLE CAP 10MG	Omeprazole Cap Delayed Release 10 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPRAZOLE CAP 20MG	Omeprazole Cap Delayed Release 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPRAZOLE CAP 40MG	Omeprazole Cap Delayed Release 40 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PRILOSEC POW 10MG	Omeprazole Magnesium For Delayed Release Susp Packet 10 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Preferred	Yes	No	
PRILOSEC POW 2.5MG	Omeprazole Magnesium For Delayed Release Susp Packet 2.5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Preferred	Yes	No	
ZEGERID CAP 20-1100	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
OMEPR/BICAR CAP 20-1100	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPR/BICAR CAP 20-1100	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPPi CAP 20-1100	Omeprazole-Sodium Bicarbonate Cap 20-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
ZEGERID CAP 40-1100	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
OMEPPi CAP 40-1100	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPR/BICAR CAP 40-1100	Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
OMEPRABICAR CAP 40-1100		Omeprazole-Sodium Bicarbonate Cap 40-1100 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
OMEPRABICAR POW 20-1680		Omeprazole-Sodium Bicarbonate Powd Pack for Susp 20-1680 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
ZEGERID	POW 20-1680	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 20-1680 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
ZEGERID	POW 40-1680	Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
OMEPRABICAR POW 40-1680		Omeprazole-Sodium Bicarbonate Powd Pack for Susp 40-1680 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PROTONIX	TAB 20MG	Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
PANTOPRAZOLE TAB 20MG		Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PANTOPRAZOLE TAB 20MG DR		Pantoprazole Sodium EC Tab 20 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PANTOPRAZOLE TAB 40MG DR		Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PROTONIX	TAB 40MG	Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
PANTOPRAZOLE TAB 40MG		Pantoprazole Sodium EC Tab 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
PROTONIX	PAK	Pantoprazole Sodium For Delayed Release Susp Packet 40 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	PA
PROTONIX	INJ 40MG	Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PANTOPRAZOLE INJ SOD 40MG	Pantoprazole Sodium For IV Soln 40 MG (Base Equiv)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
PHENOHYTRO ELX	PB-Hyoscy-Atrop-Scopol Elix 16.2-0.1037-0.0194-0.0065 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
PHENO/BELLA ELX ALKALOID	PB-Hyoscy-Atrop-Scopol Elix 16.2-0.1037-0.0194-0.0065 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
DONNATAL ELX	PB-Hyoscy-Atrop-Scopol Elix 16.2-0.1037-0.0194-0.0065 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
DONNATAL ELX GRAPE	PB-Hyoscy-Atrop-Scopol Elix 16.2-0.1037-0.0194-0.0065 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
DONNATAL ELX MINT	PB-Hyoscy-Atrop-Scopol Elix 16.2-0.1037-0.0194-0.0065 MG/5ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
PHENOHYTRO TAB	PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
DONNATAL TAB 16.2MG	PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
BELLA ALK/PB TAB 16.2MG	PB-Hyoscy-Atrop-Scopol Tab 16.2-0.1037-0.0194-0.0065 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
PROPANTHELIN POW BROMIDE	Propantheline Bromide Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
PROPANTHELIN POW BROMIDE	Propantheline Bromide Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
PROPANTHELIN TAB 15MG	Propantheline Bromide Tab 15 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ACIPHEX SPR CAP 10MG	Rabeprazole Sodium Capsule Sprinkle DR 10 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ACIPHEX SPR CAP 5MG	Rabeprazole Sodium Capsule Sprinkle DR 5 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
ACIPHEX TAB 20MG	Rabeprazole Sodium EC Tab 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
RABEPRAZOLE TAB 20MG	Rabeprazole Sodium EC Tab 20 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE CAP 150MG	Ranitidine HCl Cap 150 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE CAP 150MG	Ranitidine HCl Cap 150 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE CAP 300MG	Ranitidine HCl Cap 300 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE CAP 300MG	Ranitidine HCl Cap 300 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
ZANTAC INJ 25MG/ML	Ranitidine HCl Inj 1000 MG/40ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
RANITIDINE INJ 150/6ML	Ranitidine HCl Inj 150 MG/6ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ZANTAC INJ 25MG/ML	Ranitidine HCl Inj 150 MG/6ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
RANITIDINE INJ 150/6ML	Ranitidine HCl Inj 150 MG/6ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
ZANTAC INJ 50MG/2ML	Ranitidine HCl Inj 50 MG/2ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
RANITIDINE INJ 50MG/2ML	Ranitidine HCl Inj 50 MG/2ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
RANITIDINE INJ 50MG/2ML	Ranitidine HCl Inj 50 MG/2ML (25 MG/ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	No	No	
RANITIDINE SYP 150/10ML	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE SYP 15MG/ML	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE SYP 75MG/5ML	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
RANITIDINE TAB 150MG	Ranitidine HCl Tab 150 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
ZANTAC TAB 300MG	Ranitidine HCl Tab 300 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
RANITIDINE TAB 300MG	Ranitidine HCl Tab 300 MG	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
SCOPOLAMINE POW HBR	Scopolamine HBr Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
SUCRALFATE POW	Sucralfate Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
SUCRALFATE POW	Sucralfate Powder	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	No	No	
CARAFATE SUS 1GM/10ML	Sucralfate Susp 1 GM/10ML	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	
SUCRALFATE TAB 1GM	Sucralfate Tab 1 GM	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Generic	Yes	No	
CARAFATE TAB 1GM	Sucralfate Tab 1 GM	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER GICS	Non-Preferred	Yes	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
UTA	CAP 120MG	*Methenamine-Hyoscamine-Meth Blue-Sod Phos Cap 120 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
UROGESIC-	TAB BLUE	*Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
ME/NAPHOS/MB TAB HYO 1		*Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URYL	TAB	*Methenamine-Hyoscamine-Meth Blue-Sod Phos Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
UROAV-B	CAP	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
VILAMIT MB	CAP 118MG	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URO-MP	CAP 118MG	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URIBEL	CAP 118MG	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 118 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
USTELL	CAP	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 120 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
UTICAP	CAP	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Cap 120 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URIMAR-T	TAB	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 120 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
VILEVEV MB	TAB 81MG	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URO-458	TAB	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
UROAV-81	TAB	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URELLE	TAB	*Methenamine-Hyosc-Meth Blue-Sod Phos-Phen Sal Tab 81 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
URIN D/S	TAB	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
UTRONA-C	TAB	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
UTIRA-C	TAB	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
URETRON D/S TAB	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
PHOSPHASAL TAB	*Methenamine-Hyos-Meth Blue-Sod Phos-Phen Sal Tab 81.6 MG***	URINARY ANTI-INFECTIVES	Generic	No	No	
MONUROL PAK GRANULES	Fosfomycin Tromethamine Powd Pack 3 GM (Base Equivalent)	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
HIPREX TAB 1GM	Methenamine Hippurate Tab 1 GM	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
METHENAM HIP TAB 1GM	Methenamine Hippurate Tab 1 GM	URINARY ANTI-INFECTIVES	Generic	No	No	
METHENAM MAN TAB 500MG	Methenamine Mandelate Tab 0.5 GM	URINARY ANTI-INFECTIVES	Generic	No	No	
METHENAM MAN TAB 500MG	Methenamine Mandelate Tab 0.5 GM	URINARY ANTI-INFECTIVES	Generic	No	No	
METHENAM MAN TAB 1000MG	Methenamine Mandelate Tab 1 GM	URINARY ANTI-INFECTIVES	Generic	No	No	
METHENAM MAN TAB 1GM	Methenamine Mandelate Tab 1 GM	URINARY ANTI-INFECTIVES	Generic	No	No	
HYOPHEN TAB	Methenamine-Hyosc-Meth Blue-Benz Acid-Phenyl Sal Tab 81.6MG	URINARY ANTI-INFECTIVES	Generic	No	No	
NALIDIXIC POW ACID	Nalidixic Acid Powder	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
NITROFURAN POW ANHYDROU	Nitrofurantoin Macrocrystal Powder	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
NITROFUR MAC CAP 100MG	Nitrofurantoin Macrocrystalline Cap 100 MG	URINARY ANTI-INFECTIVES	Generic	No	No	
MACRODANTIN CAP 100MG	Nitrofurantoin Macrocrystalline Cap 100 MG	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	PA
MACRODANTIN CAP 25MG	Nitrofurantoin Macrocrystalline Cap 25 MG	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	PA
NITROFUR MAC CAP 25MG	Nitrofurantoin Macrocrystalline Cap 25 MG	URINARY ANTI-INFECTIVES	Generic	No	No	
MACRODANTIN CAP 50MG	Nitrofurantoin Macrocrystalline Cap 50 MG	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	PA
NITROFUR MAC CAP 50MG	Nitrofurantoin Macrocrystalline Cap 50 MG	URINARY ANTI-INFECTIVES	Generic	No	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
NITROFUR MAC CAP 50MG	Nitrofurantoin Macrocrystalline Cap 50 MG	URINARY ANTI-INFECTIVES	Generic	No	No	
NITROFURANTN CAP 100MG	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	URINARY ANTI-INFECTIVES	Generic	No	No	
MACROBID CAP 100MG	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
NITROFURANTN SUS 25MG/5ML	Nitrofurantoin Susp 25 MG/5ML	URINARY ANTI-INFECTIVES	Generic	No	No	
FURADANTIN SUS 25MG/5ML	Nitrofurantoin Susp 25 MG/5ML	URINARY ANTI-INFECTIVES	Non-Preferred	No	No	
BETHANECHOL TAB 10MG	Bethanechol Chloride Tab 10 MG	URINARY ANTISPASMODICS	Generic	No	No	
URECHOLINE TAB 10MG	Bethanechol Chloride Tab 10 MG	URINARY ANTISPASMODICS	Non-Preferred	No	No	
URECHOLINE TAB 25MG	Bethanechol Chloride Tab 25 MG	URINARY ANTISPASMODICS	Non-Preferred	No	No	
BETHANECHOL TAB 25MG	Bethanechol Chloride Tab 25 MG	URINARY ANTISPASMODICS	Generic	No	No	
URECHOLINE TAB 5MG	Bethanechol Chloride Tab 5 MG	URINARY ANTISPASMODICS	Non-Preferred	No	No	
BETHANECHOL TAB 5MG	Bethanechol Chloride Tab 5 MG	URINARY ANTISPASMODICS	Generic	No	No	
BETHANECHOL TAB 50MG	Bethanechol Chloride Tab 50 MG	URINARY ANTISPASMODICS	Generic	No	No	
URECHOLINE TAB 50MG	Bethanechol Chloride Tab 50 MG	URINARY ANTISPASMODICS	Non-Preferred	No	No	
DARIFENACIN TAB 15MG	Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	URINARY ANTISPASMODICS	Generic	Yes	No	
ENABLEX TAB 15MG	Darifenacin Hydrobromide Tab ER 24HR 15 MG (Base Equiv)	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	PA
DARIFENACIN TAB 7.5MG	Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	URINARY ANTISPASMODICS	Generic	Yes	No	
ENABLEX TAB 7.5MG	Darifenacin Hydrobromide Tab ER 24HR 7.5 MG (Base Equiv)	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	PA
TOVIAZ TAB 4MG	Fesoterodine Fumarate Tab ER 24HR 4 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TOVIAZ	TAB 8MG	Fesoterodine Fumarate Tab ER 24HR 8 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
FLAVOXATE	TAB 100MG	Flavoxate HCl Tab 100 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
MYRBETRIQ	TAB 25MG	Mirabegron Tab ER 24 HR 25 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
MYRBETRIQ	TAB 50MG	Mirabegron Tab ER 24 HR 50 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
OXYBUTYNIN	SYP 5MG/5ML	Oxybutynin Chloride Syrup 5 MG/5ML	URINARY ANTISPASMODICS	Generic	Yes	No	
OXYBUTYNIN	TAB 5MG	Oxybutynin Chloride Tab 5 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
OXYBUTYNIN	TAB 10MG ER	Oxybutynin Chloride Tab ER 24HR 10 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
DITROPAN XL	TAB 10MG	Oxybutynin Chloride Tab ER 24HR 10 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
OXYBUTYNIN	TAB 15MG ER	Oxybutynin Chloride Tab ER 24HR 15 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
OXYBUTYNIN	TAB 5MG ER	Oxybutynin Chloride Tab ER 24HR 5 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
DITROPAN XL	TAB 5MG	Oxybutynin Chloride Tab ER 24HR 5 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
OXYBUTYNIN	TAB 5MG ER	Oxybutynin Chloride Tab ER 24HR 5 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
GELNIQUE	GEL 10% PUMP	Oxybutynin Chloride TD Gel 10%	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
GELNIQUE	GEL 10%	Oxybutynin Chloride TD Gel 10%	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
GELNIQUE	GEL 10%	Oxybutynin Chloride TD Gel 10%	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
OXYTROL	DIS 3.9MG/24	Oxybutynin TD Patch Twice Weekly 3.9 MG/24HR	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	PA
VESICARE	TAB 10MG	Solifenacin Succinate Tab 10 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
VESICARE	TAB 5MG	Solifenacin Succinate Tab 5 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
TOLTERODINE CAP 2MG ER	Tolterodine Tartrate Cap ER 24HR 2 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
DETROL LA CAP 2MG	Tolterodine Tartrate Cap ER 24HR 2 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	PA
TOLTERODINE CAP 4MG ER	Tolterodine Tartrate Cap ER 24HR 4 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
DETROL LA CAP 4MG	Tolterodine Tartrate Cap ER 24HR 4 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	PA
TOLTERODINE TAB 1MG	Tolterodine Tartrate Tab 1 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
DETROL TAB 1MG	Tolterodine Tartrate Tab 1 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
TOLTERODINE TAB 2MG	Tolterodine Tartrate Tab 2 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
DETROL TAB 2MG	Tolterodine Tartrate Tab 2 MG	URINARY ANTISPASMODICS	Non-Preferred	Yes	No	
TROSPIMUM CHL CAP 60MG ER	Trospium Chloride Cap ER 24HR 60 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
TROSPIMUM CL TAB 20MG	Trospium Chloride Tab 20 MG	URINARY ANTISPASMODICS	Generic	Yes	No	
VAXCHORA SUS	*Cholera Vaccine Live Attenuated For Oral Susp**	VACCINES	Non-Preferred	No	No	
BIOTHRAX INJ	Anthrax Vaccine Adsorbed Inj	VACCINES	Non-Preferred	No	No	
BCG VACCINE INJ	BCG Vaccine Inj	VACCINES	Non-Preferred	No	Yes	
PEDVAX HIB INJ	Haemophilus B Polysaccharide Conj Vac IM Susp 7.5 MCG/0.5 ML	VACCINES	No Cost	No	No	
HIBERIX SOL 10MCG	Haemophilus B Polysaccharide Conjugate Vac For Inj 10 MCG	VACCINES	No Cost	No	No	
ACTHIB INJ	Haemophilus B Polysaccharide Conjugate Vaccine For Inj	VACCINES	No Cost	No	No	
TWINRIX INJ	Hepatitis A (Inact)-Hep B (Recomb) Vac Inj 720-20 ELU-MCG/ML	VACCINES	No Cost	No	No	
HAVRIX INJ 1440UNIT	Hepatitis A Vaccine Inj Susp 1440 EL Unit/ML	VACCINES	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VAQTA	INJ 25/0.5ML	Hepatitis A Vaccine Inj Susp 25 Unit/0.5ML	VACCINES	No Cost	No	No	
VAQTA	INJ 50UNT/ML	Hepatitis A Vaccine Inj Susp 50 Unit/ML	VACCINES	No Cost	No	No	
HAVRIX	INJ 720UNIT	Hepatitis A Vaccine Inj Susp 720 EL Unit/0.5ML	VACCINES	No Cost	No	No	
ENGERIX-B	INJ 10/0.5ML	Hepatitis B Vaccine (Recombinant) 10 MCG/0.5ML	VACCINES	No Cost	No	No	
ENGERIX-B	INJ 20MCG/ML	Hepatitis B Vaccine (Recombinant) 20 MCG/ML	VACCINES	No Cost	No	No	
ENGERIX-B	INJ 10/0.5ML	Hepatitis B Vaccine (Recombinant) Susp 10 MCG/0.5ML	VACCINES	No Cost	No	No	
RECOMBIVA HB INJ 10MCG/ML		Hepatitis B Vaccine (Recombinant) Susp 10 MCG/ML	VACCINES	No Cost	No	No	
ENGERIX-B	INJ 20MCG/ML	Hepatitis B Vaccine (Recombinant) Susp 20 MCG/ML	VACCINES	No Cost	No	No	
RECOMBIVA-HB INJ 40MCG/ML		Hepatitis B Vaccine (Recombinant) Susp 40 MCG/ML	VACCINES	No Cost	No	No	
RECOMBIVA HB INJ 5MCG/0.5		Hepatitis B Vaccine (Recombinant) Susp 5 MCG/0.5ML	VACCINES	No Cost	No	No	
HEPLISAV-B	INJ 20MCG	Hepatitis B Vaccine Recombinant Adjuvanted 20 MCG/0.5ML	VACCINES	No Cost	No	No	
GARDASIL 9	INJ	Human Papillomavirus (HPV) 9-Valent Recomb Vac IM Susp	VACCINES	No Cost	No	No	
GARDASIL 9	INJ	Human Papillomavirus (HPV) 9-Valent Recomb Vac Susp Pref Syr	VACCINES	No Cost	No	No	
CERVARIX	INJ	Human Papillomavirus (HPV) Bival (type 16, 18) Recmb Vac Inj	VACCINES	No Cost	No	No	
GARDASIL	INJ	Human Papillomavirus (HPV) Quadrivalent Recombinant Vac Inj	VACCINES	No Cost	No	No	
FLUBLOK QUAD INJ 2017-18		Influenza Vac Recomb HA Quad PF Soln Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUCLVX QUAD INJ 2016-17		Influenza Vac Tiss-Cult Subunt Quad Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUCLVX QUAD INJ 2017-18		Influenza Vac Tiss-Cult Subunt Quad Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLUCLVX QUAD INJ 2017-18		Influenza Vac Tissue-Cultured Subunit Quadrivalent IM Susp	VACCINES	No Cost	No	No	
FLUAD	INJ 2016-17	Influenza Vac Type A&B Surface Ant Adj Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUAD	INJ 2017-18	Influenza Vac Type A&B Surface Ant Adj Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUVIRIN	INJ 2015-16	Influenza Vac Type A&B Surface Antigen Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUVIRIN	INJ 2016-17	Influenza Vac Type A&B Surface Antigen Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUVIRIN	INJ 2017-18	Influenza Vac Type A&B Surface Antigen Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
FLUBLOK	SOL 2015-16	Influenza Virus Vac Recombinant Hemagglutinin (HA) PF Inj	VACCINES	No Cost	No	No	
FLUBLOK	SOL 2017-18	Influenza Virus Vac Recombinant Hemagglutinin (HA) PF Inj	VACCINES	No Cost	No	No	
FLUBLOK	SOL 2016-17	Influenza Virus Vac Recombinant Hemagglutinin (HA) PF Inj	VACCINES	No Cost	No	No	
FLUZONE HD	INJ PF 16-17	Influenza Virus Vac Split High-Dose PF Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
FLUZONE HD	INJ PF 17-18	Influenza Virus Vac Split High-Dose PF Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
EZ FLU SHOT	KIT 2016-17	Influenza Virus Vac Split Quad Inj Prefilled Syr Kit 0.25 ML	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2016-17		Influenza Virus Vac Split Quad Intradermal Pen 9 MCG/Strain	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2017-18		Influenza Virus Vac Split Quad Intradermal Pen 9 MCG/Strain	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2017-18		Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.25 ML	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2016-17		Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.25 ML	VACCINES	No Cost	No	No	
FLULAVAL QUA INJ 2016-17		Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
FLUARIX QUAD INJ 2016-17		Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLULAVAL QUA INJ 2017-18	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2016-17	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
AFLURIA QUAD INJ PF 17-18	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
FLUARIX QUAD INJ 2017-18	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
AFLURIA QUAD INJ PF 16-17	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2017-18	Influenza Virus Vac Split Quadrivalent Susp Pref Syr 0.5ML	VACCINES	No Cost	No	No	
FLUCELVAX INJ 2015-16	Influenza Virus Vac Tiss-Cult Subunit Susp Pref Syr 0.5 ML	VACCINES	No Cost	No	No	
EZ FLU SHOT INJ PF 14-15	Influenza Virus Vac Types A & B PF Pref Syringe Kit 0.5 ML	VACCINES	No Cost	No	No	
EZ FLU SHOT KIT 2016-17	Influenza Virus Vac Types A & B PF Pref Syringe Kit 0.5 ML	VACCINES	No Cost	No	No	
FLUMIST QUAD SUS 2016-17	Influenza Virus Vaccine Live Quadrivalent Intranasal Susp	VACCINES	No Cost	No	No	
FLUMIST QUAD SUS 2017-18	Influenza Virus Vaccine Live Quadrivalent Intranasal Susp	VACCINES	No Cost	No	No	
AFLURIA INJ 2016-17	Influenza Virus Vaccine Split IM Susp	VACCINES	No Cost	No	No	
AFLURIA INJ 2017-18	Influenza Virus Vaccine Split IM Susp	VACCINES	No Cost	No	No	
EZ FLU SHOT KIT 2016-17	Influenza Virus Vaccine Split PF Susp Pref Syr Kit 0.5 ML	VACCINES	No Cost	No	No	
AFLURIA INJ PF 17-18	Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML	VACCINES	No Cost	No	No	
AFLURIA INJ PF 16-17	Influenza Virus Vaccine Split PF Susp Pref Syringe 0.5 ML	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2016-17	Influenza Virus Vaccine Split Quadrivalent IM Inj	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2017-18	Influenza Virus Vaccine Split Quadrivalent IM Inj	VACCINES	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
FLULAVAL QUA INJ 2017-18	Influenza Virus Vaccine Split Quadrivalent IM Inj	VACCINES	No Cost	No	No	
FLULAVAL QUA INJ 2016-17	Influenza Virus Vaccine Split Quadrivalent IM Inj	VACCINES	No Cost	No	No	
AFLURIA QUAD INJ 2017-18	Influenza Virus Vaccine Split Quadrivalent IM Inj	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2017-18	Influenza Virus Vaccine Split Quadrivalent Inj 0.5 ML	VACCINES	No Cost	No	No	
FLUZONE QUAD INJ 2016-17	Influenza Virus Vaccine Split Quadrivalent Inj 0.5 ML	VACCINES	No Cost	No	No	
FLUVIRIN INJ 2016-17	Influenza Virus Vaccine Types A & B Surface Antigen IM Susp	VACCINES	No Cost	No	No	
FLUVIRIN INJ 2015-16	Influenza Virus Vaccine Types A & B Surface Antigen IM Susp	VACCINES	No Cost	No	No	
FLUVIRIN INJ 2017-18	Influenza Virus Vaccine Types A & B Surface Antigen IM Susp	VACCINES	No Cost	No	No	
IXIARO INJ	Japanese Encephalitis Vaccine Inactivated Adsorbed Inj	VACCINES	Non-Preferred	No	No	
M-M-R II INJ	Measles, Mumps & Rubella Virus Vaccines For Inj	VACCINES	No Cost	No	No	
PROQUAD INJ	Measles-Mumps-Rubella-Varicella Virus Vaccines For Susp	VACCINES	No Cost	No	No	
MENACTRA INJ	Meningococcal (A, C, Y, and W-135) Conjugate Vaccine Inj	VACCINES	No Cost	No	No	
MENVEO INJ	Meningococcal (A, C, Y, and W-135) Oligo Conj Vac For Inj	VACCINES	No Cost	No	No	
MENHIBRIX INJ	Meningococcal (C & Y)-Haemophilus B Tet Tox Conj Vac For Inj	VACCINES	No Cost	No	No	
TRUMENBA INJ	Meningococcal Group B Vac (Recomb) IM Susp Prefilled Syr	VACCINES	No Cost	No	No	
BEXSERO INJ	Meningococcal Vac B (Recomb OMV Adjuv) Inj Prefilled Syringe	VACCINES	No Cost	No	No	
MENOMUNE INJ A/C/Y/W	Meningococcal Vaccine A, C, Y, and W-135 Inj	VACCINES	No Cost	No	No	
PREVNAR 13 INJ	Pneumococcal 13-Valent Conjugate Vaccine Inj	VACCINES	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PNEUMOVAX 23 INJ 25/0.5		Pneumococcal Vaccine Polyvalent Inj 25 MCG/0.5ML	VACCINES	No Cost	No	No	
IPOL	INJ INACTIVE	Poliovirus Vaccine, IPV Injection	VACCINES	No Cost	No	No	
RABAVERT	INJ	Rabies Vaccine, PCEC For Inj	VACCINES	Non-Preferred	No	No	
IMOVAX RABIE INJ 2.5/ML		Rabies Virus Vaccine, HDC Inj	VACCINES	Non-Preferred	No	No	
ROTARIX	SUS	Rotavirus Vaccine, Live For Oral Susp	VACCINES	No Cost	No	No	
ROTATEQ	SOL	Rotavirus Vaccine, Live Oral Pentavalent Soln	VACCINES	No Cost	No	No	
VIVOTIF	CAP EC	Typhoid Vaccine Cap Delayed Release	VACCINES	Non-Preferred	No	No	
TYPHIM VI	INJ	Typhoid VI Polysaccharide Intramuscular Vac Inj 25 MCG/0.5ML	VACCINES	Non-Preferred	No	No	
VARIVAX	INJ	Varicella Virus Vac Live For Subcutaneous Inj 1350 PFU/0.5ML	VACCINES	No Cost	No	No	
STAMARIL	INJ	Yellow Fever Vaccine For Inj Suspension	VACCINES	Non-Preferred	No	No	
YF-VAX	INJ	Yellow Fever Vaccine Subcutaneous Inj	VACCINES	Non-Preferred	No	No	
SHINGRIX	INJ 50MCG	Zoster Vac Recombinant Adjuvanted for IM Inj 50 MCG/0.5ML	VACCINES	No Cost	No	No	
ZOSTAVAX	INJ	Zoster Vaccine Live For Subcutaneous Susp 19400 Unit/0.65ML	VACCINES	No Cost	No	No	
RELAGARD	GEL	Acetic Acid-Oxyquinoline Vaginal Gel 0.9-0.025%	VAGINAL PRODUCTS	Generic	No	No	
FEM PH	GEL	Acetic Acid-Oxyquinoline Vaginal Gel 0.9-0.025%	VAGINAL PRODUCTS	Non-Preferred	No	No	
GYNAZOLE-1 CRE 2%		Butoconazole Nitrate (One Dose) Vaginal Cream 2%	VAGINAL PRODUCTS	Non-Preferred	No	No	
CLINDESSE CRE 2%		Clindamycin Phosphate (One Dose) Vaginal Cream 2%	VAGINAL PRODUCTS	Non-Preferred	No	No	
CLEOCIN	CRE 2% VAG	Clindamycin Phosphate Vaginal Cream 2%	VAGINAL PRODUCTS	Non-Preferred	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
CLINDAMYCIN	CRE 2% VAG	Clindamycin Phosphate Vaginal Cream 2%	VAGINAL PRODUCTS	Generic	No	No	
CLEOCIN	SUP 100MG	Clindamycin Phosphate Vaginal Suppos 100 MG	VAGINAL PRODUCTS	Non-Preferred	No	No	
FEMRING	MIS 0.05/24H	Estradiol Acetate Vaginal Ring 0.05 MG/24HR	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
FEMRING	MIS 0.1MG/24	Estradiol Acetate Vaginal Ring 0.1 MG/24HR	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
ESTRADIOL	CRE 0.01%	Estradiol Vaginal Cream 0.1 MG/GM	VAGINAL PRODUCTS	Generic	Yes	No	
ESTRACE VAG	CRE 0.01%	Estradiol Vaginal Cream 0.1 MG/GM	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
IMVEXXY	STRT SUP 10MCG	Estradiol Vaginal Insert 10 MCG	VAGINAL PRODUCTS	Non-Preferred	Yes	No	PA
IMVEXXY	MAIN SUP 10MCG	Estradiol Vaginal Insert 10 MCG	VAGINAL PRODUCTS	Non-Preferred	Yes	No	PA
IMVEXXY	MAIN SUP 4MCG	Estradiol Vaginal Insert 4 MCG	VAGINAL PRODUCTS	Non-Preferred	Yes	No	PA
IMVEXXY	STRT SUP 4MCG	Estradiol Vaginal Insert 4 MCG	VAGINAL PRODUCTS	Non-Preferred	Yes	No	PA
ESTRING	MIS 2MG	Estradiol Vaginal Ring 2 MG (7.5 MCG/24HRS)	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
ESTRADIOL	TAB 10MCG	Estradiol Vaginal Tab 10 MCG	VAGINAL PRODUCTS	Generic	Yes	No	
ESTRADIOL	TAB 10MCG	Estradiol Vaginal Tab 10 MCG	VAGINAL PRODUCTS	Generic	Yes	No	
VAGIFEM	TAB 10MCG	Estradiol Vaginal Tab 10 MCG	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
YUVAFEM	TAB 10MCG	Estradiol Vaginal Tab 10 MCG	VAGINAL PRODUCTS	Generic	Yes	No	
PREMARIN VAG	CRE 0.625MG	Estrogens, Conjugated Vaginal Cream 0.625 MG/GM	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
METROGEL-VAG	GEL 0.75%	Metronidazole Vaginal Gel 0.75%	VAGINAL PRODUCTS	Non-Preferred	No	No	
METRONIDAZOL	GEL 0.75%VAG	Metronidazole Vaginal Gel 0.75%	VAGINAL PRODUCTS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
VANDAZOLE	GEL 0.75%	Metronidazole Vaginal Gel 0.75%	VAGINAL PRODUCTS	Generic	No	No	
NUVESSA	GEL 1.3%	Metronidazole Vaginal Gel 1.3%	VAGINAL PRODUCTS	Non-Preferred	No	No	PA
MICONAZOLE 3 SUP 200MG		Miconazole Nitrate Vaginal Suppos 200 MG	VAGINAL PRODUCTS	Generic	No	No	
VCF VAGINAL	MIS CONTRACP	Nonoxynol-9 Film 28%	VAGINAL PRODUCTS	No Cost	No	No	
VCF VAGINAL	AER CONTRACP	Nonoxynol-9 Foam 12.5%	VAGINAL PRODUCTS	No Cost	No	No	
SHUR-SEAL	GEL 2%	Nonoxynol-9 Gel 2%	VAGINAL PRODUCTS	No Cost	No	No	
GYNOL II	GEL 3%	Nonoxynol-9 Gel 3%	VAGINAL PRODUCTS	No Cost	No	No	
VCF VAGINAL	GEL CONTRACE	Nonoxynol-9 Gel 4%	VAGINAL PRODUCTS	No Cost	No	No	
CONCEPTROL	GEL 4%	Nonoxynol-9 Gel 4%	VAGINAL PRODUCTS	No Cost	No	No	
TODAY SPONGE MIS		Nonoxynol-9 Vaginal Sponge 1000 MG	VAGINAL PRODUCTS	No Cost	No	No	
ENCARE	SUP 100MG	Nonoxynol-9 Vaginal Suppos 100 MG	VAGINAL PRODUCTS	No Cost	No	No	
TRIMO-SAN	GEL	Oxyquinoline Sulfate-Sod Lauryl Sulfate Vag Gel 0.025-0.01%	VAGINAL PRODUCTS	Non-Preferred	No	No	PA
INTRAROSA	SUP 6.5MG	Prasterone Vaginal Insert 6.5 MG	VAGINAL PRODUCTS	Non-Preferred	Yes	No	
CRINONE	GEL 4% VAG	Progesterone Vaginal Gel 4%	VAGINAL PRODUCTS	Non-Preferred	No	No	
CRINONE	GEL 8% VAG	Progesterone Vaginal Gel 8%	VAGINAL PRODUCTS	Non-Preferred	No	No	
ENDOMETRIN	SUP 100MG	Progesterone Vaginal Insert 100 MG	VAGINAL PRODUCTS	Preferred	No	No	
PROGESTERONE SUP VGS 100		Progesterone Vaginal Suppository 100 MG	VAGINAL PRODUCTS	Non-Preferred	No	No	
PROGESTERONE SUP VGS 200		Progesterone Vaginal Suppository 200 MG	VAGINAL PRODUCTS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
AVC	CRE 15%	Sulfanilamide Vaginal Cream 15%	VAGINAL PRODUCTS	Non-Preferred	No	No	
TERCONAZOLE	CRE 0.4%	Terconazole Vaginal Cream 0.4%	VAGINAL PRODUCTS	Generic	No	No	
TERCONAZOLE	CRE 0.8%	Terconazole Vaginal Cream 0.8%	VAGINAL PRODUCTS	Generic	No	No	
TERCONAZOLE	SUP 80MG	Terconazole Vaginal Suppos 80 MG	VAGINAL PRODUCTS	Generic	No	No	
ADYPHREN II	KIT	*Epinephrine Inj Kit 1 MG/ML (1:1000)**	VASOPRESSORS	Non-Preferred	No	No	PA
ADYPHREN	KIT	*Epinephrine Inj Kit 1 MG/ML (1:1000)**	VASOPRESSORS	Non-Preferred	No	No	PA
EPISNAP	KIT	*Epinephrine Inj Kit 1 MG/ML (1:1000)**	VASOPRESSORS	Non-Preferred	No	No	PA
EPINPHEPHRIN	KIT SNAP-V	*Epinephrine Inj Kit 1 MG/ML (1:1000)**	VASOPRESSORS	Non-Preferred	No	No	PA
ADYPHREN AMP	KIT 1MG/ML	*Epinephrine Inj Kit 1 MG/ML (1:1000)**	VASOPRESSORS	Non-Preferred	No	No	PA
GIAPREZA	INJ 2.5MG	Angiotensin II Acetate IV Soln 2.5 MG/ML (Base Equivalent)	VASOPRESSORS	Non-Preferred	No	No	PA
DOBUTAMINE	INJ 500MG	Dobutamine HCl Inj 12.5 MG/ML	VASOPRESSORS	Generic	No	No	
DOBUTAMINE	INJ 250MG	Dobutamine HCl Inj 12.5 MG/ML	VASOPRESSORS	Generic	No	No	
DOBUTAM/D5W	INJ 1MG/ML	Dobutamine Inj 1 MG/ML in D5W	VASOPRESSORS	Generic	No	No	
DOBUTAM/D5W	INJ 2MG/ML	Dobutamine Inj 2 MG/ML in D5W	VASOPRESSORS	Generic	No	No	
DOBUTAM/D5W	INJ 4MG/ML	Dobutamine Inj 4 MG/ML in D5W	VASOPRESSORS	Generic	No	No	
DOPAMINE	INJ 160MG/ML	Dopamine HCl Inj 160 MG/ML	VASOPRESSORS	Generic	No	No	
DOPAMINE	INJ 40MG/ML	Dopamine HCl Inj 40 MG/ML	VASOPRESSORS	Generic	No	No	
DOPAMINE	INJ 80MG/ML	Dopamine HCl Inj 80 MG/ML	VASOPRESSORS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
DOPAMINE/D5W INJ 0.8MG/ML		Dopamine Inj 0.8 MG/ML in D5W	VASOPRESSORS	Generic	No	No	
DOPAMINE/D5W INJ 1.6MG/ML		Dopamine Inj 1.6 MG/ML in D5W	VASOPRESSORS	Generic	No	No	
DOPAMINE/D5W INJ 3.2MG/ML		Dopamine Inj 3.2 MG/ML in D5W	VASOPRESSORS	Generic	No	No	
NORTHERA	CAP 100MG	Droxidopa Cap 100 MG	VASOPRESSORS	Non-Preferred	No	Yes	PA
NORTHERA	CAP 200MG	Droxidopa Cap 200 MG	VASOPRESSORS	Non-Preferred	No	Yes	PA
NORTHERA	CAP 300MG	Droxidopa Cap 300 MG	VASOPRESSORS	Non-Preferred	No	Yes	PA
EPHEDRINE SU INJ 50MG/ML		Ephedrine Sulfate Inj 50 MG/ML	VASOPRESSORS	Generic	No	No	
AKOVAZ	SOL 50MG/ML	Ephedrine Sulfate IV Soln 50 MG/ML	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRINE SU INJ 50MG/ML		Ephedrine Sulfate IV Soln 50 MG/ML	VASOPRESSORS	Generic	No	No	
EPHEDRINE SU INJ 50MG/ML		Ephedrine Sulfate IV Soln 50 MG/ML	VASOPRESSORS	Non-Preferred	No	No	
EPHEDRINE SU INJ 50MG/ML		Ephedrine Sulfate IV Soln 50 MG/ML	VASOPRESSORS	Non-Preferred	No	No	
EPHEDRIN SUL INJ 25MG/5ML		Ephedrine Sulfate Prefilled Syringe 25 MG/5ML (5 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI SULF SOL 250/5ML		Ephedrine Sulfate Prefilled Syringe 250 MG/5ML (50 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 100/10ML		Ephedrine Sulf-NaCl Sol Pref Syr 100 MG/10ML-0.9% (10 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 100/10ML		Ephedrine Sulf-NaCl Sol Pref Syr 100 MG/10ML-0.9% (10 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 10MG/ML		Ephedrine Sulf-NaCl Sol Pref Syr 100 MG/10ML-0.9% (10 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 2MG/2ML		Ephedrine Sulf-NaCl Soln Pref Syr 10 MG/5ML-0.9% (2 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 10MG/ML		Ephedrine Sulf-NaCl Soln Pref Syr 10 MG/ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EPHEDRI/NACL SOL 10MG/ML	Ephedrine Sulf-NaCl Soln Pref Syr 10 MG/ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 25MG/5ML	Ephedrine Sulf-NaCl Soln Pref Syr 25 MG/5ML-0.9% (5 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 25MG/5ML	Ephedrine Sulf-NaCl Soln Pref Syr 25 MG/5ML-0.9% (5 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL INJ 50/10ML	Ephedrine Sulf-NaCl Soln Pref Syr 50 MG/10ML-0.9% (5 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL INJ 50/10ML	Ephedrine Sulf-NaCl Soln Pref Syr 50 MG/10ML-0.9% (5 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL SOL 10MG/ML	Ephedrine Sulf-NaCl Soln Pref Syr 50 MG/5ML-0.9% (10 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL INJ 50MG/5ML	Ephedrine Sulf-NaCl Soln Pref Syr 50 MG/5ML-0.9% (10 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPHEDRI/NACL INJ 50MG/5ML	Ephedrine Sulf-NaCl Soln Pref Syr 50 MG/5ML-0.9% (10 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 1/250ML	Epinephrine HCl-Dextrose IV Soln 1 MG/250ML-5% (4 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 16/250ML	Epinephrine HCl-Dextrose IV Soln 16 MG/250ML-5% (64 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 2/250ML	Epinephrine HCl-Dextrose IV Soln 2 MG/250ML-5% (8 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 4/250ML	Epinephrine HCl-Dextrose IV Soln 4 MG/250ML-5% (16 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 5/250ML	Epinephrine HCl-Dextrose IV Soln 5 MG/250ML-5% (20 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 8/250ML	Epinephrine HCl-Dextrose IV Soln 8 MG/250ML-5% (32 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ	Epinephrine HCl-NaCl IV Sol Pref Syr 1000 MCG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 1000/20	Epinephrine HCl-NaCl IV Sol Pref Syr 1000 MCG/20ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 200/20ML	Epinephrine HCl-NaCl IV Sol Pref Syr 200 MCG/20ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 500/10ML	Epinephrine HCl-NaCl IV Sol Pref Syr 500 MCG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
EPINEPH/NACL SOL 1/250ML	Epinephrine HCl-NaCl IV Soln 1 MG/250ML-0.9% (4 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHRINE INJ 16/250ML	Epinephrine HCl-NaCl IV Soln 16 MG/250ML-0.9% (64 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL SOL 2/250ML	Epinephrine HCl-NaCl IV Soln 2 MG/250ML-0.9% (8 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL SOL 4/250ML	Epinephrine HCl-NaCl IV Soln 4 MG/250ML-0.9% (16 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL SOL 8/250ML	Epinephrine HCl-NaCl IV Soln 8 MG/250ML-0.9% (32 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL SOL 8/250ML	Epinephrine HCl-NaCl IV Soln 8 MG/250ML-0.9% (32 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 100/10ML	Epinephrine HCl-NaCl IV Soln Pref Syr 100 MCG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 100/10ML	Epinephrine HCl-NaCl IV Soln Pref Syr 100 MCG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ	Epinephrine HCl-NaCl IV Soln Pref Syr 160 MCG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 200/10ML	Epinephrine HCl-NaCl IV Soln Pref Syr 200 MCG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 50MCG/5M	Epinephrine HCl-NaCl IV Soln Pref Syr 50 MCG/5ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ 50MCG/5M	Epinephrine HCl-NaCl IV Soln Pref Syr 50 MCG/5ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL INJ	Epinephrine HCl-NaCl IV Soln Pref Syr 800 MCG/50ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
ADRENALIN INJ 1MG/ML	Epinephrine Inj 1 MG/ML (1:1000)	VASOPRESSORS	Non-Preferred	No	No	
EPINEPHRINE INJ 1MG/ML	Epinephrine Inj 30 MG/30ML	VASOPRESSORS	Generic	No	No	PA
ADRENALIN INJ 30/30ML	Epinephrine Inj 30 MG/30ML (1 MG/ML) (1:1000)	VASOPRESSORS	Non-Preferred	No	No	
EPINEPHRINE INJ 1MG/ML	Epinephrine PF Inj 1 MG/ML	VASOPRESSORS	Generic	No	No	
EPINEPHRINE INJ 1MG/ML	Epinephrine PF Inj 1 MG/ML	VASOPRESSORS	Non-Preferred	No	No	

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EPINEPHRINE INJ 0.1MG/ML	Epinephrine PF Soln Prefilled Syringe 1 MG/10ML (0.1 MG/ML)	VASOPRESSORS	Generic	No	No	PA
EPINEPHRINE INJ 1MG/10ML	Epinephrine Soln Prefilled Syringe 1 MG/10ML (0.1 MG/ML)	VASOPRESSORS	Non-Preferred	No	No	
AUVI-Q INJ 0.1MG	Epinephrine Solution Auto-injector 0.1 MG/0.1ML	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHRINE INJ 0.15MG	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	VASOPRESSORS	Generic	No	No	
AUVI-Q INJ 0.15MG	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)	VASOPRESSORS	Non-Preferred	No	No	PA
EPIPEN-JR INJ 2-PAK	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	VASOPRESSORS	Preferred	No	No	
EPINEPHRINE INJ 0.15MG	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	VASOPRESSORS	Generic	No	No	
EPINEPHRINE INJ 0.3MG	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	VASOPRESSORS	Generic	No	No	
EPIPEN 2-PAK INJ 0.3MG	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	VASOPRESSORS	Preferred	No	No	
AUVI-Q INJ 0.3MG	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPHR/D5W SOL 2/250-5%	Epinephrine-Dextrose IV Soln 2 MG/250ML-5% (8 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL SOL 2/250ML	Epinephrine-NaCl IV Soln 2 MG/250ML-0.9% (8 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
EPINEPH/NACL SOL 1MG/10ML	Epinephrine-NaCl Soln Pref Syr 1 MG/10ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
MIDODRINE TAB 10MG	Midodrine HCl Tab 10 MG	VASOPRESSORS	Generic	No	No	
MIDODRINE TAB 2.5MG	Midodrine HCl Tab 2.5 MG	VASOPRESSORS	Generic	No	No	
MIDODRINE TAB 5MG	Midodrine HCl Tab 5 MG	VASOPRESSORS	Generic	No	No	
LEVOPHED INJ 1MG/ML	Norepinephrine Bitartrate IV Soln 1 MG/ML	VASOPRESSORS	Non-Preferred	No	No	
NOREPINEPHR INJ 1MG/ML	Norepinephrine Bitartrate IV Soln 1 MG/ML	VASOPRESSORS	Generic	No	No	

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NOREPINE/D5W INJ 40/10ML	Norepinephrine-Dextrose IV Soln Pref Syr 40 MCG/10ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINE/D5W INJ 16/250ML	Norepinephrine-Dextrose IV Solution 16 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINE/D5W INJ 16/250ML	Norepinephrine-Dextrose IV Solution 16 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINE/D5W INJ 4/250ML	Norepinephrine-Dextrose IV Solution 4 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINE/D5W INJ 4/500ML	Norepinephrine-Dextrose IV Solution 4 MG/500ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/D5W INJ 8/250ML	Norepinephrine-Dextrose IV Solution 8 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINEPHRI INJ DEXTROSE	Norepinephrine-Dextrose IV Solution 8 MG/500ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 0.08/10	Norepinephrine-NaCl IV Soln Prefilled Syr 0.08 MG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 0.16/10	Norepinephrine-NaCl IV Soln Prefilled Syr 0.16 MG/10ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 0.8/50ML	Norepinephrine-NaCl IV Soln Prefilled Syr 0.8 MG/50ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINEPHRI INJ NACL	Norepinephrine-NaCl IV Solution 15 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 16/250ML	Norepinephrine-NaCl IV Solution 16 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINEPHRI INJ NACL	Norepinephrine-NaCl IV Solution 16 MG/500ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 4/250ML	Norepinephrine-NaCl IV Solution 4 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 4/250ML	Norepinephrine-NaCl IV Solution 4 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 8/250ML	Norepinephrine-NaCl IV Solution 8 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPIN/NACL INJ 8/250ML	Norepinephrine-NaCl IV Solution 8 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
NOREPINEPHRI INJ NACL	Norepinephrine-NaCl IV Solution 8 MG/500ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHENYLEPHRIN INJ 10MG/ML	Phenylephrine HCl Inj 10 MG/ML	VASOPRESSORS	Non-Preferred	No	No	
VAZCULEP INJ 10MG/ML	Phenylephrine HCl IV Soln 10 MG/ML	VASOPRESSORS	Non-Preferred	No	No	
PHENYLEPHRIN INJ 10MG/ML	Phenylephrine HCl IV Soln 10 MG/ML	VASOPRESSORS	Generic	No	No	
PHENYLEPHRIN INJ 10MG/ML	Phenylephrine HCl IV Soln 10 MG/ML	VASOPRESSORS	Generic	No	No	
PHENYLEPHRIN INJ 0.4/10ML	Phenylephrine HCl IV Soln Pref Syr 0.4 MG/10ML (40 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	
PHENYLEP HCL INJ 0.8/10ML	Phenylephrine HCl IV Soln Pref Syr 0.8 MG/10ML (80 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	
PHENYLEP HCL INJ 1MG/10ML	Phenylephrine HCl IV Soln Pref Syr 1 MG/10ML (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	
PHENYL/D5W INJ 10/250	Phenylephrine-Dextrose IV Solution 10 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 100/250	Phenylephrine-Dextrose IV Solution 100 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 20/250ML	Phenylephrine-Dextrose IV Solution 20 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 20/500	Phenylephrine-Dextrose IV Solution 20 MG/500ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 200/250	Phenylephrine-Dextrose IV Solution 200 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 25/250ML	Phenylephrine-Dextrose IV Solution 25 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 30/250ML	Phenylephrine-Dextrose IV Solution 30 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 40/250ML	Phenylephrine-Dextrose IV Solution 40 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 50/250ML	Phenylephrine-Dextrose IV Solution 50 MG/250ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 50/500ML	Phenylephrine-Dextrose IV Solution 50 MG/500ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/D5W INJ 8/100ML	Phenylephrine-Dextrose IV Solution 8 MG/100ML-5%	VASOPRESSORS	Non-Preferred	No	No	PA

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Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHENYLEPHRIN INJ NACL	Phenylephrine-NaCl IV Solution 10 MG/100ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 10/250ML	Phenylephrine-NaCl IV Solution 10 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 10/250ML	Phenylephrine-NaCl IV Solution 10 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 100/100	Phenylephrine-NaCl IV Solution 100 MG/100ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 100/250	Phenylephrine-NaCl IV Solution 100 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 100/500	Phenylephrine-NaCl IV Solution 100 MG/500ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 20/250ML	Phenylephrine-NaCl IV Solution 20 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 20/250ML	Phenylephrine-NaCl IV Solution 20 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 200/250	Phenylephrine-NaCl IV Solution 200 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 25/250ML	Phenylephrine-NaCl IV Solution 25 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 30/250ML	Phenylephrine-NaCl IV Solution 30 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 40/250ML	Phenylephrine-NaCl IV Solution 40 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 40/250ML	Phenylephrine-NaCl IV Solution 40 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 40/500ML	Phenylephrine-NaCl IV Solution 40 MG/500ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 50/250ML	Phenylephrine-NaCl IV Solution 50 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 50/250ML	Phenylephrine-NaCl IV Solution 50 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 50/500ML	Phenylephrine-NaCl IV Solution 50 MG/500ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYLEPHRIN SOL 60/250ML	Phenylephrine-NaCl IV Solution 60 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
PHENYL/NACL INJ 80/250ML	Phenylephrine-NaCl IV Solution 80 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 80/250ML	Phenylephrine-NaCl IV Solution 80 MG/250ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 80/500ML	Phenylephrine-NaCl IV Solution 80 MG/500ML-0.9%	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYLEPHRIN INJ SODIUM C	Phenylephrine-NaCl Pref Syr 0.2 MG/2ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 0.4/10ML	Phenylephrine-NaCl Pref Syr 0.4 MG/10ML-0.9% (40 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYLEPHRIN INJ SODIUM C	Phenylephrine-NaCl Pref Syr 0.5 MG/10ML-0.9% (50 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYLEPHRIN INJ SODIUM	Phenylephrine-NaCl Pref Syr 0.5 MG/5ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYLEPHRIN INJ SODIUM	Phenylephrine-NaCl Pref Syr 0.5 MG/5ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL SOL 0.8/10ML	Phenylephrine-NaCl Pref Syr 0.8 MG/10ML-0.9% (80 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL SOL 0.8/10ML	Phenylephrine-NaCl Pref Syr 0.8 MG/10ML-0.9% (80 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 1MG/10ML	Phenylephrine-NaCl Pref Syr 1 MG/10ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 1MG/10ML	Phenylephrine-NaCl Pref Syr 1 MG/10ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 20/50ML	Phenylephrine-NaCl Pref Syr 20 MG/50ML-0.9% (400 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 20/50ML	Phenylephrine-NaCl Pref Syr 20 MG/50ML-0.9% (400 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 5MG/50ML	Phenylephrine-NaCl Pref Syr 5 MG/50ML-0.9% (100 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL INJ 100/10ML	Phenylephrine-NaCl Pref Syringe 0.1 MG/10ML-0.9% (10 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
PHENYL/NACL SOL 200/5ML	Phenylephrine-NaCl Pref Syringe 0.2 MG/5ML-0.9% (40 MCG/ML)	VASOPRESSORS	Non-Preferred	No	No	PA
WHEAT GERM OIL	*Wheat Germ - Oil***	VITAMINS	Non-Preferred	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ASCORBIC ACD INJ 500MG/ML		Ascorbic Acid Inj 500 MG/ML	VITAMINS	Generic	No	No	
ASCOR	SOL 25000MG	Ascorbic Acid IV Soln 25000 MG/50ML (500 MG/ML)	VITAMINS	Non-Preferred	No	No	PA
CA ASCORBATE POW DIHYDRAT		Calcium Ascorbate Powder	VITAMINS	Non-Preferred	No	No	
CA PANTOTHEN POW		Calcium Pantothenate Powder	VITAMINS	Non-Preferred	No	No	
CA-D-PANTOTH POW		Calcium Pantothenate Powder	VITAMINS	Non-Preferred	No	No	
CVS D3	CAP 400UNIT	Cholecalciferol Cap 400 Unit	VITAMINS	No Cost	No	No	
D3	CAP 400UNIT	Cholecalciferol Cap 400 Unit	VITAMINS	No Cost	No	No	
VITAMIN D3	CAP 400UNIT	Cholecalciferol Cap 400 Unit	VITAMINS	No Cost	No	No	
VITAMIN D	CAP 400UNIT	Cholecalciferol Cap 400 Unit	VITAMINS	No Cost	No	No	
D 400	CHW 400UNIT	Cholecalciferol Chew Tab 400 Unit	VITAMINS	No Cost	No	No	
VITAMIN D3	CHW 400UNIT	Cholecalciferol Chew Tab 400 Unit	VITAMINS	No Cost	No	No	
D-3 GUMMY	CHW 400UNIT	Cholecalciferol Chew Tab 400 Unit	VITAMINS	No Cost	No	No	
D3 KIDS	CHW 400UNIT	Cholecalciferol Chew Tab 400 Unit	VITAMINS	No Cost	No	No	
VITAMIN D	CHW 400UNIT	Cholecalciferol Chew Tab 400 Unit	VITAMINS	No Cost	No	No	
VIT D3 DROPS LIQ 400UNIT		Cholecalciferol Drops 400 Unit/0.028ML (Per Drop)	VITAMINS	No Cost	No	No	
BABY VIT D	DRO 400/.028	Cholecalciferol Drops 400 Unit/0.028ML (Per Drop)	VITAMINS	No Cost	No	No	
BABY SUPER	DRO DAILY D3	Cholecalciferol Drops 400 Unit/0.028ML (Per Drop)	VITAMINS	No Cost	No	No	
BABY DDROPS LIQ 400UNIT		Cholecalciferol Drops 400 Unit/0.028ML (Per Drop)	VITAMINS	No Cost	No	No	

Drug Name	Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
BABY DDROPS LIQ 400UNIT	Cholecalciferol Drops 400 Unit/0.03ML (Per Drop)	VITAMINS	No Cost	No	No	
BIO-D-MULSIO LIQ 400UNIT	Cholecalciferol Drops 400 Unit/0.03ML (Per Drop)	VITAMINS	No Cost	No	No	
DDROPS BOOST LIQ 600/.028	Cholecalciferol Drops 600 Unit/0.028ML (Per Drop)	VITAMINS	No Cost	No	No	
VITAMIN D3 LIQ 1000UNIT	Cholecalciferol Oral Liquid 1000 Unit/10ML	VITAMINS	No Cost	No	No	
VITAMIN D3 LIQ 1200UNIT	Cholecalciferol Oral Liquid 1200 Unit/15ML	VITAMINS	No Cost	No	No	
VITAMIN D DRO 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
PEDIA D-VITE DRO 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
JUST D LIQ 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
VITAMIN D3 DRO 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
D-VITA LIQ 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
D3 VITAMIN LIQ 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
D-VI-SOL LIQ 400UNIT	Cholecalciferol Oral Liquid 400 Unit/ML	VITAMINS	No Cost	No	No	
D 400 TAB 400UNIT	Cholecalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	
D3 TAB 400UNIT	Cholecalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	
VITAMIN D3 TAB 400UNIT	Cholecalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	
DELTA D3 TAB 400UNIT	Cholecalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	
SM VITAMIN D TAB 400UNIT	Cholecalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	
VITAMIN D TAB 400UNIT	Cholecalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	

Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
ERGOCAL	CAP 2500UNIT	Ergocalciferol Cap 2500 Unit	VITAMINS	Non-Preferred	No	No	PA
DRISDOL	CAP 50000UNT	Ergocalciferol Cap 50000 Unit	VITAMINS	Non-Preferred	No	No	
VITAMIN D	CAP 50000UNT	Ergocalciferol Cap 50000 Unit	VITAMINS	Generic	No	No	
VITAMIN D	CAP 50000	Ergocalciferol Cap 50000 Unit	VITAMINS	Generic	Yes	No	
ERGOCALCIFER POW 40000UNT		Ergocalciferol Powder	VITAMINS	Non-Preferred	No	No	
VITAMIN D2	TAB 400UNIT	Ergocalciferol Tab 400 Unit	VITAMINS	No Cost	No	No	
NIACIN	POW	Niacin Powder	VITAMINS	Generic	No	No	
NIACIN	POW	Niacin Powder	VITAMINS	Generic	No	No	
NICOTINAMIDE POW		Niacinamide Powder	VITAMINS	Non-Preferred	No	No	
NIACINAMIDE POW		Niacinamide Powder	VITAMINS	Non-Preferred	No	No	
NIACINAMIDE POW		Niacinamide Powder	VITAMINS	Non-Preferred	No	No	
PABA	POW	Para-Aminobenzoic Acid Powder	VITAMINS	Non-Preferred	No	No	
AMINOBENZOIC POW ACID		Para-Aminobenzoic Acid Powder	VITAMINS	Non-Preferred	No	No	
VITAMIN K1	INJ 1MG/0.5	Phytonadione Inj 1 MG/0.5ML (2 MG/ML)	VITAMINS	Generic	No	No	
PHYTONADIONE INJ 1MG/0.5		Phytonadione Inj 1 MG/0.5ML (2 MG/ML)	VITAMINS	Generic	No	No	
VITAMIN K1	INJ 10MG/ML	Phytonadione Inj 10 MG/ML	VITAMINS	Generic	No	No	
MEPHYTON	TAB 5MG	Phytonadione Tab 5 MG	VITAMINS	Non-Preferred	No	No	
PHYTONADIONE TAB 5MG		Phytonadione Tab 5 MG	VITAMINS	Generic	No	No	

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Drug Name		Generic Name	Disease Category	Tier	Maintenance Drug	Specialty Drug	*Utilization Management (UM)
POTABA	CAP 500MG	Potassium Aminobenzoate Cap 500 MG	VITAMINS	Non-Preferred	No	No	
AMINOBEZ POT POW		Potassium Aminobenzoate Packet 2 GM	VITAMINS	Generic	No	No	
POTASSIUM P- POW AMINOBEN		Potassium Aminobenzoate Powder	VITAMINS	Non-Preferred	No	No	
PYRIDOXINE	INJ 100MG/ML	Pyridoxine HCl Inj 100 MG/ML	VITAMINS	Generic	No	No	
PYRIDOXINE	POW HCL	Pyridoxine HCl Powder	VITAMINS	Non-Preferred	No	No	
SOD ASCORBAT GRA		Sodium Ascorbate Granules	VITAMINS	Non-Preferred	No	No	
SOD ASCORBAT GRA USP NF		Sodium Ascorbate Granules	VITAMINS	Non-Preferred	No	No	
NA ASCORBATE POW		Sodium Ascorbate Powder	VITAMINS	Non-Preferred	No	No	
THIAMINE HCL INJ 100MG/ML		Thiamine HCl Inj 100 MG/ML	VITAMINS	Generic	No	No	
THIAMINE HCL POW		Thiamine HCl Powder	VITAMINS	Non-Preferred	No	No	
THIAMINE HCL POW		Thiamine HCl Powder	VITAMINS	Non-Preferred	No	No	
THIAMINE	POW MONONITR	Thiamine Mononitrate Powder	VITAMINS	Non-Preferred	No	No	
THIAMINE	POW MONONITR	Thiamine Mononitrate Powder	VITAMINS	Non-Preferred	No	No	
AQUASOL A	INJ 50000/ML	Vitamin A Inj 50000 Unit/ML	VITAMINS	Non-Preferred	No	No	
VITAMIN E	POW ACETATE	Vitamin E Powder	VITAMINS	Non-Preferred	No	No	