2018 Formulary

MyPriority® plans originally purchased in 2013 or earlier

List of covered drugs

Please read: This document contains information about the drugs we cover in this plan.

Important: Priority Health requires the use of an A-rated generic drug when one is available. Even if a drug is on the approved drug list, it may not be included in your employer's prescription drug program. Check your Priority Health coverage documents and riders to find out if any approved drugs are not included. This list changes frequently. For the most current information, please refer to the "Approved Drug List" at ***priorityhealth.com*****.**

Updated: January 2018

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
10 SERIES BLOOD PRESSURE MONITOR/UPPER ARM	DEVI		Preferred Brand			QL	
10 SERIES+ BLOOD PRESSUREMONITOR/UPPER ARM	DEVI		Preferred Brand			QL	
3 SERIES BLOOD PRESSURE MONITOR/UPPER ARM	DEVI		Preferred Brand			QL	
3 SERIES BLOOD PRESSURE MONITOR/WRIST	DEVI		Preferred Brand			QL	
5 SERIES BLOOD PRESSURE MONITOR	DEVI		Preferred Brand			QL	
5 SERIES BLOOD PRESSURE MONITOR/UPPER ARM	DEVI		Preferred Brand			QL	
7 SERIES BLOOD PRESSURE MONITOR/UPPER ARM	DEVI		Preferred Brand			QL	
7 SERIES BLOOD PRESSURE MONITOR/WRIST	DEVI		Preferred Brand			QL	
ABACAVIR	TABS	300MG	Generic				
ABACAVIR	SOLN	20MG/ML	Generic				
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	300MG; 150MG; 300MG	Preferred Specialty			QL	
ABILIFY	TABS	2MG	Non-Preferred Brand		ST	QL	
ABILIFY	TABS	5MG	Non-Preferred Brand		ST	QL	
ABILIFY	TABS	10MG	Non-Preferred Brand		ST	QL	
ABILIFY	TABS	15MG	Non-Preferred Brand		ST	QL	
ABILIFY	TABS	20MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ABILIFY	TABS	30MG	Non-Preferred Brand		ST	QL	
ABILIFY	SOLN	1MG/ML	Non-Preferred Brand		ST		
ABILIFY DISCMELT	TBDP	10MG	Non-Preferred Brand		ST	QL	
ABILIFY DISCMELT	TBDP	15MG	Non-Preferred Brand		ST	QL	
ABILIFY MAINTENA	SRER	300MG	Medical Benefit-Non-Preferred Specialty				
ABILIFY MAINTENA	SRER	400MG	Medical Benefit-Non-Preferred Specialty				
ABRAXANE	SUSR	900MG; 100MG	Medical Benefit-Preferred Specialty				
ABSORICA	CAPS	10MG	Excluded				
ABSORICA	CAPS	20MG	Excluded				
ABSORICA	CAPS	30MG	Excluded				
ABSORICA	CAPS	40MG	Excluded				
ABSTRAL	SUBL	100MCG	Non-Preferred Specialty	PA			
ABSTRAL	SUBL	200MCG	Non-Preferred Specialty	PA			
ABSTRAL	SUBL	300MCG	Non-Preferred Specialty	PA			
ABSTRAL	SUBL	400MCG	Non-Preferred Specialty	PA			
ABSTRAL	SUBL	600MCG	Non-Preferred Specialty	PA			
ABSTRAL	SUBL	800MCG	Non-Preferred Specialty	PA			
ACAMPROSATE CALCIUM DR	TBEC	333MG	Generic				
ACANYA	GEL	2.5%; 1.2%	Excluded				
ACARBOSE	TABS	25MG	Generic				
ACARBOSE	TABS	50MG	Generic				
ACARBOSE	TABS	100MG	Generic				
ACCOLATE	TABS	10MG	Non-Preferred Brand				
ACCOLATE	TABS	20MG	Non-Preferred Brand				
ACCU-CHEK ACTIVE STRIPS	STRP	0	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ACCU-CHEK AVIVA	STRP	0	Non-Preferred Brand		ST	QL	
ACCU-CHEK AVIVA PLUS	STRP	0	Non-Preferred Brand		ST	QL	
ACCU-CHEK COMFORT CURVE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
ACCU-CHEK COMPACT PLUS	STRP	0	Non-Preferred Brand		ST	QL	
ACCU-CHEK COMPACT TEST DRUM	STRP	0	Non-Preferred Brand		ST	QL	
ACCU-CHEK FASTCLIX LANCETDEVICE KIT	KIT		Preferred Brand				
ACCU-CHEK MULTICLIX LANC ET DEVICE KIT	KIT		Preferred Brand				
ACCU-CHEK SMARTVIEW STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT	KIT		Preferred Brand				
ACCUPRIL	TABS	5MG	Non-Preferred Brand				
ACCUPRIL	TABS	10MG	Non-Preferred Brand				
ACCUPRIL	TABS	20MG	Non-Preferred Brand				
ACCUPRIL	TABS	40MG	Non-Preferred Brand				
ACCURETIC	TABS	12.5MG; 20MG	Non-Preferred Brand				
ACCURETIC	TABS	12.5MG; 10MG	Non-Preferred Brand				
ACCURETIC	TABS	25MG; 20MG	Non-Preferred Brand				
ACEBUTOLOL HCL	CAPS	200MG	Generic				
ACEBUTOLOL HCL	CAPS	400MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ACETAMINOPHEN/ CAFFEINE/DIHYDR OCODEINE BITARTRATE	TABS	325MG; 30MG; 16MG	Excluded				
ACETAMINOPHEN/ CODEINE	TABS	300MG; 15MG	Generic				
ACETAMINOPHEN/ CODEINE	TABS	300MG; 30MG	Generic				
ACETAMINOPHEN/ CODEINE	TABS	300MG; 60MG	Generic				
ACETAMINOPHEN/ CODEINE	SOLN	120MG/5ML; 12MG/5ML	Generic				
ACETAZOLAMIDE	TABS	250MG	Generic				
ACETAZOLAMIDE	TABS	125MG	Generic				
ACETAZOLAMIDE ER	CP12	500MG	Generic				
ACETIC ACID	SOLN	2%	Generic				
ACETIC ACID/ALUMINUM ACETATE	SOLN	2%; 0	Generic				
ACETYLCYSTEINE	SOLN	10%	Generic				
ACETYLCYSTEINE	SOLN	20%	Generic				
ACIPHEX	TBEC	20MG	Excluded				
ACIPHEX SPRINKLE	CPSP	5MG	Excluded				
ACITRETIN	CAPS	10MG	Preferred Specialty				
ACITRETIN	CAPS	25MG	Preferred Specialty				
ACITRETIN	CAPS	17.5MG	Preferred Specialty				
ACLARO	EMUL	4%	Excluded				
ACLOVATE	CREA	0.05%	Non-Preferred Brand				
ACNE MEDICATION 10	GEL	10%	Generic				
ACNE MEDICATION 5	GEL	5%	Generic				
ACTEMRA	SOLN	80MG/4ML	Preferred Specialty	PA			
ACTEMRA	SOLN	200MG/10ML	Preferred Specialty	PA			
ACTEMRA	SOLN	400MG/20ML	Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ACTEMRA	SOSY	162MG/0.9ML	Non-Preferred Specialty	PA			
ACTHREL	SOLR	100MCG	Medical Benefit				
ACTICIN	CREA	5%	Non-Preferred Brand				
ACTICLATE	TABS	75MG	Excluded				
ACTICLATE	TABS	150MG	Excluded				
ACTIGALL	CAPS	300MG	Non-Preferred Brand				
ACTIMMUNE	SOLN	2000000UNIT/0.5ML	Preferred Specialty			QL	
ACTIQ	LPOP	400MCG	Non-Preferred Specialty	PA		QL	
ACTIQ	LPOP	600MCG	Non-Preferred Specialty	PA		QL	
ACTIQ	LPOP	800MCG	Non-Preferred Specialty	PA		QL	
ACTIQ	LPOP	1200MCG	Non-Preferred Specialty	PA		QL	
ACTIQ	LPOP	1600MCG	Non-Preferred Specialty	PA		QL	
ACTIVELLA	TABS	1MG; 0.5MG	Non-Preferred Brand				
ACTIVELLA	TABS	0.5MG; 0.1MG	Non-Preferred Brand				
ACTONEL	TABS	30MG	Non-Preferred Brand				
ACTONEL	TABS	5MG	Non-Preferred Brand				
ACTONEL	TABS	35MG	Non-Preferred Brand				
ACTONEL	TABS	150MG	Non-Preferred Brand			QL	
ACTOPLUS MET	TABS	500MG; 15MG	Non-Preferred Brand				
ACTOPLUS MET	TABS	850MG; 15MG	Non-Preferred Brand				
ACTOPLUS MET XR	TB24	1000MG; 30MG	Preferred Brand				
ACTOPLUS MET XR	TB24	1000MG; 15MG	Preferred Brand				
ACTOS	TABS	15MG	Non-Preferred Brand				
ACTOS	TABS	30MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ACTOS	TABS	45MG	Non-Preferred Brand				
ACUICYN DAILY EYELID & EYELASH CLEANSER	LIQD	0; 0; 0	Excluded				
ACULAR	SOLN	0.50%	Non-Preferred Brand				
ACULAR LS	SOLN	0.40%	Non-Preferred Brand				
ACUVAIL	SOLN	0.45%	Non-Preferred Brand		ST		
ACYCLOVIR	CAPS	200MG	Generic				
ACYCLOVIR	TABS	400MG	Generic				
ACYCLOVIR	TABS	800MG	Generic				
ACYCLOVIR	OINT	5%	Excluded				
ACYCLOVIR	SUSP	200MG/5ML	Generic				
ACYCLOVIR SODIUM	SOLR	500MG	Medical Benefit				
ACZONE	GEL	5%	Non-Preferred Brand		ST		
ACZONE	GEL	7.50%	Non-Preferred Brand		ST		
ADACEL	SUSP	15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	Medical Benefit			QL	AL
ADALAT CC	TB24	30MG	Non-Preferred Brand				
ADALAT CC	TB24	60MG	Non-Preferred Brand				
ADALAT CC	TB24	90MG	Non-Preferred Brand				
ADAPALENE	GEL	0.10%	Excluded				
ADAPALENE	CREA	0.10%	Preferred Brand				AL
ADAPALENE	GEL	0.30%	Excluded				
ADAPALENE	LOTN	0.10%	Excluded				
ADAPALENE AND BENZOYL PEROXIDE	GEL	0.1%; 2.5%	Preferred Brand				
ADAZIN	CREA	2%; 0.035%; 2%; 10%	Excluded				
ADCETRIS	SOLR	50MG	Medical Benefit-Preferred Specialty	PA			
ADCIRCA	TABS	20MG	Preferred Specialty	PA		QL	
ADDERALL	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	Non-Preferred Brand				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ADDERALL	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	Non-Preferred Brand				AL
ADDERALL	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	Non-Preferred Brand				AL
ADDERALL	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	Non-Preferred Brand				AL
ADDERALL	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	Non-Preferred Brand				AL
ADDERALL	TABS	5MG; 5MG; 5MG; 5MG	Non-Preferred Brand				AL
ADDERALL	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	Non-Preferred Brand				AL
ADDERALL XR	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	Preferred Brand			QL	AL
ADDERALL XR	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	Preferred Brand			QL	AL
ADDERALL XR	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	Preferred Brand			QL	AL
ADDERALL XR	CP24	5MG; 5MG; 5MG; 5MG	Preferred Brand			QL	AL
ADDERALL XR	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	Preferred Brand			QL	AL
ADDERALL XR	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	Preferred Brand			QL	AL
ADDYI	TABS	100MG	Non-Preferred Specialty			QL	
ADEFOVIR DIPIVOXIL	TABS	10MG	Preferred Specialty			QL	
ADEMPAS	TABS	0.5MG	Preferred Specialty	PA		QL	
ADEMPAS	TABS	1MG	Preferred Specialty	PA		QL	
ADEMPAS	TABS	1.5MG	Preferred Specialty	PA		QL	
ADEMPAS	TABS	2MG	Preferred Specialty	PA		QL	
ADEMPAS	TABS	2.5MG	Preferred Specialty	PA		QL	
ADLYXIN	SOPN	20MCG/0.2ML	Non-Preferred Brand		ST		
ADLYXIN STARTER PACK	PNKT	0	Non-Preferred Brand		ST		
ADOXA	TABS	50MG	Non-Preferred Brand				
ADOXA	TABS	75MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ADOXA	TABS	100MG	Non-Preferred Brand				
ADOXA	CAPS	150MG	Non-Preferred Brand				
ADRENACLICK	SOAJ	0.15MG/0.15ML	Excluded			QL	
ADRENACLICK	SOAJ	0.3MG/0.3ML	Excluded			QL	
ADRIAMYCIN	SOLR	10MG	Medical Benefit				
ADRIAMYCIN	SOLR	20MG	Medical Benefit				
ADRIAMYCIN	SOLR	50MG	Medical Benefit				
ADRIAMYCIN	SOLN	2MG/ML	Medical Benefit				
ADRUCIL	SOLN	500MG/10ML	Medical Benefit				
ADRUCIL	SOLN	2.5GM/50ML	Medical Benefit				
ADRUCIL	SOLN	5GM/100ML	Medical Benefit				
ADULT BLOOD PRESSURE CUFF/LARGE	KIT		Preferred Brand			QL	
ADVAIR DISKUS	AEPB	100MCG/DOSE; 50MCG/DOSE	Non-Preferred Brand		ST		
ADVAIR DISKUS	AEPB	250MCG/DOSE; 50MCG/DOSE	Non-Preferred Brand		ST		
ADVAIR DISKUS	AEPB	500MCG/DOSE; 50MCG/DOSE	Non-Preferred Brand		ST		
ADVAIR HFA	AERO	45MCG/ACT; 21MCG/ACT	Non-Preferred Brand		ST		
ADVAIR HFA	AERO	115MCG/ACT; 21MCG/ACT	Non-Preferred Brand		ST		
ADVAIR HFA	AERO	230MCG/ACT; 21MCG/ACT	Non-Preferred Brand		ST		
ADVATE	SOLR	250UNIT	Preferred Specialty			QL	
ADVATE	SOLR	500UNIT	Preferred Specialty			QL	
ADVATE	SOLR	1000UNIT	Preferred Specialty			QL	
ADVATE	SOLR	1500UNIT	Preferred Specialty			QL	
ADVATE	SOLR	2000UNIT	Preferred Specialty			QL	
ADVATE	SOLR	3000UNIT	Preferred Specialty			QL	
ADVICOR	TB24	20MG; 500MG	Preferred Brand				
ADVICOR	TB24	20MG; 1000MG	Preferred Brand				
ADVICOR	TB24	40MG; 1000MG	Preferred Brand				
ADVICOR	TB24	20MG; 750MG	Preferred Brand				
ADYNOVATE	SOLR	250UNIT	Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ADYNOVATE	SOLR	500UNIT	Preferred Specialty				
ADYNOVATE	SOLR	1000UNIT	Preferred Specialty				
ADYNOVATE	SOLR	2000UNIT	Preferred Specialty				
ADZENYS XR-ODT	TBED	3.1MG	Excluded				
ADZENYS XR-ODT	TBED	6.3MG	Excluded				
ADZENYS XR-ODT	TBED	9.4MG	Excluded				
ADZENYS XR-ODT	TBED	12.5MG	Excluded				
ADZENYS XR-ODT	TBED	15.7MG	Excluded				
ADZENYS XR-ODT	TBED	18.8MG	Excluded				
AEROCHAMBER PLUS FLOW-VU	MISC		Preferred Brand			QL	
AEROCHAMBER PLUS FLOW-VU/LARGE MASK	MISC		Preferred Brand			QL	
AEROCHAMBER PLUS FLOW-VU/MASK	MISC		Preferred Brand			QL	
AEROCHAMBER PLUS FLOW-VU/SMALL MASK	MISC		Preferred Brand			QL	
AEROSPAN	AERS	80MCG/ACT	Non-Preferred Brand			QL	
AFEDITAB CR	TB24	30MG	Generic				
AFEDITAB CR	TB24	60MG	Generic				
AFINITOR	TABS	5MG	Preferred Specialty	PA		QL	
AFINITOR	TABS	10MG	Preferred Specialty	PA		QL	
AFINITOR	TABS	2.5MG	Preferred Specialty	PA		QL	
AFINITOR	TABS	7.5MG	Preferred Specialty	PA		QL	
AFINITOR DISPERZ	TBSO	2MG	Preferred Specialty	PA		QL	
AFINITOR DISPERZ	TBSO	3MG	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AFINITOR DISPERZ	TBSO	5MG	Preferred Specialty	PA		QL	
AFLURIA 2017-2018	SUSP	0	Medical Benefit				AL
AFLURIA PF 2017-2018	SUSY	0	Medical Benefit			QL	AL
AFREZZA	POWD	4UNIT	Non-Preferred Brand		ST		
AFREZZA	POWD	0	Non-Preferred Brand		ST		
AFREZZA	POWD	8UNIT	Non-Preferred Brand		ST		
AFREZZA	POWD	12UNIT	Non-Preferred Brand		ST		
AFSTYLA	KIT	250UNIT	Preferred Specialty				
AFSTYLA	KIT	500UNIT	Preferred Specialty				
AFSTYLA	KIT	1000UNIT	Preferred Specialty				
AFSTYLA	KIT	2000UNIT	Preferred Specialty				
AFSTYLA	KIT	3000UNIT	Preferred Specialty				
AGAMATRIX AMP NO CODE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
AGGRENOX	CP12	25MG; 200MG	Non-Preferred Brand				
AGRYLIN	CAPS	0.5MG	Non-Preferred Brand				
AIRDUO RESPICLICK 113/14	AEPB	113MCG/ACT; 14MCG/ACT	Excluded				
AIRDUO RESPICLICK 232/14	AEPB	232MCG/ACT; 14MCG/ACT	Excluded				
AIRDUO RESPICLICK 55/14	AEPB	55MCG/ACT; 14MCG/ACT	Excluded				
AKTIPAK	PACK	5%; 3%	Excluded				
AKYNZEO	CAPS	300MG; 0.5MG	Non-Preferred Brand		ST	QL	
ALA SCALP	LOTN	2%	Excluded				
ALA-CORT	CREA	1%	Excluded				
ALAVERT	TBDP	10MG	Excluded				
ALAVERT	TABS	10MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ALAVERT ALLERGY/SINUS	TB12	5MG; 120MG	Excluded				
ALAWAY	SOLN	0.03%	Generic				
ALBENZA	TABS	200MG	Preferred Brand			QL	
ALBUTEROL SULFATE	SYRP	2MG/5ML	Generic				
ALBUTEROL SULFATE	TABS	2MG	Generic				
ALBUTEROL SULFATE	TABS	4MG	Generic				
ALBUTEROL SULFATE	NEBU	0.08%	Generic				
ALBUTEROL SULFATE	NEBU	0.50%	Generic				
ALBUTEROL SULFATE	NEBU	1.25MG/3ML	Generic				
ALBUTEROL SULFATE	NEBU	0.63MG/3ML	Generic				
ALBUTEROL SULFATE ER	TB12	4MG	Generic				
ALBUTEROL SULFATE ER	TB12	8MG	Generic				
ALCLOMETASONE DIPROPIONATE	CREA	0.05%	Generic				
ALCLOMETASONE DIPROPIONATE	OINT	0.05%	Generic				
ALCORTIN A	GEL	1%; 2%; 1%	Excluded				
ALDACTAZIDE	TABS	25MG; 25MG	Non-Preferred Brand				
ALDACTAZIDE	TABS	50MG; 50MG	Preferred Brand				
ALDACTONE	TABS	25MG	Non-Preferred Brand				
ALDACTONE	TABS	100MG	Non-Preferred Brand				
ALDACTONE	TABS	50MG	Non-Preferred Brand				
ALDARA	CREA	5%	Non-Preferred Brand				
ALDURAZYME	SOLN	2.9MG/5ML	Medical Benefit-Preferred Specialty				
ALECENSA	CAPS	150MG	Non-Preferred Specialty	PA			
ALENDRONATE SODIUM	TABS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ALENDRONATE SODIUM	TABS	10MG	Preferred Generic				
ALENDRONATE SODIUM	TABS	40MG	Generic				
ALENDRONATE SODIUM	TABS	70MG	Generic				
ALENDRONATE SODIUM	TABS	35MG	Generic				
ALENDRONATE SODIUM	SOLN	70MG/75ML	Generic				
ALEVICYN ANTIPRURITIC GEL	GEL		Medical Benefit				
ALEVICYN ANTIPRURITIC SG	LIQD		Medical Benefit				
ALEVICYN DERMAL SPRAY	SOLN		Medical Benefit				
ALFERON N	SOLN	5MU/ML	Medical Benefit-Preferred Specialty				
ALFUZOSIN HCL ER	TB24	10MG	Generic				
ALIMTA	SOLR	500MG	Medical Benefit-Preferred Specialty				
ALIMTA	SOLR	100MG	Medical Benefit-Preferred Specialty				
ALINIA	TABS	500MG	Preferred Brand				
ALINIA	SUSR	100MG/5ML	Preferred Brand				
ALIQOPA	SOLR	60MG	Medical Benefit-Preferred Specialty	PA			
ALKERAN	TABS	2MG	Non-Preferred Brand				
ALKERAN	SOLR	50MG	Medical Benefit-Preferred Specialty				
ALLEGRA ALLERGY	TABS	180MG	Excluded				
ALLEGRA ALLERGY	TABS	60MG	Excluded				
ALLEGRA ALLERGY CHILDRENS	TABS	30MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ALLEGRA ALLERGY CHILDRENS	SUSP	30MG/5ML	Excluded				
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION	TB12	60MG; 120MG	Excluded				
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION	TB24	180MG; 240MG	Excluded				
ALLERGY RELIEF/NASAL DECONGESTANT	TB24	10MG; 240MG	Excluded				
ALLI	CAPS	60MG	Non-Preferred Brand		ST		
ALLOPURINOL	TABS	100MG	Preferred Generic				
ALLOPURINOL	TABS	300MG	Preferred Generic				
ALLZITAL	TABS	325MG; 25MG	Excluded				
ALMOTRIPTAN MALATE	TABS	6.25MG	Non-Preferred Brand			QL	
ALMOTRIPTAN MALATE	TABS	12.5MG	Non-Preferred Brand			QL	
ALOCRIL	SOLN	2%	Non-Preferred Brand		ST		
ALOGLIPTIN	TABS	6.25MG	Non-Preferred Brand		ST		
ALOGLIPTIN	TABS	12.5MG	Non-Preferred Brand		ST		
ALOGLIPTIN	TABS	25MG	Non-Preferred Brand		ST		
ALOGLIPTIN/METFORMIN HCL	TABS	12.5MG; 500MG	Non-Preferred Brand		ST	QL	
ALOGLIPTIN/METFORMIN HCL	TABS	12.5MG; 1000MG	Non-Preferred Brand		ST	QL	
ALOGLIPTIN/PIOGLITAZONE	TABS	12.5MG; 15MG	Non-Preferred Brand			QL	
ALOGLIPTIN/PIOGLITAZONE	TABS	12.5MG; 30MG	Non-Preferred Brand			QL	
ALOGLIPTIN/PIOGLITAZONE	TABS	12.5MG; 45MG	Non-Preferred Brand			QL	
ALOGLIPTIN/PIOGLITAZONE	TABS	25MG; 15MG	Non-Preferred Brand			QL	
ALOGLIPTIN/PIOGLITAZONE	TABS	25MG; 30MG	Non-Preferred Brand			QL	
ALOGLIPTIN/PIOGLITAZONE	TABS	25MG; 45MG	Non-Preferred Brand			QL	
ALOMIDE	SOLN	0.10%	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ALOQUIN	GEL	1%; 1.25%	Excluded				
ALORA	PTTW	0.05MG/24HR	Preferred Brand				
ALORA	PTTW	0.075MG/24HR	Preferred Brand				
ALORA	PTTW	0.1MG/24HR	Preferred Brand				
ALORA	PTTW	0.025MG/24HR	Preferred Brand				
ALOSETRON HYDROCHLORIDE	TABS	0.5MG	Non-Preferred Brand	PA		QL	
ALOSETRON HYDROCHLORIDE	TABS	1MG	Non-Preferred Brand	PA		QL	
ALOXI	SOLN	0.25MG/5ML	Medical Benefit				
ALPAWASH	OINT	0	Excluded				
ALPHAGAN P	SOLN	0.15%	Non-Preferred Brand				
ALPHAGAN P	SOLN	0.10%	Non-Preferred Brand				
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	250UNIT	Preferred Specialty			QL	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	500UNIT	Preferred Specialty			QL	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1000UNIT	Preferred Specialty			QL	
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	SOLR	1500UNIT	Preferred Specialty			QL	
ALPHAQUIN HP	CREA	5%; 4%; 7.5%	Excluded				
ALPRAZOLAM	TABS	0.25MG	Preferred Generic				
ALPRAZOLAM	TABS	0.5MG	Preferred Generic				
ALPRAZOLAM	TABS	1MG	Preferred Generic				
ALPRAZOLAM	TABS	2MG	Preferred Generic				
ALPRAZOLAM ER	TB24	0.5MG	Generic			QL	
ALPRAZOLAM ER	TB24	1MG	Generic			QL	
ALPRAZOLAM ER	TB24	3MG	Generic			QL	
ALPRAZOLAM ER	TB24	2MG	Generic			QL	
ALPRAZOLAM INTENSOL	CONC	1MG/ML	Generic			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ALPRAZOLAM ODT	TBDP	0.25MG	Preferred Brand				
ALPRAZOLAM ODT	TBDP	0.5MG	Preferred Brand				
ALPRAZOLAM ODT	TBDP	1MG	Preferred Brand				
ALPRAZOLAM ODT	TBDP	2MG	Preferred Brand				
ALPROLIX	SOLR	500UNIT	Non-Preferred Specialty				
ALPROLIX	SOLR	1000UNIT	Non-Preferred Specialty				
ALPROLIX	SOLR	2000UNIT	Non-Preferred Specialty				
ALPROLIX	SOLR	3000UNIT	Non-Preferred Specialty				
ALREX	SUSP	0.20%	Non-Preferred Brand		ST		
ALSUMA	SOAJ	6MG/0.5ML	Non-Preferred Brand				
ALTABAX	OINT	1%	Non-Preferred Brand		ST		
ALTACE	CAPS	1.25MG	Non-Preferred Brand				
ALTACE	CAPS	2.5MG	Non-Preferred Brand				
ALTACE	CAPS	5MG	Non-Preferred Brand				
ALTACE	CAPS	10MG	Non-Preferred Brand				
ALTAVERA	TABS	0.03MG; 0.15MG	Generic				
ALTOPREV	TB24	20MG	Non-Preferred Brand		ST		
ALTOPREV	TB24	40MG	Non-Preferred Brand		ST		
ALTOPREV	TB24	60MG	Non-Preferred Brand		ST		
ALUNBRIG	TABS	30MG	Non-Preferred Specialty	PA		QL	
ALVESCO	AERS	80MCG/ACT	Preferred Brand			QL	
ALVESCO	AERS	160MCG/ACT	Preferred Brand			QL	
ALYACEN 1/35	TABS	35MCG; 1MG	Generic				
ALZAIR ALLERGY BLOCKER NASAL SPRAY	POWD	0	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AMANTADINE HCL	CAPS	100MG	Generic				
AMANTADINE HCL	TABS	100MG	Generic				
AMANTADINE HCL	SYRP	50MG/5ML	Generic				
AMARYL	TABS	1MG	Non-Preferred Brand				
AMARYL	TABS	2MG	Non-Preferred Brand				
AMARYL	TABS	4MG	Non-Preferred Brand				
AMBIEN	TABS	5MG	Non-Preferred Brand			QL	AL
AMBIEN	TABS	10MG	Non-Preferred Brand			QL	AL
AMBIEN CR	TBCR	6.25MG	Non-Preferred Brand			QL	AL
AMBIEN CR	TBCR	12.5MG	Non-Preferred Brand			QL	AL
AMCINONIDE	CREA	0.10%	Excluded				
AMCINONIDE	OINT	0.10%	Excluded				
AMCINONIDE	LOTN	0.10%	Excluded				
AMELUZ	GEL	10%	Medical Benefit				
AMERGE	TABS	1MG	Non-Preferred Brand			QL	
AMERGE	TABS	2.5MG	Non-Preferred Brand			QL	
AMERICAN COCKROACH EXTRACT	SOLN	1:20	Medical Benefit				
AMERICAN ELM EXTRACT	SOLN	1:20	Medical Benefit				
AMETHIA	TABS	0; 0	Generic				
AMETHIA LO	TABS	0; 0	Generic				
AMICAR	TABS	500MG	Non-Preferred Brand				
AMICAR	TABS	1000MG	Non-Preferred Brand				
AMICAR	SOLN	0.25GM/ML	Non-Preferred Brand				
AMICAR	SYRP	25%	Non-Preferred Brand				
AMILORIDE HCL	TABS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	5MG; 50MG	Generic				
AMINOCAPROIC ACID	SYRP	25%	Generic				
AMINOCAPROIC ACID	TABS	500MG	Generic				
AMIODARONE HCL	TABS	200MG	Generic				
AMIODARONE HCL	TABS	400MG	Generic				
AMITIZA	CAPS	8MCG	Preferred Brand			QL	
AMITIZA	CAPS	24MCG	Preferred Brand			QL	
AMITRIPTYLINE HCL	TABS	10MG	Generic				
AMITRIPTYLINE HCL	TABS	25MG	Generic				
AMITRIPTYLINE HCL	TABS	50MG	Generic				
AMITRIPTYLINE HCL	TABS	75MG	Generic				
AMITRIPTYLINE HCL	TABS	100MG	Generic				
AMITRIPTYLINE HCL	TABS	150MG	Generic				
AMLODIPINE BESYLATE	TABS	2.5MG	Preferred Generic				
AMLODIPINE BESYLATE	TABS	5MG	Preferred Generic				
AMLODIPINE BESYLATE	TABS	10MG	Preferred Generic				
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	2.5MG; 10MG	Non-Preferred Brand				
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	5MG; 10MG	Non-Preferred Brand				
AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	10MG; 10MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 40MG	Generic				
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 40MG	Generic				
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	2.5MG; 10MG	Generic				
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 10MG	Generic				
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	5MG; 20MG	Generic				
AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	10MG; 20MG	Generic				
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 160MG	Non-Preferred Brand				
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 160MG	Non-Preferred Brand				
AMLODIPINE BESYLATE/VALSARTAN	TABS	5MG; 320MG	Non-Preferred Brand				
AMLODIPINE BESYLATE/VALSARTAN	TABS	10MG; 320MG	Non-Preferred Brand				
AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	5MG; 20MG	Non-Preferred Brand		ST		
AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	5MG; 40MG	Non-Preferred Brand		ST		
AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	10MG; 20MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	10MG; 40MG	Non-Preferred Brand		ST		
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 25MG; 160MG	Non-Preferred Brand				
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 160MG	Non-Preferred Brand				
AMLODIPINE/VALSARTAN/HCTZ	TABS	5MG; 12.5MG; 160MG	Non-Preferred Brand				
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 25MG; 320MG	Non-Preferred Brand				
AMLODIPINE/VALSARTAN/HCTZ	TABS	10MG; 12.5MG; 160MG	Non-Preferred Brand				
AMMONIUM LACTATE	LOTN	12%	Excluded				
AMMONIUM LACTATE	CREA	12%	Excluded				
AMNESTEEM	CAPS	10MG	Preferred Brand	PA			
AMNESTEEM	CAPS	20MG	Preferred Brand	PA			
AMNESTEEM	CAPS	40MG	Preferred Brand	PA			
AMOXAPINE	TABS	25MG	Generic				
AMOXAPINE	TABS	50MG	Generic				
AMOXAPINE	TABS	100MG	Generic				
AMOXAPINE	TABS	150MG	Generic				
AMOXICILLIN	TABS	500MG	Generic				
AMOXICILLIN	TABS	875MG	Generic				
AMOXICILLIN	CHEW	125MG	Generic				
AMOXICILLIN	CHEW	250MG	Generic				
AMOXICILLIN	CAPS	250MG	Generic				
AMOXICILLIN	CAPS	500MG	Generic				
AMOXICILLIN	SUSR	125MG/5ML	Generic				
AMOXICILLIN	SUSR	250MG/5ML	Generic				
AMOXICILLIN	SUSR	200MG/5ML	Generic				
AMOXICILLIN	SUSR	400MG/5ML	Generic				
AMOXICILLIN ER	TB24	775MG	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	200MG; 28.5MG	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	400MG; 57MG	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	500MG; 125MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	875MG; 125MG	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	400MG/5ML; 57MG/5ML	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	600MG/5ML; 42.9MG/5ML	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	200MG/5ML; 28.5MG/5ML	Generic				
AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	1000MG; 62.5MG	Generic				
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.25MG; 1.25MG; 1.25MG; 1.25MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	2.5MG; 2.5MG; 2.5MG; 2.5MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	5MG; 5MG; 5MG; 5MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	7.5MG; 7.5MG; 7.5MG; 7.5MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	1.875MG; 1.875MG; 1.875MG; 1.875MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.125MG; 3.125MG; 3.125MG; 3.125MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	TABS	3.75MG; 3.75MG; 3.75MG; 3.75MG	Generic				AL
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	2.5MG; 2.5MG; 2.5MG; 2.5MG	Generic			QL	AL
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	5MG; 5MG; 5MG; 5MG	Generic			QL	AL
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	7.5MG; 7.5MG; 7.5MG; 7.5MG	Generic			QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	1.25MG; 1.25MG; 1.25MG; 1.25MG	Generic			QL	AL
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	3.75MG; 3.75MG; 3.75MG; 3.75MG	Generic			QL	AL
AMPHETAMINE/DEXTROAMPHETAMINE	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	Generic			QL	AL
AMPICILLIN	CAPS	250MG	Preferred Generic				
AMPICILLIN	CAPS	500MG	Generic				
AMPICILLIN	SUSR	125MG/5ML	Preferred Brand				
AMPICILLIN	SUSR	250MG/5ML	Preferred Brand				
AMPYRA	TB12	10MG	Non-Preferred Specialty	PA		QL	
AMRIX	CP24	15MG	Excluded				
AMRIX	CP24	30MG	Excluded				
AMTURNIDE	TABS	150MG; 5MG; 12.5MG	Preferred Brand			QL	
ANAGRELIDE HYDROCHLORIDE	CAPS	0.5MG	Generic				
ANAGRELIDE HYDROCHLORIDE	CAPS	1MG	Generic				
ANALPRAM-HC	CREA	1%; 1%	Excluded				
ANALPRAM-HC	CREA	2.5%; 1%	Non-Preferred Brand				
ANALPRAM-HC	LOTN	2.5%; 1%	Preferred Brand				
ANALPRAM-HC SINGLES	CREA	1%; 1%	Excluded				
ANALPRAM-HC SINGLES	CREA	2.5%; 1%	Non-Preferred Brand				
ANAPROX DS	TABS	550MG	Non-Preferred Brand				
ANASCORP	SOLR	0	Medical Benefit-Preferred Specialty				
ANASPAZ	TBDP	0.125MG	Non-Preferred Brand				
ANASTROZOLE	TABS	1MG	Generic				
ANDRODERM	PT24	2MG/24HR	Excluded				
ANDRODERM	PT24	4MG/24HR	Excluded				
ANDROGEL	GEL	25MG/2.5GM	Excluded				
ANDROGEL	GEL	50MG/5GM	Excluded				
ANDROGEL PUMP	GEL	1.62%	Excluded				
ANDROGEL PUMP	GEL	1%	Excluded				
ANDROID	CAPS	10MG	Non-Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ANGELIQ	TABS	0.5MG; 1MG	Non-Preferred Brand		ST		
ANIMAS VIBE INSULIN PUMP/BLUE	KIT		Excluded				
ANORO ELLIPTA	AEPB	62.5MCG/INH; 25MCG/INH	Preferred Brand			QL	AL
ANTABUSE	TABS	250MG	Non-Preferred Brand				
ANTABUSE	TABS	500MG	Non-Preferred Brand				
ANTARA	CAPS	43MG	Non-Preferred Brand				
ANTARA	CAPS	130MG	Non-Preferred Brand				
ANTIPYRINE/BENZOCAINE	SOLN	5.4%; 1.4%	Generic				
ANUSOL-HC	SUPP	25MG	Non-Preferred Brand				
ANZEMET	TABS	50MG	Non-Preferred Brand		ST	QL	
ANZEMET	TABS	100MG	Non-Preferred Brand		ST	QL	
ANZEMET	SOLN	20MG/ML	Medical Benefit				
APEXICON E	CREA	0.05%	Excluded				
APIDRA	SOLN	100UNIT/ML	Non-Preferred Brand		ST		
APIDRA SOLOSTAR	SOPN	100UNIT/ML	Non-Preferred Brand		ST		
APLENZIN	TB24	522MG	Excluded				
APLENZIN	TB24	174MG	Excluded				
APLENZIN	TB24	348MG	Excluded				
APLISOL	SOLN	5UNIT/0.1ML	Excluded				
APRACLONIDINE	SOLN	0.50%	Generic				
APREPITANT	CAPS	40MG	Generic			QL	
APREPITANT	CAPS	80MG	Generic			QL	
APREPITANT	CAPS	125MG	Generic			QL	
APREPITANT	CAPS	0	Generic			QL	
APRI	TABS	0.15MG; 30MCG	Generic				
APRISO	CP24	0.375GM	Preferred Brand			QL	
APTENSIO XR	CP24	10MG	Non-Preferred Brand			QL	
APTENSIO XR	CP24	15MG	Non-Preferred Brand			QL	
APTENSIO XR	CP24	20MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
APTENSIO XR	CP24	30MG	Non-Preferred Brand			QL	
APTENSIO XR	CP24	40MG	Non-Preferred Brand			QL	
APTENSIO XR	CP24	50MG	Non-Preferred Brand			QL	
APTENSIO XR	CP24	60MG	Non-Preferred Brand			QL	
APTIOM	TABS	200MG	Non-Preferred Brand	PA			
APTIOM	TABS	400MG	Non-Preferred Brand	PA			
APTIOM	TABS	600MG	Non-Preferred Brand	PA			
APTIOM	TABS	800MG	Non-Preferred Brand	PA			
APTIVUS	SOLN	100MG/ML	Preferred Specialty		ST	QL	
APTIVUS	CAPS	250MG	Preferred Specialty		ST	QL	
AQUANIL HC	LOTN	1%	Generic				
ARALAST NP	SOLR	400MG	Medical Benefit-Preferred Specialty	PA			
ARALAST NP	SOLR	800MG	Medical Benefit-Preferred Specialty	PA			
ARALEN	TABS	500MG	Non-Preferred Brand				
ARANESP ALBUMIN FREE	SOLN	25MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOLN	40MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOLN	60MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOLN	100MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOLN	200MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	40MCG/0.4ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	60MCG/0.3ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	100MCG/0.5ML	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ARANESP ALBUMIN FREE	SOSY	150MCG/0.3ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	200MCG/0.4ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	500MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOLN	150MCG/0.75ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	25MCG/0.42ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	10MCG/0.4ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOLN	300MCG/ML	Preferred Specialty			QL	
ARANESP ALBUMIN FREE	SOSY	300MCG/0.6ML	Preferred Specialty			QL	
ARAVA	TABS	10MG	Non-Preferred Specialty			QL	
ARAVA	TABS	20MG	Non-Preferred Specialty			QL	
ARCALYST	SOLR	220MG	Preferred Specialty			QL	
ARCAPTA NEOHALER	CAPS	75MCG	Non-Preferred Brand				
ARICEPT	TABS	5MG	Non-Preferred Brand				
ARICEPT	TABS	10MG	Non-Preferred Brand				
ARICEPT	TABS	23MG	Non-Preferred Brand				
ARICEPT ODT	TBDP	5MG	Non-Preferred Brand				
ARICEPT ODT	TBDP	10MG	Non-Preferred Brand				
ARIMIDEX	TABS	1MG	Non-Preferred Brand				
ARIPIPRAZOLE	TABS	5MG	Generic			QL	
ARIPIPRAZOLE	TABS	10MG	Generic			QL	
ARIPIPRAZOLE	TABS	15MG	Generic			QL	
ARIPIPRAZOLE	TABS	20MG	Generic			QL	
ARIPIPRAZOLE	TABS	30MG	Generic			QL	
ARIPIPRAZOLE	TABS	2MG	Generic			QL	
ARIPIPRAZOLE	SOLN	1MG/ML	Generic				
ARIPIPRAZOLE ODT	TBDP	10MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ARIPIPRAZOLE ODT	TBDP	15MG	Non-Preferred Brand			QL	
ARISTADA	PRSY	441MG/1.6ML	Medical Benefit-Non-Preferred Specialty				
ARISTADA	PRSY	662MG/2.4ML	Medical Benefit-Non-Preferred Specialty				
ARISTADA	PRSY	882MG/3.2ML	Medical Benefit-Non-Preferred Specialty				
ARIXTRA	SOLN	5MG/0.4ML	Non-Preferred Specialty			QL	
ARIXTRA	SOLN	7.5MG/0.6ML	Non-Preferred Specialty			QL	
ARIXTRA	SOLN	10MG/0.8ML	Non-Preferred Specialty			QL	
ARIXTRA	SOLN	2.5MG/0.5ML	Non-Preferred Specialty			QL	
ARMODAFINIL	TABS	50MG	Non-Preferred Brand	PA		QL	
ARMODAFINIL	TABS	150MG	Non-Preferred Brand	PA		QL	
ARMODAFINIL	TABS	250MG	Non-Preferred Brand	PA		QL	
ARMODAFINIL	TABS	200MG	Non-Preferred Brand	PA		QL	
ARMONAIR RESPICLICK 113	AEPB	113MCG/ACT	Non-Preferred Brand		ST		
ARMONAIR RESPICLICK 232	AEPB	232MCG/ACT	Non-Preferred Brand		ST		
ARMONAIR RESPICLICK 55	AEPB	55MCG/ACT	Non-Preferred Brand		ST		
ARMOUR THYROID	TABS	15MG	Preferred Brand				
ARMOUR THYROID	TABS	30MG	Preferred Brand				
ARMOUR THYROID	TABS	60MG	Preferred Brand				
ARMOUR THYROID	TABS	90MG	Preferred Brand				
ARMOUR THYROID	TABS	120MG	Preferred Brand				
ARMOUR THYROID	TABS	180MG	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ARMOUR THYROID	TABS	240MG	Preferred Brand				
ARMOUR THYROID	TABS	300MG	Preferred Brand				
ARNUITY ELLIPTA	AEPB	100MCG/ACT	Non-Preferred Brand			QL	AL
ARNUITY ELLIPTA	AEPB	200MCG/ACT	Non-Preferred Brand			QL	AL
AROMASIN	TABS	25MG	Non-Preferred Brand				
ARTHROTEC 50	TBEC	50MG; 200MCG	Excluded				
ARTHROTEC 75	TBEC	75MG; 200MCG	Excluded				
ARYMO ER	TBEA	15MG	Non-Preferred Brand	PA		QL	
ARYMO ER	TBEA	30MG	Non-Preferred Brand	PA		QL	
ARYMO ER	TBEA	60MG	Non-Preferred Brand	PA		QL	
ARZERRA	CONC	1000MG/50ML	Medical Benefit-Non-Preferred Specialty	PA			
ASACOL HD	TBEC	800MG	Non-Preferred Brand		ST	QL	
ASCENSIA AUTODISC TEST STRIPS	DISK	0	Non-Preferred Brand		ST		
ASCOMP/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Preferred Brand				
ASCRIPTIN	TABS	0; 325MG; 0; 0; 0	Generic				
ASMANEX HFA	AERO	100MCG/ACT	Non-Preferred Brand			QL	AL
ASMANEX HFA	AERO	200MCG/ACT	Non-Preferred Brand			QL	AL
ASMANEX TWISTHALER 120 METERED DOSES	AEPB	220MCG/INH	Non-Preferred Brand				
ASMANEX TWISTHALER 14 METERED DOSES	AEPB	220MCG/INH	Non-Preferred Brand				
ASMANEX TWISTHALER 30 METERED DOSES	AEPB	220MCG/INH	Non-Preferred Brand				
ASMANEX TWISTHALER 30 METERED DOSES	AEPB	110MCG/INH	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ASMANEX TWISTHALER 60 METERED DOSES	AEPB	220MCG/INH	Non-Preferred Brand				
ASPIRIN EC	TBEC	325MG	Generic				AL
ASPIRIN EC LOW DOSE	TBEC	81MG	Generic				AL
ASPIRIN/DIPYRIDAMOLE	CP12	25MG; 200MG	Generic				
ASPIRIN-CAFFEINE-DIHYDROCODEINE	CAPS	356.4MG; 30MG; 16MG	Generic				
ASTAGRAF XL	CP24	0.5MG	Non-Preferred Specialty		ST		
ASTAGRAF XL	CP24	1MG	Non-Preferred Specialty		ST		
ASTAGRAF XL	CP24	5MG	Non-Preferred Specialty		ST		
ASTEPRO	SOLN	0.15%	Non-Preferred Brand				
ATACAND	TABS	4MG	Non-Preferred Brand				
ATACAND	TABS	8MG	Non-Preferred Brand				
ATACAND	TABS	16MG	Non-Preferred Brand				
ATACAND	TABS	32MG	Non-Preferred Brand				
ATACAND HCT	TABS	16MG; 12.5MG	Non-Preferred Brand				
ATACAND HCT	TABS	32MG; 12.5MG	Non-Preferred Brand				
ATACAND HCT	TABS	32MG; 25MG	Non-Preferred Brand				
ATELVIA	TBEC	35MG	Non-Preferred Brand				
ATENOLOL	TABS	25MG	Preferred Generic				
ATENOLOL	TABS	50MG	Preferred Generic				
ATENOLOL	TABS	100MG	Preferred Generic				
ATENOLOL/CHLORTHALIDONE	TABS	50MG; 25MG	Generic				
ATENOLOL/CHLORTHALIDONE	TABS	100MG; 25MG	Generic				
ATGAM	INJ	50MG/ML	Medical Benefit				
ATIVAN	TABS	0.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ATIVAN	TABS	1MG	Non-Preferred Brand				
ATIVAN	TABS	2MG	Non-Preferred Brand				
ATIVAN	SOLN	2MG/ML	Medical Benefit-Non-Preferred Specialty				
ATOMOXETINE	CAPS	10MG	Generic			QL	AL
ATOMOXETINE	CAPS	18MG	Generic			QL	AL
ATOMOXETINE	CAPS	25MG	Generic			QL	AL
ATOMOXETINE	CAPS	40MG	Generic			QL	AL
ATOMOXETINE	CAPS	60MG	Generic			QL	AL
ATOMOXETINE	CAPS	80MG	Generic			QL	AL
ATOMOXETINE	CAPS	100MG	Generic			QL	AL
ATORVASTATIN CALCIUM	TABS	10MG	Preferred Generic				
ATORVASTATIN CALCIUM	TABS	20MG	Generic				
ATORVASTATIN CALCIUM	TABS	40MG	Generic				
ATORVASTATIN CALCIUM	TABS	80MG	Generic				
ATOVAQUONE	SUSP	750MG/5ML	Generic				
ATOVAQUONE/PROGUANIL HCL	TABS	250MG; 100MG	Generic				
ATOVAQUONE/PROGUANIL HCL	TABS	62.5MG; 25MG	Generic				
ATRALIN	GEL	0.05%	Non-Preferred Brand	PA	ST		AL
ATRAPRO ANTIPRURITIC HYDROGEL	GEL		Excluded				
ATRIPLA	TABS	600MG; 200MG; 300MG	Preferred Specialty			QL	
ATROPINE SULFATE	SOSY	0.25MG/5ML	Generic				
ATROPINE SULFATE	SOLN	1%	Generic				
ATROVENT	SOLN	0.03%	Non-Preferred Brand				
ATROVENT	SOLN	0.06%	Non-Preferred Brand				
ATROVENT HFA	AERS	17MCG/ACT	Preferred Brand				
AUBAGIO	TABS	14MG	Non-Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AUBAGIO	TABS	7MG	Non-Preferred Specialty			QL	
AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	0.05%	Generic				
AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	0.05%	Generic				
AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	0.05%	Generic				
AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	0.05%	Generic				
AUGMENTIN	SUSR	250MG/5ML; 62.5MG/5ML	Non-Preferred Brand				
AUGMENTIN	TABS	500MG; 125MG	Non-Preferred Brand				
AUGMENTIN	SUSR	125MG/5ML; 31.25MG/5ML	Non-Preferred Brand				
AUGMENTIN	TABS	875MG; 125MG	Non-Preferred Brand				
AUGMENTIN XR	TB12	1000MG; 62.5MG	Non-Preferred Brand				
AURYXIA	TABS	210MG	Non-Preferred Specialty		ST	QL	
AUSTEDO	TABS	6MG	Preferred Specialty	PA		QL	
AUSTEDO	TABS	9MG	Preferred Specialty	PA		QL	
AUSTEDO	TABS	12MG	Preferred Specialty	PA		QL	
AUTOMATIC BLOOD PRESSURE MONITOR	KIT		Preferred Brand			QL	
AUTOMATIC BLOOD PRESSURE MONITOR/PRINT OUT	KIT		Preferred Brand			QL	
AUVI-Q	SOAJ	0.15MG/0.15ML	Excluded				
AUVI-Q	SOAJ	0.3MG/0.3ML	Excluded				
AVAGE	CREA	0.10%	Excluded				
AVALIDE	TABS	12.5MG; 150MG	Non-Preferred Brand				
AVALIDE	TABS	12.5MG; 300MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AVANDAMET	TABS	500MG; 2MG	Preferred Brand				
AVANDAMET	TABS	1000MG; 2MG	Preferred Brand				
AVANDAMET	TABS	500MG; 4MG	Preferred Brand				
AVANDAMET	TABS	1000MG; 4MG	Preferred Brand				
AVANDARYL	TABS	1MG; 4MG	Preferred Brand				
AVANDARYL	TABS	2MG; 4MG	Preferred Brand				
AVANDARYL	TABS	4MG; 4MG	Preferred Brand				
AVANDIA	TABS	2MG	Preferred Brand				
AVANDIA	TABS	4MG	Preferred Brand				
AVANDIA	TABS	8MG	Preferred Brand				
AVAPRO	TABS	150MG	Non-Preferred Brand				
AVAPRO	TABS	75MG	Non-Preferred Brand				
AVAPRO	TABS	300MG	Non-Preferred Brand				
AVAR	PADS	9.5%; 5%	Excluded				
AVAR CLEANSER	EMUL	10%; 5%	Excluded				
AVAR LS	PADS	10%; 2%	Excluded				
AVAR LS CLEANSER	LIQD	10%; 2%	Excluded				
AVAR-E EMOLLIENT	CREA	10%; 5%	Excluded				
AVAR-E GREEN	CREA	10%; 5%	Excluded				
AVAR-E LS	CREA	10%; 2%	Excluded				
AVASTIN	SOLN	100MG/4ML	Medical Benefit-Preferred Specialty				
AVASTIN	SOLN	400MG/16ML	Medical Benefit-Preferred Specialty				
AVEED	SOLN	750MG/3ML	Medical Benefit	PA			
AVELOX	TABS	400MG	Non-Preferred Brand				
AVELOX	SOLN	400MG/250ML; 0.8%	Medical Benefit				
AVELOX ABC PACK	TABS	400MG	Non-Preferred Brand				
AVIANE	TABS	20MCG; 0.1MG	Generic				
AVINZA	CP24	45MG	Non-Preferred Brand			QL	
AVINZA	CP24	75MG	Non-Preferred Brand			QL	
AVINZA	CP24	30MG	Non-Preferred Brand			QL	
AVINZA	CP24	60MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AVINZA	CP24	90MG	Non-Preferred Brand			QL	
AVINZA	CP24	120MG	Non-Preferred Brand			QL	
AVITA	GEL	0.03%	Excluded	PA			AL
AVITA	CREA	0.03%	Excluded	PA			AL
AVO CREAM	EMUL	0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0	Excluded				
AVODART	CAPS	0.5MG	Non-Preferred Brand				
AVONEX	KIT	30MCG/VIAL	Preferred Specialty			QL	
AVONEX	PSKT	30MCG/0.5ML	Preferred Specialty			QL	
AVONEX PEN	AJKT	30MCG/0.5ML	Preferred Specialty			QL	
AVYCAZ	SOLR	0.5GM; 2GM	Medical Benefit-Non-Preferred Specialty				
AXERT	TABS	12.5MG	Non-Preferred Brand			QL	
AXERT	TABS	6.25MG	Non-Preferred Brand			QL	
AXID	CAPS	300MG	Non-Preferred Brand				
AXID	SOLN	15MG/ML	Non-Preferred Brand				
AXIRON	SOLN	30MG/ACT	Excluded				
AYGESTIN	TABS	5MG	Non-Preferred Brand				
AZASAN	TABS	75MG	Non-Preferred Brand				
AZASAN	TABS	100MG	Non-Preferred Brand				
AZASITE	SOLN	1%	Non-Preferred Brand		ST		
AZATHIOPRINE	TABS	50MG	Generic				
AZELASTINE HCL	SOLN	0.15%	Generic				
AZELASTINE HCL	SOLN	0.05%	Generic				
AZELASTINE HCL	SOLN	0.10%	Generic				
AZELEX	CREA	20%	Non-Preferred Brand		ST	QL	
AZILECT	TABS	0.5MG	Non-Preferred Brand		ST		
AZILECT	TABS	1MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
AZITHROMYCIN	SUSR	200MG/5ML	Generic				
AZITHROMYCIN	SUSR	100MG/5ML	Generic				
AZITHROMYCIN	TABS	250MG	Generic				
AZITHROMYCIN	TABS	600MG	Generic				
AZITHROMYCIN	TABS	500MG	Generic				
AZOPT	SUSP	1%	Preferred Brand				
AZOR	TABS	5MG; 20MG	Non-Preferred Brand		ST		
AZOR	TABS	10MG; 20MG	Non-Preferred Brand		ST		
AZOR	TABS	5MG; 40MG	Non-Preferred Brand		ST		
AZOR	TABS	10MG; 40MG	Non-Preferred Brand		ST		
AZULFIDINE	TABS	500MG	Non-Preferred Brand				
AZULFIDINE EN-TABS	TBEC	500MG	Non-Preferred Brand				
AZURETTE	TABS	0; 0	Generic				
BACITRACIN	SOLR	50000UNIT	Medical Benefit				
BACITRACIN/POLYMYXIN B	OINT	500UNIT/GM; 10000UNIT/GM	Generic				
BACLOFEN	TABS	10MG	Generic				
BACLOFEN	TABS	20MG	Generic				
BACTRIM	TABS	400MG; 80MG	Non-Preferred Brand				
BACTRIM DS	TABS	800MG; 160MG	Non-Preferred Brand				
BACTROBAN	OINT	2%	Non-Preferred Brand				
BACTROBAN	CREA	2%	Non-Preferred Brand				
BACTROBAN NASAL	OINT	2%	Preferred Brand				
BALSALAZIDE DISODIUM	CAPS	750MG	Generic				
BALZIVA	TABS	35MCG; 0.4MG	Generic				
BANZEL	TABS	200MG	Preferred Specialty	PA			
BANZEL	TABS	400MG	Preferred Specialty	PA			
BARACLUDE	TABS	0.5MG	Non-Preferred Specialty			QL	
BARACLUDE	TABS	1MG	Non-Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BARACLUDE	SOLN	0.05MG/ML	Non-Preferred Brand				
BASAGLAR KWIKPEN	SOPN	100UNIT/ML	Excluded				
BAVENCIO	SOLN	200MG/10ML	Medical Benefit-Preferred Specialty				
BAYER BREEZE 2 TEST DISC	DISK		Non-Preferred Brand		ST		
BAYER CONTOUR BLOOD GLUCOSE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
BAYER CONTOUR NEXT BLOOD GLUCOSE TEST	STRP	0	Non-Preferred Brand		ST	QL	
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2"	MISC		Preferred Brand				
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2"	MISC		Preferred Brand				
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2"	MISC		Preferred Brand				
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16"	MISC		Preferred Brand				
BEBULIN	SOLR	200-1200 UNIT	Preferred Specialty			QL	
BECONASE AQ	SUSP	42MCG/SPRAY	Non-Preferred Brand		ST		
BELBUCA	FILM	75MCG	Non-Preferred Brand		ST	QL	
BELBUCA	FILM	150MCG	Non-Preferred Brand		ST	QL	
BELBUCA	FILM	300MCG	Non-Preferred Brand		ST	QL	
BELBUCA	FILM	450MCG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BELBUCA	FILM	600MCG	Non-Preferred Brand		ST	QL	
BELBUCA	FILM	750MCG	Non-Preferred Brand		ST	QL	
BELBUCA	FILM	900MCG	Non-Preferred Brand		ST	QL	
BELEODAQ	SOLR	500MG	Medical Benefit-Preferred Specialty	PA			
BELLADONNA & OPIUM	SUPP	16.2MG; 30MG	Excluded				
BELLADONNA ALKALOIDS & OPIUM	SUPP	16.2MG; 60MG	Excluded				
BELLADONNA ALKALOIDS/PHENOBARBITAL	TABS	0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	Excluded				
BELSOMRA	TABS	5MG	Non-Preferred Brand		ST	QL	AL
BELSOMRA	TABS	10MG	Non-Preferred Brand		ST	QL	AL
BELSOMRA	TABS	15MG	Non-Preferred Brand		ST	QL	AL
BELSOMRA	TABS	20MG	Non-Preferred Brand		ST	QL	AL
BELVIQ	TABS	10MG	Non-Preferred Brand		ST		
BELVIQ XR	TB24	20MG	Non-Preferred Brand		ST		
BENAZEPRIL HCL	TABS	5MG	Preferred Generic				
BENAZEPRIL HCL	TABS	10MG	Preferred Generic				
BENAZEPRIL HCL	TABS	20MG	Preferred Generic				
BENAZEPRIL HCL	TABS	40MG	Preferred Generic				
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	Generic				
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	Generic				
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	20MG; 25MG	Generic				
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BENEFIX	KIT	250UNIT	Preferred Specialty			QL	
BENEFIX	KIT	500UNIT	Preferred Specialty			QL	
BENEFIX	KIT	1000UNIT	Preferred Specialty			QL	
BENEFIX	KIT	2000UNIT	Preferred Specialty			QL	
BENEFIX	KIT	3000UNIT	Preferred Specialty			QL	
BENICAR	TABS	5MG	Non-Preferred Brand		ST		
BENICAR	TABS	20MG	Non-Preferred Brand		ST		
BENICAR	TABS	40MG	Non-Preferred Brand		ST		
BENICAR HCT	TABS	12.5MG; 20MG	Non-Preferred Brand		ST		
BENICAR HCT	TABS	12.5MG; 40MG	Non-Preferred Brand		ST		
BENICAR HCT	TABS	25MG; 40MG	Non-Preferred Brand		ST		
BENLYSTA	SOAJ	200MG/ML	Preferred Specialty	PA		QL	
BENLYSTA	SOLR	120MG	Medical Benefit-Preferred Specialty	PA			
BENLYSTA	SOLR	400MG	Medical Benefit-Preferred Specialty	PA			
BENTYL	CAPS	10MG	Non-Preferred Brand				
BENTYL	TABS	20MG	Non-Preferred Brand				
BENZAC AC WASH	LIQD	5%	Excluded				
BENZACLIN	GEL	5%; 1%	Non-Preferred Brand				
BENZACLIN WITH PUMP	GEL	5%; 1%	Non-Preferred Brand				
BENZEFOAM	FOAM	5.30%	Excluded				
BENZEFOAMULTRA	FOAM	9.80%	Excluded				
BENZEPRO	FOAM	5.30%	Excluded				
BENZEPRO CREAMY WASH	LIQD	7%	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BENZEPRO FOAMING CLOTHS	MISC	6%	Excluded				
BENZEPRO SHORT CONTACT	FOAM	9.80%	Excluded				
BENZONATATE	CAPS	100MG	Generic				
BENZONATATE	CAPS	200MG	Generic				
BENZOYL PEROXIDE	FOAM	5.30%	Excluded				
BENZOYL PEROXIDE	FOAM	9.80%	Excluded				
BENZOYL PEROXIDE WASH	LIQD	5%	Excluded				
BENZOYL PEROXIDE WASH	LIQD	10%	Excluded				
BENZPHETAMINE HCL	TABS	50MG	Generic				
BENZTROPINE MESYLATE	TABS	0.5MG	Generic				
BENZTROPINE MESYLATE	TABS	1MG	Generic				
BENZTROPINE MESYLATE	TABS	2MG	Generic				
BEPREVE	SOLN	1.50%	Non-Preferred Brand		ST		
BERINERT	KIT	500UNIT	Non-Preferred Specialty	PA			
BESIVANCE	SUSP	0.60%	Non-Preferred Brand			QL	
BESPONSA	SOLR	0.9MG	Medical Benefit-Preferred Specialty	PA			
BETAGAN	SOLN	0.50%	Non-Preferred Brand				
BETAMETHASONE DIPROPIONATE	CREA	0.05%	Generic				
BETAMETHASONE DIPROPIONATE	LOTN	0.05%	Generic				
BETAMETHASONE DIPROPIONATE	OINT	0.05%	Generic				
BETAMETHASONE VALERATE	CREA	0.10%	Generic				
BETAMETHASONE VALERATE	LOTN	0.10%	Generic				
BETAMETHASONE VALERATE	OINT	0.10%	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BETAMETHASONE VALERATE	FOAM	0.12%	Excluded				
BETAPACE	TABS	80MG	Non-Preferred Brand				
BETAPACE	TABS	160MG	Non-Preferred Brand				
BETAPACE	TABS	120MG	Non-Preferred Brand				
BETASERON	KIT	0.3MG	Non-Preferred Specialty			QL	
BETAXOLOL HCL	TABS	10MG	Generic				
BETAXOLOL HCL	TABS	20MG	Generic				
BETAXOLOL HCL	SOLN	0.50%	Preferred Brand				
BETHANECHOL CHLORIDE	TABS	10MG	Generic				
BETHANECHOL CHLORIDE	TABS	25MG	Generic				
BETHANECHOL CHLORIDE	TABS	50MG	Generic				
BETHANECHOL CHLORIDE	TABS	5MG	Preferred Generic				
BETHKIS	NEBU	300MG/4ML	Non-Preferred Specialty	PA			
BETIMOL	SOLN	0.25%	Non-Preferred Brand				
BETIMOL	SOLN	0.50%	Non-Preferred Brand				
BETOPTIC-S	SUSP	0.25%	Non-Preferred Brand				
BEVESPI AEROSPHERE	AERO	4.8MCG/ACT; 9MCG/ACT	Non-Preferred Brand			QL	AL
BEVYXXA	CAPS	80MG	Excluded				
BEVYXXA	CAPS	40MG	Excluded				
BEXAROTENE	CAPS	75MG	Preferred Specialty	PA		QL	
BEXSERO	SUSY	0	Medical Benefit			QL	AL
BEYAZ	TABS	3MG; 0.02MG; 0.451MG	Non-Preferred Brand				
BIAFINE	EMUL	0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0	Excluded				
BIAXIN	TABS	500MG	Non-Preferred Brand				
BIAXIN	SUSR	250MG/5ML	Non-Preferred Brand				
BIAXIN	TABS	250MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BIAXIN XL	TB24	500MG	Non-Preferred Brand				
BICALUTAMIDE	TABS	50MG	Generic				
BICNU	SOLR	100MG	Medical Benefit				
BIDIL	TABS	37.5MG; 20MG	Preferred Brand				
BIMATOPROST	SOLN	0.03%	Generic				
BINOSTO	TBEF	70MG	Non-Preferred Brand		ST		
BIONECT	CREA	0.20%	Excluded				
BIONECT	GEL	0.20%	Excluded				
BIONECT	SOLN	0.20%	Excluded				
BIONECT	FOAM	0.20%	Excluded				
BISOPROLOL FUMARATE	TABS	5MG	Generic				
BISOPROLOL FUMARATE	TABS	10MG	Generic				
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	2.5MG; 6.25MG	Preferred Generic				
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 6.25MG	Preferred Generic				
BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 6.25MG	Preferred Generic				
BIVIGAM	SOLN	10GM/100ML	Medical Benefit-Preferred Specialty				
BLEOMYCIN SULFATE	SOLR	15UNIT	Medical Benefit				
BLEOMYCIN SULFATE	SOLR	30UNIT	Medical Benefit				
BLEPH-10	SOLN	10%	Non-Preferred Brand				
BLEPHAMIDE	SUSP	0.2%; 10%	Preferred Brand				
BLEPHAMIDE S.O.P.	OINT	0.2%; 10%	Preferred Brand				
BLINCYTO	SOLR	35MCG	Medical Benefit-Preferred Specialty	PA			
BLISOVI 24 FE	TABS	20MCG; 75MG; 1MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BLOOD PRESSURE MONITOR 3 SERIES	DEVI		Preferred Brand			QL	
BLOOD PRESSURE MONITOR 7 SERIES	DEVI		Preferred Brand			QL	
BLOOD PRESSURE MONITOR AUTOMATIC WITH LARGE CUFF	KIT		Preferred Brand			QL	
BLOOD PRESSURE MONITOR/COMFIT CUFF ULTRA PREMIUM	MISC		Preferred Brand			QL	
BLOOD PRESSURE MONITOR/DELUXE COMFIT CUFF	MISC		Preferred Brand			QL	
BLOOD PRESSURE MONITOR/MAUAL	MISC		Preferred Brand			QL	
BLOOD PRESSURE MONITOR/WRIST WITH APS	MISC		Preferred Brand			QL	
BONIVA	TABS	150MG	Non-Preferred Brand				
BONIVA	SOLN	3MG/3ML	Medical Benefit-Non-Preferred Specialty	PA			
BOOSTRIX	SUSP	18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	Medical Benefit			QL	AL
BOSULIF	TABS	100MG	Non-Preferred Specialty	PA		QL	
BOSULIF	TABS	500MG	Non-Preferred Specialty	PA		QL	
BOTOX	SOLR	100UNIT	Medical Benefit-Preferred Specialty	PA			
BP 10-1	EMUL	10%; 1%	Excluded				
BP FOAM	FOAM	9.80%	Excluded				
BP WASH	LIQD	7%	Excluded				
BPO	GEL	4%	Generic				
BPO	GEL	8%	Generic				
BPO 6% FOAMING CLOTHS	MISC	6%	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BPO CREAMY WASH COMPLETE PACK	KIT	0	Generic			QL	
BRAVELLE	SOLR	75UNIT	Preferred Brand				
BREATHERITE	MISC		Preferred Brand			QL	
BREATHERITE COLLAPSIBLE ADULT SPACER W/MASK	MISC		Preferred Brand			QL	
BREATHERITE COLLAPSIBLE CHILD SPACER W/MASK	MISC		Preferred Brand			QL	
BREATHERITE COLLAPSIBLE INFANT SPACER W/MASK	MISC		Preferred Brand			QL	
BREATHERITE COLLAPSIBLE SMALL CHILD SPACER W/MASK	MISC		Preferred Brand			QL	
BREATHERITE COLLAPSIBLE SPACER W/ NEONATE MASK	MISC		Preferred Brand			QL	
BREATHERITE RIGID SPACER W/MASK	MISC		Preferred Brand			QL	
BREATHERITE W/LARGE MASK	MISC		Preferred Brand			QL	
BREATHERITE W/MEDIUM MASK	MISC		Preferred Brand			QL	
BREATHERITE W/SMALL MASK	MISC		Preferred Brand			QL	
BREO ELLIPTA	AEPB	100MCG/INH; 25MCG/INH	Non-Preferred Brand		ST		AL
BREO ELLIPTA	AEPB	200MCG/INH; 25MCG/INH	Non-Preferred Brand		ST		AL
BRILINTA	TABS	90MG	Preferred Brand				
BRIMONIDINE TARTRATE	SOLN	0.20%	Generic				
BRIMONIDINE TARTRATE	SOLN	0.15%	Generic				
BRINEURA	SOLN	150MG/5ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BRISDELLE	CAPS	7.5MG	Excluded				
BRIVIACT	TABS	10MG	Non-Preferred Brand	PA		QL	AL
BRIVIACT	TABS	25MG	Non-Preferred Brand	PA		QL	AL
BRIVIACT	TABS	50MG	Non-Preferred Brand	PA		QL	AL
BRIVIACT	TABS	75MG	Non-Preferred Brand	PA		QL	AL
BRIVIACT	TABS	100MG	Non-Preferred Brand	PA		QL	AL
BRIVIACT	SOLN	10MG/ML	Non-Preferred Brand	PA		QL	AL
BROMFED DM	SYRP	2MG/5ML; 10MG/5ML; 30MG/5ML	Excluded				
BROMFENAC	SOLN	0.09%	Generic				
BROMOCRIPTINE MESYLATE	TABS	2.5MG	Generic				
BROMOCRIPTINE MESYLATE	CAPS	5MG	Generic				
BROMPHEN/PSEUDOEPHEDRINE HCL/DEXTROMETHORPHAN HBR	SYRP	2MG/5ML; 10MG/5ML; 30MG/5ML	Generic				
BROMSITE	SOLN	0.08%	Non-Preferred Brand		ST		
BROVANA	NEBU	15MCG/2ML	Preferred Brand				AL
BUDEPRION SR	TB12	100MG	Generic			QL	
BUDESONIDE	SUSP	0.25MG/2ML	Generic				
BUDESONIDE	SUSP	0.5MG/2ML	Generic				
BUDESONIDE	SUSP	1MG/2ML	Generic				
BUDESONIDE	CPEP	3MG	Generic				
BUDESONIDE NASAL SPRAY	SUSP	32MCG/ACT	Generic				
BUFFERED ASPIRIN	TABS	325MG; 0; 0; 0	Generic				
BUFFERIN	TABS	325MG; 158MG; 34MG; 63MG	Non-Preferred Brand				AL
BUFFERIN LOW DOSE	TABS	81MG; 0; 0; 0	Non-Preferred Brand				AL
BUMETANIDE	TABS	0.5MG	Generic				
BUNAVAIL	FILM	2.1MG; 0.3MG	Non-Preferred Brand		ST	QL	
BUNAVAIL	FILM	4.2MG; 0.7MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BUNAVAIL	FILM	6.3MG; 1MG	Non-Preferred Brand		ST	QL	
BUPAP	TABS	300MG; 50MG	Excluded				
BUPHENYL	TABS	500MG	Non-Preferred Specialty	PA		QL	
BUPHENYL	POWD	3GM/TSP	Non-Preferred Specialty	PA			
BUPRENEX	SOLN	0.3MG/ML	Medical Benefit				
BUPRENORPHINE	PTWK	5MCG/HR	Non-Preferred Brand				
BUPRENORPHINE	PTWK	10MCG/HR	Non-Preferred Brand				
BUPRENORPHINE	PTWK	15MCG/HR	Non-Preferred Brand				
BUPRENORPHINE	PTWK	20MCG/HR	Non-Preferred Brand				
BUPRENORPHINE HCL	SUBL	2MG	Generic			QL	
BUPRENORPHINE HCL	SUBL	8MG	Generic			QL	
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	2MG; 0.5MG	Generic			QL	
BUPRENORPHINE HCL/NALOXONE HCL	SUBL	8MG; 2MG	Generic			QL	
BUPROBAN	TB12	150MG	Generic				
BUPROPION HCL	TABS	75MG	Generic				
BUPROPION HCL	TABS	100MG	Generic				
BUPROPION HCL SR	TB12	200MG	Generic			QL	
BUPROPION HCL SR	TB12	100MG	Generic			QL	
BUPROPION HCL SR	TB12	150MG	Generic			QL	
BUPROPION HCL XL	TB24	300MG	Generic				
BUPROPION HCL XL	TB24	150MG	Generic			QL	
BUSPIRONE HCL	TABS	5MG	Preferred Generic				
BUSPIRONE HCL	TABS	10MG	Generic				
BUSPIRONE HCL	TABS	15MG	Generic				
BUSPIRONE HCL	TABS	30MG	Generic				
BUSPIRONE HCL	TABS	7.5MG	Preferred Generic				
BUSULFEX	SOLN	6MG/ML	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
BUTALBITAL/ACETAMINOPHEN	TABS	325MG; 50MG	Generic			QL	
BUTALBITAL/ACETAMINOPHEN	TABS	300MG; 50MG	Excluded				
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	TABS	325MG; 50MG; 40MG	Generic			QL	
BUTALBITAL/ACETAMINOPHEN/CAFFEINE	CAPS	300MG; 50MG; 40MG	Excluded				
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	300MG; 50MG; 40MG; 30MG	Excluded				
BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Generic			QL	
BUTALBITAL/ASPIRIN/CAFFEINE	CAPS	325MG; 50MG; 40MG	Generic			QL	
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	325MG; 50MG; 40MG; 30MG	Preferred Brand			QL	
BUTORPHANOL TARTRATE	SOLN	10MG/ML	Preferred Brand				
BUTRANS	PTWK	5MCG/HR	Excluded				
BUTRANS	PTWK	10MCG/HR	Excluded				
BUTRANS	PTWK	20MCG/HR	Excluded				
BUTRANS	PTWK	7.5MCG/HR	Excluded				
BUTRANS	PTWK	15MCG/HR	Excluded				
BYDUREON	SRER	2MG	Preferred Brand				
BYDUREON BCISE	AUIJ	2MG/0.85ML	Preferred Brand				
BYDUREON PEN	PEN	2MG	Preferred Brand				
BYETTA	SOPN	5MCG/0.02ML	Preferred Brand				
BYETTA	SOPN	10MCG/0.04ML	Preferred Brand				
BYSTOLIC	TABS	2.5MG	Non-Preferred Brand		ST		
BYSTOLIC	TABS	5MG	Non-Preferred Brand		ST		
BYSTOLIC	TABS	10MG	Non-Preferred Brand		ST		
BYSTOLIC	TABS	20MG	Non-Preferred Brand		ST		
BYVALSON	TABS	5MG; 80MG	Non-Preferred Brand		ST		
CABERGOLINE	TABS	0.5MG	Generic				
CABOMETYX	TABS	60MG	Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CABOMETYX	TABS	20MG	Preferred Specialty	PA			
CABOMETYX	TABS	40MG	Preferred Specialty	PA			
CADUET	TABS	5MG; 10MG	Non-Preferred Brand				
CADUET	TABS	10MG; 10MG	Non-Preferred Brand				
CADUET	TABS	2.5MG; 10MG	Non-Preferred Brand				
CAFERGOT	TABS	100MG; 1MG	Excluded				
CAFFEINE CITRATE	SOLN	60MG/3ML	Generic				
CALAN	TABS	80MG	Non-Preferred Brand				
CALAN	TABS	120MG	Non-Preferred Brand				
CALAN SR	TBCR	240MG	Non-Preferred Brand				
CALAN SR	TBCR	180MG	Non-Preferred Brand				
CALCIPOTRIENE	SOLN	0.01%	Generic				
CALCIPOTRIENE	CREA	0.01%	Generic			QL	
CALCIPOTRIENE	OINT	0.01%	Generic			QL	
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	0.064%; 0.005%	Generic		ST	QL	
CALCITONIN-SALMON	SOLN	200UNIT/ACT	Generic				
CALCITRENE	OINT	0.01%	Generic			QL	
CALCITRIOL	CAPS	0.25MCG	Generic				
CALCITRIOL	SOLN	1MCG/ML	Generic				
CALCITRIOL	CAPS	0.5MCG	Generic				
CALCITRIOL	SOLN	1MCG/ML	Medical Benefit				
CALCITRIOL	OINT	3MCG/GM	Generic		ST	QL	
CALCIUM ACETATE	CAPS	667MG	Generic				
CAMBIA	PACK	50MG	Excluded				
CAMBIA	PACK	50MG	Non-Preferred Brand		ST		
CAMILA	TABS	0.35MG	Generic				
CAMPRAL	TBEC	333MG	Non-Preferred Brand				
CAMPTOSAR	SOLN	100MG/5ML	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CAMRESE	TABS	0; 0	Generic				
CAMRESE LO	TABS	0; 0	Generic				
CANASA	SUPP	1000MG	Preferred Brand				
CANCIDAS	SOLR	50MG	Medical Benefit-Preferred Specialty				
CANCIDAS	SOLR	70MG	Medical Benefit-Preferred Specialty				
CANDESARTAN CILEXETIL	TABS	4MG	Generic				
CANDESARTAN CILEXETIL	TABS	8MG	Generic				
CANDESARTAN CILEXETIL	TABS	16MG	Generic				
CANDESARTAN CILEXETIL	TABS	32MG	Generic				
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	16MG; 12.5MG	Generic				
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 12.5MG	Generic				
CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	32MG; 25MG	Generic				
CANDIN	SOLN	0	Excluded				
CANTIL	TABS	25MG	Preferred Brand				
CAPACET	CAPS	325MG; 50MG; 40MG	Generic				
CAPECITABINE	TABS	150MG	Preferred Specialty				
CAPECITABINE	TABS	500MG	Preferred Specialty				
CAPEX	SHAM	0.01%	Excluded				
CAPITAL/CODEINE	SUSP	120MG/5ML; 12MG/5ML	Preferred Brand				
CAPRELSA	TABS	100MG	Preferred Specialty	PA		QL	
CAPRELSA	TABS	300MG	Preferred Specialty	PA		QL	
CAPTOPRIL	TABS	25MG	Generic				
CAPTOPRIL	TABS	50MG	Generic				
CAPTOPRIL	TABS	100MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CAPTOPRIL	TABS	12.5MG	Generic				
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	Generic				
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	Generic				
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 15MG	Generic				
CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	50MG; 25MG	Generic				
CAPTRACIN	PTCH	0.038%; 5%	Excluded				
CARAC	CREA	0.50%	Excluded				
CARAFATE	SUSP	1GM/10ML	Non-Preferred Brand				
CARAFATE	TABS	1GM	Non-Preferred Brand				
CARBAGLU	TABS	200MG	Preferred Specialty	PA		QL	
CARBAMAZEPINE	TABS	200MG	Generic				
CARBAMAZEPINE	CHEW	100MG	Generic				
CARBAMAZEPINE	SUSP	100MG/5ML	Generic				
CARBAMAZEPINE ER	CP12	100MG	Generic		ST		
CARBAMAZEPINE ER	CP12	200MG	Generic		ST		
CARBAMAZEPINE ER	CP12	300MG	Generic		ST		
CARBAMAZEPINE ER	TB12	100MG	Non-Preferred Brand		ST		
CARBAMAZEPINE ER	TB12	200MG	Non-Preferred Brand		ST		
CARBAMAZEPINE ER	TB12	400MG	Non-Preferred Brand		ST		
CARBATROL	CP12	100MG	Non-Preferred Brand		ST		
CARBATROL	CP12	200MG	Non-Preferred Brand		ST		
CARBATROL	CP12	300MG	Non-Preferred Brand		ST		
CARBIDOPA	TABS	25MG	Non-Preferred Brand			QL	
CARBIDOPA/LEVODOPA	TABS	10MG; 100MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CARBIDOPA/LEVODOPA	TABS	25MG; 100MG	Preferred Generic				
CARBIDOPA/LEVODOPA	TABS	25MG; 250MG	Generic				
CARBIDOPA/LEVODOPA ER	TBCR	25MG; 100MG	Generic				
CARBIDOPA/LEVODOPA ER	TBCR	50MG; 200MG	Generic				
CARBIDOPA/LEVODOPA ODT	TBDP	10MG; 100MG	Generic				
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 100MG	Generic				
CARBIDOPA/LEVODOPA ODT	TBDP	25MG; 250MG	Generic				
CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	12.5MG; 200MG; 50MG	Generic				
CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	18.75MG; 200MG; 75MG	Generic				
CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	25MG; 200MG; 100MG	Generic				
CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	31.25MG; 200MG; 125MG	Generic				
CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	37.5MG; 200MG; 150MG	Generic				
CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	50MG; 200MG; 200MG	Generic				
CARBINOXAMINE MALEATE	TABS	4MG	Generic				
CARBINOXAMINE MALEATE	SOLN	4MG/5ML	Generic				
CARBOPLATIN	SOLN	600MG/60ML	Medical Benefit				
CARBOPLATIN	SOLN	50MG/5ML	Medical Benefit				
CARBOPLATIN	SOLN	150MG/15ML	Medical Benefit				
CARBOPLATIN	SOLN	450MG/45ML	Medical Benefit				
CARDENE SR	CP12	30MG	Non-Preferred Brand		ST		
CARDENE SR	CP12	60MG	Non-Preferred Brand		ST		
CARDIZEM	TABS	30MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CARDIZEM	TABS	60MG	Non-Preferred Brand				
CARDIZEM	TABS	120MG	Non-Preferred Brand				
CARDIZEM	TABS	90MG	Non-Preferred Brand				
CARDIZEM CD	CP24	120MG	Non-Preferred Brand				
CARDIZEM CD	CP24	180MG	Non-Preferred Brand				
CARDIZEM CD	CP24	240MG	Non-Preferred Brand				
CARDIZEM CD	CP24	300MG	Non-Preferred Brand				
CARDIZEM CD	CP24	360MG	Non-Preferred Brand				
CARDIZEM LA	TB24	240MG	Non-Preferred Brand				
CARDIZEM LA	TB24	120MG	Preferred Brand				
CARDIZEM LA	TB24	180MG	Non-Preferred Brand				
CARDIZEM LA	TB24	300MG	Non-Preferred Brand				
CARDIZEM LA	TB24	360MG	Non-Preferred Brand				
CARDIZEM LA	TB24	420MG	Non-Preferred Brand				
CARDURA	TABS	1MG	Non-Preferred Brand				
CARDURA	TABS	2MG	Non-Preferred Brand				
CARDURA	TABS	4MG	Non-Preferred Brand				
CARDURA	TABS	8MG	Non-Preferred Brand				
CARDURA XL	TB24	4MG	Non-Preferred Brand		ST		
CARDURA XL	TB24	8MG	Non-Preferred Brand		ST		
CARIMUNE NANOFILTERED	SOLR	3GM	Medical Benefit-Preferred Specialty	PA			
CARIMUNE NANOFILTERED	SOLR	6GM	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CARIMUNE NANOFILTERED	SOLR	12GM	Medical Benefit-Preferred Specialty	PA			
CARISOPRODOL	TABS	350MG	Excluded				
CARISOPRODOL/ASPIRIN	TABS	325MG; 200MG	Excluded				
CARISOPRODOL/ASPIRIN/CODEINE	TABS	325MG; 200MG; 16MG	Excluded				
CARNITOR	TABS	330MG	Non-Preferred Brand				
CARNITOR	SOLN	1GM/10ML	Non-Preferred Brand				
CARNITOR	SOLN	200MG/ML	Medical Benefit				
CAROSPIR	SUSP	25MG/5ML	Excluded				
CARTEOLOL HCL	SOLN	1%	Generic				
CARTIA XT	CP24	120MG	Generic				
CARTIA XT	CP24	180MG	Generic				
CARTIA XT	CP24	240MG	Generic				
CARTIA XT	CP24	300MG	Generic				
CARTICEL	IMPL	0	Excluded				
CARVEDILOL	TABS	3.125MG	Preferred Generic				
CARVEDILOL	TABS	6.25MG	Preferred Generic				
CARVEDILOL	TABS	12.5MG	Preferred Generic				
CARVEDILOL	TABS	25MG	Preferred Generic				
CARVEDILOL PHOSPHATE	CP24	10MG	Preferred Brand		ST		
CARVEDILOL PHOSPHATE	CP24	20MG	Preferred Brand		ST		
CARVEDILOL PHOSPHATE	CP24	40MG	Preferred Brand		ST		
CARVEDILOL PHOSPHATE	CP24	80MG	Preferred Brand		ST		
CASODEX	TABS	50MG	Non-Preferred Brand				
CATAFLAM	TABS	50MG	Non-Preferred Brand				
CATAPRES	TABS	0.1MG	Non-Preferred Brand				
CATAPRES	TABS	0.2MG	Non-Preferred Brand				
CATAPRES	TABS	0.3MG	Non-Preferred Brand				
CATAPRES-TTS-1	PTWK	0.1MG/24HR	Non-Preferred Brand				
CATAPRES-TTS-2	PTWK	0.2MG/24HR	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CATAPRES-TTS-3	PTWK	0.3MG/24HR	Non-Preferred Brand				
CAVAN PRENATAL/EC CALCIUM	TBEC	120MG; 200MG; 420UNIT; 55MG; 8MCG; 28MG; 1MG; 20MG; 150MCG; 50MG; 3MG; 3MG; 30UNIT; 15MG	Generic				
CAVAREST	GEL	1.10%	Generic				
CAVERJECT	SOLR	20MCG	Preferred Brand			QL	
CAVERJECT	SOLR	40MCG	Preferred Brand			QL	
CAVERJECT IMPULSE	KIT	10MCG	Preferred Brand			QL	
CAVERJECT IMPULSE	KIT	20MCG	Preferred Brand			QL	
CAVIRINSE	SOLN	0.20%	Generic				
CAYA	DPRH		Non-Preferred Brand				
CAYSTON	SOLR	75MG	Preferred Specialty	PA		QL	
CEDAX	CAPS	400MG	Non-Preferred Brand		ST		
CEDAX	SUSR	90MG/5ML	Non-Preferred Brand		ST		
CEFACLOR	CAPS	250MG	Generic				
CEFACLOR ER	TB12	500MG	Generic				
CEFADROXIL	CAPS	500MG	Generic				
CEFADROXIL	TABS	1GM	Generic				
CEFADROXIL	SUSR	500MG/5ML	Generic				
CEFADROXIL	SUSR	250MG/5ML	Generic				
CEFDINIR	CAPS	300MG	Generic				
CEFDINIR	SUSR	125MG/5ML	Generic				
CEFDINIR	SUSR	250MG/5ML	Generic				
CEFDITOREN PIVOXIL	TABS	400MG	Generic				
CEFIXIME	SUSR	100MG/5ML	Generic				
CEFIXIME	SUSR	200MG/5ML	Generic				
CEFPODOXIME PROXETIL	TABS	100MG	Generic				
CEFPODOXIME PROXETIL	TABS	200MG	Generic				
CEFPODOXIME PROXETIL	SUSR	50MG/5ML	Generic				
CEFPODOXIME PROXETIL	SUSR	100MG/5ML	Generic				
CEFPROZIL	SUSR	125MG/5ML	Generic				
CEFPROZIL	SUSR	250MG/5ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CEFPROZIL	TABS	250MG	Generic				
CEFPROZIL	TABS	500MG	Generic				
CEFTIN	TABS	250MG	Non-Preferred Brand				
CEFTIN	TABS	500MG	Non-Preferred Brand				
CEFTIN	SUSR	250MG/5ML	Non-Preferred Brand				
CEFUROXIME AXETIL	TABS	500MG	Generic				
CEFUROXIME AXETIL	TABS	250MG	Generic				
CELACYN	GEL		Excluded				
CELACYN POST-PROCEDURE PACK	KIT		Excluded				
CELEBREX	CAPS	50MG	Non-Preferred Brand			QL	
CELEBREX	CAPS	100MG	Non-Preferred Brand			QL	
CELEBREX	CAPS	200MG	Non-Preferred Brand			QL	
CELEBREX	CAPS	400MG	Non-Preferred Brand			QL	
CELECOXIB	CAPS	100MG	Generic			QL	
CELECOXIB	CAPS	200MG	Generic			QL	
CELECOXIB	CAPS	400MG	Generic			QL	
CELECOXIB	CAPS	50MG	Generic			QL	
CELEXA	TABS	10MG	Non-Preferred Brand			QL	AL
CELEXA	TABS	20MG	Non-Preferred Brand			QL	AL
CELEXA	TABS	40MG	Non-Preferred Brand			QL	AL
CELLCEPT	CAPS	250MG	Non-Preferred Brand				
CELLCEPT	TABS	500MG	Non-Preferred Brand				
CELLCEPT	SUSR	200MG/ML	Non-Preferred Brand				
CELONTIN	CAPS	300MG	Preferred Brand				
CENESTIN	TABS	0.3MG	Preferred Brand				
CENESTIN	TABS	1.25MG	Preferred Brand				
CENTANY	OINT	2%	Non-Preferred Brand				
CEPHALEXIN	TABS	250MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CEPHALEXIN	TABS	500MG	Generic				
CEPHALEXIN	SUSR	125MG/5ML	Generic				
CEPHALEXIN	SUSR	250MG/5ML	Generic				
CEPHALEXIN	CAPS	750MG	Generic				
CERACADE	EMUL	0; 0; 0; 0	Excluded				
CERDELGA	CAPS	84MG	Preferred Specialty			QL	
CEREZYME	SOLR	400UNIT	Medical Benefit-Preferred Specialty				
CERTAIN DRI A.M.	SOLN	23%	Excluded				
CERVARIX	SUSP	0	Medical Benefit			QL	AL
CESAMET	CAPS	1MG	Non-Preferred Brand		ST		
CETIRIZINE HCL	TABS	5MG	Excluded				
CETIRIZINE HCL	TABS	10MG	Excluded				
CETIRIZINE HCL	CHEW	5MG	Excluded				
CETIRIZINE HCL	CHEW	10MG	Excluded				
CETIRIZINE HCL CHILDRENS ALLERGY	SYRP	1MG/ML	Excluded				
CETIRIZINE HCL/PSEUDOEPHEDRINE HCL ER	TB12	5MG; 120MG	Excluded				
CETRAXAL	SOLN	0.20%	Non-Preferred Brand				
CETROTIDE	KIT	3MG	Preferred Brand				
CETROTIDE	KIT	0.25MG	Preferred Brand				
CHANTIX	TABS	0.5MG	Preferred Brand				
CHANTIX	TABS	1MG	Preferred Brand				
CHANTIX CONTINUING MONTH PAK	TABS	1MG	Preferred Brand				
CHANTIX STARTING MONTH PAK	TABS	0	Preferred Brand				
CHEMET	CAPS	100MG	Preferred Brand				
CHERATUSSIN AC	SYRP	10MG/5ML; 100MG/5ML	Generic				
CHERATUSSIN DAC	SOLN	10MG/5ML; 100MG/5ML; 30MG/5ML	Generic				
CHILDRENS LORATADINE	SYRP	5MG/5ML	Excluded				
CHLORDIAZEPOXIDE HCL	CAPS	10MG	Preferred Generic				
CHLORDIAZEPOXIDE HCL	CAPS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CHLORDIAZEPOXIDE HCL	CAPS	25MG	Generic				
CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	5MG; 2.5MG	Preferred Brand				
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	12.5MG; 5MG	Generic				
CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	25MG; 10MG	Generic				
CHLORHEXIDINE GLUCONATE	SOLN	0.12%	Generic				
CHLOROQUINE PHOSPHATE	TABS	250MG	Generic				
CHLOROQUINE PHOSPHATE	TABS	500MG	Generic				
CHLOROTHIAZIDE	TABS	500MG	Generic				
CHLOROTHIAZIDE	TABS	250MG	Generic				
CHLORPHENIRAMINE MALEATE	TBCR	12MG	Excluded				
CHLORPROMAZINE HCL	TABS	50MG	Generic				
CHLORPROMAZINE HCL	TABS	100MG	Generic				
CHLORPROMAZINE HCL	TABS	200MG	Generic				
CHLORPROMAZINE HCL	TABS	10MG	Generic				
CHLORPROMAZINE HCL	TABS	25MG	Generic				
CHLORPROPAMIDE	TABS	100MG	Generic				
CHLORPROPAMIDE	TABS	250MG	Generic				
CHLORTHALIDONE	TABS	50MG	Generic				
CHLORTHALIDONE	TABS	25MG	Generic				
CHLORTHALIDONE	TABS	100MG	Preferred Brand				
CHLORZOXAZONE	TABS	500MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CHLORZOXAZONE	TABS	250MG	Excluded				
CHOLESTYRAMINE	POWD	4GM/DOSE	Generic				
CHOLESTYRAMINE	PACK	4GM	Generic				
CHOLESTYRAMINE LIGHT	POWD	4GM/DOSE	Generic				
CHOLESTYRAMINE LIGHT	PACK	4GM	Generic				
CHOLINE MAGNESIUM TRISALICYLATE	TABS	1000MG	Generic				
CHOLINE MAGNESIUM TRISALICYLATE	LIQD	500MG/5ML	Generic				
CHORIONIC GONADOTROPIN	SOLR	10000UNIT	Non-Preferred Brand				
CIALIS	TABS	5MG	Non-Preferred Brand		ST	QL	
CIALIS	TABS	10MG	Excluded				
CIALIS	TABS	20MG	Excluded				
CIALIS	TABS	2.5MG	Non-Preferred Brand		ST	QL	
CICLOPIROX	SUSP	0.77%	Generic				
CICLOPIROX	GEL	0.77%	Generic				
CICLOPIROX	SHAM	1%	Generic				
CICLOPIROX NAIL LACQUER	SOLN	8%	Generic				
CICLOPIROX OLAMINE	CREA	0.77%	Generic				
CILOSTAZOL	TABS	50MG	Generic				
CILOSTAZOL	TABS	100MG	Generic				
CILOXAN	OINT	0.30%	Preferred Brand				
CILOXAN	SOLN	0.30%	Non-Preferred Brand				
CIMETIDINE	TABS	300MG	Generic				
CIMETIDINE	TABS	400MG	Generic				
CIMETIDINE	TABS	200MG	Excluded				
CIMETIDINE	TABS	800MG	Generic				
CIMETIDINE HCL	SOLN	300MG/5ML	Generic				
CIMZIA	KIT	200MG	Non-Preferred Specialty	PA		QL	
CIMZIA	KIT	200MG/ML	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CINQAIR	SOLN	100MG/10ML	Medical Benefit-Non-Preferred Specialty	PA			
CINRYZE	SOLR	500UNIT	Medical Benefit-Preferred Specialty	PA		QL	
CIPRO	TABS	500MG	Non-Preferred Brand				
CIPRO	TABS	250MG	Non-Preferred Brand				
CIPRO	SUSR	500MG/5ML	Non-Preferred Brand				
CIPRO	SUSR	5GM/100ML	Non-Preferred Brand				
CIPRO HC	SUSP	0.2%; 1%	Preferred Brand				
CIPRODEX	SUSP	0.3%; 0.1%	Preferred Brand				
CIPROFLOXACIN	SOLN	0.20%	Generic				
CIPROFLOXACIN	SUSR	250MG/5ML	Generic				
CIPROFLOXACIN	SUSR	500MG/5ML	Generic				
CIPROFLOXACIN ER	TB24	500MG; 0	Generic				
CIPROFLOXACIN ER	TB24	1000MG; 0	Generic				
CIPROFLOXACIN HCL	TABS	250MG	Preferred Generic				
CIPROFLOXACIN HCL	TABS	500MG	Preferred Generic				
CIPROFLOXACIN HCL	TABS	750MG	Generic				
CIPROFLOXACIN HCL	SOLN	0.30%	Generic				
CIPROFLOXACIN HCL	TABS	100MG	Generic				
CISPLATIN	SOLN	50MG/50ML	Medical Benefit-Preferred Specialty				
CISPLATIN	SOLN	100MG/100ML	Medical Benefit-Preferred Specialty				
CISPLATIN	SOLN	200MG/200ML	Medical Benefit-Preferred Specialty				
CITALOPRAM HYDROBROMIDE	SOLN	10MG/5ML	Generic				AL
CITALOPRAM HYDROBROMIDE	TABS	10MG	Preferred Generic			QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CITALOPRAM HYDROBROMIDE	TABS	40MG	Preferred Generic				AL
CITALOPRAM HYDROBROMIDE	TABS	20MG	Preferred Generic			QL	AL
CITRANATAL 90 DHA	MISC	120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 90MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	Non-Preferred Brand			QL	
CITRANATAL ASSURE	MISC	120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	Non-Preferred Brand				
CITRANATAL DHA	MISC	625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	Non-Preferred Brand				
CITRANATAL RX	TABS	120MG; 124MG; 400UNIT; 2MG; 50MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	Non-Preferred Brand			QL	
CITRUS BERGAMOT	POWD	250MG/0.25GM	Excluded				
CLADRIBINE	SOLN	10MG/10ML	Medical Benefit				
CLARAVIS	CAPS	10MG	Preferred Brand	PA			
CLARAVIS	CAPS	20MG	Preferred Brand	PA			
CLARAVIS	CAPS	30MG	Preferred Brand	PA			
CLARAVIS	CAPS	40MG	Preferred Brand	PA			
CLARIFOAM EF	FOAM	10%; 5%	Non-Preferred Brand				
CLARINEX	TABS	5MG	Excluded				
CLARINEX	SYRP	0.5MG/ML	Excluded				
CLARINEX-D 12 HOUR	TB12	2.5MG; 120MG	Excluded				
CLARIS CLARIFYING WASH	EMUL	10%; 4%; 0	Generic				
CLARITHROMYCIN	TABS	250MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CLARITHROMYCIN	TABS	500MG	Generic				
CLARITHROMYCIN	SUSR	125MG/5ML	Generic				
CLARITHROMYCIN	SUSR	250MG/5ML	Generic				
CLARITHROMYCIN ER	TB24	500MG	Generic				
CLARITIN	SYRP	5MG/5ML	Excluded				
CLARITIN	CHEW	5MG	Excluded				
CLARITIN	TABS	10MG	Excluded				
CLARITIN REDITABS	TBDP	5MG	Excluded				
CLARITIN REDITABS	TBDP	10MG	Excluded				
CLARITIN-D 12 HOUR	TB12	5MG; 120MG	Excluded				
CLARITIN-D 24 HOUR	TB24	10MG; 240MG	Excluded				
CLEMASTINE FUMARATE	TABS	2.68MG	Generic				
CLEMASTINE FUMARATE	SYRP	0.67MG/5ML	Generic				
CLEMASTINE FUMARATE	TABS	1.34MG	Excluded				
CLEOCIN	CAPS	150MG	Non-Preferred Brand				
CLEOCIN	CAPS	75MG	Preferred Brand				
CLEOCIN	CAPS	300MG	Non-Preferred Brand				
CLEOCIN	CREA	2%	Non-Preferred Brand				
CLEOCIN	SUPP	100MG	Preferred Brand				
CLEOCIN IN D5W	SOLN	600MG/50ML; 5%	Medical Benefit				
CLEOCIN IN D5W	SOLN	300MG/50ML; 5%	Medical Benefit				
CLEOCIN IN D5W	SOLN	900MG/50ML; 5%	Medical Benefit				
CLEOCIN PEDIATRIC GRANULES	SOLR	75MG/5ML	Preferred Brand				
CLEOCIN-T	SOLN	1%	Excluded				
CLEOCIN-T	SWAB	1%	Non-Preferred Brand				
CLEOCIN-T	LOTN	1%	Non-Preferred Brand				
CLEOCIN-T	GEL	1%	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CLIMARA	PTWK	0.05MG/24HR	Non-Preferred Brand				
CLIMARA	PTWK	0.1MG/24HR	Non-Preferred Brand				
CLIMARA	PTWK	0.075MG/24HR	Non-Preferred Brand				
CLIMARA	PTWK	0.025MG/24HR	Non-Preferred Brand				
CLIMARA	PTWK	37.5MCG/24HR	Non-Preferred Brand				
CLIMARA	PTWK	0.06MG/24HR	Non-Preferred Brand				
CLIMARA PRO	PTWK	0.045MG/DAY; 0.015MG/DAY	Preferred Brand				
CLINDAGEL	GEL	1%	Excluded				
CLINDAMYCIN HCL	CAPS	150MG	Preferred Generic				
CLINDAMYCIN HCL	CAPS	300MG	Generic				
CLINDAMYCIN PHOSPHATE	SOLN	1%	Excluded				
CLINDAMYCIN PHOSPHATE	CREA	2%	Generic				
CLINDAMYCIN PHOSPHATE	SWAB	1%	Generic				
CLINDAMYCIN PHOSPHATE	GEL	1%	Generic				
CLINDAMYCIN PHOSPHATE	LOTN	1%	Generic				
CLINDAMYCIN PHOSPHATE/TRETINOIN	GEL	1.2%; 0.025%	Excluded				
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1%	Generic				
CLINDAMYCIN/BENZOYL PEROXIDE	GEL	5%; 1.2%	Generic				
CLOBETASOL PROPIONATE	OINT	0.05%	Generic				
CLOBETASOL PROPIONATE	CREA	0.05%	Generic				
CLOBETASOL PROPIONATE	SOLN	0.05%	Generic				
CLOBETASOL PROPIONATE	GEL	0.05%	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CLOBETASOL PROPIONATE	SHAM	0.05%	Preferred Brand		ST		
CLOBETASOL PROPIONATE	LOTN	0.05%	Generic		ST		
CLOBETASOL PROPIONATE	LIQD	0.05%	Excluded				
CLOBETASOL PROPIONATE	FOAM	0.05%	Preferred Brand		ST		
CLOBETASOL PROPIONATE EMOLLIENT	FOAM	0.05%	Preferred Brand				
CLOBEX	SHAM	0.05%	Non-Preferred Brand		ST		
CLOBEX	LOTN	0.05%	Non-Preferred Brand		ST		
CLOBEX	LIQD	0.05%	Excluded				
CLOCORTOLONE PIVALATE	CREA	0.10%	Excluded				
CLOCORTOLONE PIVALATE PUMP	CREA	0.10%	Excluded				
CLODAN KIT	KIT	0.05%	Non-Preferred Brand				
CLODERM	CREA	0.10%	Excluded				
CLODERM PUMP	CREA	0.10%	Excluded				
CLOMID	TABS	50MG	Non-Preferred Brand				
CLOMIPHENE CITRATE	TABS	50MG	Generic				
CLOMIPRAMINE HCL	CAPS	25MG	Generic				
CLOMIPRAMINE HCL	CAPS	50MG	Generic				
CLOMIPRAMINE HCL	CAPS	75MG	Generic				
CLONAZEPAM	TABS	0.5MG	Preferred Generic				
CLONAZEPAM	TABS	1MG	Preferred Generic				
CLONAZEPAM	TABS	2MG	Preferred Generic				
CLONAZEPAM ODT	TBDP	0.125MG	Generic				
CLONAZEPAM ODT	TBDP	0.25MG	Generic				
CLONAZEPAM ODT	TBDP	0.5MG	Generic				
CLONAZEPAM ODT	TBDP	1MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CLONAZEPAM ODT	TBDP	2MG	Generic				
CLONIDINE HCL	TABS	0.1MG	Preferred Generic				
CLONIDINE HCL	TABS	0.2MG	Preferred Generic				
CLONIDINE HCL	TABS	0.3MG	Preferred Generic				
CLONIDINE HCL	PTWK	0.1MG/24HR	Generic				
CLONIDINE HCL	PTWK	0.2MG/24HR	Generic				
CLONIDINE HCL	PTWK	0.3MG/24HR	Generic				
CLONIDINE HCL ER	TB12	0.1MG	Generic				
CLOPIDOGREL	TABS	75MG	Generic				
CLORAZEPATE DIPOTASSIUM	TABS	3.75MG	Generic				
CLORAZEPATE DIPOTASSIUM	TABS	7.5MG	Generic				
CLORAZEPATE DIPOTASSIUM	TABS	15MG	Generic				
CLORPRES	TABS	15MG; 0.1MG	Generic				
CLORPRES	TABS	15MG; 0.2MG	Generic				
CLORPRES	TABS	15MG; 0.3MG	Generic				
CLOTRIMAZOLE	TROC	10MG	Generic				
CLOTRIMAZOLE	SOLN	1%	Excluded				
CLOTRIMAZOLE	CREA	1%	Excluded				
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	0.05%; 1%	Generic				
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	0.05%; 1%	Generic				
CLOZAPINE	TABS	25MG	Generic				
CLOZAPINE	TABS	50MG	Generic				
CLOZAPINE	TABS	100MG	Generic				
CLOZAPINE ODT	TBDP	100MG	Non-Preferred Brand				
CLOZAPINE ODT	TBDP	12.5MG	Non-Preferred Brand				
CLOZAPINE ODT	TBDP	25MG	Non-Preferred Brand				
CLOZARIL	TABS	25MG	Non-Preferred Brand				
CLOZARIL	TABS	100MG	Non-Preferred Brand				
CNL8 NAIL KIT	KIT	8%	Excluded				
COAGADEX	SOLR	250UNIT	Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
COAGADEX	SOLR	500UNIT	Preferred Specialty				
COAL TAR	SOLN	20%	Preferred Brand				
CODEINE SULFATE	TABS	15MG	Generic				
CODEINE SULFATE	TABS	30MG	Generic				
CODEINE SULFATE	TABS	60MG	Generic				
COENZYME Q10	POWD	0	Preferred Brand				
COENZYME Q-10	CAPS	100MG	Excluded				
COGENTIN	SOLN	1MG/ML	Medical Benefit-Non-Preferred Specialty				
COLAZAL	CAPS	750MG	Non-Preferred Brand				
COLCHICINE	TABS	0.6MG	Preferred Brand			QL	
COLCRYS	TABS	0.6MG	Excluded				
COLESTID	PACK	5GM	Non-Preferred Brand				
COLESTID	GRAN	5GM	Non-Preferred Brand				
COLESTID	TABS	1GM	Non-Preferred Brand				
COLESTIPOL HCL	TABS	1GM	Generic				
COLESTIPOL HCL	PACK	5GM	Generic				
COLESTIPOL HCL	GRAN	5GM	Generic				
COLY-MYCIN S	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	Non-Preferred Brand				
COLYTE-FLAVOR PACKS	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	Non-Preferred Brand				
COMBIGAN	SOLN	0.2%; 0.5%	Preferred Brand				
COMBIPATCH	PTTW	0.05MG/DAY; 0.14MG/DAY	Preferred Brand				
COMBIPATCH	PTTW	0.05MG/DAY; 0.25MG/DAY	Preferred Brand				
COMBIVENT	AERO	103MCG/ACT; 18MCG/ACT	Preferred Brand				
COMBIVENT RESPIMAT	AERS	100MCG/ACT; 20MCG/ACT	Preferred Brand			QL	
COMBIVIR	TABS	150MG; 300MG	Non-Preferred Specialty			QL	
COMETRIQ	KIT	20MG	Preferred Specialty	PA		QL	
COMMIT	LOZG	2MG	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
COMPLERA	TABS	200MG; 25MG; 300MG	Preferred Specialty			QL	
COMPLETE NATAL DHA	MISC	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 200MG; 0; 1MG; 29MG; 0; 25MG; 20MG; 250MG; 25MG; 4MG; 1.8MG; 30MG; 3000UNIT; 25MG	Generic				
COMPLETENATE	CHEW	120MG; 1000UNIT; 400UNIT; 12MCG; 29MG; 1MG; 20MG; 10MG; 3MG; 2MG; 11UNIT	Generic				
COMPRO	SUPP	25MG	Generic				
COMTAN	TABS	200MG	Non-Preferred Brand				
COMVAX	SUSP	7.5MCG/0.5ML; 5MCG/0.5ML	Medical Benefit				
CONCERTA	TBCR	18MG	Non-Preferred Brand			QL	AL
CONCERTA	TBCR	36MG	Non-Preferred Brand			QL	AL
CONCERTA	TBCR	54MG	Non-Preferred Brand			QL	AL
CONCERTA	TBCR	27MG	Non-Preferred Brand			QL	AL
CONDYLOX	GEL	0.50%	Non-Preferred Brand		ST		
CONDYLOX	SOLN	0.50%	Non-Preferred Brand				
CONTRAVE	TB12	90MG; 8MG	Non-Preferred Brand		ST		
CONTROLRX	CREA	1.10%	Generic				
CONZIP	CP24	100MG	Excluded				
CONZIP	CP24	200MG	Excluded				
CONZIP	CP24	300MG	Excluded				
COPAXONE	SOSY	20MG/ML	Excluded			QL	
COPAXONE	SOSY	40MG/ML	Excluded				
COPEGUS	TABS	200MG	Non-Preferred Specialty			QL	
CORDARONE	TABS	200MG	Non-Preferred Brand				
CORDRAN	OINT	0.05%	Excluded				
CORDRAN	CREA	0.05%	Excluded				
CORDRAN	LOTN	0.05%	Excluded				
CORDRAN TAPE	TAPE	4MCG/SQCM	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
COREG	TABS	3.125MG	Non-Preferred Brand				
COREG	TABS	6.25MG	Non-Preferred Brand				
COREG	TABS	12.5MG	Non-Preferred Brand				
COREG	TABS	25MG	Non-Preferred Brand				
COREG CR	CP24	10MG	Non-Preferred Brand		ST		
COREG CR	CP24	20MG	Non-Preferred Brand		ST		
COREG CR	CP24	40MG	Non-Preferred Brand		ST		
COREG CR	CP24	80MG	Non-Preferred Brand		ST		
CORGARD	TABS	20MG	Non-Preferred Brand				
CORGARD	TABS	40MG	Non-Preferred Brand				
CORGARD	TABS	80MG	Non-Preferred Brand				
CORIFACT	KIT	1000-1600 UNIT	Medical Benefit-Preferred Specialty				
CORLANOR	TABS	5MG	Non-Preferred Brand		ST		
CORLANOR	TABS	7.5MG	Non-Preferred Brand		ST		
CORTANE-B	LOTN	1MG/ML; 10MG/ML; 10MG/ML	Non-Preferred Brand				
CORTANE-B-OTIC	SOLN	1MG/ML; 10MG/ML; 10MG/ML	Non-Preferred Brand				
CORTEF	TABS	5MG	Non-Preferred Brand				
CORTEF	TABS	10MG	Non-Preferred Brand				
CORTEF	TABS	20MG	Non-Preferred Brand				
CORTENEMA	ENEM	100MG/60ML	Non-Preferred Brand				
CORTIFOAM	FOAM	10%	Preferred Brand				
CORTISONE ACETATE	TABS	25MG	Generic				
CORTISPORIN	OINT	400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CORTISPORIN	CREA	0.5%; 3.5MG/GM; 10000UNIT/GM	Preferred Brand				
CORTISPORIN-TC	SUSP	3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	Non-Preferred Brand				
CORZIDE	TABS	5MG; 40MG	Non-Preferred Brand				
CORZIDE	TABS	5MG; 80MG	Non-Preferred Brand				
COSENTYX	SOSY	150MG/ML	Preferred Specialty	PA		QL	
COSENTYX SENSOREADY PEN	SOAJ	150MG/ML	Preferred Specialty	PA		QL	
COSMEGEN	SOLR	0.5MG	Medical Benefit-Preferred Specialty				
COSOPT	SOLN	22.3MG/ML; 6.8MG/ML	Non-Preferred Brand				
COTELLIC	TABS	20MG	Preferred Specialty	PA			
COTEMPLA XR-ODT	TBED	8.6MG	Excluded				
COTEMPLA XR-ODT	TBED	17.3MG	Excluded				
COTEMPLA XR-ODT	TBED	25.9MG	Excluded				
COUMADIN	TABS	4MG	Preferred Brand				
COUMADIN	TABS	1MG	Preferred Brand				
COUMADIN	TABS	2MG	Preferred Brand				
COUMADIN	TABS	5MG	Preferred Brand				
COUMADIN	TABS	7.5MG	Preferred Brand				
COUMADIN	TABS	10MG	Preferred Brand				
COUMADIN	TABS	2.5MG	Preferred Brand				
COUMADIN	TABS	3MG	Preferred Brand				
COUMADIN	TABS	6MG	Preferred Brand				
COZAAR	TABS	25MG	Non-Preferred Brand				
COZAAR	TABS	50MG	Non-Preferred Brand				
COZAAR	TABS	100MG	Non-Preferred Brand				
CREON	CPEP	15000UNIT; 3000UNIT; 9500UNIT	Preferred Brand				
CREON	CPEP	30000UNIT; 6000UNIT; 19000UNIT	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CREON	CPEP	60000UNIT; 12000UNIT; 38000UNIT	Preferred Brand				
CREON	CPEP	120000UNIT; 24000UNIT; 76000UNIT	Preferred Brand				
CREON	CPEP	180000UNIT; 36000UNIT; 114000UNIT	Preferred Brand				
CRESEMBA	CAPS	186MG	Preferred Specialty			QL	
CRESEMBA	SOLR	372MG	Medical Benefit-Preferred Specialty				
CRESTOR	TABS	10MG	Non-Preferred Brand				
CRESTOR	TABS	20MG	Non-Preferred Brand				
CRESTOR	TABS	40MG	Non-Preferred Brand				
CRESTOR	TABS	5MG	Non-Preferred Brand				
CRINONE	GEL	4%	Preferred Brand				
CRINONE	GEL	8%	Preferred Brand			QL	
CRIXIVAN	CAPS	200MG	Preferred Brand				
CRIXIVAN	CAPS	400MG	Preferred Brand				
CROMOLYN SODIUM	SOLN	4%	Non-Preferred Brand				
CROMOLYN SODIUM	NEBU	20MG/2ML	Generic				
CRYSELLE-28	TABS	30MCG; 0.3MG	Generic				
CUBICIN	SOLR	500MG	Medical Benefit				
CUPRIMINE	CAPS	250MG	Excluded				
CUTIVATE	OINT	0.01%	Non-Preferred Brand				
CUTIVATE	LOTN	0.05%	Excluded				
CUTIVATE	CREA	0.05%	Non-Preferred Brand				
CUVPOSA	SOLN	1MG/5ML	Non-Preferred Brand			QL	AL
CYANOCOBALAMIN	SOLN	1000MCG/ML	Generic				
CYCLAFEM 1/35	TABS	35MCG; 1MG	Generic				
CYCLAFEM 7/7/7	TABS	0; 0	Generic				
CYCLOBENZAPRINE HCL	TABS	10MG	Generic				
CYCLOBENZAPRINE HCL	TABS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CYCLOBENZAPRINE HCL ER	CP24	15MG	Generic				
CYCLOBENZAPRINE HCL ER	CP24	30MG	Generic				
CYCLOGYL	SOLN	0.50%	Preferred Brand				
CYCLOGYL	SOLN	1%	Non-Preferred Brand				
CYCLOGYL	SOLN	2%	Non-Preferred Brand				
CYCLOPENTOLATE HCL	SOLN	2%	Generic				
CYCLOPENTOLATE HCL	SOLN	1%	Generic				
CYCLOPHOSPHAMIDE	TABS	25MG	Generic				
CYCLOPHOSPHAMIDE	TABS	50MG	Generic				
CYCLOPHOSPHAMIDE	SOLR	500MG	Medical Benefit				
CYCLOSERINE	CAPS	250MG	Generic				
CYCLOSET	TABS	0.8MG	Non-Preferred Brand				
CYCLOSPORINE	CAPS	25MG	Generic				
CYCLOSPORINE	CAPS	100MG	Generic				
CYCLOSPORINE MODIFIED	CAPS	50MG	Generic				
CYCLOSPORINE MODIFIED	SOLN	100MG/ML	Generic				
CYCLOSPORINE MODIFIED	CAPS	25MG	Generic				
CYCLOSPORINE MODIFIED	CAPS	100MG	Generic				
CYMBALTA	CPEP	20MG	Non-Preferred Brand			QL	
CYMBALTA	CPEP	30MG	Non-Preferred Brand			QL	
CYMBALTA	CPEP	60MG	Non-Preferred Brand			QL	
CYPROHEPTADINE HCL	TABS	4MG	Generic				
CYPROHEPTADINE HCL	SYRP	2MG/5ML	Generic				
CYRAMZA	SOLN	100MG/10ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
CYRAMZA	SOLN	500MG/50ML	Medical Benefit-Preferred Specialty	PA			
CYSTARAN	SOLN	0.44%	Preferred Specialty			QL	
CYTARABINE	SOLR	100MG	Generic				
CYTARABINE	SOLR	500MG	Generic				
CYTARABINE	SOLR	1GM	Generic				
CYTOMEL	TABS	5MCG	Non-Preferred Brand				
CYTOMEL	TABS	25MCG	Non-Preferred Brand				
CYTOMEL	TABS	50MCG	Non-Preferred Brand				
CYTOTEC	TABS	100MCG	Non-Preferred Brand				
CYTOTEC	TABS	200MCG	Non-Preferred Brand				
CYTOVENE	SOLR	500MG	Medical Benefit				
CYTRA K CRYSTALS	PACK	1002MG; 3300MG	Generic				
CYTRA-2	SOLN	334MG/5ML; 500MG/5ML	Generic				
CYTRA-3	SYRP	334MG/5ML; 550MG/5ML; 500MG/5ML	Generic				
CYTRA-K	SOLN	334MG/5ML; 1100MG/5ML	Generic				
DACARBAZINE	SOLR	200MG	Medical Benefit				
DACARBAZINE	SOLR	100MG	Medical Benefit				
DACOGEN	SOLR	50MG	Medical Benefit-Preferred Specialty				
DAKLINZA	TABS	30MG	Non-Preferred Specialty	PA			
DAKLINZA	TABS	60MG	Non-Preferred Specialty	PA			
DALIRESP	TABS	500MCG	Non-Preferred Brand	PA			
DALVANCE	SOLR	500MG	Medical Benefit-Preferred Specialty	PA			
DANAZOL	CAPS	200MG	Generic				
DANAZOL	CAPS	50MG	Generic				
DANAZOL	CAPS	100MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DANTRIUM	CAPS	25MG	Non-Preferred Brand				
DANTRIUM	CAPS	50MG	Non-Preferred Brand				
DANTRIUM	CAPS	100MG	Non-Preferred Brand				
DANTROLENE SODIUM	CAPS	25MG	Generic				
DANTROLENE SODIUM	CAPS	50MG	Generic				
DANTROLENE SODIUM	CAPS	100MG	Generic				
DAPSONE	TABS	100MG	Non-Preferred Brand				
DAPSONE	TABS	25MG	Non-Preferred Brand				
DAPSONE	GEL	5%	Preferred Brand		ST		
DAPTACEL	SUSP	23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	Medical Benefit				
DARAPRIM	TABS	25MG	Preferred Brand				
DARIFENACIN HYDROBROMIDE ER	TB24	7.5MG	Preferred Brand			QL	
DARIFENACIN HYDROBROMIDE ER	TB24	15MG	Preferred Brand			QL	
DARZALEX	SOLN	100MG/5ML	Medical Benefit-Preferred Specialty				
DARZALEX	SOLN	400MG/20ML	Medical Benefit-Preferred Specialty				
DAUNOXOME	INJ	2MG/ML	Medical Benefit				
DAXBIA	CAPS	333MG	Excluded				
DAYPRO	TABS	600MG	Non-Preferred Brand				
DAYTRANA	PTCH	10MG/9HR	Non-Preferred Brand			QL	AL
DAYTRANA	PTCH	15MG/9HR	Non-Preferred Brand			QL	AL
DAYTRANA	PTCH	20MG/9HR	Non-Preferred Brand			QL	AL
DAYTRANA	PTCH	30MG/9HR	Non-Preferred Brand			QL	AL
DDAVP	TABS	0.2MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DDAVP	SOLN	4MCG/ML	Medical Benefit				
DDAVP	SOLN	0.01%	Non-Preferred Brand				
DDAVP	TABS	0.1MG	Non-Preferred Brand				
DECARA	CAPS	50000UNIT	Generic				
DEFEROXAMINE MESYLATE	SOLR	500MG	Medical Benefit				
DEFEROXAMINE MESYLATE	SOLR	2GM	Medical Benefit				
DELESTROGEN	OIL	10MG/ML	Non-Preferred Brand				
DELESTROGEN	OIL	20MG/ML	Non-Preferred Brand				
DELESTROGEN	OIL	40MG/ML	Non-Preferred Brand				
DELZICOL	CPDR	400MG	Non-Preferred Brand		ST		
DEMADEX	TABS	5MG	Non-Preferred Brand				
DEMADEX	TABS	10MG	Non-Preferred Brand				
DEMADEX	TABS	20MG	Non-Preferred Brand				
DEMECLOCYCLINE HCL	TABS	300MG	Non-Preferred Brand				
DEMECLOCYCLINE HCL	TABS	150MG	Non-Preferred Brand				
DENAVIR	CREA	1%	Excluded				
DENTA 5000 PLUS	CREA	1.10%	Generic				
DENTAGEL	GEL	1.10%	Generic				
DEPACON	SOLN	100MG/ML	Medical Benefit				
DEPAKENE	CAPS	250MG	Non-Preferred Brand				
DEPAKENE	SOLN	250MG/5ML	Non-Preferred Brand				
DEPAKOTE	TBEC	125MG	Non-Preferred Brand				
DEPAKOTE	TBEC	250MG	Non-Preferred Brand				
DEPAKOTE	TBEC	500MG	Non-Preferred Brand				
DEPAKOTE ER	TB24	250MG	Non-Preferred Brand				
DEPAKOTE ER	TB24	500MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DEPAKOTE SPRINKLES	CSDR	125MG	Non-Preferred Brand				
DEPEN TITRATABS	TABS	250MG	Preferred Specialty	PA		QL	
DEPOCYT	SUSP	50MG/5ML	Medical Benefit				
DEPO-ESTRADIOL	OIL	5MG/ML	Medical Benefit				
DEPO-MEDROL	SUSP	40MG/ML	Medical Benefit				
DEPO-MEDROL	SUSP	80MG/ML	Medical Benefit				
DEPO-PROVERA	SUSP	400MG/ML	Medical Benefit				
DEPO-PROVERA CONTRACEPTIVE	SUSP	150MG/ML	Non-Preferred Brand				
DEPO-SUBQ PROVERA 104	SUSY	104MG/0.65ML	Non-Preferred Brand				
DEPO-TESTOSTERONE	SOLN	100MG/ML	Non-Preferred Brand				
DEPO-TESTOSTERONE	SOLN	200MG/ML	Non-Preferred Brand				
DERMA SILKRX SDS PAK	KIT	5%; 0.1%	Excluded				
DERMACINRX PRIZOPAK	KIT	2.5%; 2.5%	Excluded				
DERMACINRX TICANASE PAK	THPK	50MCG/ACT; 2.7%	Excluded				
DERMA-SMOOTHE/FS BODY	OIL	0.01%	Non-Preferred Brand				
DERMA-SMOOTHE/FS SCALP	OIL	0.01%	Non-Preferred Brand				
DERMASORB AF	KIT	3%; 0.5%	Excluded				
DERMASORB HC	KIT	2%	Excluded				
DERMASORB TA	KIT	0; 0; 0; 0.1%	Excluded				
DERMASORB XM	KIT	0; 39%	Excluded				
DERMATOP	OINT	0.10%	Non-Preferred Brand				
DERMATOP	CREA	0.10%	Non-Preferred Brand				
DERMAZENE	CREA	1%; 1%	Excluded				
DESCOVY	TABS	200MG; 25MG	Preferred Specialty			QL	
DESFERAL	SOLR	2GM	Medical Benefit				
DESFERAL	SOLR	500MG	Medical Benefit				
DESIPRAMINE HCL	TABS	10MG	Preferred Brand				
DESIPRAMINE HCL	TABS	25MG	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DESIPRAMINE HCL	TABS	50MG	Preferred Brand				
DESIPRAMINE HCL	TABS	75MG	Preferred Brand				
DESIPRAMINE HCL	TABS	100MG	Preferred Brand				
DESIPRAMINE HCL	TABS	150MG	Preferred Brand				
DESLORATADINE	TABS	5MG	Excluded				
DESMOPRESSIN ACETATE	TABS	0.1MG	Generic				
DESMOPRESSIN ACETATE	TABS	0.2MG	Generic				
DESMOPRESSIN ACETATE	SOLN	0.01%	Generic				
DESOGEN	TABS	0.15MG; 30MCG	Non-Preferred Brand				
DESONATE	GEL	0.05%	Excluded				
DESONIDE	LOTN	0.05%	Generic		ST		
DESONIDE	CREA	0.05%	Generic		ST		
DESONIDE	OINT	0.05%	Generic		ST		
DESOWEN	LOTN	0.05%	Non-Preferred Brand		ST		
DESOWEN	CREA	0.05%	Non-Preferred Brand		ST		
DESOXIMETASONE	GEL	0.05%	Generic				
DESOXIMETASONE	OINT	0.25%	Generic				
DESOXIMETASONE	CREA	0.25%	Generic				
DESOXIMETASONE	CREA	0.05%	Generic				
DESOXYN	TABS	5MG	Excluded				
DESQUAM-X WASH	LIQD	5%	Excluded				
DESQUAM-X WASH	LIQD	10%	Non-Preferred Brand				
DESVENLAFAXINE ER	TB24	50MG	Preferred Brand		ST	QL	AL
DESVENLAFAXINE ER	TB24	100MG	Preferred Brand		ST	QL	AL
DESVENLAFAXINE ER	TB24	25MG	Preferred Brand		ST	QL	AL
DESVENLAFAXINE ER	TB24	50MG	Non-Preferred Brand		ST	QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DESVENLAFAXINE ER	TB24	100MG	Non-Preferred Brand		ST	QL	AL
DETROL	TABS	1MG	Non-Preferred Brand				
DETROL	TABS	2MG	Non-Preferred Brand				
DETROL LA	CP24	2MG	Non-Preferred Brand			QL	
DETROL LA	CP24	4MG	Non-Preferred Brand			QL	
DEXAMETHASONE	SOLN	0.5MG/5ML	Generic				
DEXAMETHASONE	TABS	0.5MG	Preferred Generic				
DEXAMETHASONE	TABS	0.75MG	Preferred Generic				
DEXAMETHASONE	TABS	1MG	Generic				
DEXAMETHASONE	TABS	1.5MG	Generic				
DEXAMETHASONE	TABS	2MG	Generic				
DEXAMETHASONE	TABS	4MG	Preferred Generic				
DEXAMETHASONE	TABS	6MG	Generic				
DEXAMETHASONE	ELIX	0.5MG/5ML	Generic				
DEXAMETHASONE INTENSOL	CONC	1MG/ML	Preferred Brand				
DEXEDRINE	CP24	5MG	Non-Preferred Brand				
DEXEDRINE	CP24	10MG	Non-Preferred Brand				
DEXEDRINE	CP24	15MG	Non-Preferred Brand				
DEXFERRUM	SOLN	50MG/ML	Medical Benefit				
DEXILANT	CPDR	30MG	Excluded				
DEXILANT	CPDR	60MG	Excluded				
DEXMETHYLPHENIDATE HCL	TABS	2.5MG	Generic				AL
DEXMETHYLPHENIDATE HCL	TABS	5MG	Generic				AL
DEXMETHYLPHENIDATE HCL	TABS	10MG	Generic				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	5MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	10MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	15MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	20MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	30MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	40MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	25MG	Generic			QL	AL
DEXMETHYLPHENIDATE HCL ER	CP24	35MG	Generic			QL	AL
DEXRAZOXANE	SOLR	250MG	Medical Benefit				
DEXRAZOXANE	SOLR	500MG	Medical Benefit				
DEXTROAMPHETAMINE SULFATE	TABS	5MG	Generic				
DEXTROAMPHETAMINE SULFATE	TABS	10MG	Generic				
DEXTROAMPHETAMINE SULFATE ER	CP24	5MG	Generic				
DEXTROAMPHETAMINE SULFATE ER	CP24	10MG	Generic				
DEXTROAMPHETAMINE SULFATE ER	CP24	15MG	Generic				
DIABETA	TABS	2.5MG	Non-Preferred Brand				
DIABETA	TABS	5MG	Non-Preferred Brand				
DIABETA	TABS	1.25MG	Non-Preferred Brand				
DIAMOX	CP12	500MG	Non-Preferred Brand				
DIASTAT ACUDIAL	GEL	10MG	Preferred Brand				
DIASTAT ACUDIAL	GEL	20MG	Preferred Brand				
DIASTAT PEDIATRIC	GEL	2.5MG	Preferred Brand				
DIAZEPAM	GEL	2.5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DIAZEPAM	GEL	10MG	Generic				
DIAZEPAM	GEL	20MG	Generic				
DIAZEPAM	TABS	2MG	Preferred Generic				
DIAZEPAM	TABS	5MG	Preferred Generic				
DIAZEPAM	TABS	10MG	Preferred Generic				
DIAZEPAM INTENSOL	CONC	5MG/ML	Generic				
DIBENZYLINE	CAPS	10MG	Preferred Specialty			QL	
DICLEGIS	TBEC	10MG; 0; 10MG	Excluded				
DICLOFENAC POTASSIUM	TABS	50MG	Generic				
DICLOFENAC SODIUM	GEL	3%	Preferred Specialty		ST	QL	
DICLOFENAC SODIUM	SOLN	0.10%	Generic				
DICLOFENAC SODIUM	SOLN	1.50%	Excluded				
DICLOFENAC SODIUM	GEL	1%	Generic				
DICLOFENAC SODIUM DR	TBEC	50MG	Generic				
DICLOFENAC SODIUM DR	TBEC	75MG	Generic				
DICLOFENAC SODIUM DR	TBEC	25MG	Generic				
DICLOFENAC SODIUM ER	TB24	100MG	Generic				
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	50MG; 200MCG	Excluded				
DICLOFENAC SODIUM/MISOPROSTOL	TBEC	75MG; 200MCG	Excluded				
DICLOXACILLIN SODIUM	CAPS	250MG	Generic				
DICLOXACILLIN SODIUM	CAPS	500MG	Generic				
DICOPANOL FUSEPAQ	SUSR	5MG/ML	Excluded				
DICYCLOMINE HCL	CAPS	10MG	Preferred Generic				
DICYCLOMINE HCL	TABS	20MG	Preferred Generic				
DICYCLOMINE HCL	SOLN	10MG/5ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DIDANOSINE	CPDR	200MG	Generic				
DIDANOSINE	CPDR	250MG	Generic				
DIDANOSINE	CPDR	400MG	Generic				
DIDANOSINE	CPDR	125MG	Generic				
DIETHYLPROPION HCL	TABS	25MG	Generic				
DIETHYLPROPION HCL ER	TB24	75MG	Generic				
DIFFERIN	GEL	0.10%	Generic				
DIFFERIN	LOTN	0.10%	Excluded				
DIFFERIN	CREA	0.10%	Excluded	PA			
DIFFERIN	GEL	0.30%	Excluded				
DIFICID	TABS	200MG	Non-Preferred Specialty		ST	QL	
DIFLORASONE DIACETATE	OINT	0.05%	Excluded				
DIFLORASONE DIACETATE	CREA	0.05%	Excluded				
DIFLUCAN	TABS	50MG	Non-Preferred Brand				
DIFLUCAN	TABS	100MG	Non-Preferred Brand				
DIFLUCAN	TABS	200MG	Non-Preferred Brand				
DIFLUCAN	SUSR	10MG/ML	Non-Preferred Brand				
DIFLUCAN	SUSR	40MG/ML	Non-Preferred Brand				
DIFLUCAN	TABS	150MG	Non-Preferred Brand				
DIFLUNISAL	TABS	500MG	Generic				
DIGITEK	TABS	0.125MG	Generic				
DIGITEK	TABS	0.25MG	Generic				
DIGITEK	TABS	250MCG	Generic				
DIGOX	TABS	125MCG	Generic				
DIGOX	TABS	250MCG	Generic				
DIGOXIN	SOLN	0.05MG/ML	Preferred Brand				
DIHYDROERGOTAMINE MESYLATE	SOLN	1MG/ML	Excluded			QL	
DIHYDROERGOTAMINE MESYLATE	SOLN	4MG/ML	Excluded				
DILANTIN	CAPS	100MG	Non-Preferred Brand				
DILANTIN	CAPS	30MG	Preferred Brand				
DILANTIN INFATABS	CHEW	50MG	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DILANTIN-125	SUSP	125MG/5ML	Non-Preferred Brand				
DILAUDID	SOLN	1MG/ML	Medical Benefit-Non-Preferred Specialty				
DILAUDID	SOLN	2MG/ML	Medical Benefit-Non-Preferred Specialty				
DILAUDID	SOLN	4MG/ML	Medical Benefit-Non-Preferred Specialty				
DILAUDID	TABS	2MG	Non-Preferred Brand			QL	
DILAUDID	TABS	4MG	Non-Preferred Brand			QL	
DILAUDID	TABS	8MG	Non-Preferred Brand			QL	
DILT-CD	CP24	120MG	Generic				
DILT-CD	CP24	180MG	Generic				
DILT-CD	CP24	240MG	Generic				
DILT-CD	CP24	300MG	Generic				
DILTIAZEM CD	CP24	120MG	Generic				
DILTIAZEM CD	CP24	300MG	Generic				
DILTIAZEM HCL	TABS	30MG	Preferred Generic				
DILTIAZEM HCL	TABS	60MG	Generic				
DILTIAZEM HCL	TABS	90MG	Generic				
DILTIAZEM HCL	TABS	120MG	Generic				
DILTIAZEM HCL ER	CP24	180MG	Generic				
DILTIAZEM HCL ER	CP24	240MG	Generic				
DILTIAZEM HCL ER	CP24	300MG	Generic				
DILTIAZEM HCL ER	CP12	60MG	Generic				
DILTIAZEM HCL ER	CP24	360MG	Generic				
DILTIAZEM HCL ER	CP24	420MG	Generic				
DILT-XR	CP24	120MG	Generic				
DILT-XR	CP24	180MG	Generic				
DILT-XR	CP24	240MG	Generic				
DILTZAC	CP24	120MG	Generic				
DILTZAC	CP24	180MG	Generic				
DILTZAC	CP24	240MG	Generic				
DILTZAC	CP24	300MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DILTZAC	CP24	360MG	Generic				
DIOVAN	TABS	80MG	Non-Preferred Brand			QL	
DIOVAN	TABS	160MG	Non-Preferred Brand			QL	
DIOVAN	TABS	320MG	Non-Preferred Brand			QL	
DIOVAN	TABS	40MG	Non-Preferred Brand			QL	
DIOVAN HCT	TABS	12.5MG; 80MG	Non-Preferred Brand				
DIOVAN HCT	TABS	12.5MG; 160MG	Non-Preferred Brand				
DIOVAN HCT	TABS	25MG; 160MG	Non-Preferred Brand				
DIOVAN HCT	TABS	12.5MG; 320MG	Non-Preferred Brand				
DIOVAN HCT	TABS	25MG; 320MG	Non-Preferred Brand				
DIPENTUM	CAPS	250MG	Non-Preferred Brand				
DIPHENHYDRAMINE HCL	ELIX	12.5MG/5ML	Excluded				
DIPHENHYDRAMINE HCL	CAPS	50MG	Excluded				
DIPHENHYDRAMINE HCL	CAPS	25MG	Excluded				
DIPHENOXYLATE/ ATROPINE	LIQD	0.025MG/5ML; 2.5MG/5ML	Generic				
DIPHENOXYLATE/ ATROPINE	TABS	0.025MG; 2.5MG	Generic				
DIPROLENE	OINT	0.05%	Non-Preferred Brand				
DIPROLENE	LOTN	0.05%	Non-Preferred Brand				
DIPROLENE AF	CREA	0.05%	Non-Preferred Brand				
DIPYRIDAMOLE	TABS	25MG	Generic				
DIPYRIDAMOLE	TABS	50MG	Generic				
DIPYRIDAMOLE	TABS	75MG	Generic				
DISOPYRAMIDE PHOSPHATE	CAPS	100MG	Generic				
DISOPYRAMIDE PHOSPHATE	CAPS	150MG	Generic				
DISULFIRAM	TABS	250MG	Generic				
DISULFIRAM	TABS	500MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DITROPAN XL	TB24	5MG	Non-Preferred Brand				
DITROPAN XL	TB24	10MG	Non-Preferred Brand				
DITROPAN XL	TB24	15MG	Non-Preferred Brand				
DIURIL	SUSP	250MG/5ML	Non-Preferred Brand				
DIVALPROEX SODIUM	CSDR	125MG	Generic				
DIVALPROEX SODIUM DR	TBEC	125MG	Preferred Generic				
DIVALPROEX SODIUM DR	TBEC	250MG	Generic				
DIVALPROEX SODIUM DR	TBEC	500MG	Generic				
DIVALPROEX SODIUM ER	TB24	250MG	Generic				
DIVALPROEX SODIUM ER	TB24	500MG	Generic				
DIVIGEL	GEL	0.25MG/0.25GM	Preferred Brand			QL	
DIVIGEL	GEL	0.5MG/0.5GM	Preferred Brand			QL	
DIVIGEL	GEL	1MG/GM	Preferred Brand			QL	
DOANS REGULAR STRENGTH	TABS	325MG	Generic				
DOCEFREZ	SOLR	20MG	Medical Benefit-Preferred Specialty				
DOCEFREZ	SOLR	80MG	Medical Benefit-Preferred Specialty				
DOCETAXEL	CONC	20MG/ML	Medical Benefit-Preferred Specialty				
DOCETAXEL	CONC	80MG/4ML	Medical Benefit-Preferred Specialty				
DOCETAXEL	CONC	80MG/2ML	Medical Benefit-Preferred Specialty				
DOFETILIDE	CAPS	250MCG	Generic				
DOFETILIDE	CAPS	125MCG	Generic				
DOFETILIDE	CAPS	500MCG	Generic				
DOLOPHINE	TABS	5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DOLOPHINE	TABS	10MG	Non-Preferred Brand				
DOMEBORO	PACK	1347MG; 952MG	Excluded				
DONEPEZIL HCL	TABS	5MG	Preferred Generic				
DONEPEZIL HCL	TABS	10MG	Preferred Generic				
DONEPEZIL HCL	TBDP	5MG	Generic				
DONEPEZIL HCL	TBDP	10MG	Generic				
DONEPEZIL HCL	TABS	23MG	Generic				
DONNATAL	ELIX	0.0194MG/5ML; 0.1037MG/5ML; 16.2MG/5ML; 0.0065MG/5ML	Excluded				
DONNATAL	TABS	0.0194MG; 0.1037MG; 16.2MG; 0.0065MG	Excluded				
DONNATAL EXTENTABS	TBCR	0.0582MG; 0.3111MG; 48.6MG; 0.0195MG	Excluded				
DORYX	TBEC	150MG	Non-Preferred Brand				
DORYX	TBEC	50MG	Non-Preferred Brand		ST		
DORYX	TBEC	200MG	Non-Preferred Brand		ST		
DORZOLAMIDE HCL	SOLN	2%	Generic				
DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	22.3MG/ML; 6.8MG/ML	Generic				
DOVONEX	CREA	0.01%	Non-Preferred Brand			QL	
DOXAZOSIN	TABS	4MG	Generic				
DOXAZOSIN MESYLATE	TABS	2MG	Generic				
DOXAZOSIN MESYLATE	TABS	1MG	Generic				
DOXAZOSIN MESYLATE	TABS	8MG	Generic				
DOXEPIN HCL	CONC	10MG/ML	Generic				
DOXEPIN HCL	CAPS	10MG	Generic				
DOXEPIN HCL	CAPS	25MG	Generic				
DOXEPIN HCL	CAPS	50MG	Generic				
DOXEPIN HCL	CAPS	75MG	Generic				
DOXEPIN HCL	CAPS	100MG	Generic				
DOXEPIN HYDROCHLORIDE	CREA	5%	Non-Preferred Brand		ST		
DOXERCALCIFEROL	CAPS	0.5MCG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DOXERCALCIFEROL	CAPS	2.5MCG	Generic				
DOXERCALCIFEROL	CAPS	1MCG	Generic				
DOXIL	INJ	2MG/ML	Medical Benefit-Preferred Specialty				
DOXORUBICIN HCL	SOLN	2MG/ML	Medical Benefit				
DOXYCYCLINE	CPDR	40MG	Excluded				
DOXYCYCLINE	SUSR	25MG/5ML	Generic				
DOXYCYCLINE HYCLATE	TABS	100MG	Generic				
DOXYCYCLINE HYCLATE	CAPS	50MG	Generic				
DOXYCYCLINE HYCLATE	TABS	20MG	Generic				
DOXYCYCLINE HYCLATE	TABS	75MG	Excluded				
DOXYCYCLINE HYCLATE	CAPS	100MG	Generic				
DOXYCYCLINE HYCLATE	SOLR	100MG	Medical Benefit				
DOXYCYCLINE HYCLATE DR	TBEC	150MG	Non-Preferred Brand		ST		
DOXYCYCLINE HYCLATE DR	TBEC	75MG	Non-Preferred Brand		ST		
DOXYCYCLINE HYCLATE DR	TBEC	100MG	Non-Preferred Brand		ST		
DOXYCYCLINE HYCLATE DR	TBEC	200MG	Non-Preferred Brand		ST		
DOXYCYCLINE HYCLATE DR	TBEC	50MG	Non-Preferred Brand		ST		
DOXYCYCLINE MONOHYDRATE	CAPS	100MG	Generic				
DOXYCYCLINE MONOHYDRATE	TABS	50MG	Generic				
DOXYCYCLINE MONOHYDRATE	TABS	75MG	Generic				
DOXYCYCLINE MONOHYDRATE	TABS	100MG	Generic				
DOXYCYCLINE MONOHYDRATE	TABS	150MG	Generic				
DOXYCYCLINE MONOHYDRATE	CAPS	150MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DRIPDROP HYDRATION POWDER	PACK	70MG; 2.5GM; 40MG; 190MG; 320MG; 1.2MG	Medical Benefit				
DRIPDROP ORS	PACK	140MG; 80MEQ; 83MG; 390MG; 665MG; 3MG	Medical Benefit				
DRISDOL	CAPS	50000UNIT	Non-Preferred Brand				
DRITHO-CREME HP	CREA	1%	Generic				
DRONABINOL	CAPS	2.5MG	Preferred Brand			QL	
DRONABINOL	CAPS	5MG	Preferred Brand			QL	
DRONABINOL	CAPS	10MG	Preferred Brand			QL	
DRYSOL	SOLN	20%	Preferred Brand				
DUAC	GEL	5%; 1.2%	Non-Preferred Brand				
DUAVEE	TABS	20MG; 0.45MG	Non-Preferred Brand			QL	
DUET DHA BALANCED	MISC	120MG; 2840UNIT; 215MG; 840UNIT; 2MG; 12MCG; 0; 0; 0; 1MG; 210MCG; 26MG; 0; 25MG; 20MG; 278MG; 0; 50MG; 4MG; 0; 1.5MG; 2MG; 25MG	Preferred Brand				
DUETACT	TABS	2MG; 30MG	Non-Preferred Brand				
DUETACT	TABS	4MG; 30MG	Non-Preferred Brand				
DUEXIS	TABS	26.6MG; 800MG	Excluded				
DULERA	AERO	5MCG/ACT; 200MCG/ACT	Preferred Brand			QL	
DULERA	AERO	5MCG/ACT; 100MCG/ACT	Preferred Brand			QL	
DULOXETINE HCL	CPEP	20MG	Generic			QL	
DULOXETINE HCL	CPEP	30MG	Generic			QL	
DULOXETINE HCL	CPEP	60MG	Generic			QL	
DULOXETINE HCL	CPEP	40MG	Generic		ST	QL	
DUOPA	SUSP	4.63MG/ML; 20MG/ML	Medical Benefit-Non-Preferred Specialty				
DUPIXENT	SOSY	300MG/2ML	Preferred Specialty	PA		QL	
DURAGESIC	PT72	12MCG/HR	Non-Preferred Brand			QL	
DURAGESIC	PT72	25MCG/HR	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
DURAGESIC	PT72	50MCG/HR	Non-Preferred Brand			QL	
DURAGESIC	PT72	75MCG/HR	Non-Preferred Brand			QL	
DURAGESIC	PT72	100MCG/HR	Non-Preferred Brand			QL	
DUREZOL	EMUL	0.05%	Non-Preferred Brand		ST		
DURLAZA	CP24	162.5MG	Excluded				
DUTASTERIDE	CAPS	0.5MG	Preferred Brand			QL	
DUTOPROL	TB24	12.5MG; 25MG	Non-Preferred Brand				
DUTOPROL	TB24	12.5MG; 50MG	Non-Preferred Brand				
DUTOPROL	TB24	12.5MG; 100MG	Non-Preferred Brand				
DUZALLO	TABS	200MG; 200MG	Non-Preferred Brand		ST		
DUZALLO	TABS	300MG; 200MG	Non-Preferred Brand		ST		
DYANAVEL XR	SUER	2.5MG/ML	Excluded				
DYAZIDE	CAPS	25MG; 37.5MG	Non-Preferred Brand				
DYLOJECT	SOLN	37.5MG/ML	Medical Benefit				
DYMISTA	SUSP	137MCG/ACT; 50MCG/ACT	Non-Preferred Brand		ST		
DYRENIUM	CAPS	50MG	Excluded				
DYRENIUM	CAPS	0; 100MG	Excluded				
DYSPORT	SOLR	500UNIT	Medical Benefit-Preferred Specialty	PA			
E.E.S. 400	TABS	400MG	Generic				
E.E.S. GRANULES	SUSR	200MG/5ML	Preferred Brand				
EASIVENT	MISC		Preferred Brand			QL	
EASIVENT/MASK-LARGE	MISC		Preferred Brand			QL	
EASIVENT/MASK-MEDIUM	MISC		Preferred Brand			QL	
EASIVENT/MASK-SMALL	MISC		Preferred Brand			QL	
ECLIPSE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
EC-NAPROSYN	TBEC	375MG	Non-Preferred Brand				
EC-NAPROSYN	TBEC	500MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ECONAZOLE NITRATE	CREA	1%	Non-Preferred Brand		ST		
ECOZA	FOAM	1%	Non-Preferred Brand		ST	QL	
EDARBI	TABS	40MG	Non-Preferred Brand		ST		
EDARBI	TABS	80MG	Non-Preferred Brand		ST		
EDARBYCLOR	TABS	40MG; 12.5MG	Non-Preferred Brand		ST		
EDARBYCLOR	TABS	40MG; 25MG	Non-Preferred Brand		ST		
EDECRIN	TABS	25MG	Excluded				
EDEX	KIT	10MCG	Preferred Brand			QL	
EDEX	KIT	20MCG	Preferred Brand			QL	
EDEX	KIT	40MCG	Preferred Brand			QL	
EDLUAR	SUBL	10MG	Non-Preferred Brand		ST	QL	AL
EDLUAR	SUBL	5MG	Non-Preferred Brand		ST	QL	AL
EDURANT	TABS	25MG	Preferred Brand				
EFFERVESCENT POT CHLORIDE	TBEF	0.77GM; 1.5GM; 0.7GM; 1.25GM	Generic				
EFFEXOR XR	CP24	75MG	Non-Preferred Brand				
EFFEXOR XR	CP24	150MG	Non-Preferred Brand				
EFFEXOR XR	CP24	37.5MG	Non-Preferred Brand				
EFFIENT	TABS	5MG	Non-Preferred Brand			QL	
EFFIENT	TABS	10MG	Non-Preferred Brand			QL	
EFUDEX	CREA	5%	Non-Preferred Brand				
ELAPRASE	SOLN	6MG/3ML	Medical Benefit-Preferred Specialty				
ELDEPRYL	CAPS	5MG	Non-Preferred Brand				
ELELYSO	SOLR	200UNIT	Medical Benefit-Preferred Specialty				
ELESTAT	SOLN	0.05%	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ELESTRIN	GEL	0.06%	Non-Preferred Brand		ST		
ELETONE	CREA	0; 0; 0; 0; 0; 0	Excluded				
ELETRIPTAN HYDROBROMIDE	TABS	20MG	Preferred Brand			QL	
ELETRIPTAN HYDROBROMIDE	TABS	40MG	Preferred Brand			QL	
ELIDEL	CREA	1%	Preferred Brand		ST	QL	
ELIGARD	KIT	22.5MG	Medical Benefit-Preferred Specialty				
ELIGARD	KIT	30MG	Medical Benefit-Preferred Specialty				
ELIGARD	KIT	45MG	Medical Benefit-Preferred Specialty				
ELIGARD	KIT	7.5MG	Medical Benefit-Preferred Specialty				
ELIQUIS	TABS	2.5MG	Preferred Brand			QL	
ELIQUIS	TABS	5MG	Preferred Brand			QL	
ELITEK	SOLR	1.5MG	Medical Benefit-Preferred Specialty				
ELITEK	SOLR	7.5MG	Medical Benefit-Preferred Specialty				
ELIXOPHYLLIN	ELIX	80MG/15ML	Non-Preferred Brand				
ELLA	TABS	30MG	Non-Preferred Brand				
ELLENCE	SOLN	50MG/25ML	Medical Benefit-Preferred Specialty				
ELMIRON	CAPS	100MG	Non-Preferred Specialty			QL	
ELOCON	OINT	0.10%	Non-Preferred Brand				
ELOCON	LOTN	0.10%	Non-Preferred Brand				
ELOCON	CREA	0.10%	Non-Preferred Brand				
ELOCTATE	SOLR	250UNIT	Non-Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ELOCTATE	SOLR	500UNIT	Non-Preferred Specialty			QL	
ELOCTATE	SOLR	750UNIT	Non-Preferred Specialty			QL	
ELOCTATE	SOLR	1000UNIT	Non-Preferred Specialty			QL	
ELOCTATE	SOLR	1500UNIT	Non-Preferred Specialty			QL	
ELOCTATE	SOLR	2000UNIT	Non-Preferred Specialty			QL	
ELOCTATE	SOLR	3000UNIT	Non-Preferred Specialty			QL	
ELOXATIN	SOLN	50MG/10ML	Medical Benefit-Preferred Specialty				
ELOXATIN	SOLN	100MG/20ML	Medical Benefit-Preferred Specialty				
EMADINE	SOLN	0.05%	Preferred Brand		ST		
EMBEDA	CPCR	20MG; 0.8MG	Non-Preferred Brand	PA		QL	
EMBEDA	CPCR	30MG; 1.2MG	Non-Preferred Brand	PA		QL	
EMBEDA	CPCR	50MG; 2MG	Non-Preferred Brand	PA		QL	
EMBEDA	CPCR	60MG; 2.4MG	Non-Preferred Brand	PA		QL	
EMBEDA	CPCR	80MG; 3.2MG	Non-Preferred Brand	PA		QL	
EMBEDA	CPCR	100MG; 4MG	Non-Preferred Brand	PA		QL	
EMCYT	CAPS	140MG	Preferred Brand				
EMEND	CAPS	80MG	Non-Preferred Brand			QL	
EMEND	CAPS	125MG	Non-Preferred Brand			QL	
EMEND	CAPS	40MG	Non-Preferred Brand			QL	
EMEND TRIPACK	CAPS	0	Non-Preferred Brand			QL	
EMFLAZA	TABS	6MG	Excluded				
EMFLAZA	TABS	18MG	Excluded				
EMFLAZA	TABS	30MG	Excluded				
EMFLAZA	TABS	36MG	Excluded				
EMFLAZA	SUSP	22.75MG/ML	Excluded				
EMOQUETTE	TABS	0.15MG; 30MCG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
EMPLICITI	SOLR	300MG	Medical Benefit-Preferred Specialty				
EMPLICITI	SOLR	400MG	Medical Benefit-Preferred Specialty				
EMSAM	PT24	6MG/24HR	Non-Preferred Brand		ST		
EMSAM	PT24	9MG/24HR	Non-Preferred Brand		ST		
EMSAM	PT24	12MG/24HR	Non-Preferred Brand		ST		
EMTRIVA	CAPS	200MG	Preferred Brand				
EMTRIVA	SOLN	10MG/ML	Preferred Brand				
EMULSION SB	EMUL	0; 0	Excluded				
EMVERM	CHEW	100MG	Excluded				
ENABLEX	TB24	7.5MG	Non-Preferred Brand			QL	
ENABLEX	TB24	15MG	Non-Preferred Brand			QL	
ENALAPRIL MALEATE	TABS	2.5MG	Generic				
ENALAPRIL MALEATE	TABS	5MG	Generic				
ENALAPRIL MALEATE	TABS	10MG	Generic				
ENALAPRIL MALEATE	TABS	20MG	Generic				
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG	Generic				
ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG	Generic				
ENBREL	SOLR	25MG	Preferred Specialty	PA		QL	
ENBREL	SOSY	50MG/ML	Preferred Specialty	PA		QL	
ENBREL	SOSY	25MG/0.5ML	Preferred Specialty	PA		QL	
ENBREL MINI	SOCT	50MG/ML	Preferred Specialty	PA		QL	
ENBREL SURECLICK	SOAJ	50MG/ML	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ENDARI	PACK	5GM	Excluded				
ENDOMETRIN	INST	100MG	Preferred Brand				
ENEMEEZ MINI	ENEM	283MG	Non-Preferred Brand			QL	
ENEMEEZ PLUS	ENEM	20MG; 283MG	Non-Preferred Brand			QL	
ENGERIX-B	SUSP	10MCG/0.5ML	Medical Benefit			QL	AL
ENGERIX-B	SUSP	20MCG/ML	Medical Benefit			QL	AL
ENJUVIA	TABS	0.3MG	Non-Preferred Brand			QL	
ENJUVIA	TABS	0.45MG	Non-Preferred Brand			QL	
ENJUVIA	TABS	0.625MG	Non-Preferred Brand			QL	
ENJUVIA	TABS	0.9MG	Non-Preferred Brand			QL	
ENJUVIA	TABS	1.25MG	Non-Preferred Brand			QL	
ENLYTE	CAPS	21MG; 5MG; 25MCG; 25MCG; 1.5MG; 40MG; 25MCG; 2.5MG; 2.4MG; 3.83MG; 25MCG; 25MCG; 25MCG	Excluded				
ENOVARX-AMITRIPTYLINE	KIT	2%	Excluded				
ENOVARX-BACLOFEN	CREA	1%	Excluded				
ENOVARX-CYCLOBENZAPRINE HCL	CREA	20MG/GM	Excluded				
ENOVARX-IBUPROFEN	CREA	10%	Excluded				
ENOVARX-LIDOCAINE HCL	CREA	10%	Excluded				
ENOVARX-NAPROXEN	CREA	10%	Excluded				
ENOVARX-TRAMADOL	CREA	5%	Excluded				
ENOXAPARIN SODIUM	SOLN	30MG/0.3ML	Preferred Specialty			QL	
ENOXAPARIN SODIUM	SOLN	40MG/0.4ML	Preferred Specialty			QL	
ENOXAPARIN SODIUM	SOLN	60MG/0.6ML	Preferred Specialty			QL	
ENOXAPARIN SODIUM	SOLN	80MG/0.8ML	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ENOXAPARIN SODIUM	SOLN	100MG/ML	Preferred Specialty			QL	
ENOXAPARIN SODIUM	SOLN	120MG/0.8ML	Preferred Specialty			QL	
ENOXAPARIN SODIUM	SOLN	150MG/ML	Preferred Specialty			QL	
ENPRESSE-28	TABS	0; 0	Generic				
ENSTILAR	FOAM	0.064%; 0.005%	Excluded				
ENTACAPONE	TABS	200MG	Generic				
ENTECAVIR	TABS	0.5MG	Preferred Specialty			QL	
ENTECAVIR	TABS	1MG	Preferred Specialty			QL	
ENTOCORT EC	CPEP	3MG	Non-Preferred Brand				
ENTRESTO	TABS	24MG; 26MG	Non-Preferred Brand	PA		QL	
ENTRESTO	TABS	97MG; 103MG	Non-Preferred Brand	PA		QL	
ENTRESTO	TABS	49MG; 51MG	Non-Preferred Brand	PA		QL	
ENTTY SPRAY EMULSION	EMUL		Excluded				
ENTYVIO	SOLR	300MG	Medical Benefit-Non-Preferred Specialty	PA			
ENULOSE	SOLN	10GM/15ML	Generic				
ENVARSUS XR	TB24	1MG	Non-Preferred Brand		ST		
ENVARSUS XR	TB24	4MG	Non-Preferred Brand		ST		
ENVARSUS XR	TB24	0.75MG	Non-Preferred Brand		ST		
EPANED	SOLR	1MG/ML	Non-Preferred Brand				AL
EPCLUSA	TABS	400MG; 100MG	Non-Preferred Specialty	PA			
EPICERAM	EMUL	0; 0	Excluded				
EPIDUO	GEL	0.1%; 2.5%	Preferred Brand				
EPIDUO FORTE	GEL	0.3%; 2.5%	Excluded				
EPIFOAM	FOAM	1%; 1%	Excluded				
EPINASTINE HCL	SOLN	0.05%	Generic				
EPINEPHRINE	SOAJ	0.15MG/0.3ML	Preferred Brand				
EPINEPHRINE	SOAJ	0.3MG/0.3ML	Preferred Brand				
EPINEPHRINE	SOAJ	0.15MG/0.15ML	Preferred Brand				
EPINEPHRINE	SOAJ	0.3MG/0.3ML	Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
EPIPEN 2-PAK	SOAJ	0.3MG/0.3ML	Excluded			QL	
EPIPEN-JR 2-PAK	SOAJ	0.15MG/0.3ML	Excluded			QL	
EPIQUIN MICRO	CREA	4%	Excluded				
EPITOL	TABS	200MG	Generic				
EPIVIR	TABS	150MG	Non-Preferred Brand				
EPIVIR	TABS	300MG	Non-Preferred Brand				
EPIVIR	SOLN	10MG/ML	Non-Preferred Brand				
EPIVIR HBV	TABS	100MG	Non-Preferred Brand				
EPIVIR HBV	SOLN	5MG/ML	Preferred Brand				
EPLERENONE	TABS	25MG	Generic				
EPLERENONE	TABS	50MG	Generic				
EPOGEN	SOLN	2000UNIT/ML	Non-Preferred Specialty			QL	
EPOGEN	SOLN	10000UNIT/ML	Non-Preferred Specialty			QL	
EPOGEN	SOLN	4000UNIT/ML	Non-Preferred Specialty			QL	
EPOGEN	SOLN	3000UNIT/ML	Non-Preferred Specialty			QL	
EPOGEN	SOLN	20000UNIT/ML	Non-Preferred Specialty			QL	
EPOPROSTENOL SODIUM	SOLR	0.5MG	Medical Benefit-Preferred Specialty				
EPOPROSTENOL SODIUM	SOLR	1.5MG	Medical Benefit-Preferred Specialty				
EPZICOM	TABS	600MG; 300MG	Preferred Specialty			QL	
EQUETRO	CP12	100MG	Non-Preferred Brand		ST		
EQUETRO	CP12	200MG	Non-Preferred Brand		ST		
EQUETRO	CP12	300MG	Non-Preferred Brand		ST		
ERBITUX	SOLN	100MG/50ML	Medical Benefit-Preferred Specialty	PA			
ERBITUX	SOLN	200MG/100ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ERGOLOID MESYLATES	TABS	1MG	Generic				
ERGOTAMINE TARTRATE/CAFFEINE	TABS	100MG; 1MG	Non-Preferred Brand				
ERIVEDGE	CAPS	150MG	Preferred Specialty	PA		QL	
ERRIN	TABS	0.35MG	Generic				
ERTACZO	CREA	2%	Non-Preferred Brand		ST		
ERWINAZE	SOLR	10000UNIT	Medical Benefit-Non-Preferred Specialty	PA			
ERY	PADS	2%	Generic				
ERYPED 200	SUSR	200MG/5ML	Preferred Brand				
ERYPED 400	SUSR	400MG/5ML	Preferred Brand				
ERY-TAB	TBEC	250MG	Preferred Brand				
ERY-TAB	TBEC	333MG	Preferred Brand				
ERY-TAB	TBEC	500MG	Preferred Brand				
ERYTHROCIN STEARATE	TABS	250MG	Preferred Brand				
ERYTHROMYCIN	OINT	5MG/GM	Generic				
ERYTHROMYCIN	CPEP	250MG	Generic				
ERYTHROMYCIN	GEL	2%	Generic				
ERYTHROMYCIN	SOLN	2%	Generic				
ERYTHROMYCIN BASE	TABS	250MG	Preferred Brand				
ERYTHROMYCIN BASE	TABS	500MG	Preferred Brand				
ERYTHROMYCIN ETHYLSUCCINATE	TABS	400MG	Generic				
ERYTHROMYCIN/BENZOYL PEROXIDE	GEL	5%; 3%	Generic				
ERYTHROMYCIN/SULFISOXAZOLE	SUSR	200MG/5ML; 600MG/5ML	Generic				
ESBRIET	TABS	801MG	Preferred Specialty	PA		QL	
ESBRIET	CAPS	267MG	Preferred Specialty	PA		QL	
ESCITALOPRAM OXALATE	TABS	5MG	Generic				
ESCITALOPRAM OXALATE	TABS	10MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ESCITALOPRAM OXALATE	TABS	20MG	Generic				
ESCITALOPRAM OXALATE	SOLN	5MG/5ML	Generic				
ESGIC	TABS	325MG; 50MG; 40MG	Non-Preferred Brand				
ESOMEPRAZOLE MAGNESIUM	CPDR	20MG	Excluded				
ESOMEPRAZOLE STRONTIUM	CPDR	49.3MG	Excluded				
ESOTERICA DAYTIME	CREA	2%; 2.5%; 3.3%	Excluded				
ESOTERICA SENSITIVE SKIN	CREA	1.50%	Excluded				
ESTAZOLAM	TABS	1MG	Generic			QL	AL
ESTAZOLAM	TABS	2MG	Generic			QL	AL
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE DS	TABS	1.25MG; 2.5MG	Generic				
ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	0.625MG; 1.25MG	Generic				
ESTRACE	TABS	0.5MG	Non-Preferred Brand				
ESTRACE	TABS	1MG	Non-Preferred Brand				
ESTRACE	TABS	2MG	Non-Preferred Brand				
ESTRACE	CREA	0.1MG/GM	Preferred Brand			QL	
ESTRADIOL	TABS	0.5MG	Generic				
ESTRADIOL	TABS	1MG	Generic				
ESTRADIOL	TABS	2MG	Generic				
ESTRADIOL	PTWK	0.025MG/24HR	Generic				
ESTRADIOL	PTWK	0.05MG/24HR	Generic				
ESTRADIOL	PTWK	0.075MG/24HR	Generic				
ESTRADIOL	PTWK	0.1MG/24HR	Generic				
ESTRADIOL	PTWK	37.5MCG/24HR	Generic				
ESTRADIOL	PTWK	0.06MG/24HR	Generic				
ESTRADIOL	PTTW	0.1MG/24HR	Generic				
ESTRADIOL	PTTW	0.05MG/24HR	Generic				
ESTRADIOL	PTTW	0.0375MG/24HR	Generic				
ESTRADIOL	PTTW	0.025MG/24HR	Generic				
ESTRADIOL VALERATE	OIL	20MG/ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ESTRADIOL VALERATE	OIL	40MG/ML	Generic				
ESTRADIOL VALERATE	OIL	10MG/ML	Generic				
ESTRADIOL/NORETHINDRONE ACETATE	TABS	1MG; 0.5MG	Generic				
ESTRASORB	EMUL	4.35MG/1.74GM	Preferred Brand				
ESTRING	RING	2MG	Non-Preferred Brand				
ESTROGEL	GEL	0.06%	Preferred Brand			QL	
ESTROPIPATE	TABS	0.75MG	Generic				
ESTROPIPATE	TABS	1.5MG	Generic				
ESTROPIPATE	TABS	3MG	Generic				
ESTROSTEP FE	TABS	0; 75MG; 1MG	Non-Preferred Brand				
ESZOPICLONE	TABS	1MG	Generic			QL	AL
ESZOPICLONE	TABS	2MG	Generic			QL	AL
ESZOPICLONE	TABS	3MG	Generic			QL	AL
ETHACRYNIC ACID	TABS	25MG	Excluded				
ETHAMBUTOL HCL	TABS	400MG	Generic				
ETHAMBUTOL HCL	TABS	100MG	Generic				
ETHOSUXIMIDE	SOLN	250MG/5ML	Generic				
ETHOSUXIMIDE	CAPS	250MG	Generic				
ETHYL CHLORIDE/FINE STREAM	AERO	0	Generic				
ETHYL CHLORIDE/MEDIUM JET STREAM	AERO	0	Generic				
ETHYL CHLORIDE/MIST	AERO	0	Generic				
ETHYOL	SOLR	500MG	Medical Benefit-Preferred Specialty				
ETIDRONATE DISODIUM	TABS	200MG	Generic				
ETIDRONATE DISODIUM	TABS	400MG	Generic				
ETODOLAC	TABS	400MG	Generic				
ETODOLAC	TABS	500MG	Generic				
ETODOLAC	CAPS	300MG	Generic				
ETODOLAC	CAPS	200MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ETODOLAC ER	TB24	600MG	Preferred Brand				
ETODOLAC ER	TB24	500MG	Preferred Brand				
ETOPOSIDE	CAPS	50MG	Generic				
EUCRISA	OINT	2%	Non-Preferred Brand		ST		
EUFLEXXA	SOSY	20MG/2ML	Excluded				
EURAX	CREA	10%	Preferred Brand				
EURAX	LOTN	10%	Preferred Brand				
EVAMIST	SOLN	1.53MG/SPRAY	Preferred Brand				
EVEKEO	TABS	5MG	Non-Preferred Brand		ST	QL	AL
EVEKEO	TABS	10MG	Non-Preferred Brand		ST	QL	AL
EVISTA	TABS	60MG	Non-Preferred Brand				
EVOMELA	SOLR	50MG	Medical Benefit				
EVOTAZ	TABS	300MG; 150MG	Preferred Specialty			QL	
EVOXAC	CAPS	30MG	Preferred Brand				
EVZIO	SOAJ	0.4MG/0.4ML	Excluded				
EXACTACAIN	AERO	14%; 2%; 2%	Generic				
EXALGO	T24A	8MG	Non-Preferred Brand		ST	QL	
EXALGO	T24A	12MG	Non-Preferred Brand		ST	QL	
EXALGO	T24A	16MG	Non-Preferred Brand		ST	QL	
EXALGO	T24A	32MG	Non-Preferred Brand		ST	QL	
EXELDERM	SOLN	1%	Non-Preferred Brand		ST		
EXELDERM	CREA	1%	Non-Preferred Brand		ST		
EXELON	CAPS	1.5MG	Non-Preferred Brand				
EXELON	CAPS	3MG	Non-Preferred Brand				
EXELON	CAPS	4.5MG	Non-Preferred Brand				
EXELON	CAPS	6MG	Non-Preferred Brand				
EXELON	PT24	4.6MG/24HR	Non-Preferred Brand			QL	
EXELON	PT24	9.5MG/24HR	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
EXELON	PT24	13.3MG/24HR	Non-Preferred Brand			QL	
EXEMESTANE	TABS	25MG	Generic				
EXFORGE	TABS	5MG; 160MG	Non-Preferred Brand				
EXFORGE	TABS	10MG; 160MG	Non-Preferred Brand				
EXFORGE	TABS	5MG; 320MG	Non-Preferred Brand				
EXFORGE	TABS	10MG; 320MG	Non-Preferred Brand				
EXFORGE HCT	TABS	5MG; 12.5MG; 160MG	Non-Preferred Brand				
EXFORGE HCT	TABS	5MG; 25MG; 160MG	Non-Preferred Brand				
EXFORGE HCT	TABS	10MG; 12.5MG; 160MG	Non-Preferred Brand				
EXFORGE HCT	TABS	10MG; 25MG; 160MG	Non-Preferred Brand				
EXFORGE HCT	TABS	10MG; 25MG; 320MG	Non-Preferred Brand				
EXJADE	TBSO	125MG	Preferred Specialty			QL	
EXJADE	TBSO	250MG	Preferred Specialty			QL	
EXJADE	TBSO	500MG	Preferred Specialty			QL	
EXONDYS 51	SOLN	500MG/10ML	Excluded				
EXONDYS 51	SOLN	100MG/2ML	Excluded				
EXPAREL	SUSP	1.30%	Medical Benefit				
EXTAVIA	KIT	0.3MG	Non-Preferred Specialty			QL	
EXTINA	FOAM	2%	Non-Preferred Brand			QL	
EYLEA	SOLN	2MG/0.05ML	Medical Benefit-Non-Preferred Specialty	PA			
EZETIMIBE	TABS	10MG	Generic				
EZETIMIBE/SIMVASTATIN	TABS	10MG; 10MG	Generic		ST		
EZETIMIBE/SIMVASTATIN	TABS	10MG; 20MG	Generic		ST		
EZETIMIBE/SIMVASTATIN	TABS	10MG; 40MG	Generic		ST		
EZETIMIBE/SIMVASTATIN	TABS	10MG; 80MG	Generic		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FABIOR	FOAM	0.10%	Non-Preferred Brand		ST	QL	
FABRAZYME	SOLR	35MG	Medical Benefit-Preferred Specialty	PA			
FABRAZYME	SOLR	5MG	Medical Benefit-Preferred Specialty	PA			
FACTIVE	TABS	320MG	Non-Preferred Brand				
FALMINA	TABS	20MCG; 0.1MG	Generic				
FAMCICLOVIR	TABS	125MG	Generic			QL	
FAMCICLOVIR	TABS	250MG	Generic			QL	
FAMCICLOVIR	TABS	500MG	Generic			QL	
FAMOTIDINE	TABS	20MG	Excluded				
FAMOTIDINE	TABS	40MG	Generic				
FAMOTIDINE	TABS	10MG	Excluded				
FAMOTIDINE	SOLN	20MG/2ML	Medical Benefit				
FAMVIR	TABS	125MG	Non-Preferred Brand			QL	
FAMVIR	TABS	250MG	Non-Preferred Brand			QL	
FAMVIR	TABS	500MG	Non-Preferred Brand			QL	
FANAPT	TABS	1MG	Non-Preferred Brand		ST	QL	
FANAPT	TABS	2MG	Non-Preferred Brand		ST	QL	
FANAPT	TABS	4MG	Non-Preferred Brand		ST	QL	
FANAPT	TABS	6MG	Non-Preferred Brand		ST	QL	
FANAPT	TABS	8MG	Non-Preferred Brand		ST	QL	
FANAPT	TABS	10MG	Non-Preferred Brand		ST	QL	
FANAPT	TABS	12MG	Non-Preferred Brand		ST	QL	
FANAPT TITRATION PACK	TABS	0	Non-Preferred Brand		ST	QL	
FARESTON	TABS	60MG	Non-Preferred Brand		ST	QL	
FARXIGA	TABS	10MG	Preferred Brand			QL	
FARXIGA	TABS	5MG	Preferred Brand			QL	
FARYDAK	CAPS	10MG	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FARYDAK	CAPS	15MG	Non-Preferred Specialty	PA		QL	
FARYDAK	CAPS	20MG	Non-Preferred Specialty	PA		QL	
FASLODEX	SOLN	250MG/5ML	Medical Benefit-Preferred Specialty				
FASTTAKE TEST STRIPS	STRP	0	Generic				
FAYOSIM	TABS	0; 0	Generic				
FAZACLO	TBDP	12.5MG	Non-Preferred Brand				
FAZACLO	TBDP	25MG	Non-Preferred Brand				
FAZACLO	TBDP	100MG	Non-Preferred Brand				
FEIBA NF	SOLR	0	Preferred Specialty			QL	
FELBAMATE	TABS	600MG	Preferred Brand				
FELBAMATE	SUSP	600MG/5ML	Preferred Brand				
FELBAMATE	TABS	400MG	Preferred Brand				
FELBATOL	TABS	400MG	Non-Preferred Brand				
FELBATOL	TABS	600MG	Non-Preferred Brand				
FELBATOL	SUSP	600MG/5ML	Non-Preferred Brand				
FELDENE	CAPS	10MG	Non-Preferred Brand				
FELDENE	CAPS	20MG	Non-Preferred Brand				
FELODIPINE ER	TB24	10MG	Generic				
FELODIPINE ER	TB24	2.5MG	Generic				
FELODIPINE ER	TB24	5MG	Generic				
FEMARA	TABS	2.5MG	Non-Preferred Brand				
FEMCON FE	CHEW	35MCG; 0; 0.4MG	Non-Preferred Brand				
FEMHRT LOW DOSE	TABS	2.5MCG; 0.5MG	Non-Preferred Brand				
FEMRING	RING	0.05MG/24HR	Non-Preferred Brand				
FEMRING	RING	0.1MG/24HR	Non-Preferred Brand				
FENOFIBRATE	TABS	145MG	Generic				
FENOFIBRATE	TABS	48MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FENOFIBRATE	TABS	40MG	Generic				
FENOFIBRATE	TABS	120MG	Generic				
FENOFIBRATE	CAPS	43MG	Generic				
FENOFIBRATE	CAPS	130MG	Generic				
FENOFIBRATE	CAPS	50MG	Non-Preferred Brand		ST		
FENOFIBRATE	CAPS	150MG	Non-Preferred Brand		ST		
FENOFIBRATE	TABS	54MG	Generic				
FENOFIBRATE	TABS	160MG	Generic				
FENOFIBRATE MICRONIZED	CAPS	67MG	Generic				
FENOFIBRATE MICRONIZED	CAPS	134MG	Generic				
FENOFIBRATE MICRONIZED	CAPS	200MG	Generic				
FENOFIBRIC ACID	TABS	35MG	Generic				
FENOFIBRIC ACID	TABS	105MG	Generic				
FENOFIBRIC ACID DR	CPDR	45MG	Generic				
FENOFIBRIC ACID DR	CPDR	135MG	Generic				
FENOGLIDE	TABS	40MG	Non-Preferred Brand				
FENOGLIDE	TABS	120MG	Non-Preferred Brand				
FENOPROFEN CALCIUM	TABS	600MG	Non-Preferred Brand				
FENOPROFEN CALCIUM	CAPS	200MG	Non-Preferred Brand				
FENOPROFEN CALCIUM	CAPS	400MG	Non-Preferred Brand				
FENTANYL	PT72	12MCG/HR	Generic			QL	
FENTANYL	PT72	25MCG/HR	Generic			QL	
FENTANYL	PT72	50MCG/HR	Generic			QL	
FENTANYL	PT72	75MCG/HR	Generic			QL	
FENTANYL	PT72	100MCG/HR	Generic			QL	
FENTANYL	PT72	37.5MCG/HR	Excluded				
FENTANYL	PT72	62.5MCG/HR	Excluded				
FENTANYL	PT72	87.5MCG/HR	Excluded			QL	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	200MCG	Preferred Specialty	PA		QL	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	400MCG	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	600MCG	Preferred Specialty	PA		QL	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	800MCG	Preferred Specialty	PA		QL	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1200MCG	Preferred Specialty	PA		QL	
FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	1600MCG	Preferred Specialty	PA		QL	
FENTORA	TABS	100MCG	Preferred Specialty	PA		QL	
FENTORA	TABS	200MCG	Preferred Specialty	PA		QL	
FENTORA	TABS	400MCG	Preferred Specialty	PA		QL	
FENTORA	TABS	600MCG	Preferred Specialty	PA		QL	
FENTORA	TABS	800MCG	Preferred Specialty	PA		QL	
FERAHEME	SOLN	510MG/17ML	Medical Benefit				
FERIVAFA	CAPS	175MG; 300MCG; 1.5MG; 12MCG; 50MG; 0; 1MG; 110MG; 0; 0	Excluded				
FERRALET 90	TABS	120MG; 12MCG; 50MG; 1MG; 90MG	Excluded				
FERREX 150	CAPS	150MG	Excluded				
FERREX 150 FORTE	CAPS	25MCG; 1MG; 150MG	Excluded				
FERREX 150 FORTE PLUS	CAPS	60MG; 0.8MG; 25MCG; 50MG; 1MG; 100MG; 50MG	Excluded				
FERREX 150 PLUS	CAPS	50MG; 0; 0; 0; 150MG; 0; 50MG	Excluded				
FERREX 28	MISC	140MG; 60MG; 0.8MG; 10MCG; 70MG; 81MG; 1MG; 150MG	Excluded				
FERRIPROX	TABS	500MG	Preferred Specialty			QL	
FERRLECIT	SOLN	12.5MG/ML	Medical Benefit				
FERROUS SULFATE	SOLN	15MG/ML	Generic				AL
FETZIMA	CP24	120MG	Non-Preferred Brand		ST	QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FETZIMA	CP24	20MG	Non-Preferred Brand		ST	QL	AL
FETZIMA	CP24	40MG	Non-Preferred Brand		ST	QL	AL
FETZIMA	CP24	80MG	Non-Preferred Brand		ST	QL	AL
FETZIMA TITRATION PACK	C4PK	0	Non-Preferred Brand		ST	QL	AL
FEXOFENADINE HCL	TABS	60MG	Excluded				
FEXOFENADINE HCL	TABS	180MG	Excluded				
FEXOFENADINE HCL/PSEUDOEPHEDRINE HCL ER	TB24	180MG; 240MG	Excluded				
FIBRICOR	TABS	35MG	Non-Preferred Brand				
FIBRICOR	TABS	105MG	Non-Preferred Brand				
FINACEA	GEL	15%	Non-Preferred Brand				
FINACEA	FOAM	15%	Non-Preferred Brand				
FINASTERIDE	TABS	5MG	Generic				
FINASTERIDE	TABS	1MG	Excluded				
FIORICET	CAPS	300MG; 50MG; 40MG	Non-Preferred Brand			QL	
FIORICET/CODEINE	CAPS	300MG; 50MG; 40MG; 30MG	Non-Preferred Brand			QL	
FIORINAL	CAPS	325MG; 50MG; 40MG	Non-Preferred Brand				
FIORINAL/CODEINE #3	CAPS	325MG; 50MG; 40MG; 30MG	Non-Preferred Brand				
FIRAZYR	SOLN	30MG/3ML	Preferred Specialty	PA		QL	AL
FIRMAGON	SOLR	80MG	Medical Benefit-Non-Preferred Specialty				
FIRMAGON	SOLR	120MG	Medical Benefit-Non-Preferred Specialty				
FIRST-LANSOPRAZOLE	SUSP	3MG/ML	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FIRST-MOUTHWASH BLM	SUSP	1.58GM/119ML; 0.1GM/119ML; 0.8GM/119ML; 1.58GM/119ML; 0.158GM/119ML	Preferred Brand				
FIRST-OMEPRAZOLE	SUSP	2MG/ML	Excluded				
FIRST-TESTOSTERONE	OINT	2%	Non-Preferred Brand	PA			
FIRST-TESTOSTERONE MC COMPOUNDING KIT	CREA	2%	Non-Preferred Brand	PA			
FLAGYL	TABS	500MG	Non-Preferred Brand				
FLAGYL	TABS	250MG	Non-Preferred Brand				
FLAGYL	CAPS	375MG	Non-Preferred Brand				
FLAGYL ER	TB24	750MG	Non-Preferred Brand		ST		
FLAREX	SUSP	0.10%	Preferred Brand				
FLAVOXATE HCL	TABS	100MG	Generic				
FLEBOGAMMA	SOLN	0.5GM/10ML	Medical Benefit-Preferred Specialty	PA			
FLEBOGAMMA DIF	SOLN	0.5GM/10ML	Medical Benefit-Preferred Specialty	PA			
FLECAINIDE ACETATE	TABS	50MG	Generic				
FLECAINIDE ACETATE	TABS	100MG	Generic				
FLECAINIDE ACETATE	TABS	150MG	Generic				
FLECTOR	PTCH	1.30%	Non-Preferred Brand		ST		
FLOLAN	SOLR	0.5MG	Medical Benefit-Non-Preferred Specialty				
FLOLAN	SOLR	1.5MG	Medical Benefit-Non-Preferred Specialty				
FLOLIPID	SUSP	20MG/5ML	Excluded				
FLOLIPID	SUSP	40MG/5ML	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FLOMAX	CAPS	0.4MG	Non-Preferred Brand				
FLONASE	SUSP	50MCG/ACT	Non-Preferred Brand				
FLORIVA	LIQD	0.25MG/ML; 400UNIT/ML	Excluded				
FLORIVA	CHEW	75MG; 40MCG; 600UNIT; 1MG; 6MCG; 100MCG; 162MCG; 15MG; 1.8MG; 1.5MG; 0.5MG; 1.3MG; 20UNIT; 2000UNIT; 5MG	Excluded				
FLOVENT DISKUS	AEPB	50MCG/BLIST	Non-Preferred Brand				
FLOVENT DISKUS	AEPB	250MCG/BLIST	Non-Preferred Brand				
FLOVENT DISKUS	AEPB	100MCG/BLIST	Non-Preferred Brand				
FLOVENT HFA	AERO	44MCG/ACT	Non-Preferred Brand				
FLOVENT HFA	AERO	110MCG/ACT	Non-Preferred Brand				
FLOVENT HFA	AERO	220MCG/ACT	Non-Preferred Brand				
FLOWTUSS	SOLN	200MG/5ML; 2.5MG/5ML	Excluded				
FLOXURIDINE	SOLR	0.5GM	Medical Benefit				
FLUAD 2017-2018	SUSY	0	Medical Benefit			QL	AL
FLUARIX QUADRIVALENT 2017-2018	SUSY	0	Medical Benefit				AL
FLUBLOK 2017-2018	SOLN	0	Medical Benefit				AL
FLUCELVAX QUADRIVALENT 2017-2018	SUSP	0	Excluded				
FLUCONAZOLE	SUSR	10MG/ML	Generic				
FLUCONAZOLE	SUSR	40MG/ML	Generic				
FLUCONAZOLE	TABS	50MG	Generic				
FLUCONAZOLE	TABS	100MG	Generic				
FLUCONAZOLE	TABS	150MG	Generic				
FLUCONAZOLE	TABS	200MG	Generic				
FLUDARA	SOLR	50MG	Medical Benefit				
FLUDARABINE PHOSPHATE	SOLR	50MG	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FLUDROCORTISONE ACETATE	TABS	0.1MG	Generic				
FLULAVAL	INJ	0	Excluded				
FLULAVAL QUADRIVALENT 2017-2018	SUSY	0	Medical Benefit				AL
FLUMIST QUADRIVALENT	SUSP	0	Excluded				
FLUNISOLIDE	SOLN	0.03%	Generic				
FLUOCINOLONE ACETONIDE	CREA	0.01%	Generic		ST		
FLUOCINOLONE ACETONIDE	SOLN	0.01%	Generic		ST		
FLUOCINOLONE ACETONIDE	CREA	0.03%	Generic				
FLUOCINOLONE ACETONIDE	OINT	0.03%	Generic				
FLUOCINOLONE ACETONIDE BODY	OIL	0.01%	Generic				
FLUOCINOLONE ACETONIDE SCALP	OIL	0.01%	Generic				
FLUOCINONIDE	CREA	0.05%	Generic				
FLUOCINONIDE	OINT	0.05%	Generic				
FLUOCINONIDE	SOLN	0.05%	Generic				
FLUOCINONIDE	GEL	0.05%	Generic				
FLUOCINONIDE	CREA	0.10%	Excluded				
FLUORABON	SOLN	0.55MG/0.6ML	Preferred Brand				AL
FLUOR-A-DAY	SOLN	0.125MG/DROP	Preferred Brand				AL
FLUORIDEX DAILY DEFENSE	GEL	1.10%	Generic				
FLUOROMETHOLONE	SUSP	0.10%	Generic				
FLUOROPLEX	CREA	1%	Preferred Brand		ST		
FLUOROURACIL	CREA	5%	Generic				
FLUOROURACIL	SOLN	2%	Generic				
FLUOROURACIL	SOLN	5%	Generic				
FLUOROURACIL	CREA	0.50%	Preferred Specialty		ST	QL	
FLUOXETINE DR	CPDR	90MG	Preferred Brand		ST		
FLUOXETINE HCL	SOLN	20MG/5ML	Generic				
FLUOXETINE HCL	TABS	10MG	Generic				
FLUOXETINE HCL	CAPS	40MG	Generic				
FLUOXETINE HCL	TABS	20MG	Generic				
FLUOXETINE HCL	CAPS	20MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FLUOXETINE HCL	CAPS	10MG	Preferred Generic				
FLUOXETINE HCL	TABS	60MG	Preferred Brand				
FLUPHENAZINE DECANOATE	SOLN	25MG/ML	Generic				
FLUPHENAZINE HCL	TABS	1MG	Preferred Generic				
FLUPHENAZINE HCL	TABS	2.5MG	Generic				
FLUPHENAZINE HCL	TABS	5MG	Generic				
FLUPHENAZINE HCL	TABS	10MG	Generic				
FLURANDRENOLIDE	CREA	0.05%	Excluded				
FLURANDRENOLIDE	LOTN	0.05%	Excluded				
FLURANDRENOLIDE	OINT	0.05%	Excluded				
FLURAZEPAM HCL	CAPS	15MG	Generic			QL	AL
FLURAZEPAM HCL	CAPS	30MG	Generic			QL	AL
FLURBIPROFEN	TABS	100MG	Generic				
FLURBIPROFEN	TABS	50MG	Generic				
FLURBIPROFEN SODIUM	SOLN	0.03%	Generic				
FLUTAMIDE	CAPS	125MG	Generic				
FLUTICASONE PROPIONATE	SUSP	50MCG/ACT	Generic				
FLUTICASONE PROPIONATE	CREA	0.05%	Generic				
FLUTICASONE PROPIONATE	OINT	0.01%	Generic				
FLUTICASONE PROPIONATE	LOTN	0.05%	Excluded				
FLUTICASONE PROPIONATE/SALMETEROL	AEPB	55MCG/ACT; 14MCG/ACT	Generic				
FLUTICASONE PROPIONATE/SALMETEROL	AEPB	113MCG/ACT; 14MCG/ACT	Generic				
FLUTICASONE PROPIONATE/SALMETEROL	AEPB	232MCG/ACT; 14MCG/ACT	Generic				
FLUVASTATIN	CAPS	20MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FLUVASTATIN	CAPS	40MG	Non-Preferred Brand				
FLUVASTATIN SODIUM ER	TB24	80MG	Non-Preferred Brand				
FLUVIRIN 2017-2018	SUSY	0	Medical Benefit				AL
FLUVOXAMINE MALEATE	TABS	25MG	Generic				
FLUVOXAMINE MALEATE	TABS	50MG	Generic				
FLUVOXAMINE MALEATE	TABS	100MG	Generic				
FLUVOXAMINE MALEATE ER	CP24	100MG	Non-Preferred Brand			QL	
FLUVOXAMINE MALEATE ER	CP24	150MG	Non-Preferred Brand			QL	
FLUZONE HIGH-DOSE PF 2017-2018	SUSY	0	Medical Benefit				AL
FLUZONE INTRADERMAL	SUPN	0	Excluded				
FLUZONE INTRADERMAL QUADRIVALENT 2017-2018	SUPN	0	Excluded				
FLUZONE QUADRIVALENT 2017-2018	SUSP	0	Medical Benefit				AL
FML	OINT	0.10%	Preferred Brand				
FML FORTE	SUSP	0.25%	Preferred Brand				
FML LIQUIFILM	SUSP	0.10%	Non-Preferred Brand				
FOCALIN	TABS	2.5MG	Non-Preferred Brand				AL
FOCALIN	TABS	5MG	Non-Preferred Brand				AL
FOCALIN	TABS	10MG	Non-Preferred Brand				AL
FOCALIN XR	CP24	5MG	Non-Preferred Brand			QL	AL
FOCALIN XR	CP24	10MG	Non-Preferred Brand			QL	AL
FOCALIN XR	CP24	20MG	Non-Preferred Brand			QL	AL
FOCALIN XR	CP24	30MG	Non-Preferred Brand			QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FOCALIN XR	CP24	40MG	Non-Preferred Brand			QL	AL
FOCALIN XR	CP24	15MG	Non-Preferred Brand			QL	AL
FOCALIN XR	CP24	25MG	Non-Preferred Brand			QL	AL
FOCALIN XR	CP24	35MG	Non-Preferred Brand			QL	AL
FOLBEE	TABS	1MG; 2.5MG; 25MG	Generic				
FOLBEE PLUS	TABS	60MG; 300MCG; 10MG; 1MG; 5MG; 20MG; 50MG; 1.5MG; 1.5MG	Generic				
FOLBIC	TABS	2MG; 2.5MG; 25MG	Generic				
FOLET DHA	THPK	120MG; 0; 400UNIT; 12MCG; 350MG; 50MG; 0; 38MG; 0; 1MG; 30MG; 20MG; 40MG; 3.4MG; 65MCG; 3MG; 2700UNIT; 18UNIT; 10MG	Non-Preferred Brand			QL	
FOLET ONE	CAPS	0; 18MG; 250UNIT; 15MCG; 225MG; 25MG; 0; 38MG; 0; 1MG; 15MG; 30MG; 15UNIT; 20MG	Non-Preferred Brand			QL	
FOLIC ACID	TABS	1MG	Generic				
FOLIC ACID	TABS	800MCG	Generic				AL
FOLIC ACID	TABS	400MCG	Preferred Generic				AL
FOLIC ACID	SOLN	5MG/ML	Medical Benefit				
FOLLISTIM AQ	SOLN	75UNIT/0.5ML	Non-Preferred Brand		ST		
FOLLISTIM AQ	SOLN	150UNIT/0.5ML	Non-Preferred Brand		ST		
FOLLISTIM AQ	SOLN	300UNT/0.36ML	Non-Preferred Brand		ST		
FOLLISTIM AQ	SOLN	600UNT/0.72ML	Non-Preferred Brand		ST		
FOLLISTIM AQ	SOLN	900UNT/1.08ML	Non-Preferred Brand		ST		
FOLOTYN	SOLN	20MG/ML	Medical Benefit-Preferred Specialty				
FOLOTYN	SOLN	40MG/2ML	Medical Benefit-Preferred Specialty				
FOLTANX	TABS	3MG; 2MG; 35MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FOLTX	TABS	2MG; 1.13MG; 25MG	Non-Preferred Brand				
FONDAPARINUX SODIUM	SOLN	2.5MG/0.5ML	Preferred Specialty			QL	
FONDAPARINUX SODIUM	SOLN	5MG/0.4ML	Preferred Specialty			QL	
FONDAPARINUX SODIUM	SOLN	7.5MG/0.6ML	Preferred Specialty			QL	
FONDAPARINUX SODIUM	SOLN	10MG/0.8ML	Preferred Specialty			QL	
FORADIL AEROLIZER	CAPS	12MCG	Excluded				
FORFIVO XL	TB24	450MG	Excluded				
FORTAMET	TB24	500MG	Excluded				
FORTAMET	TB24	1000MG	Excluded				
FORTEO	SOLN	600MCG/2.4ML	Preferred Specialty	PA		QL	
FORTESTA	GEL	10MG/ACT	Excluded				
FORTICAL	SOLN	200UNIT/ACT	Generic				
FOSAMAX	TABS	70MG	Non-Preferred Brand				
FOSAMAX PLUS D	TABS	70MG; 5600UNIT	Non-Preferred Brand		ST	QL	
FOSAMAX PLUS D	TABS	70MG; 2800UNIT	Non-Preferred Brand		ST	QL	
FOSAMPRENAVIR CALCIUM	TABS	700MG	Preferred Specialty			QL	
FOSINOPRIL SODIUM	TABS	10MG	Generic				
FOSINOPRIL SODIUM	TABS	20MG	Generic				
FOSINOPRIL SODIUM	TABS	40MG	Generic				
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	10MG; 12.5MG	Generic				
FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	20MG; 12.5MG	Generic				
FOSRENOL	CHEW	500MG	Non-Preferred Specialty			QL	
FOSRENOL	CHEW	750MG	Non-Preferred Specialty			QL	
FOSRENOL	CHEW	1000MG	Non-Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FOSRENOL	PACK	750MG	Non-Preferred Specialty			QL	
FOSRENOL	PACK	1000MG	Non-Preferred Specialty			QL	
FRAGMIN	SOLN	2500UNIT/0.2ML	Non-Preferred Specialty			QL	
FRAGMIN	SOLN	5000UNIT/0.2ML	Non-Preferred Specialty			QL	
FRAGMIN	SOLN	7500UNIT/0.3ML	Non-Preferred Specialty			QL	
FRAGMIN	SOLN	10000UNIT/ML	Non-Preferred Specialty			QL	
FRAGMIN	SOLN	25000UNIT/ML	Non-Preferred Specialty			QL	
FREEDOM DERMA-D	CREA		Excluded				
FREESTYLE LITE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
FREESTYLE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
FROVA	TABS	2.5MG	Non-Preferred Brand			QL	
FROVATRIPTAN SUCCINATE	TABS	2.5MG	Excluded				
FULYZAQ	TBEC	125MG	Non-Preferred Brand		ST		
FURADANTIN	SUSP	25MG/5ML	Preferred Brand				
FUROSEMIDE	SOLN	10MG/ML	Generic				
FUROSEMIDE	SOLN	8MG/ML	Generic				
FUROSEMIDE	TABS	20MG	Preferred Generic				
FUROSEMIDE	TABS	40MG	Preferred Generic				
FUROSEMIDE	TABS	80MG	Preferred Generic				
FUSILEV	SOLR	50MG	Medical Benefit				
FUZEON	SOLR	90MG	Non-Preferred Specialty				
FYCOMPA	TABS	2MG	Non-Preferred Brand		ST	QL	AL
FYCOMPA	TABS	4MG	Non-Preferred Brand		ST	QL	AL
FYCOMPA	TABS	6MG	Non-Preferred Brand		ST	QL	AL
FYCOMPA	TABS	8MG	Non-Preferred Brand		ST	QL	AL
FYCOMPA	TABS	10MG	Non-Preferred Brand		ST	QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
FYCOMPA	TABS	12MG	Non-Preferred Brand		ST	QL	AL
FYCOMPA	SUSP	0.5MG/ML	Non-Preferred Brand			QL	AL
GABAPENTIN	TABS	600MG	Generic				
GABAPENTIN	TABS	800MG	Generic				
GABAPENTIN	CAPS	300MG	Preferred Generic				
GABAPENTIN	CAPS	400MG	Preferred Generic				
GABAPENTIN	SOLN	250MG/5ML	Generic				
GABAPENTIN	CAPS	100MG	Preferred Generic				
GABITRIL	TABS	2MG	Non-Preferred Brand				
GABITRIL	TABS	4MG	Non-Preferred Brand				
GABITRIL	TABS	12MG	Preferred Brand				
GABITRIL	TABS	16MG	Preferred Brand				
GALANTAMINE HYDROBROMIDE	SOLN	4MG/ML	Generic				
GALANTAMINE HYDROBROMIDE	TABS	4MG	Generic				
GALANTAMINE HYDROBROMIDE	TABS	8MG	Generic				
GALANTAMINE HYDROBROMIDE	TABS	12MG	Generic				
GALANTAMINE HYDROBROMIDE ER	CP24	8MG	Generic				
GALANTAMINE HYDROBROMIDE ER	CP24	16MG	Generic				
GALANTAMINE HYDROBROMIDE ER	CP24	24MG	Generic				
GALZIN	CAPS	50MG	Preferred Brand				
GALZIN	CAPS	25MG	Preferred Brand				
GAMASTAN S/D	INJ	0	Medical Benefit				
GAMMAGARD LIQUID	SOLN	5GM/50ML	Medical Benefit-Preferred Specialty	PA			
GAMMAGARD S/D	SOLR	10GM	Medical Benefit-Preferred Specialty	PA			
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	SOLR	5GM	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GAMMAKED	SOLN	1GM/10ML	Medical Benefit-Preferred Specialty				
GAMMAPLEX	SOLN	2.5GM/50ML	Medical Benefit-Preferred Specialty				
GAMUNEX-C	SOLN	1GM/10ML	Medical Benefit-Preferred Specialty				
GANIRELIX ACETATE	SOLN	250MCG/0.5ML	Non-Preferred Brand		ST		
GARDASIL	SUSP	0	Medical Benefit			QL	AL
GARDASIL 9	SUSP	0	Medical Benefit			QL	AL
GASTROCROM	CONC	100MG/5ML	Preferred Brand				
GATIFLOXACIN	SOLN	0.50%	Generic				
GATTEX	KIT	5MG	Non-Preferred Specialty	PA			
GAVILYTE-C	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	Generic				
GAVILYTE-G	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	Generic				
GAVILYTE-N/FLAVOR PACK	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Generic				
GAZYVA	SOLN	1000MG/40ML	Medical Benefit-Preferred Specialty				
GEBAUERS PAIN EASE	AERO	0; 0	Non-Preferred Brand				
GEBAUERS SPRAY AND STRETCH	AERO	0; 0	Non-Preferred Brand				
GELFOAM	MISC	0	Excluded				
GELFOAM SPONGE COMPRESSED	MISC	0	Excluded				
GELFOAM-JMI SPONGE KIT	KIT	0; 5000UNIT	Excluded				
GELNIQUE	GEL	3%	Excluded				
GELNIQUE	GEL	10%	Excluded				
GEMFIBROZIL	TABS	600MG	Preferred Generic				
GEMZAR	SOLR	200MG	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GEMZAR	SOLR	1GM	Medical Benefit-Preferred Specialty				
GENERESS FE	CHEW	25MCG; 75MG; 0.8MG	Non-Preferred Brand				
GENERLAC	SOLN	10GM/15ML	Generic				
GENGRAF	CAPS	25MG	Generic				
GENGRAF	CAPS	100MG	Generic				
GENGRAF	SOLN	100MG/ML	Generic				
GENOTROPIN	SOLR	5MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN	SOLR	12MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	0.2MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	0.4MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	0.6MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	0.8MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	1MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	1.2MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	1.4MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	1.6MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	1.8MG	Non-Preferred Specialty	PA		QL	
GENOTROPIN MINIQUICK	SOLR	2MG	Non-Preferred Specialty	PA		QL	
GENTAK	OINT	0.30%	Generic				
GENTAMICIN SULFATE	SOLN	0.30%	Generic				
GENTAMICIN SULFATE	OINT	0.10%	Generic				
GENTAMICIN SULFATE	CREA	0.10%	Generic				
GENVOYA	TABS	150MG; 150MG; 200MG; 10MG	Preferred Specialty			QL	
GEODON	SOLR	20MG	Medical Benefit				
GEODON	CAPS	20MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GEODON	CAPS	40MG	Non-Preferred Brand		ST		
GEODON	CAPS	60MG	Non-Preferred Brand		ST		
GEODON	CAPS	80MG	Non-Preferred Brand		ST		
GESTICARE DHA	MISC	120MG; 200MG; 410UNIT; 55MG; 8MCG; 250MG; 0.625MG; 27MG; 1MG; 20MG; 150MCG; 50MG; 3MG; 3MG; 30UNIT; 15MG	Preferred Brand				
GIANVI	TABS	3MG; 0.02MG	Generic				
GIAZO	TABS	1.1GM	Non-Preferred Specialty			QL	AL
GILDESS 24 FE	TABS	20MCG; 75MG; 1MG	Generic				
GILDESS FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic				
GILDESS FE 1/20	TABS	20MCG; 75MG; 1MG	Generic				
GILENYA	CAPS	0.5MG	Preferred Specialty			QL	
GILOTRIF	TABS	30MG	Preferred Specialty	PA		QL	
GILOTRIF	TABS	40MG	Preferred Specialty	PA		QL	
GILOTRIF	TABS	20MG	Preferred Specialty	PA		QL	
GINSENG EDGE	CAPS	25MG; 50MG; 10MG; 125MG	Excluded				
GLASSIA	SOLN	1000MG/50ML	Medical Benefit-Preferred Specialty	PA			
GLATIRAMER ACETATE	SOSY	20MG/ML	Preferred Specialty			QL	
GLATIRAMER ACETATE	SOSY	40MG/ML	Preferred Specialty			QL	
GLATOPA	SOSY	20MG/ML	Preferred Specialty			QL	
GLEEVEC	TABS	100MG	Non-Preferred Specialty	PA		QL	
GLEEVEC	TABS	400MG	Non-Preferred Specialty	PA		QL	
GLEOSTINE	CAPS	10MG	Non-Preferred Brand				
GLEOSTINE	CAPS	40MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GLEOSTINE	CAPS	100MG	Non-Preferred Brand				
GLEOSTINE	CAPS	5MG	Non-Preferred Brand				
GLIMEPIRIDE	TABS	1MG	Preferred Generic				
GLIMEPIRIDE	TABS	2MG	Preferred Generic				
GLIMEPIRIDE	TABS	4MG	Preferred Generic				
GLIPIZIDE	TABS	5MG	Preferred Generic				
GLIPIZIDE	TABS	10MG	Preferred Generic				
GLIPIZIDE ER	TB24	5MG	Generic				
GLIPIZIDE ER	TB24	10MG	Generic				
GLIPIZIDE ER	TB24	2.5MG	Generic				
GLIPIZIDE XL	TB24	2.5MG	Generic				
GLIPIZIDE XL	TB24	10MG	Generic				
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 250MG	Generic				
GLIPIZIDE/METFORMIN HCL	TABS	2.5MG; 500MG	Generic				
GLIPIZIDE/METFORMIN HCL	TABS	5MG; 500MG	Generic				
GLUCAGEN HYPOKIT	SOLR	1MG	Preferred Brand				
GLUCAGON EMERGENCY KIT	KIT	1MG	Preferred Brand				
GLUCAGON HCL DIAGNOSTIC	SOLR	1MG	Medical Benefit				
GLUCOCARD 01 SENSOR PLUS	STRP	0	Non-Preferred Brand		ST	QL	
GLUCOCARD 01 SENSOR PLUS TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
GLUCOCARD VITAL TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
GLUCOCARD X-SENSOR	STRP	0	Non-Preferred Brand		ST	QL	
GLUCOPHAGE	TABS	500MG	Non-Preferred Brand				
GLUCOPHAGE	TABS	850MG	Non-Preferred Brand				
GLUCOPHAGE	TABS	1000MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GLUCOPHAGE XR	TB24	500MG	Non-Preferred Brand				
GLUCOPHAGE XR	TB24	750MG	Non-Preferred Brand				
GLUCOTROL	TABS	5MG	Non-Preferred Brand				
GLUCOTROL	TABS	10MG	Non-Preferred Brand				
GLUCOTROL XL	TB24	2.5MG	Non-Preferred Brand				
GLUCOTROL XL	TB24	5MG	Non-Preferred Brand				
GLUCOTROL XL	TB24	10MG	Non-Preferred Brand				
GLUCOVANCE	TABS	1.25MG; 250MG	Non-Preferred Brand				
GLUCOVANCE	TABS	2.5MG; 500MG	Non-Preferred Brand				
GLUCOVANCE	TABS	5MG; 500MG	Non-Preferred Brand				
GLUMETZA	TB24	500MG	Excluded				
GLUMETZA	TB24	1000MG	Excluded				
GLYBURIDE	TABS	1.25MG	Generic				
GLYBURIDE	TABS	2.5MG	Generic				
GLYBURIDE	TABS	5MG	Generic				
GLYBURIDE MICRONIZED	TABS	1.5MG	Generic				
GLYBURIDE MICRONIZED	TABS	3MG	Generic				
GLYBURIDE MICRONIZED	TABS	6MG	Generic				
GLYBURIDE/METFORMIN HCL	TABS	1.25MG; 250MG	Generic				
GLYBURIDE/METFORMIN HCL	TABS	2.5MG; 500MG	Generic				
GLYBURIDE/METFORMIN HCL	TABS	5MG; 500MG	Generic				
GLYCATE	TABS	1.5MG	Excluded				
GLYCOLAX	POWD	0	Excluded				
GLYCOPYRROLATE	SOLN	0.4MG/2ML	Generic				
GLYCOPYRROLATE	TABS	1MG	Generic				
GLYCOPYRROLATE	TABS	2MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GLYCOPYRROLATE	TABS	1.5MG	Excluded				
GLYDO	GEL	2%	Non-Preferred Brand				
GLYNASE	TABS	1.5MG	Non-Preferred Brand				
GLYNASE	TABS	3MG	Non-Preferred Brand				
GLYNASE	TABS	6MG	Non-Preferred Brand				
GLYSET	TABS	25MG	Non-Preferred Brand				
GLYSET	TABS	50MG	Non-Preferred Brand				
GLYSET	TABS	100MG	Non-Preferred Brand				
GLYXAMBI	TABS	25MG; 5MG	Non-Preferred Brand			QL	
GLYXAMBI	TABS	10MG; 5MG	Non-Preferred Brand			QL	
GOCOVRI	CP24	68.5MG	Excluded				
GOCOVRI	CP24	137MG	Excluded				
GOLYTELY	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	Non-Preferred Brand				
GOLYTELY	SOLR	227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	Non-Preferred Brand				
GONAL-F	SOLR	450UNIT	Preferred Brand	PA			
GONAL-F	SOLR	1050UNIT	Preferred Brand	PA			
GONAL-F RFF	SOLR	75UNIT	Preferred Brand	PA			
GONAL-F RFF PEN	SOLN	450UNT/0.75ML	Preferred Brand	PA			
GONAL-F RFF PEN	SOLN	300UNIT/0.5ML	Preferred Brand	PA			
GONAL-F RFF PEN	SOLN	900UNIT/1.5ML	Preferred Brand	PA			
GONAL-F RFF REDIJECT	SOLN	300UNIT/0.5ML	Preferred Brand	PA			
GONAL-F RFF REDIJECT	SOLN	450UNT/0.75ML	Preferred Brand	PA			
GONAL-F RFF REDIJECT	SOLN	900UNIT/1.5ML	Preferred Brand	PA			
GONITRO	PACK	400MCG	Excluded				
GOODSENSE ASPIRIN	CHEW	81MG	Generic				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
GOODSENSE NICOTINE POLACRILEX	LOZG	4MG	Generic				
GRALISE	TABS	300MG	Non-Preferred Brand	PA	ST	QL	
GRALISE	TABS	600MG	Non-Preferred Brand	PA	ST	QL	
GRALISE STARTER	MISC	0	Non-Preferred Brand	PA	ST		
GRANISETRON HCL	TABS	1MG	Preferred Brand			QL	
GRANISETRON HCL	SOLN	0.1MG/ML	Medical Benefit				
GRANISETRON HCL	SOLN	1MG/ML	Medical Benefit				
GRANIX	SOSY	300MCG/0.5ML	Generic				
GRANIX	SOSY	480MCG/0.8ML	Generic				
GRASTEK	SUBL	2800BAU	Non-Preferred Brand				AL
GRIFULVIN V	TABS	500MG	Preferred Brand				
GRISEOFULVIN MICROSIZE	SUSP	125MG/5ML	Generic				
GRISEOFULVIN MICROSIZE	TABS	500MG	Generic				
GRISEOFULVIN ULTRAMICROSIZE	TABS	125MG	Generic				
GRISEOFULVIN ULTRAMICROSIZE	TABS	250MG	Generic				
GRIS-PEG	TABS	125MG	Preferred Brand				
GRIS-PEG	TABS	250MG	Preferred Brand				
GUAIFENESIN	SOLN	100MG/5ML	Excluded				
GUAIFENESIN	TABS	400MG	Excluded				
GUAIFENESIN AC	SYRP	10MG/5ML; 100MG/5ML	Generic				
GUAIFENESIN-DM	SYRP	10MG/5ML; 100MG/5ML	Excluded				
GUANFACINE ER	TB24	1MG	Generic			QL	
GUANFACINE ER	TB24	2MG	Generic			QL	
GUANFACINE ER	TB24	3MG	Generic			QL	
GUANFACINE ER	TB24	4MG	Generic			QL	
GUANFACINE HCL	TABS	1MG	Generic				
GUANFACINE HCL	TABS	2MG	Generic				
GYNAZOLE-1	CREA	2%	Non-Preferred Brand				
H.P. ACTHAR	GEL	80UNIT/ML	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HAEGARDA	SOLR	2000UNIT	Preferred Specialty	PA			
HAEGARDA	SOLR	3000UNIT	Preferred Specialty	PA			
HAIR REGROWTH TREATMENT FOR MEN EXTRA STRENGTH	SOLN	5%	Excluded				
HALAVEN	SOLN	1MG/2ML	Medical Benefit-Non-Preferred Specialty				
HALCION	TABS	0.25MG	Non-Preferred Brand				AL
HALDOL	SOLN	5MG/ML	Medical Benefit-Non-Preferred Specialty				
HALDOL DECANOATE 100	SOLN	100MG/ML	Medical Benefit-Non-Preferred Specialty				
HALDOL DECANOATE 50	SOLN	50MG/ML	Medical Benefit-Non-Preferred Specialty				
HALFLYTELY BOWEL PREP/FLAVOR PACKS	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	Preferred Brand				
HALOBETASOL PROPIONATE	OINT	0.05%	Preferred Brand		ST		
HALOBETASOL PROPIONATE	CREA	0.05%	Preferred Brand		ST		
HALOG	CREA	0.10%	Excluded				
HALOG	OINT	0.10%	Excluded				
HALOPERIDOL	TABS	2MG	Generic				
HALOPERIDOL	TABS	1MG	Generic				
HALOPERIDOL	TABS	5MG	Generic				
HALOPERIDOL	TABS	0.5MG	Generic				
HALOPERIDOL	TABS	10MG	Generic				
HALOPERIDOL	TABS	20MG	Generic				
HALOPERIDOL DECANOATE	SOLN	50MG/ML	Medical Benefit				
HALOPERIDOL DECANOATE	SOLN	100MG/ML	Medical Benefit				
HALOPERIDOL LACTATE	SOLN	5MG/ML	Generic				
HARVONI	TABS	90MG; 400MG	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HAVRIX	SUSP	720ELU/0.5ML	Medical Benefit			QL	AL
HAVRIX	SUSP	1440ELU/ML	Medical Benefit			QL	AL
HEALON	SOLN	10MG/ML	Medical Benefit				
HECORIA	CAPS	0.5MG	Generic				
HECORIA	CAPS	1MG	Generic				
HECORIA	CAPS	5MG	Generic				
HECTOROL	CAPS	0.5MCG	Non-Preferred Brand				
HECTOROL	CAPS	2.5MCG	Non-Preferred Brand				
HECTOROL	CAPS	1MCG	Non-Preferred Brand				
HELIXATE FS	KIT	2000UNIT	Preferred Specialty			QL	
HELIXATE FS	KIT	250UNIT	Preferred Specialty			QL	
HELIXATE FS	KIT	500UNIT	Preferred Specialty			QL	
HELIXATE FS	KIT	1000UNIT	Preferred Specialty			QL	
HELIXATE FS	KIT	3000UNIT	Preferred Specialty			QL	
HEMANGEOL	SOLN	4.28MG/ML	Non-Preferred Brand				AL
HEMOFIL M	SOLR	220-400 UNIT	Preferred Specialty			QL	
HEMOFIL M	SOLR	401-800 UNIT	Preferred Specialty			QL	
HEMOFIL M	SOLR	801-1500 UNIT	Preferred Specialty			QL	
HEMOFIL M	SOLR	1501-2000 UNIT	Preferred Specialty			QL	
HEPARIN SODIUM	SOLN	2000UNIT/ML	Generic				
HEPARIN SODIUM	SOLN	2500UNIT/ML	Generic				
HEPARIN SODIUM	SOLN	5000UNIT/ML	Generic				
HEPARIN SODIUM	SOLN	1000UNIT/ML	Generic				
HEPARIN SODIUM	SOLN	10000UNIT/ML	Generic				
HEPSERA	TABS	10MG	Non-Preferred Specialty			QL	
HERCEPTIN	SOLR	440MG	Medical Benefit-Preferred Specialty				
HETLIOZ	CAPS	20MG	Non-Preferred Specialty	PA			
HISTEX-AC	SYRP	10MG/5ML; 10MG/5ML; 2.5MG/5ML	Excluded				

AG - Age Limits
PA - Prior Authorization
ST - Step Therapy
QL - Quantity Limits

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HIZENTRA	SOLN	1GM/5ML	Medical Benefit-Preferred Specialty	PA			
HIZENTRA	SOLN	2GM/10ML	Medical Benefit-Preferred Specialty	PA			
HIZENTRA	SOLN	4GM/20ML	Medical Benefit-Preferred Specialty	PA			
HOMATROPAIRE	SOLN	5%	Generic				
HORIZANT	TBCR	600MG	Non-Preferred Brand		ST	QL	
HORIZANT	TBCR	300MG	Non-Preferred Brand		ST	QL	
HPR	FOAM	0; 0; 0; 0	Excluded				
HPR PLUS	FOAM	0; 0; 0; 0; 0	Excluded				
HPR PLUS/MB HYDROGEL	KIT	0; 0; 0; 0; 0	Excluded				
HUMALOG	SOLN	100UNIT/ML	Generic				
HUMALOG	SOCT	100UNIT/ML	Generic				
HUMALOG JUNIOR KWIKPEN	SOPN	100UNIT/ML	Generic				
HUMALOG KWIKPEN	SOPN	200UNIT/ML	Generic				
HUMALOG KWIKPEN	SOPN	100UNIT/ML	Generic				
HUMALOG MIX 50/50	SUSP	50UNIT/ML; 50UNIT/ML	Generic				
HUMALOG MIX 50/50 KWIKPEN	SUPN	50UNIT/ML; 50UNIT/ML	Generic				
HUMALOG MIX 75/25	SUSP	25UNIT/ML; 75UNIT/ML	Generic				
HUMALOG MIX 75/25 KWIKPEN	SUPN	25UNIT/ML; 75UNIT/ML	Generic				
HUMATE-P	SOLR	250UNIT; 600UNIT	Preferred Specialty			QL	
HUMATE-P	SOLR	500UNIT; 1200UNIT	Preferred Specialty			QL	
HUMATE-P	SOLR	1000UNIT; 2400UNIT	Preferred Specialty			QL	
HUMATROPE	SOLR	6MG	Non-Preferred Specialty	PA		QL	
HUMATROPE	SOLR	12MG	Non-Preferred Specialty	PA		QL	
HUMATROPE	SOLR	24MG	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HUMATROPE COMBO PACK	SOLR	5MG	Non-Preferred Specialty	PA		QL	
HUMIRA	PSKT	40MG/0.8ML	Preferred Specialty	PA		QL	
HUMIRA	PSKT	20MG/0.4ML	Preferred Specialty	PA		QL	
HUMIRA PEN	PNKT	40MG/0.8ML	Preferred Specialty	PA		QL	
HUMIRA PEN-CROHNS DISEASESTARTER	PNKT	40MG/0.8ML	Preferred Specialty	PA		QL	
HUMIRA PEN-PSORIASIS STARTER	PNKT	40MG/0.8ML	Preferred Specialty	PA		QL	
HUMULIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	Generic				
HUMULIN 70/30 KWIKPEN	SUPN	30UNIT/ML; 70UNIT/ML	Generic				
HUMULIN 70/30 PEN	SUPN	30UNIT/ML; 70UNIT/ML	Generic				
HUMULIN N	SUSP	100UNIT/ML	Generic				
HUMULIN N KWIKPEN	SUPN	100UNIT/ML	Generic				
HUMULIN R	SOLN	100UNIT/ML	Generic				
HUMULIN R U-500 (CONCENTRATED)	SOLN	500UNIT/ML	Generic				
HUMULIN R U-500 KWIKPEN	SOPN	500UNIT/ML	Generic				
HYALGAN	SOLN	20MG/2ML	Excluded				
HYCAMTIN	SOLR	4MG	Medical Benefit-Preferred Specialty				
HYCAMTIN	CAPS	0.25MG	Preferred Specialty			QL	
HYCAMTIN	CAPS	1MG	Preferred Specialty			QL	
HYCET	SOLN	325MG/15ML; 7.5MG/15ML	Non-Preferred Brand				
HYCOFENIX	SOLN	200MG/5ML; 2.5MG/5ML; 30MG/5ML	Excluded				
HYDRALAZINE HCL	TABS	25MG	Preferred Generic				
HYDRALAZINE HCL	TABS	50MG	Preferred Generic				
HYDRALAZINE HCL	TABS	10MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HYDRALAZINE HCL	TABS	100MG	Preferred Generic				
HYDREA	CAPS	500MG	Non-Preferred Brand				
HYDROCHLOROTHIAZIDE	TABS	50MG	Preferred Generic				
HYDROCHLOROTHIAZIDE	TABS	25MG	Preferred Generic				
HYDROCHLOROTHIAZIDE	TABS	12.5MG	Generic				
HYDROCHLOROTHIAZIDE	CAPS	12.5MG	Preferred Generic				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	108MG/5ML; 2.5MG/5ML	Generic				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	217MG/10ML; 5MG/10ML	Generic				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	750MG; 10MG	Generic				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	325MG/15ML; 7.5MG/15ML	Generic				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 10MG	Excluded				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 5MG	Excluded				
HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	300MG; 7.5MG	Excluded				
HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE	SOLN	4MG/5ML; 5MG/5ML; 60MG/5ML	Generic				
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	SUER	8MG/5ML; 10MG/5ML	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	650MG; 10MG	Generic				
HYDROCODONE/ACETAMINOPHEN	SOLN	500MG/15ML; 7.5MG/15ML	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	660MG; 10MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	650MG; 7.5MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	500MG; 7.5MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	750MG; 7.5MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	500MG; 10MG	Generic				
HYDROCODONE/ACETAMINOPHEN	TABS	500MG; 5MG	Generic				
HYDROCODONE/HOMATROPINE	SYRP	1.5MG/5ML; 5MG/5ML	Generic				
HYDROCODONE/IBUPROFEN	TABS	7.5MG; 200MG	Generic				
HYDROCORTISONE	CREA	2.50%	Generic				
HYDROCORTISONE	OINT	2.50%	Generic				
HYDROCORTISONE	LOTN	2.50%	Generic				
HYDROCORTISONE	LOTN	1%	Excluded				
HYDROCORTISONE	CREA	1%	Excluded				
HYDROCORTISONE	TABS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HYDROCORTISONE	TABS	10MG	Generic				
HYDROCORTISONE	TABS	20MG	Generic				
HYDROCORTISONE	OINT	0.50%	Excluded				
HYDROCORTISONE	ENEM	100MG/60ML	Generic				
HYDROCORTISONE	OINT	1%	Excluded				
HYDROCORTISONE ACETATE	SUPP	25MG	Generic				
HYDROCORTISONE ACETATE & IODOQUINOL	CREA	0; 1.9%; 1%	Excluded				
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	2.5%; 1%	Generic				
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	2.5%; 1%	Excluded				
HYDROCORTISONE ACETATE/PRAMOXINE	CREA	1%; 1%	Excluded				
HYDROCORTISONE BUTYRATE	CREA	0.10%	Excluded				
HYDROCORTISONE BUTYRATE	OINT	0.10%	Excluded				
HYDROCORTISONE BUTYRATE	SOLN	0.10%	Generic				
HYDROCORTISONE BUTYRATE (LIPID)	CREA	0.10%	Excluded				
HYDROCORTISONE VALERATE	CREA	0.20%	Generic				
HYDROCORTISONE VALERATE	OINT	0.20%	Preferred Brand		ST		
HYDROCORTISONE /IODOQUINOL	CREA	1%; 1%	Excluded				
HYDROFERA BLUE FOAM DRESSING	PADS		Excluded				
HYDROMET	SYRP	1.5MG/5ML; 5MG/5ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HYDROMORPHONE HCL	TABS	4MG	Generic			QL	
HYDROMORPHONE HCL	TABS	8MG	Generic			QL	
HYDROMORPHONE HCL	LIQD	1MG/ML	Generic			QL	
HYDROMORPHONE HCL	TABS	2MG	Generic			QL	
HYDROMORPHONE HCL	SOLN	1MG/ML	Medical Benefit				
HYDROMORPHONE HCL	SOLN	2MG/ML	Medical Benefit				
HYDROMORPHONE HCL	SOLN	4MG/ML	Medical Benefit				
HYDROMORPHONE HCL	SUPP	3MG	Generic				
HYDROMORPHONE HCL ER	T24A	8MG	Non-Preferred Brand		ST	QL	
HYDROMORPHONE HCL ER	T24A	12MG	Non-Preferred Brand		ST	QL	
HYDROMORPHONE HCL ER	T24A	16MG	Non-Preferred Brand		ST	QL	
HYDROMORPHONE HCL ER	T24A	32MG	Non-Preferred Brand		ST	QL	
HYDROQUINONE	CREA	4%	Excluded				
HYDROXOCOBALAMIN	SOLN	1000MCG/ML	Excluded				
HYDROXYCHLOROQUINE SULFATE	TABS	200MG	Generic				
HYDROXYPROGESTERONE CAPROATE	SOLN	1.25GM/5ML	Medical Benefit-Preferred Specialty	PA			
HYDROXYUREA	CAPS	500MG	Generic				
HYDROXYZINE HCL	TABS	10MG	Generic				
HYDROXYZINE HCL	TABS	25MG	Generic				
HYDROXYZINE HCL	TABS	50MG	Generic				
HYDROXYZINE HCL	SYRP	10MG/5ML	Generic				
HYDROXYZINE PAMOATE	CAPS	100MG	Generic				
HYDROXYZINE PAMOATE	CAPS	50MG	Generic				
HYLATOPIC	FOAM	0; 0; 0; 0	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HYLATOPIC PLUS	FOAM	0; 0; 0; 0; 0	Excluded				
HYOMAX-SL	SUBL	0.125MG	Generic				
HYOPHEN	TABS	9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	Excluded				
HYOSCYAMINE SULFATE	TBDP	0.125MG	Generic				
HYOSCYAMINE SULFATE	TABS	0.125MG	Generic				
HYOSCYAMINE SULFATE	SUBL	0.125MG	Generic				
HYOSCYAMINE SULFATE	ELIX	0.125MG/5ML	Generic				
HYOSCYAMINE SULFATE	SOLN	0.125MG/ML	Generic				
HYOSCYAMINE SULFATE ER	TB12	0.375MG	Generic				
HYPERHEP B S/D	SOLN	0	Medical Benefit				
HYPERRAB S/D	INJ	150UNIT/ML	Medical Benefit				
HYPERRHO S/D	SOSY	1500UNIT	Medical Benefit				
HYPERSAL	NEBU	3.50%	Preferred Brand			QL	
HYPER-SAL	NEBU	7%	Preferred Brand			QL	
HYPERTET S/D	INJ	250UNIT/ML	Medical Benefit				
HYPOLANCE AST LANCING KIT	KIT		Preferred Brand				
HYQVIA	KIT	2.5GM/25ML; 200UNT/1.25ML	Medical Benefit-Preferred Specialty				
HYQVIA	KIT	5GM/50ML; 400UNIT/2.5ML	Medical Benefit-Preferred Specialty				
HYQVIA	KIT	10GM/100ML; 800UNIT/5ML	Medical Benefit-Preferred Specialty				
HYQVIA	KIT	20GM/200ML; 1600UNIT/10ML	Medical Benefit-Preferred Specialty				
HYQVIA	KIT	30GM/300ML; 2400UNIT/15ML	Medical Benefit-Preferred Specialty				
HYSINGLA ER	T24A	20MG	Non-Preferred Brand	PA		QL	
HYSINGLA ER	T24A	30MG	Non-Preferred Brand	PA		QL	
HYSINGLA ER	T24A	40MG	Non-Preferred Brand	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
HYSINGLA ER	T24A	60MG	Non-Preferred Brand	PA		QL	
HYSINGLA ER	T24A	80MG	Non-Preferred Brand	PA		QL	
HYSINGLA ER	T24A	100MG	Non-Preferred Brand	PA		QL	
HYSINGLA ER	T24A	120MG	Non-Preferred Brand	PA		QL	
HYZAAR	TABS	12.5MG; 50MG	Non-Preferred Brand				
HYZAAR	TABS	12.5MG; 100MG	Non-Preferred Brand				
HYZAAR	TABS	25MG; 100MG	Non-Preferred Brand				
IBANDRONATE SODIUM	TABS	150MG	Generic				
IBRANCE	CAPS	75MG	Preferred Specialty	PA		QL	
IBRANCE	CAPS	100MG	Preferred Specialty	PA		QL	
IBRANCE	CAPS	125MG	Preferred Specialty	PA		QL	
IBUDONE	TABS	5MG; 200MG	Excluded				
IBUDONE	TABS	10MG; 200MG	Excluded				
IBUPROFEN	TABS	400MG	Preferred Generic				
IBUPROFEN	TABS	600MG	Preferred Generic				
IBUPROFEN	TABS	800MG	Generic				
ICLUSIG	TABS	45MG	Non-Preferred Specialty	PA		QL	
ICLUSIG	TABS	15MG	Non-Preferred Specialty	PA		QL	
IDAMYCIN PFS	SOLN	5MG/5ML	Medical Benefit-Preferred Specialty				
IDAMYCIN PFS	SOLN	10MG/10ML	Medical Benefit-Preferred Specialty				
IDAMYCIN PFS	SOLN	20MG/20ML	Medical Benefit-Preferred Specialty				
IDARUBICIN HCL	SOLN	5MG/5ML	Medical Benefit				
IDELVION	SOLR	250UNIT	Non-Preferred Specialty				
IDELVION	SOLR	500UNIT	Non-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
IDELVION	SOLR	1000UNIT	Non-Preferred Specialty				
IDELVION	SOLR	2000UNIT	Non-Preferred Specialty				
IFEX	SOLR	1GM	Medical Benefit				
IFEX	SOLR	3GM	Medical Benefit				
IFOSFAMIDE	SOLR	3GM	Medical Benefit				
IFOSFAMIDE	SOLR	1GM	Medical Benefit				
ILARIS	SOLR	180MG	Medical Benefit-Non-Preferred Specialty	PA			
ILEVRO	SUSP	0.30%	Non-Preferred Brand		ST	QL	
ILUVIEN	IMPL	0.19MG	Medical Benefit-Preferred Specialty				
IMATINIB MESYLATE	TABS	100MG	Preferred Specialty	PA		QL	
IMATINIB MESYLATE	TABS	400MG	Preferred Specialty	PA		QL	
IMBRUVICA	CAPS	140MG	Non-Preferred Specialty	PA		QL	
IMFINZI	SOLN	120MG/2.4ML	Medical Benefit-Preferred Specialty				
IMIPRAMINE HCL	TABS	10MG	Generic				
IMIPRAMINE HCL	TABS	25MG	Generic				
IMIPRAMINE HCL	TABS	50MG	Generic				
IMIPRAMINE PAMOATE	CAPS	75MG	Non-Preferred Brand		ST	QL	
IMIPRAMINE PAMOATE	CAPS	100MG	Non-Preferred Brand		ST	QL	
IMIPRAMINE PAMOATE	CAPS	125MG	Non-Preferred Brand		ST	QL	
IMIPRAMINE PAMOATE	CAPS	150MG	Non-Preferred Brand		ST	QL	
IMIQUIMOD	CREA	5%	Generic				
IMITREX	SOLN	6MG/0.5ML	Non-Preferred Brand				
IMITREX	SOLN	20MG/ACT	Non-Preferred Brand				
IMITREX	SOLN	5MG/ACT	Non-Preferred Brand				
IMITREX	TABS	25MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
IMITREX	TABS	50MG	Non-Preferred Brand			QL	
IMITREX	TABS	100MG	Non-Preferred Brand			QL	
IMITREX STATDOSE REFILL	SOCT	4MG/0.5ML	Preferred Brand				
IMITREX STATDOSE SYSTEM	SOAJ	6MG/0.5ML	Preferred Brand				
IMITREX STATDOSE SYSTEM	SOAJ	4MG/0.5ML	Preferred Brand				
IMLYGIC	SUSP	0	Medical Benefit-Non-Preferred Specialty				
IMOGAM RABIES-HT	INJ	150UNIT/ML	Medical Benefit				
IMOVAX RABIES (H.D.C.V.)	INJ	2.5UNIT/ML	Medical Benefit				
IMPAVIDO	CAPS	50MG	Non-Preferred Brand	PA			
IMURAN	TABS	50MG	Non-Preferred Brand				
INATAL ADVANCE	TABS	120MG; 2700UNIT; 200MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	Generic				
INATAL GT	TABS	120MG; 0; 30MCG; 200MG; 6MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 10UNIT; 2700UNIT; 15MG	Generic				
INATAL ULTRA	TABS	120MG; 0; 200MG; 2MG; 12MCG; 50MG; 1MG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 2700UNIT; 400UNIT; 30UNIT; 25MG	Preferred Generic				
INCIVEK	TABS	375MG	Excluded			QL	
INCRELEX	SOLN	40MG/4ML	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
INCRUSE ELLIPTA	AEPB	62.5MCG/INH	Non-Preferred Brand				AL
INDAPAMIDE	TABS	1.25MG	Generic				
INDAPAMIDE	TABS	2.5MG	Generic				
INDERAL LA	CP24	60MG	Non-Preferred Brand				
INDERAL LA	CP24	80MG	Non-Preferred Brand				
INDERAL LA	CP24	120MG	Non-Preferred Brand				
INDERAL LA	CP24	160MG	Non-Preferred Brand				
INDERAL XL	CP24	80MG	Non-Preferred Brand				
INDERAL XL	CP24	120MG	Non-Preferred Brand				
INDOCIN	SUSP	25MG/5ML	Preferred Brand				
INDOMETHACIN	CAPS	25MG	Generic				
INDOMETHACIN	CAPS	50MG	Generic				
INDOMETHACIN ER	CPCR	75MG	Generic				
INFANATE BALANCE	CAPS	104MG; 400UNIT; 265MG; 50MG; 1MG; 29MG; 25MG; 30UNIT	Non-Preferred Brand				
INFED	SOLN	50MG/ML	Medical Benefit				
INFLECTRA	SOLR	100MG	Medical Benefit-Non-Preferred Specialty	PA			
INGREZZA	CAPS	40MG	Non-Preferred Specialty	PA		QL	
INGREZZA	CAPS	80MG	Non-Preferred Specialty	PA		QL	
INJECTAFER	SOLN	750MG/15ML	Medical Benefit-Non-Preferred Specialty				
INLYTA	TABS	1MG	Preferred Specialty	PA		QL	
INLYTA	TABS	5MG	Preferred Specialty	PA		QL	
INNOPRAN XL	CP24	80MG	Non-Preferred Brand		ST		
INNOPRAN XL	CP24	120MG	Non-Preferred Brand		ST		
INPEN 100EL/BLUE	DEVI		Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
INPEN 100EL/GRAY	DEVI		Excluded				
INPEN 100EL/PINK	DEVI		Excluded				
INPEN 100NN/BLUE	DEVI		Excluded				
INPEN 100NN/GREY	DEVI		Excluded				
INPEN 100NN/PINK	DEVI		Excluded				
INSPRA	TABS	25MG	Non-Preferred Brand				
INSPRA	TABS	50MG	Non-Preferred Brand				
INTELENCE	TABS	100MG	Preferred Specialty			QL	
INTELENCE	TABS	200MG	Preferred Specialty			QL	
INTELENCE	TABS	25MG	Preferred Specialty			QL	
INTERMEZZO	SUBL	3.5MG	Excluded				
INTERMEZZO	SUBL	1.75MG	Excluded				
INTRAROSA	INST	6.5MG	Non-Preferred Brand	PA			
INTRON A	SOLN	10MU/ML	Preferred Specialty			QL	
INTRON A	SOLN	6000000UNIT/ML	Preferred Specialty			QL	
INTRON A W/DILUENT	SOLR	50MU	Preferred Specialty			QL	
INTRON A W/DILUENT	SOLR	10MU	Preferred Specialty			QL	
INTRON A W/DILUENT	SOLR	18MU	Preferred Specialty			QL	
INTROVALE	TABS	0.03MG; 0.15MG	Generic				
INTUNIV	TB24	1MG	Non-Preferred Brand			QL	
INTUNIV	TB24	2MG	Non-Preferred Brand			QL	
INTUNIV	TB24	3MG	Non-Preferred Brand			QL	
INTUNIV	TB24	4MG	Non-Preferred Brand			QL	
INVANZ	SOLR	1GM	Medical Benefit				
INVEGA	TB24	3MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
INVEGA	TB24	6MG	Non-Preferred Brand		ST		
INVEGA	TB24	9MG	Non-Preferred Brand		ST		
INVEGA	TB24	1.5MG	Non-Preferred Brand		ST		
INVEGA SUSTENNA	SUSP	39MG/0.25ML	Medical Benefit-Preferred Specialty				
INVEGA SUSTENNA	SUSP	78MG/0.5ML	Medical Benefit-Preferred Specialty				
INVEGA SUSTENNA	SUSP	117MG/0.75ML	Medical Benefit-Preferred Specialty				
INVEGA SUSTENNA	SUSP	156MG/ML	Medical Benefit-Preferred Specialty				
INVEGA SUSTENNA	SUSP	234MG/1.5ML	Medical Benefit-Preferred Specialty				
INVEGA TRINZA	SUSP	273MG/0.875ML	Medical Benefit-Non-Preferred Specialty				
INVEGA TRINZA	SUSP	410MG/1.315ML	Medical Benefit-Non-Preferred Specialty				
INVEGA TRINZA	SUSP	546MG/1.75ML	Medical Benefit-Non-Preferred Specialty				
INVEGA TRINZA	SUSP	819MG/2.625ML	Medical Benefit-Non-Preferred Specialty				
INVIRASE	TABS	500MG	Preferred Specialty			QL	
INVIRASE	CAPS	200MG	Preferred Specialty			QL	
INVOKAMET	TABS	50MG; 500MG	Non-Preferred Brand		ST		
INVOKAMET	TABS	50MG; 1000MG	Non-Preferred Brand		ST		
INVOKAMET	TABS	150MG; 500MG	Non-Preferred Brand		ST		
INVOKAMET	TABS	150MG; 1000MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
INVOKAMET XR	TB24	50MG; 500MG	Non-Preferred Brand		ST		
INVOKAMET XR	TB24	50MG; 1000MG	Non-Preferred Brand		ST		
INVOKAMET XR	TB24	150MG; 500MG	Non-Preferred Brand		ST		
INVOKAMET XR	TB24	150MG; 1000MG	Non-Preferred Brand		ST		
INVOKANA	TABS	100MG	Non-Preferred Brand		ST	QL	
INVOKANA	TABS	300MG	Non-Preferred Brand		ST	QL	
IODOQUIMEZ-HC	CREA	0; 1.9%; 1%	Excluded				
IOPIDINE	SOLN	1%	Non-Preferred Brand				
IOPIDINE	SOLN	0.50%	Non-Preferred Brand				
IPOL INACTIVATED IPV	INJ	0	Medical Benefit			QL	AL
IPRATROPIUM BROMIDE	SOLN	0.02%	Generic				
IPRATROPIUM BROMIDE	SOLN	0.03%	Generic				
IPRATROPIUM BROMIDE	SOLN	0.06%	Generic				
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	2.5MG/3ML; 0.5MG/3ML	Generic			QL	
IRBESARTAN	TABS	300MG	Generic				
IRBESARTAN	TABS	75MG	Generic				
IRBESARTAN	TABS	150MG	Generic				
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 150MG	Generic				
IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 300MG	Generic				
IRENKA	CPEP	40MG	Non-Preferred Brand		ST	QL	
IRESSA	TABS	250MG	Preferred Specialty	PA		QL	
ISENTRESS	TABS	400MG	Preferred Specialty			QL	
ISENTRESS	CHEW	25MG	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ISENTRESS	CHEW	100MG	Preferred Specialty			QL	
ISENTRESS	PACK	100MG	Preferred Specialty			QL	
ISENTRESS HD	TABS	600MG	Preferred Specialty			QL	
ISOMETHEPTENE MUCATE/CAFFEINE /ACETAMINOPHEN	TABS	325MG; 20MG; 65MG	Excluded				
ISOMETHEPTENE/DICHLORALPHENAZONE/ACETAMINOPHEN	CAPS	325MG; 100MG; 0; 65MG	Preferred Brand				
ISONIAZID	TABS	300MG	Generic				
ISONIAZID	TABS	100MG	Preferred Generic				
ISONIAZID	SYRP	50MG/5ML	Generic				
ISOPTO ATROPINE	SOLN	1%	Non-Preferred Brand				
ISOPTO CARBACHOL	SOLN	1.50%	Preferred Brand				
ISOPTO CARBACHOL	SOLN	3%	Preferred Brand				
ISOPTO CARPINE	SOLN	1%	Non-Preferred Brand				
ISOPTO CARPINE	SOLN	2%	Non-Preferred Brand				
ISOPTO CARPINE	SOLN	4%	Non-Preferred Brand				
ISOPTO HOMATROPINE	SOLN	2%	Preferred Brand				
ISOPTO HOMATROPINE	SOLN	5%	Non-Preferred Brand				
ISORDIL TITRADOSE	TABS	5MG	Non-Preferred Brand				
ISORDIL TITRADOSE	TABS	40MG	Preferred Brand				
ISOSORBIDE DINITRATE	TABS	5MG	Generic				
ISOSORBIDE DINITRATE	TABS	10MG	Generic				
ISOSORBIDE DINITRATE	TABS	20MG	Preferred Generic				
ISOSORBIDE DINITRATE	TABS	30MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ISOSORBIDE DINITRATE ER	TBCR	40MG	Generic				
ISOSORBIDE MONONITRATE	TABS	20MG	Generic				
ISOSORBIDE MONONITRATE	TABS	10MG	Generic				
ISOSORBIDE MONONITRATE ER	TB24	30MG	Generic				
ISOSORBIDE MONONITRATE ER	TB24	60MG	Generic				
ISOSORBIDE MONONITRATE ER	TB24	120MG	Generic				
ISRADIPINE	CAPS	2.5MG	Generic				
ISRADIPINE	CAPS	5MG	Generic				
ISTALOL	SOLN	0.50%	Non-Preferred Brand		ST		
ISTODAX	SOLR	10MG	Medical Benefit-Preferred Specialty				
ITRACONAZOLE	CAPS	100MG	Generic			QL	
IVERMECTIN	TABS	3MG	Generic			QL	
IXEMPRA KIT	SOLR	15MG	Medical Benefit-Non-Preferred Specialty				
IXEMPRA KIT	SOLR	45MG	Medical Benefit-Non-Preferred Specialty				
IXIARO	SUSP	0	Excluded				
IXINITY	SOLR	500UNIT	Preferred Specialty			QL	
IXINITY	SOLR	1000UNIT	Preferred Specialty			QL	
IXINITY	SOLR	1500UNIT	Preferred Specialty			QL	
JADENU	TABS	90MG	Preferred Specialty				
JADENU	TABS	180MG	Preferred Specialty				
JADENU	TABS	360MG	Preferred Specialty				
JADENU SPRINKLE	PACK	180MG	Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
JADENU SPRINKLE	PACK	360MG	Preferred Specialty				
JADENU SPRINKLE	PACK	90MG	Preferred Specialty				
JAKAFI	TABS	5MG	Preferred Specialty	PA		QL	
JAKAFI	TABS	10MG	Preferred Specialty	PA		QL	
JAKAFI	TABS	15MG	Preferred Specialty	PA		QL	
JAKAFI	TABS	20MG	Preferred Specialty	PA		QL	
JAKAFI	TABS	25MG	Preferred Specialty	PA		QL	
JALYN	CAPS	0.5MG; 0.4MG	Non-Preferred Brand		ST		
JANTOVEN	TABS	1MG	Generic				
JANTOVEN	TABS	2MG	Generic				
JANTOVEN	TABS	2.5MG	Generic				
JANTOVEN	TABS	3MG	Generic				
JANTOVEN	TABS	4MG	Generic				
JANTOVEN	TABS	5MG	Generic				
JANTOVEN	TABS	6MG	Generic				
JANTOVEN	TABS	7.5MG	Generic				
JANTOVEN	TABS	10MG	Generic				
JANUMET	TABS	500MG; 50MG	Preferred Brand				
JANUMET	TABS	1000MG; 50MG	Preferred Brand				
JANUMET XR	TB24	500MG; 50MG	Preferred Brand				
JANUMET XR	TB24	1000MG; 50MG	Preferred Brand				
JANUMET XR	TB24	1000MG; 100MG	Preferred Brand				
JANUVIA	TABS	50MG	Preferred Brand			QL	
JANUVIA	TABS	25MG	Preferred Brand			QL	
JANUVIA	TABS	100MG	Preferred Brand			QL	
JARDIANCE	TABS	10MG	Preferred Brand				
JARDIANCE	TABS	25MG	Preferred Brand				
JENTADUETO	TABS	2.5MG; 500MG	Preferred Brand				
JENTADUETO	TABS	2.5MG; 850MG	Preferred Brand				
JENTADUETO	TABS	2.5MG; 1000MG	Preferred Brand				
JENTADUETO XR	TB24	2.5MG; 1000MG	Preferred Brand			QL	
JENTADUETO XR	TB24	5MG; 1000MG	Preferred Brand			QL	
JETREA	SOLN	0.5MG/0.2ML	Medical Benefit-Preferred Specialty				
JEVTANA	SOLN	60MG/1.5ML	Medical Benefit-Non-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
JINTELI	TABS	5MCG; 1MG	Generic				
JOLESSA	TABS	0.03MG; 0.15MG	Generic				
JOLIVETTE	TABS	0.35MG	Generic				
JUBLIA	SOLN	10%	Non-Preferred Brand		ST		
JUNEL 1.5/30	TABS	30MCG; 1.5MG	Generic				
JUNEL 1/20	TABS	20MCG; 1MG	Generic				
JUNEL FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic				
JUNEL FE 1/20	TABS	20MCG; 75MG; 1MG	Generic				
JUNEL FE 24	TABS	20MCG; 75MG; 1MG	Generic				
JUXTAPID	CAPS	5MG	Non-Preferred Specialty	PA		QL	
JUXTAPID	CAPS	10MG	Non-Preferred Specialty	PA		QL	
JUXTAPID	CAPS	20MG	Non-Preferred Specialty	PA		QL	
JUXTAPID	CAPS	30MG	Non-Preferred Specialty	PA		QL	
JUXTAPID	CAPS	40MG	Non-Preferred Specialty	PA		QL	
JUXTAPID	CAPS	60MG	Non-Preferred Specialty	PA		QL	
KADCYLA	SOLR	160MG	Medical Benefit-Preferred Specialty	PA			
KADCYLA	SOLR	100MG	Medical Benefit-Preferred Specialty	PA			
KADIAN	CP24	20MG	Excluded				
KADIAN	CP24	50MG	Excluded				
KADIAN	CP24	100MG	Excluded				
KADIAN	CP24	30MG	Excluded				
KADIAN	CP24	60MG	Excluded				
KADIAN	CP24	40MG	Excluded				
KADIAN	CP24	70MG	Excluded				
KADIAN	CP24	150MG	Excluded				
KADIAN	CP24	200MG	Excluded				
KADIAN	CP24	10MG	Excluded				
KADIAN	CP24	80MG	Excluded				
KALBITOR	SOLN	10MG/ML	Non-Preferred Specialty	PA			AL
KALETRA	SOLN	400MG/5ML; 100MG/5ML	Preferred Specialty			QL	
KALETRA	TABS	200MG; 50MG	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
KALYDECO	TABS	150MG	Preferred Specialty	PA		QL	
KALYDECO	PACK	50MG	Preferred Specialty	PA		QL	AL
KALYDECO	PACK	75MG	Preferred Specialty	PA		QL	AL
KAMDOY	EMUL	0	Excluded				
KANUMA	SOLN	20MG/10ML	Medical Benefit-Preferred Specialty				
KAPVAY	TB12	0.1MG	Non-Preferred Brand				
KARBINAL ER	SUER	4MG/5ML	Excluded				
KARIVA	TABS	0; 0	Generic				
KAZANO	TABS	12.5MG; 500MG	Non-Preferred Brand		ST	QL	
KAZANO	TABS	12.5MG; 1000MG	Non-Preferred Brand		ST	QL	
K-EFFERVESCENT	TBEF	25MEQ	Generic				
KEFLEX	CAPS	250MG	Non-Preferred Brand				
KEFLEX	CAPS	500MG	Non-Preferred Brand				
KEFLEX	CAPS	750MG	Non-Preferred Brand				
KELNOR 1/35	TABS	35MCG; 1MG	Generic				
KELO-COTE	GEL	0; 0	Excluded				
KENALOG	AERS	0.147MG/GM	Excluded				
KENGREAL	SOLR	50MG	Medical Benefit				
KEPIVANCE	SOLR	6.25MG	Medical Benefit				
KEPPRA	SOLN	100MG/ML	Non-Preferred Brand				
KEPPRA	TABS	250MG	Non-Preferred Brand				
KEPPRA	TABS	500MG	Non-Preferred Brand				
KEPPRA	TABS	750MG	Non-Preferred Brand				
KEPPRA	TABS	1000MG	Non-Preferred Brand				
KEPPRA XR	TB24	500MG	Non-Preferred Brand				
KEPPRA XR	TB24	750MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
KERAMATRIX REPLICINE 10CMX10CM	PADS		Excluded				
KERAMATRIX REPLICINE 5CMX5CM	PADS		Excluded				
KERLONE	TABS	20MG	Non-Preferred Brand				
KERLONE	TABS	10MG	Non-Preferred Brand				
KERYDIN	SOLN	5%	Non-Preferred Brand		ST	QL	
KETAMINE HCL	SOLN	50MG/ML	Excluded				
KETAMINE HCL	SOLN	100MG/ML	Excluded				
KETAMINE HCL	SOLN	10MG/ML	Excluded				
KETEK	TABS	300MG	Non-Preferred Brand				
KETEK	TABS	400MG	Non-Preferred Brand				
KETOCONAZOLE	CREA	2%	Generic				
KETOCONAZOLE	TABS	200MG	Generic				
KETOCONAZOLE	SHAM	2%	Generic				
KETOCONAZOLE	FOAM	2%	Generic			QL	
KETODAN	FOAM	2%	Generic			QL	
KETOPROFEN	CAPS	50MG	Generic				
KETOPROFEN	CAPS	75MG	Generic				
KETOPROFEN ER	CP24	200MG	Preferred Brand			QL	
KETOROLAC TROMETHAMINE	TABS	10MG	Generic			QL	
KETOROLAC TROMETHAMINE	SOLN	0.50%	Generic				
KETOROLAC TROMETHAMINE	SOLN	0.40%	Generic				
KETOSTIX	STRP	0	Non-Preferred Brand				
KETOTIFEN FUMARATE	SOLN	0.03%	Generic				
KEVEYIS	TABS	50MG	Preferred Specialty	PA		QL	
KEVZARA	SOSY	150MG/1.14ML	Non-Preferred Specialty	PA		QL	
KEVZARA	SOSY	200MG/1.14ML	Non-Preferred Specialty	PA		QL	
KEYTRUDA	SOLR	50MG	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
KHEDEZLA	TB24	100MG	Non-Preferred Brand		ST	QL	AL
KINERET	SOSY	100MG/0.67ML	Preferred Specialty	PA		QL	
KIONEX	SUSP	15GM/60ML	Generic				
KISQALI	TABS	200MG	Preferred Specialty	PA		QL	
KISQALI FEMARA 200 DOSE	TBPK	2.5MG; 200MG	Preferred Specialty	PA		QL	
KITABIS PAK	NEBU	300MG/5ML	Preferred Specialty	PA		QL	
KLARON	LOTN	10%	Non-Preferred Brand				
KLONOPIN	TABS	1MG	Non-Preferred Brand				
KLONOPIN	TABS	0.5MG	Non-Preferred Brand				
KLONOPIN	TABS	2MG	Non-Preferred Brand				
KLOR-CON 10	TBCR	10MEQ	Generic				
KLOR-CON 25	PACK	25MEQ	Non-Preferred Brand				
KLOR-CON 8	TBCR	8MEQ	Non-Preferred Brand				
KLOR-CON M10	TBCR	10MEQ	Generic				
KLOR-CON M15	TBCR	15MEQ	Generic				
KLOR-CON M20	TBCR	20MEQ	Generic				
KOATE-DVI	SOLR	250UNIT	Preferred Specialty			QL	
KOATE-DVI	SOLR	500UNIT	Preferred Specialty			QL	
KOATE-DVI	SOLR	1000UNIT	Preferred Specialty			QL	
KOGENATE FS	KIT	250UNIT	Preferred Specialty			QL	
KOGENATE FS	KIT	500UNIT	Preferred Specialty			QL	
KOGENATE FS	KIT	1000UNIT	Preferred Specialty			QL	
KOGENATE FS	KIT	2000UNIT	Preferred Specialty			QL	
KOGENATE FS	KIT	3000UNIT	Preferred Specialty			QL	
KOGENATE FS BIO-SET	KIT	250UNIT	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
KOGENATE FS BIO-SET	KIT	500UNIT	Preferred Specialty			QL	
KOGENATE FS BIO-SET	KIT	1000UNIT	Preferred Specialty			QL	
KOGENATE FS BIO-SET	KIT	2000UNIT	Preferred Specialty			QL	
KOGENATE FS BIO-SET	KIT	3000UNIT	Preferred Specialty			QL	
KOMBIGLYZE XR	TB24	500MG; 5MG	Non-Preferred Brand		ST	QL	
KOMBIGLYZE XR	TB24	1000MG; 2.5MG	Non-Preferred Brand		ST	QL	
KOMBIGLYZE XR	TB24	1000MG; 5MG	Non-Preferred Brand		ST	QL	
KORLYM	TABS	300MG	Non-Preferred Specialty	PA		QL	
KOVALTRY	SOLR	250UNIT	Preferred Specialty				
KOVALTRY	SOLR	500UNIT	Preferred Specialty				
KOVALTRY	SOLR	1000UNIT	Preferred Specialty				
KOVALTRY	SOLR	2000UNIT	Preferred Specialty				
KOVALTRY	SOLR	3000UNIT	Preferred Specialty				
KRISTALOSE	PACK	10GM	Excluded				
KRISTALOSE	PACK	20GM	Excluded				
KRYSTEXXA	SOLN	8MG/ML	Medical Benefit-Preferred Specialty	PA			
K-TAB	TBCR	10MEQ	Non-Preferred Brand				
KUVAN	TBSO	100MG	Preferred Specialty			QL	
KUVAN	PACK	100MG	Preferred Specialty			QL	
KYLEENA	IUD	19.5MG	Medical Benefit				
KYNAMRO	SOSY	200MG/ML	Non-Preferred Brand	PA			
KYPROLIS	SOLR	60MG	Medical Benefit-Preferred Specialty				
LABETALOL HCL	TABS	100MG	Generic				
LABETALOL HCL	TABS	200MG	Generic				
LABETALOL HCL	TABS	300MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LAC-HYDRIN	LOTN	12%	Excluded				
LAC-HYDRIN	CREA	12%	Excluded				
LACRISERT	INST	5MG	Non-Preferred Brand				
LACTIC ACID	LOTN	10%	Excluded				
LACTIC ACID E	CREA	10%; 3500UNIT/30GM	Excluded				
LACTOCAL-F	TABS	100MG; 200MG; 2MG; 12MCG; 400UNIT; 1MG; 65MG; 25MG; 20MG; 0.15MG; 5MG; 3.4MG; 3MG; 4000UNIT; 30MG; 15MG	Preferred Generic				
LACTULOSE	SOLN	10GM/15ML	Generic				
LAMICTAL	TABS	25MG	Non-Preferred Brand				
LAMICTAL	TABS	100MG	Non-Preferred Brand				
LAMICTAL	TABS	150MG	Non-Preferred Brand				
LAMICTAL	TABS	200MG	Non-Preferred Brand				
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	5MG	Non-Preferred Brand				
LAMICTAL CHEWABLE DISPERSIBLE	CHEW	25MG	Non-Preferred Brand				
LAMICTAL ODT	TBDP	25MG	Non-Preferred Brand				
LAMICTAL ODT	TBDP	50MG	Non-Preferred Brand				
LAMICTAL ODT	TBDP	100MG	Non-Preferred Brand				
LAMICTAL ODT	TBDP	200MG	Non-Preferred Brand				
LAMICTAL ODT	KIT	0	Non-Preferred Brand				
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	0	Non-Preferred Brand				
LAMICTAL STARTER/TAKING CARBAMAZEPINE/ NOT TAKING VALPROATE	KIT	0	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LAMICTAL STARTER/TAKING VALPROATE	KIT	25MG	Non-Preferred Brand				
LAMICTAL XR	TB24	25MG	Non-Preferred Brand		ST		
LAMICTAL XR	TB24	50MG	Non-Preferred Brand		ST		
LAMICTAL XR	TB24	100MG	Non-Preferred Brand		ST		
LAMICTAL XR	TB24	200MG	Non-Preferred Brand		ST		
LAMICTAL XR	KIT	0	Non-Preferred Brand		ST		
LAMICTAL XR	TB24	300MG	Non-Preferred Brand		ST		
LAMICTAL XR	TB24	250MG	Non-Preferred Brand		ST		
LAMISIL	TABS	250MG	Non-Preferred Brand				
LAMISIL SPRAY	SOLN	1%	Non-Preferred Brand				
LAMIVUDINE	SOLN	10MG/ML	Generic				
LAMIVUDINE	TABS	100MG	Generic				
LAMIVUDINE	TABS	150MG	Generic				
LAMIVUDINE	TABS	300MG	Generic				
LAMIVUDINE/ZIDOVUDINE	TABS	150MG; 300MG	Preferred Specialty			QL	
LAMOTRIGINE	TABS	25MG	Generic				
LAMOTRIGINE	CHEW	25MG	Generic				
LAMOTRIGINE	TABS	100MG	Preferred Generic				
LAMOTRIGINE	CHEW	5MG	Generic				
LAMOTRIGINE	TABS	150MG	Preferred Generic				
LAMOTRIGINE	TABS	200MG	Preferred Generic				
LAMOTRIGINE ER	TB24	25MG	Non-Preferred Brand		ST		
LAMOTRIGINE ER	TB24	50MG	Non-Preferred Brand		ST		
LAMOTRIGINE ER	TB24	100MG	Non-Preferred Brand		ST		
LAMOTRIGINE ER	TB24	200MG	Non-Preferred Brand		ST		
LAMOTRIGINE ER	TB24	250MG	Non-Preferred Brand		ST		
LAMOTRIGINE ER	TB24	300MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LAMOTRIGINE ODT	TBDP	25MG	Non-Preferred Brand				
LAMOTRIGINE ODT	TBDP	50MG	Non-Preferred Brand				
LAMOTRIGINE ODT	TBDP	100MG	Non-Preferred Brand				
LAMOTRIGINE ODT	TBDP	200MG	Non-Preferred Brand				
LAMOTRIGINE STARTER KIT/BLUE	KIT	25MG	Generic				
LAMOTRIGINE STARTER KIT/GREEN	KIT	0	Generic				
LAMOTRIGINE STARTER KIT/ORANGE	KIT	0	Generic				
LAMOTRIGINE TITRATION	KIT	0	Generic				
LANCETS	MISC		Preferred Brand				
LANOXIN	TABS	250MCG	Non-Preferred Brand				
LANOXIN	TABS	62.5MCG	Non-Preferred Brand			QL	
LANOXIN	TABS	125MCG	Non-Preferred Brand				
LANOXIN	TABS	187.5MCG	Non-Preferred Brand			QL	
LANOXIN PEDIATRIC	SOLN	0.1MG/ML	Medical Benefit-Non-Preferred Specialty				
LANSOPRAZOLE	CPDR	15MG	Generic				
LANSOPRAZOLE	CPDR	30MG	Generic				
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	MISC	500MG; 500MG; 30MG	Non-Preferred Brand				
LANTHANUM CARBONATE	CHEW	500MG	Preferred Specialty			QL	
LANTHANUM CARBONATE	CHEW	750MG	Preferred Specialty			QL	
LANTHANUM CARBONATE	CHEW	1000MG	Preferred Specialty			QL	
LANTUS	SOLN	100UNIT/ML	Generic				
LANTUS SOLOSTAR	SOPN	100UNIT/ML	Generic				
LARIN 24 FE	TABS	20MG; 75MG; 1MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LARTRUVO	SOLN	190MG/19ML	Medical Benefit-Preferred Specialty	PA			
LARTRUVO	SOLN	500MG/50ML	Medical Benefit-Preferred Specialty	PA			
LASIX	TABS	40MG	Non-Preferred Brand				
LASIX	TABS	80MG	Non-Preferred Brand				
LASIX	TABS	20MG	Non-Preferred Brand				
LASTACAFT	SOLN	0.25%	Non-Preferred Brand		ST	QL	AL
LATANOPROST	SOLN	0.01%	Generic				
LATISSE	SOLN	0.03%	Excluded				
LATUDA	TABS	20MG	Non-Preferred Brand		ST	QL	
LATUDA	TABS	40MG	Non-Preferred Brand		ST	QL	
LATUDA	TABS	60MG	Non-Preferred Brand		ST	QL	
LATUDA	TABS	80MG	Non-Preferred Brand		ST	QL	
LATUDA	TABS	120MG	Non-Preferred Brand		ST	QL	
LAZANDA	SOLN	100MCG/ACT	Non-Preferred Specialty	PA		QL	
LAZANDA	SOLN	400MCG/ACT	Non-Preferred Specialty	PA		QL	
LEFLUNOMIDE	TABS	10MG	Generic			QL	
LEFLUNOMIDE	TABS	20MG	Generic			QL	
LEMTRADA	SOLN	12MG/1.2ML	Excluded	PA			
LENVIMA 10 MG DAILY DOSE	CPPK	10MG	Preferred Specialty	PA		QL	
LENVIMA 14 MG DAILY DOSE	CPPK	0	Preferred Specialty	PA		QL	
LENVIMA 20 MG DAILY DOSE	CPPK	10MG	Preferred Specialty	PA		QL	
LENVIMA 24 MG DAILY DOSE	CPPK	0	Preferred Specialty	PA		QL	
LESCOL	CAPS	20MG	Non-Preferred Brand				
LESCOL	CAPS	40MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LESCOL XL	TB24	80MG	Non-Preferred Brand		ST		
LETAIRIS	TABS	5MG	Preferred Specialty	PA		QL	
LETAIRIS	TABS	10MG	Preferred Specialty	PA		QL	
LETROZOLE	TABS	2.5MG	Generic				
LEUCOVORIN CALCIUM	TABS	5MG	Generic				
LEUCOVORIN CALCIUM	TABS	10MG	Generic				
LEUCOVORIN CALCIUM	TABS	15MG	Generic				
LEUCOVORIN CALCIUM	TABS	25MG	Generic				
LEUKERAN	TABS	2MG	Preferred Brand				
LEUKINE	SOLR	250MCG	Medical Benefit-Preferred Specialty				
LEUPROLIDE ACETATE	KIT	1MG/0.2ML	Generic				
LEVALBUTEROL	NEBU	1.25MG/0.5ML	Generic				
LEVALBUTEROL HCL	NEBU	0.31MG/3ML	Generic				
LEVALBUTEROL HCL	NEBU	0.63MG/3ML	Generic				
LEVALBUTEROL HCL	NEBU	1.25MG/3ML	Generic				
LEVALBUTEROL TARTRATE HFA	AERO	45MCG/ACT	Non-Preferred Brand				
LEVAQUIN	SOLN	5%; 750MG/150ML	Medical Benefit				
LEVAQUIN	SOLN	25MG/ML	Non-Preferred Brand				
LEVAQUIN	TABS	250MG	Non-Preferred Brand				
LEVAQUIN	TABS	500MG	Non-Preferred Brand				
LEVAQUIN	TABS	750MG	Non-Preferred Brand				
LEVATOL	TABS	20MG	Preferred Brand				
LEVEMIR	SOLN	100UNIT/ML	Non-Preferred Brand		ST		
LEVEMIR FLEXTOUCH	SOPN	100UNIT/ML	Non-Preferred Brand		ST		
LEVETIRACETAM	SOLN	100MG/ML	Generic				
LEVETIRACETAM	TABS	250MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LEVETIRACETAM	TABS	500MG	Preferred Generic				
LEVETIRACETAM	TABS	750MG	Generic				
LEVETIRACETAM	TABS	1000MG	Generic				
LEVETIRACETAM ER	TB24	500MG	Generic				
LEVETIRACETAM ER	TB24	750MG	Generic				
LEVITRA	TABS	2.5MG	Excluded				
LEVITRA	TABS	5MG	Excluded				
LEVITRA	TABS	10MG	Excluded				
LEVITRA	TABS	20MG	Excluded				
LEVOBUNOLOL HCL	SOLN	0.50%	Generic				
LEVOBUNOLOL HCL	SOLN	0.25%	Generic				
LEVOCARNITINE	SOLN	200MG/ML	Medical Benefit				
LEVOCARNITINE	TABS	330MG	Generic				
LEVOCARNITINE	SOLN	1GM/10ML	Generic				
LEVOCETIRIZINE DIHYDROCHLORIDE	TABS	5MG	Excluded				
LEVOCETIRIZINE DIHYDROCHLORIDE	SOLN	2.5MG/5ML	Excluded				
LEVOFLOXACIN	TABS	250MG	Generic				
LEVOFLOXACIN	TABS	500MG	Generic				
LEVOFLOXACIN	TABS	750MG	Generic				
LEVOFLOXACIN	SOLN	0.50%	Generic				
LEVOFLOXACIN	SOLN	25MG/ML	Generic				
LEVONORGESTREL	TABS	0.75MG	Generic				AL
LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	0; 0	Generic				
LEVONORGESTREL /ETHINYL ESTRADIOL	TABS	0; 0	Generic				
LEVORA 0.15/30-28	TABS	0.03MG; 0.15MG	Generic				
LEVORPHANOL TARTRATE	TABS	2MG	Generic				
LEVOTHYROXINE SODIUM	TABS	25MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	50MCG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LEVOTHYROXINE SODIUM	TABS	75MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	88MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	100MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	112MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	125MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	175MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	200MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	300MCG	Generic				
LEVOTHYROXINE SODIUM	TABS	137MCG	Generic				
LEVOTHYROXINE SODIUM	SOLR	200MCG	Generic				
LEVOTHYROXINE SODIUM	SOLR	500MCG	Non-Preferred Specialty			QL	
LEVOTHYROXINE SODIUM	SOLR	100MCG	Non-Preferred Specialty			QL	
LEVOXYL	TABS	25MCG	Generic				
LEVOXYL	TABS	50MCG	Generic				
LEVOXYL	TABS	75MCG	Generic				
LEVOXYL	TABS	88MCG	Generic				
LEVOXYL	TABS	100MCG	Generic				
LEVOXYL	TABS	112MCG	Generic				
LEVOXYL	TABS	125MCG	Generic				
LEVOXYL	TABS	137MCG	Generic				
LEVOXYL	TABS	150MCG	Generic				
LEVOXYL	TABS	175MCG	Generic				
LEVOXYL	TABS	200MCG	Generic				
LEVSIN	TABS	0.125MG	Non-Preferred Brand				
LEVSIN/SL	SUBL	0.125MG	Non-Preferred Brand				
LEVULAN KERASTICK	SOLR	20%	Medical Benefit				
LEXAPRO	TABS	5MG	Non-Preferred Brand				
LEXAPRO	TABS	10MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LEXAPRO	TABS	20MG	Non-Preferred Brand				
LEXAPRO	SOLN	5MG/5ML	Non-Preferred Brand				
LEXIVA	TABS	700MG	Non-Preferred Specialty			QL	
LEXIVA	SUSP	50MG/ML	Preferred Specialty			QL	
LIALDA	TBEC	1.2GM	Non-Preferred Brand			QL	
LIBRAX	CAPS	5MG; 2.5MG	Excluded				
LIDOCAINE	OINT	5%	Generic				
LIDOCAINE	PTCH	5%	Generic	PA			
LIDOCAINE	CREA	3%	Excluded				
LIDOCAINE	CREA	3%	Excluded				
LIDOCAINE	CREA	4%	Excluded				
LIDOCAINE	CREA	3%	Excluded				
LIDOCAINE	CREA	3%	Excluded				
LIDOCAINE HCL	SOLN	4%	Generic				
LIDOCAINE HCL JELLY	GEL	2%	Generic				
LIDOCAINE VISCOUS	SOLN	2%	Generic				
LIDOCAINE/PRILOCAINE	CREA	2.5%; 2.5%	Generic				
LIDODERM	PTCH	5%	Non-Preferred Brand	PA			
LIDOPIN	CREA	3%	Generic				
LIDOPIN	CREA	3.25%	Excluded				
LIDOPRIL	KIT	2.5%; 2.5%	Excluded				
LIDORX	GEL	3%	Excluded				
LIDOTRANS 5 PAK	KIT	5%	Excluded				
LILETTA	IUD	18.6MCG/DAY	Medical Benefit				
LINDANE	LOTN	1%	Generic				
LINDANE	SHAM	1%	Generic				
LINEZOLID	TABS	600MG	Preferred Specialty	PA		QL	
LINEZOLID	SOLN	600MG/300ML; 0.9%	Medical Benefit-Preferred Specialty				
LINZESS	CAPS	145MCG	Preferred Brand			QL	
LINZESS	CAPS	290MCG	Preferred Brand			QL	
LIORESAL INTRATHECAL	SOLN	10MG/20ML	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LIORESAL INTRATHECAL	SOLN	0.05MG/ML	Medical Benefit-Preferred Specialty				
LIORESAL INTRATHECAL	SOLN	40MG/20ML	Medical Benefit-Preferred Specialty				
LIOTHYRONINE SODIUM	TABS	5MCG	Generic				
LIOTHYRONINE SODIUM	TABS	25MCG	Generic				
LIOTHYRONINE SODIUM	TABS	50MCG	Generic				
LIPITOR	TABS	10MG	Non-Preferred Brand				
LIPITOR	TABS	20MG	Non-Preferred Brand				
LIPITOR	TABS	40MG	Non-Preferred Brand				
LIPITOR	TABS	80MG	Non-Preferred Brand				
LIPOFEN	CAPS	50MG	Non-Preferred Brand		ST		
LIPOFEN	CAPS	150MG	Non-Preferred Brand		ST		
LIPTRUZET	TABS	10MG; 10MG	Non-Preferred Brand		ST	QL	
LIPTRUZET	TABS	20MG; 10MG	Non-Preferred Brand		ST	QL	
LIPTRUZET	TABS	40MG; 10MG	Non-Preferred Brand		ST	QL	
LIPTRUZET	TABS	80MG; 10MG	Non-Preferred Brand		ST	QL	
LISINOPRIL	TABS	10MG	Preferred Generic				
LISINOPRIL	TABS	40MG	Preferred Generic				
LISINOPRIL	TABS	20MG	Preferred Generic				
LISINOPRIL	TABS	5MG	Preferred Generic				
LISINOPRIL	TABS	2.5MG	Preferred Generic				
LISINOPRIL	TABS	30MG	Preferred Generic				
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	Preferred Generic				
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	Preferred Generic				
LITHIUM	SOLN	8MEQ/5ML	Generic				
LITHIUM CARBONATE	CAPS	150MG	Generic				
LITHIUM CARBONATE	CAPS	300MG	Preferred Generic				
LITHIUM CARBONATE	CAPS	600MG	Generic				
LITHIUM CARBONATE ER	TBCR	450MG	Generic				
LITHIUM CARBONATE ER	TBCR	300MG	Generic				
LITHOBID	TBCR	300MG	Non-Preferred Brand				
LITHOSTAT	TABS	250MG	Excluded				
LIVALO	TABS	1MG	Non-Preferred Brand		ST		
LIVALO	TABS	2MG	Non-Preferred Brand		ST		
LIVALO	TABS	4MG	Non-Preferred Brand		ST		
LIVIXIL PAK	KIT	2.5%; 2.5%	Excluded				
L-METHYL-B6-B12	TABS	3MG; 2MG; 35MG	Excluded				
LMTHF/PYRIDOXINE HCL/CYANOCOBALAMIN	TABS	2MG; 1.13MG; 25MG	Generic				
LO LOESTRIN FE	TABS	10MCG; 75MG; 1MG	Non-Preferred Brand				
LOCOID	CREA	0.10%	Excluded				
LOCOID	OINT	0.10%	Excluded				
LOCOID	SOLN	0.10%	Non-Preferred Brand				
LOCOID	LOTN	0.10%	Excluded				
LOCOID LIPOCREAM	CREA	0.10%	Excluded				
LOCORT 11-DAY	TBPK	1.5MG	Excluded				
LOCORT 7-DAY	TBPK	1.5MG	Excluded				
LODOSYN	TABS	25MG	Non-Preferred Brand			QL	
LOESTRIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Non-Preferred Brand				
LOESTRIN FE 1/20	TABS	20MCG; 75MG; 1MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LOFIBRA	CAPS	67MG	Non-Preferred Brand				
LOFIBRA	CAPS	134MG	Non-Preferred Brand				
LOFIBRA	CAPS	200MG	Non-Preferred Brand				
LOFIBRA	TABS	160MG	Non-Preferred Brand				
LOMAIRA	TABS	8MG	Non-Preferred Brand		ST		
LOMEDIA 24 FE	TABS	20MCG; 75MG; 1MG	Generic				
LOMOTIL	TABS	0.025MG; 2.5MG	Non-Preferred Brand				
LOMUSTINE	CAPS	10MG	Generic				
LOMUSTINE	CAPS	40MG	Generic				
LOMUSTINE	CAPS	100MG	Generic				
LONSURF	TABS	8.19MG; 20MG	Non-Preferred Specialty	PA			
LONSURF	TABS	6.14MG; 15MG	Non-Preferred Specialty	PA			
LOPERAMIDE HCL	CAPS	2MG	Excluded				
LOPID	TABS	600MG	Non-Preferred Brand				
LOPRESSOR	SOLN	5MG/5ML	Medical Benefit-Non-Preferred Specialty				
LOPRESSOR	TABS	50MG	Non-Preferred Brand				
LOPRESSOR	TABS	100MG	Non-Preferred Brand				
LOPRESSOR HCT	TABS	25MG; 100MG	Non-Preferred Brand				
LOPRESSOR HCT	TABS	25MG; 50MG	Non-Preferred Brand				
LOPROX	GEL	0.77%	Non-Preferred Brand				
LOPROX SHAMPOO	SHAM	1%	Non-Preferred Brand				
LORATADINE	TABS	10MG	Excluded				
LORATADINE HIVES RELIEF	SOLN	5MG/5ML	Excluded				
LORATADINE-D 24HR	TB24	10MG; 240MG	Excluded				
LORAZEPAM	TABS	0.5MG	Preferred Generic				
LORAZEPAM	TABS	1MG	Preferred Generic				
LORAZEPAM	TABS	2MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LORAZEPAM	SOLN	4MG/ML	Medical Benefit				
LORAZEPAM	SOLN	2MG/ML	Medical Benefit				
LORAZEPAM INTENSOL	CONC	2MG/ML	Generic				
LORENZA	PTCH	4%; 1%	Excluded				
LORTAB	ELIX	300MG/15ML; 10MG/15ML	Excluded				
LORZONE	TABS	375MG	Non-Preferred Brand		ST	QL	
LORZONE	TABS	750MG	Non-Preferred Brand		ST	QL	
LOSARTAN POTASSIUM	TABS	100MG	Preferred Generic				
LOSARTAN POTASSIUM	TABS	25MG	Preferred Generic				
LOSARTAN POTASSIUM	TABS	50MG	Preferred Generic				
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 50MG	Preferred Generic				
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	Preferred Generic				
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG	Preferred Generic				
LOSEASONIQUE	TABS	0; 0	Non-Preferred Brand				
LOTEMAX	SUSP	0.50%	Non-Preferred Brand				
LOTEMAX	OINT	0.50%	Non-Preferred Brand				
LOTEMAX	GEL	0.50%	Non-Preferred Brand				
LOTENSIN	TABS	10MG	Non-Preferred Brand				
LOTENSIN	TABS	20MG	Non-Preferred Brand				
LOTENSIN	TABS	40MG	Non-Preferred Brand				
LOTENSIN HCT	TABS	20MG; 12.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LOTENSIN HCT	TABS	10MG; 12.5MG	Non-Preferred Brand				
LOTENSIN HCT	TABS	20MG; 25MG	Non-Preferred Brand				
LOTREL	CAPS	10MG; 20MG	Non-Preferred Brand				
LOTREL	CAPS	10MG; 40MG	Non-Preferred Brand				
LOTREL	CAPS	5MG; 40MG	Non-Preferred Brand				
LOTREL	CAPS	2.5MG; 10MG	Non-Preferred Brand				
LOTREL	CAPS	5MG; 10MG	Non-Preferred Brand				
LOTREL	CAPS	5MG; 20MG	Non-Preferred Brand				
LOTRIMIN AF	CREA	1%	Excluded				
LOTRISONE	CREA	0.05%; 1%	Non-Preferred Brand				
LOTRONEX	TABS	0.5MG	Non-Preferred Brand				
LOTRONEX	TABS	1MG	Non-Preferred Brand	PA		QL	
LOVASTATIN	TABS	20MG	Preferred Generic				
LOVASTATIN	TABS	10MG	Preferred Generic				
LOVASTATIN	TABS	40MG	Preferred Generic				
LOVAZA	CAPS	375MG; 465MG; 1GM	Non-Preferred Brand	PA			
LOVENOX	SOLN	40MG/0.4ML	Non-Preferred Specialty			QL	
LOVENOX	SOLN	60MG/0.6ML	Non-Preferred Specialty			QL	
LOVENOX	SOLN	80MG/0.8ML	Non-Preferred Specialty			QL	
LOVENOX	SOLN	100MG/ML	Non-Preferred Specialty			QL	
LOVENOX	SOLN	30MG/0.3ML	Non-Preferred Specialty			QL	
LOVENOX	SOLN	120MG/0.8ML	Non-Preferred Specialty			QL	
LOVENOX	SOLN	150MG/ML	Non-Preferred Specialty			QL	
LOW-OGESTREL	TABS	30MCG; 0.3MG	Generic				
LOXAPINE	CAPS	50MG	Generic				
LOXAPINE SUCCINATE	CAPS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LOXAPINE SUCCINATE	CAPS	10MG	Generic				
LOXAPINE SUCCINATE	CAPS	25MG	Generic				
LOXAPINE SUCCINATE	CAPS	50MG	Generic				
LOXITANE	CAPS	5MG	Non-Preferred Brand				
LOYON	SOLN	0	Excluded				
LUCENTIS	SOLN	0.5MG/0.05ML	Medical Benefit-Non-Preferred Specialty	PA			
LUDENT	CHEW	0.25MG	Generic				
LUDENT	CHEW	0.5MG	Generic				
LUDENT	CHEW	1MG	Generic				
LUMIGAN	SOLN	0.01%	Non-Preferred Brand				
LUMIZYME	SOLR	50MG	Medical Benefit-Preferred Specialty				
LUNESTA	TABS	1MG	Non-Preferred Brand			QL	AL
LUNESTA	TABS	2MG	Non-Preferred Brand			QL	AL
LUNESTA	TABS	3MG	Non-Preferred Brand			QL	AL
LUPANETA PACK	KIT	3.75MG; 5MG	Medical Benefit-Non-Preferred Specialty				
LUPANETA PACK	KIT	11.25MG; 5MG	Medical Benefit-Non-Preferred Specialty				
LUPRON DEPOT (1-MONTH)	KIT	3.75MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT (1-MONTH)	KIT	7.5MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT (3-MONTH)	KIT	22.5MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT (3-MONTH)	KIT	11.25MG	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LUPRON DEPOT (4-MONTH)	KIT	30MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT-PED (1-MONTH)	KIT	7.5MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT-PED (1-MONTH)	KIT	11.25MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT-PED (1-MONTH)	KIT	15MG	Medical Benefit-Preferred Specialty				
LUPRON DEPOT-PED (3-MONTH)	KIT	30MG	Medical Benefit-Preferred Specialty				
LURIDE	SOLN	0.5MG/ML	Non-Preferred Brand				
LURIDE	CHEW	1MG	Non-Preferred Brand				
LURIDE	CHEW	0.5MG	Non-Preferred Brand				
LURIDE	CHEW	0.25MG	Non-Preferred Brand				
LUSTRA	CREA	4%	Excluded				
LUSTRA-AF	CREA	0; 4%; 0	Excluded				
LUSTRA-ULTRA	CREA	4%	Excluded				
LUTERA	TABS	20MCG; 0.1MG	Generic				
LUVOX CR	CP24	100MG	Non-Preferred Brand			QL	
LUVOX CR	CP24	150MG	Non-Preferred Brand			QL	
LUXAMEND	CREA	0; 0; 0; 0	Excluded				
LUXIQ	FOAM	0.12%	Excluded				
LUZU	CREA	1%	Non-Preferred Brand		ST	QL	
LYNPARZA	CAPS	50MG	Preferred Specialty	PA		QL	
LYNPARZA	TABS	100MG	Preferred Specialty	PA		QL	
LYNPARZA	TABS	150MG	Preferred Specialty	PA		QL	
LYRICA	CAPS	25MG	Non-Preferred Brand		ST	QL	
LYRICA	CAPS	50MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
LYRICA	CAPS	75MG	Non-Preferred Brand		ST	QL	
LYRICA	CAPS	100MG	Non-Preferred Brand		ST	QL	
LYRICA	CAPS	150MG	Non-Preferred Brand		ST	QL	
LYRICA	CAPS	200MG	Non-Preferred Brand		ST	QL	
LYRICA	CAPS	300MG	Non-Preferred Brand		ST	QL	
LYRICA	CAPS	225MG	Non-Preferred Brand		ST	QL	
LYRICA	SOLN	20MG/ML	Non-Preferred Brand		ST	QL	
LYSODREN	TABS	500MG	Preferred Specialty	PA			
LYSTEDA	TABS	650MG	Non-Preferred Brand				
MAC PATCH	PTCH	0.038%; 5%	Excluded				
MACA	CAPS	500MG	Excluded				
MACROBID	CAPS	100MG	Non-Preferred Brand				
MACRODANTIN	CAPS	25MG	Preferred Brand				
MACRODANTIN	CAPS	50MG	Non-Preferred Brand				
MACRODANTIN	CAPS	100MG	Non-Preferred Brand				
MACUGEN	SOLN	0.3MG	Medical Benefit-Preferred Specialty	PA			
MACUVEX	CAPS	250MG; 1MG; 1MG; 5MG; 200UNIT; 1MG; 40MG	Excluded				
MAKENA	OIL	250MG/ML	Medical Benefit-Non-Preferred Specialty	PA			
MALARONE	TABS	250MG; 100MG	Non-Preferred Brand				
MALARONE	TABS	62.5MG; 25MG	Non-Preferred Brand				
MALATHION	LOTN	0.50%	Generic				
MAPROTILINE HCL	TABS	25MG	Generic				
MAPROTILINE HCL	TABS	50MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MAPROTILINE HCL	TABS	75MG	Generic				
MARINOL	CAPS	2.5MG	Non-Preferred Specialty			QL	
MARINOL	CAPS	5MG	Non-Preferred Specialty			QL	
MARINOL	CAPS	10MG	Non-Preferred Specialty			QL	
MARPLAN	TABS	10MG	Preferred Brand			QL	
MARQIBO	SUSP	5MG/31ML	Medical Benefit-Non-Preferred Specialty	PA			
MATULANE	CAPS	50MG	Preferred Specialty	PA		QL	
MATZIM LA	TB24	180MG	Generic				
MATZIM LA	TB24	240MG	Generic				
MATZIM LA	TB24	300MG	Generic				
MATZIM LA	TB24	360MG	Generic				
MATZIM LA	TB24	420MG	Generic				
MAVIK	TABS	1MG	Non-Preferred Brand				
MAVIK	TABS	2MG	Non-Preferred Brand				
MAVIK	TABS	4MG	Non-Preferred Brand				
MAVYRET	TABS	100MG; 40MG	Preferred Specialty	PA		QL	
MAXALT	TABS	5MG	Non-Preferred Brand			QL	
MAXALT	TABS	10MG	Non-Preferred Brand			QL	
MAXALT-MLT	TBDP	5MG	Non-Preferred Brand			QL	
MAXALT-MLT	TBDP	10MG	Non-Preferred Brand			QL	
MAXITROL	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	Non-Preferred Brand				
MAXITROL	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	Non-Preferred Brand				
MAXZIDE	TABS	50MG; 75MG	Non-Preferred Brand				
MAXZIDE-25	TABS	25MG; 37.5MG	Non-Preferred Brand				
MECLIZINE HCL	TABS	12.5MG	Excluded				
MECLIZINE HCL	TABS	25MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MECLOFENAMATE SODIUM	CAPS	50MG	Excluded				
MECLOFENAMATE SODIUM	CAPS	100MG	Excluded				
MEDICAL PROVIDER EZ FLU SHOT 2015-2016	PSKT	0	Excluded				
MEDROL	TABS	2MG	Non-Preferred Brand				
MEDROL	TABS	8MG	Non-Preferred Brand				
MEDROL	TABS	4MG	Non-Preferred Brand				
MEDROL	TABS	16MG	Non-Preferred Brand				
MEDROL	TABS	32MG	Non-Preferred Brand				
MEDROXYPROGESTERONE ACETATE	TABS	10MG	Preferred Generic				
MEDROXYPROGESTERONE ACETATE	TABS	2.5MG	Preferred Generic				
MEDROXYPROGESTERONE ACETATE	TABS	5MG	Preferred Generic				
MEDROXYPROGESTERONE ACETATE	SUSP	150MG/ML	Generic				
MEFENAMIC ACID	CAPS	250MG	Excluded				
MEFLOQUINE HCL	TABS	250MG	Generic				
MEGACE ES	SUSP	625MG/5ML	Non-Preferred Brand		ST		
MEGACE ORAL	SUSP	40MG/ML	Non-Preferred Brand				
MEGESTROL ACETATE	SUSP	40MG/ML	Generic				
MEGESTROL ACETATE	TABS	40MG	Generic				
MEGESTROL ACETATE	TABS	20MG	Generic				
MEGESTROL ACETATE	SUSP	625MG/5ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MEKINIST	TABS	2MG	Non-Preferred Specialty	PA		QL	
MEKINIST	TABS	0.5MG	Non-Preferred Specialty	PA		QL	
MELOXICAM	TABS	15MG	Preferred Generic				
MELOXICAM	TABS	7.5MG	Preferred Generic				
MELPAQUE HP	CREA	4%	Excluded				
MELPHALAN	TABS	2MG	Preferred Brand				
MELQUIN 3	SOLN	3%	Excluded				
MELQUIN HP	CREA	4%	Excluded				
MEMANTINE HCL	TABS	5MG	Generic			QL	AL
MEMANTINE HCL	TABS	10MG	Generic			QL	AL
MEMANTINE HCL TITRATION PAK	TABS	0	Generic			QL	AL
MEMANTINE HYDROCHLORIDE	SOLN	2MG/ML	Generic			QL	AL
MENACTRA	INJ	0	Medical Benefit			QL	AL
MENEST	TABS	0.3MG	Preferred Brand				
MENEST	TABS	0.625MG	Preferred Brand				
MENEST	TABS	1.25MG	Preferred Brand				
MENEST	TABS	2.5MG	Preferred Brand				
MENOMUNE-A/C/Y/W-135	INJ	0	Medical Benefit			QL	AL
MENOPUR	SOLR	75UNIT	Preferred Brand				
MENOSTAR	PTWK	14MCG/24HR	Non-Preferred Brand			QL	
MENTAX	CREA	1%	Excluded				
MENVEO	SOLR	0	Medical Benefit			QL	AL
MEPERIDINE HCL	SOLN	50MG/5ML	Generic				
MEPERIDINE HCL	TABS	50MG	Generic				
MEPERIDINE HCL	TABS	100MG	Generic				
MEPERIDINE HCL	SOLN	100MG/ML	Medical Benefit				
MEPHYTON	TABS	5MG	Preferred Brand				
MEPROBAMATE	TABS	200MG	Excluded				
MEPROBAMATE	TABS	400MG	Excluded				
MEPRON	SUSP	750MG/5ML	Non-Preferred Brand				
MERCAPTOPURINE	TABS	50MG	Generic				
MERREM	SOLR	1GM	Medical Benefit				
MESALAMINE	ENEM	4GM	Generic				
MESALAMINE DR	TBEC	800MG	Preferred Brand			QL	
MESALAMINE DR	TBEC	1.2GM	Generic			QL	
MESNA	SOLN	100MG/ML	Medical Benefit				
MESNEX	TABS	400MG	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MESTINON	TABS	60MG	Non-Preferred Brand				
MESTINON	SYRP	60MG/5ML	Preferred Brand				
MESTINON TIMESPAN	TBCR	180MG	Excluded				
METADATE CD	CPCR	10MG	Non-Preferred Brand			QL	AL
METADATE CD	CPCR	20MG	Non-Preferred Brand			QL	AL
METADATE CD	CPCR	30MG	Non-Preferred Brand			QL	AL
METADATE CD	CPCR	40MG	Non-Preferred Brand			QL	AL
METADATE CD	CPCR	50MG	Non-Preferred Brand			QL	AL
METADATE CD	CPCR	60MG	Non-Preferred Brand			QL	AL
METADATE ER	TBCR	20MG	Generic				AL
METAFOLBIC PLUS	TABS	600MG; 6MG; 2MG	Excluded				
METAPROTERENOL SULFATE	TABS	10MG	Generic				
METAPROTERENOL SULFATE	TABS	20MG	Generic				
METAPROTERENOL SULFATE	SYRP	10MG/5ML	Generic				
METAXALONE	TABS	800MG	Excluded				
METFORMIN HCL	TABS	500MG	Preferred Generic				
METFORMIN HCL	TABS	850MG	Preferred Generic				
METFORMIN HCL	TABS	1000MG	Preferred Generic				
METFORMIN HCL ER	TB24	750MG	Generic				
METFORMIN HCL ER	TB24	500MG	Generic				
METFORMIN HCL ER	TB24	1000MG	Excluded				
METHADONE HCL	SOLN	5MG/5ML	Generic				
METHADONE HCL	SOLN	10MG/5ML	Generic				
METHADONE HCL	TABS	5MG	Generic				
METHADONE HCL	TABS	10MG	Generic				
METHADONE HCL	CONC	10MG/ML	Generic				
METHADONE HCL INTENSOL	CONC	10MG/ML	Generic				
METHADOSE	CONC	10MG/ML	Generic				
METHAMPHETAMINE HCL	TABS	5MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
METHAZOLAMIDE	TABS	25MG	Generic				
METHENAMINE HIPPURATE	TABS	1GM	Generic				
METHERGINE	TABS	0.2MG	Non-Preferred Brand			QL	
METHIMAZOLE	TABS	5MG	Generic				
METHIMAZOLE	TABS	10MG	Generic				
METHITEST	TABS	10MG	Preferred Brand				
METHOCARBAMOL	TABS	500MG	Preferred Generic				
METHOCARBAMOL	TABS	750MG	Preferred Generic				
METHOTREXATE	TABS	2.5MG	Generic				
METHOTREXATE SODIUM	SOLN	200MG/8ML	Generic				
METHOTREXATE SODIUM	SOLR	1GM	Generic				
METHOXSALEN	CAPS	10MG	Preferred Specialty				
METHSCOPOLAMINE BROMIDE	TABS	2.5MG	Preferred Brand				
METHSCOPOLAMINE BROMIDE	TABS	5MG	Preferred Brand				
METHYCLOTHIAZIDE	TABS	5MG	Generic				
METHYLDOPA	TABS	250MG	Generic				
METHYLDOPA	TABS	500MG	Generic				
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	15MG; 250MG	Generic				
METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	25MG; 250MG	Generic				
METHYLERGONOVINE MALEATE	SOLN	0.2MG/ML	Medical Benefit				
METHYLERGONOVINE MALEATE	TABS	0.2MG	Generic				
METHYLIN	SOLN	5MG/5ML	Non-Preferred Brand				AL
METHYLIN	SOLN	10MG/5ML	Non-Preferred Brand				AL
METHYLIN	CHEW	2.5MG	Non-Preferred Brand				AL
METHYLIN	CHEW	5MG	Non-Preferred Brand				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
METHYLIN	CHEW	10MG	Non-Preferred Brand				AL
METHYLPHENIDATE HCL	TABS	5MG	Generic				AL
METHYLPHENIDATE HCL	TABS	10MG	Generic				AL
METHYLPHENIDATE HCL	TABS	20MG	Generic				AL
METHYLPHENIDATE HCL CD	CPCR	50MG	Generic			QL	AL
METHYLPHENIDATE HCL CD	CPCR	60MG	Generic			QL	AL
METHYLPHENIDATE HCL CD	CPCR	10MG	Generic			QL	AL
METHYLPHENIDATE HCL CD	CPCR	20MG	Generic			QL	AL
METHYLPHENIDATE HCL CD	CPCR	30MG	Generic			QL	AL
METHYLPHENIDATE HCL CD	CPCR	40MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	TBCR	18MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	TBCR	27MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	TBCR	36MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	TBCR	54MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	CP24	20MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	CP24	30MG	Generic			QL	AL
METHYLPHENIDATE HCL ER	CP24	40MG	Generic			QL	AL
METHYLPHENIDATE HCL SR	TBCR	20MG	Generic				AL
METHYLPHENIDATE HYDROCHLORIDE	SOLN	5MG/5ML	Generic				AL
METHYLPHENIDATE HYDROCHLORIDE	SOLN	10MG/5ML	Generic				AL
METHYLPREDNISOLONE	TABS	8MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
METHYLPREDNISOLONE DOSE PACK	TBPK	4MG	Generic				
METIPRANOLOL	SOLN	0.30%	Generic				
METOCLOPRAMIDE HCL	TABS	10MG	Preferred Generic				
METOCLOPRAMIDE HCL	TABS	5MG	Preferred Generic				
METOCLOPRAMIDE HCL	SOLN	5MG/5ML	Generic				
METOCLOPRAMIDE ODT	TBDP	10MG	Non-Preferred Brand		ST		
METOCLOPRAMIDE ODT	TBDP	5MG	Non-Preferred Brand		ST		
METOLAZONE	TABS	5MG	Generic				
METOLAZONE	TABS	2.5MG	Generic				
METOLAZONE	TABS	10MG	Generic				
METOPROLOL SUCCINATE ER	TB24	25MG	Generic				
METOPROLOL SUCCINATE ER	TB24	50MG	Generic				
METOPROLOL SUCCINATE ER	TB24	200MG	Generic				
METOPROLOL SUCCINATE ER	TB24	100MG	Generic				
METOPROLOL TARTRATE	TABS	50MG	Preferred Generic				
METOPROLOL TARTRATE	TABS	25MG	Preferred Generic				
METOPROLOL TARTRATE	TABS	100MG	Preferred Generic				
METOPROLOL TARTRATE	TABS	37.5MG	Generic				
METOPROLOL TARTRATE	TABS	75MG	Generic				
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 50MG	Generic				
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 100MG	Generic				
METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	50MG; 100MG	Generic				
METOZOLV ODT	TBDP	5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
METOZOLV ODT	TBDP	10MG	Non-Preferred Brand				
METROCREAM	CREA	0.75%	Non-Preferred Brand				
METROGEL	GEL	1%	Non-Preferred Brand				
METROGEL-VAGINAL	GEL	0.75%	Non-Preferred Brand				
METROLOTION	LOTN	0.75%	Non-Preferred Brand				
METRONIDAZOLE	GEL	0.75%	Generic				
METRONIDAZOLE	CREA	0.75%	Generic				
METRONIDAZOLE	LOTN	0.75%	Generic				
METRONIDAZOLE	TABS	250MG	Generic				
METRONIDAZOLE	TABS	500MG	Generic				
METRONIDAZOLE	GEL	1%	Generic				
METRONIDAZOLE	CAPS	375MG	Generic				
METRONIDAZOLE VAGINAL	GEL	0.75%	Generic				
MEVACOR	TABS	20MG	Non-Preferred Brand				
MEVACOR	TABS	40MG	Non-Preferred Brand				
MEXAR WASH	LIQD	10%	Generic				
MEXILETINE HCL	CAPS	150MG	Generic				
MEXILETINE HCL	CAPS	200MG	Generic				
MEXILETINE HCL	CAPS	250MG	Generic				
MIACALCIN	SOLN	200UNIT/ACT	Non-Preferred Brand				
MIBELAS 24 FE	CHEW	20MCG; 75MG; 1MG	Generic				
MICARDIS	TABS	20MG	Non-Preferred Brand				
MICARDIS	TABS	40MG	Non-Preferred Brand				
MICARDIS	TABS	80MG	Non-Preferred Brand				
MICARDIS HCT	TABS	25MG; 80MG	Non-Preferred Brand				
MICARDIS HCT	TABS	12.5MG; 40MG	Non-Preferred Brand				
MICARDIS HCT	TABS	12.5MG; 80MG	Non-Preferred Brand				
MICRHOGAM ULTRA-FILTERED PLUS	SOSY	250UNIT	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MICROGESTIN 1.5/30	TABS	30MCG; 1.5MG	Generic				
MICROGESTIN 1/20	TABS	20MCG; 1MG	Generic				
MICROGESTIN 24 FE	TABS	20MCG; 75MG; 1MG	Non-Preferred Brand				
MICROGESTIN FE	TABS	20MCG; 75MG; 1MG	Generic				
MICROGESTIN FE 1.5/30	TABS	30MCG; 75MG; 1.5MG	Generic				
MICROZIDE	CAPS	12.5MG	Non-Preferred Brand				
MIDAZOLAM HCL	SYRP	2MG/ML	Generic				
MIDODRINE HCL	TABS	2.5MG	Generic				
MIDODRINE HCL	TABS	5MG	Generic				
MIDODRINE HCL	TABS	10MG	Generic				
MIGERGOT	SUPP	100MG; 2MG	Preferred Brand				
MIGRANAL	SOLN	4MG/ML	Excluded				
MIMVEY	TABS	1MG; 0.5MG	Generic				
MIMVEY LO	TABS	0.5MG; 0.1MG	Generic				
MINASTRIN 24 FE	CHEW	20MCG; 75MG; 1MG	Non-Preferred Brand				
MINIPRESS	CAPS	1MG	Non-Preferred Brand				
MINIPRESS	CAPS	2MG	Non-Preferred Brand				
MINIPRESS	CAPS	5MG	Non-Preferred Brand				
MINITRAN	PT24	0.1MG/HR	Generic				
MINITRAN	PT24	0.2MG/HR	Generic				
MINITRAN	PT24	0.4MG/HR	Generic				
MINITRAN	PT24	0.6MG/HR	Generic				
MINIVELLE	PTTW	0.1MG/24HR	Non-Preferred Brand				
MINIVELLE	PTTW	0.0375MG/24HR	Non-Preferred Brand				
MINIVELLE	PTTW	0.05MG/24HR	Non-Preferred Brand				
MINIVELLE	PTTW	0.075MG/24HR	Non-Preferred Brand				
MINOCIN	CAPS	50MG	Non-Preferred Brand				
MINOCIN	CAPS	100MG	Non-Preferred Brand				
MINOCYCLINE HCL	CAPS	50MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MINOCYCLINE HCL	CAPS	100MG	Generic				
MINOCYCLINE HCL	CAPS	75MG	Generic				
MINOCYCLINE HCL	TABS	50MG	Generic				
MINOCYCLINE HCL	TABS	75MG	Generic				
MINOCYCLINE HCL	TABS	100MG	Generic				
MINOCYCLINE HCL ER	TB24	45MG	Preferred Brand				
MINOCYCLINE HCL ER	TB24	90MG	Preferred Brand				
MINOCYCLINE HCL ER	TB24	135MG	Preferred Brand				
MINOXIDIL	TABS	2.5MG	Generic				
MINOXIDIL	TABS	10MG	Generic				
MINOXIDIL	SOLN	5%	Excluded				
MINOXIDIL FOR MEN	SOLN	2%	Excluded				
MIRALAX	POWD	0	Excluded				
MIRAPEX	TABS	0.75MG	Non-Preferred Brand				
MIRAPEX	TABS	0.125MG	Non-Preferred Brand				
MIRAPEX	TABS	0.25MG	Non-Preferred Brand				
MIRAPEX	TABS	0.5MG	Non-Preferred Brand				
MIRAPEX	TABS	1MG	Non-Preferred Brand				
MIRAPEX	TABS	1.5MG	Non-Preferred Brand				
MIRAPEX ER	TB24	0.375MG	Non-Preferred Brand				
MIRAPEX ER	TB24	1.5MG	Non-Preferred Brand				
MIRAPEX ER	TB24	3MG	Non-Preferred Brand				
MIRAPEX ER	TB24	4.5MG	Non-Preferred Brand				
MIRAPEX ER	TB24	0.75MG	Non-Preferred Brand				
MIRAPEX ER	TB24	2.25MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MIRAPEX ER	TB24	3.75MG	Non-Preferred Brand				
MIRCERA	SOSY	50MCG/0.3ML	Preferred Specialty			QL	
MIRCERA	SOSY	75MCG/0.3ML	Preferred Specialty			QL	
MIRCERA	SOSY	100MCG/0.3ML	Preferred Specialty			QL	
MIRCERA	SOSY	200MCG/0.3ML	Preferred Specialty			QL	
MIRCETTE	TABS	0; 0	Non-Preferred Brand				
MIRTAZAPINE	TABS	15MG	Generic				
MIRTAZAPINE	TABS	30MG	Generic				
MIRTAZAPINE	TABS	45MG	Generic				
MIRTAZAPINE	TABS	7.5MG	Preferred Generic				
MIRTAZAPINE ODT	TBDP	15MG	Generic				
MIRTAZAPINE ODT	TBDP	30MG	Generic				
MIRTAZAPINE ODT	TBDP	45MG	Generic				
MIRVASO	GEL	0.33%	Non-Preferred Brand			QL	AL
MISOPROSTOL	TABS	100MCG	Generic				
MISOPROSTOL	TABS	200MCG	Generic				
MISSION PRENATAL	TABS	100MG; 50MG; 2MCG; 30MG; 0.4MG; 10MG; 1MG; 3MG; 2MG; 5MG; 4000UNIT; 400UNIT	Preferred Brand				
MISSION PRENATAL HP	TABS	100MG; 50MG; 2MCG; 30MG; 0.8MG; 10MG; 1MG; 25MG; 2MG; 5MG; 4000UNIT; 400UNIT	Preferred Brand				
MISSION PRENATAL/FOLIC ACID	TABS	100MG; 50MG; 2MCG; 30MG; 0.8MG; 10MG; 1MG; 10MG; 2MG; 1MG; 4000UNIT; 400UNIT; 0	Preferred Brand				
MITIGARE	CAPS	0.6MG	Excluded			QL	
MITOMYCIN	SOLR	20MG	Medical Benefit				
MITOMYCIN	SOLR	5MG	Medical Benefit				
MITOMYCIN	SOLR	40MG	Medical Benefit				
MITOXANTRONE HCL	CONC	2MG/ML	Medical Benefit				
MIXED RAGWEED EXTRACT	SOLN	1:20	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
M-M-R II	INJ	0; 0; 0	Medical Benefit			QL	AL
MOBIC	TABS	7.5MG	Non-Preferred Brand				
MOBIC	TABS	15MG	Non-Preferred Brand				
MODAFINIL	TABS	100MG	Generic			QL	
MODAFINIL	TABS	200MG	Generic			QL	
MOEXIPRIL HCL	TABS	7.5MG	Generic				
MOEXIPRIL HCL	TABS	15MG	Generic				
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 7.5MG	Generic				
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 15MG	Generic				
MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 15MG	Generic				
MOMETASONE FUROATE	OINT	0.10%	Generic				
MOMETASONE FUROATE	CREA	0.10%	Generic				
MOMETASONE FUROATE	SUSP	50MCG/ACT	Non-Preferred Brand		ST		
MOMETASONE FUROATE	SOLN	0.10%	Generic				
MONOCLATE-P	KIT	250UNIT	Preferred Specialty			QL	
MONODOX	CAPS	75MG	Non-Preferred Brand				
MONODOX	CAPS	100MG	Non-Preferred Brand				
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/6ML/21G X 1-1/2"	MISC		Preferred Brand				
MONOJECT PISTON SYRINGE/CATHETER TIP/140ML	MISC		Preferred Brand				
MONOJECT PISTON SYRINGE/LUER-LOCK TIP/140ML	MISC		Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MONOJECT PISTON SYRINGE/REGULAR TIP/140ML	MISC		Preferred Brand				
MONOJECT SAFETY SYRINGE/SHIELD/NEEDLE/6ML/21G X 1-1/2"	MISC		Preferred Brand				
MONOJECT SYRINGE/LUER LOCK/6ML/21G X 1-1/2"	MISC		Preferred Brand				
MONOJECT SYRINGE/LUER-LOCK TIP/140ML	MISC		Preferred Brand				
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/6ML/21GX 1-1/2"	MISC		Preferred Brand				
MONONESSA	TABS	35MCG; 0.25MG	Generic				
MONONINE	SOLR	1000UNIT	Preferred Specialty			QL	
MONONINE	SOLR	250UNIT	Preferred Specialty			QL	
MONONINE	SOLR	500UNIT	Preferred Specialty			QL	
MONOVISC	SOSY	88MG/4ML	Excluded				
MONTELUKAST SODIUM	TABS	10MG	Generic				
MONTELUKAST SODIUM	CHEW	4MG	Generic				
MONTELUKAST SODIUM	CHEW	5MG	Generic				
MONTELUKAST SODIUM	PACK	4MG	Generic				
MONUROL	PACK	5.631GM	Preferred Brand			QL	
MORGIDOX 1X100MG	KIT	0; 100MG; 0	Excluded				
MORGIDOX 1X50MG KIT	KIT	0; 50MG; 0	Excluded				
MORGIDOX 2X100MG	KIT	0; 100MG; 0	Excluded				
MORPHABOND ER	T12A	15MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MORPHABOND ER	T12A	30MG	Excluded				
MORPHABOND ER	T12A	60MG	Excluded				
MORPHABOND ER	T12A	100MG	Excluded				
MORPHINE SULFATE	TABS	15MG	Generic				
MORPHINE SULFATE	TABS	30MG	Generic				
MORPHINE SULFATE	SOLN	10MG/5ML	Generic				
MORPHINE SULFATE	SOLN	20MG/5ML	Generic				
MORPHINE SULFATE	SOLN	20MG/ML	Generic				
MORPHINE SULFATE	SOLN	100MG/5ML	Generic				
MORPHINE SULFATE	SUPP	5MG	Generic				
MORPHINE SULFATE	SUPP	10MG	Generic				
MORPHINE SULFATE	SUPP	20MG	Generic				
MORPHINE SULFATE	SUPP	30MG	Generic				
MORPHINE SULFATE ER	CP24	30MG	Excluded				
MORPHINE SULFATE ER	CP24	60MG	Excluded				
MORPHINE SULFATE ER	CP24	90MG	Excluded				
MORPHINE SULFATE ER	CP24	120MG	Excluded				
MORPHINE SULFATE ER	CP24	45MG	Excluded				
MORPHINE SULFATE ER	CP24	75MG	Excluded				
MORPHINE SULFATE ER	CP24	20MG	Excluded				
MORPHINE SULFATE ER	CP24	50MG	Excluded				
MORPHINE SULFATE ER	CP24	80MG	Excluded				
MORPHINE SULFATE ER	CP24	100MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MORPHINE SULFATE ER	TBCR	200MG	Generic				
MORPHINE SULFATE ER	TBCR	60MG	Generic				
MORPHINE SULFATE ER	CP24	10MG	Excluded				
MORPHINE SULFATE ER	CP24	30MG	Excluded				
MORPHINE SULFATE ER	CP24	60MG	Excluded				
MORPHINE SULFATE ER	TBCR	15MG	Generic				
MORPHINE SULFATE ER	TBCR	30MG	Generic				
MORPHINE SULFATE ER	TBCR	100MG	Generic				
MOUNTAIN CEDAR EXTRACT	SOLN	1:20	Medical Benefit				
MOVANTIK	TABS	12.5MG	Non-Preferred Brand		ST	QL	
MOVANTIK	TABS	25MG	Non-Preferred Brand		ST	QL	
MOVIPREP	SOLR	4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	Non-Preferred Brand				
MOXATAG	TB24	775MG	Non-Preferred Brand				
MOXEZA	SOLN	0.50%	Preferred Brand				
MOXIFLOXACIN HCL	TABS	400MG	Generic				
MOXIFLOXACIN HCL	SOLN	0.50%	Preferred Brand				
MOXIFLOXACIN HCL	SOLN	400MG/250ML	Medical Benefit				
MOZOBIL	SOLN	24MG/1.2ML	Medical Benefit-Non-Preferred Specialty				
MS CONTIN	TBCR	15MG	Non-Preferred Brand				
MS CONTIN	TBCR	30MG	Non-Preferred Brand				
MS CONTIN	TBCR	60MG	Non-Preferred Brand				
MS CONTIN	TBCR	100MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MS CONTIN	TBCR	200MG	Non-Preferred Brand				
MULTAQ	TABS	400MG	Preferred Brand				
MULTI VITAMIN/FLUORIDE	CHEW	60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 1MG; 1.05MG; 15UNIT; 2500UNIT	Generic				AL
MULTI-VIT/FLUORIDE	SOLN	35MG/ML; 400UNIT/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML; 1500UNIT/ML	Generic				AL
MULTI-VIT/FLUORIDE	SOLN	35MG/ML; 400UNIT/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.5MG/ML; 0.5MG/ML; 5UNIT/ML; 1500UNIT/ML	Generic				AL
MULTI-VIT/IRON/FLUORIDE	SOLN	35MG/ML; 400UNIT/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML; 1500UNIT/ML	Generic				AL
MULTIVITAMIN WITH FLUORIDE	CHEW	60MG; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0.25MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT	Generic				AL
MULTIVITAMIN WITH FLUORIDE	CHEW	60MG; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0.5MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT	Generic				AL
MULTIVITAMIN/FLUORIDE	CHEW	60MG; 4.5MCG; 0.25MG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT	Generic				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MULTIVITAMIN/FLUORIDE	CHEW	60MG; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0.5MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT	Generic				AL
MULTIVITAMINS/FLUORIDE	CHEW	60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 1.2MG; 0.5MG; 1.05MG; 15UNIT; 2500UNIT	Generic				AL
MUPIROCIN	OINT	2%	Generic				
MUPIROCIN	CREA	2%	Generic				
MUSE	PLLT	125MCG	Preferred Brand			QL	
MUSE	PLLT	250MCG	Preferred Brand			QL	
MUSE	PLLT	500MCG	Preferred Brand			QL	
MUSE	PLLT	1000MCG	Preferred Brand			QL	
MUSTARGEN	SOLR	10MG	Medical Benefit				
M-VIT	TABS	500MG; 150MCG; 25MG; 0.1MG; 3MG; 50MCG; 27MG; 1MG; 50MG; 50MG; 5MG; 100MG; 25MG; 20MG; 50MCG; 20MG; 30UNIT; 5000UNIT; 22.5MG	Generic				
MYALEPT	SOLR	11.3MG	Non-Preferred Specialty	PA			
MYCAMINE	SOLR	100MG	Medical Benefit-Preferred Specialty				
MYCAMINE	SOLR	50MG	Medical Benefit-Preferred Specialty				
MYCOBUTIN	CAPS	150MG	Preferred Brand				
MYCOPHENOLATE MOFETIL	CAPS	250MG	Generic				
MYCOPHENOLATE MOFETIL	TABS	500MG	Generic				
MYCOPHENOLATE MOFETIL	SUSR	200MG/ML	Generic				
MYCOPHENOLIC ACID DR	TBEC	180MG	Generic				
MYCOPHENOLIC ACID DR	TBEC	360MG	Generic				
MYDAYIS	CP24	3.125MG; 3.125MG; 3.125MG; 3.125MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MYDAYIS	CP24	6.25MG; 6.25MG; 6.25MG; 6.25MG	Excluded				
MYDAYIS	CP24	9.375MG; 9.375MG; 9.375MG; 9.375MG	Excluded				
MYDAYIS	CP24	12.5MG; 12.5MG; 12.5MG; 12.5MG	Excluded				
MYFORTIC	TBEC	180MG	Non-Preferred Brand			QL	
MYFORTIC	TBEC	360MG	Non-Preferred Brand			QL	
MYKIDZ IRON 10	SUSP	15MG/1.5ML	Preferred Brand				AL
MYNATAL ADVANCE	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 30UNIT; 2700UNIT; 25MG	Generic				
MYNATAL PLUS	TABS	120MG; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 65MG; 20MG; 10MG; 3MG; 1.84MG; 4000UNIT; 11MG; 25MG	Generic				
MYNATAL ULTRACAPLET	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 2700UNIT; 25MG	Generic				
MYNATAL-Z	TABS	70MG; 200MG; 2.2MCG; 65MG; 1MG; 100MG; 17MG; 175MCG; 2.2MG; 1.6MG; 65MCG; 1.5MG; 4000UNIT; 400UNIT; 10UNIT; 15MG	Generic				
MYNATE 90 PLUS	TBCR	120MG; 250MG; 2MG; 12MCG; 50MG; 400UNIT; 90MG; 1MG; 20MG; 0.15MG; 20MG; 3.4MG; 3MG; 4000UNIT; 30UNIT; 25MG	Generic				
MYOBLOC	SOLN	2500UNIT/0.5ML	Medical Benefit-Preferred Specialty	PA			
MYOBLOC	SOLN	5000UNIT/ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
MYOBLOC	SOLN	10000UNIT/2ML	Medical Benefit-Preferred Specialty	PA			
MYORISAN	CAPS	10MG	Preferred Brand	PA			
MYORISAN	CAPS	20MG	Preferred Brand	PA			
MYORISAN	CAPS	30MG	Preferred Brand	PA			
MYORISAN	CAPS	40MG	Preferred Brand	PA			
MYRBETRIQ	TB24	25MG	Preferred Brand		ST	QL	
MYRBETRIQ	TB24	50MG	Preferred Brand			QL	
MYSOLINE	TABS	50MG	Non-Preferred Brand				
NABI-HB	SOLN	0	Medical Benefit				
NABUMETONE	TABS	500MG	Generic				
NABUMETONE	TABS	750MG	Generic				
NADOLOL	TABS	20MG	Generic				
NADOLOL	TABS	80MG	Generic				
NADOLOL	TABS	40MG	Generic				
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 40MG	Generic				
NADOLOL/BENDROFLUMETHIAZIDE	TABS	5MG; 80MG	Generic				
NAFTIFINE HCL	CREA	1%	Non-Preferred Brand		ST	QL	
NAFTIFINE HYDROCHLORIDE	CREA	2%	Non-Preferred Brand		ST		
NAFTIN	CREA	2%	Excluded				
NAFTIN	GEL	2%	Excluded				
NAFTIN	GEL	2%	Excluded				
NAFTIN	CREA	1%	Excluded				
NAFTIN	GEL	1%	Excluded				
NAGLAZYME	SOLN	1MG/ML	Medical Benefit-Preferred Specialty				
NALOXONE HCL	SOLN	0.4MG/ML	Preferred Brand				
NALTREXONE HCL	TABS	50MG	Generic				
NAMENDA	SOLN	10MG/5ML	Non-Preferred Brand			QL	AL
NAMENDA	TABS	5MG	Non-Preferred Brand			QL	AL
NAMENDA	TABS	10MG	Non-Preferred Brand			QL	AL
NAMENDA TITRATION PAK	TABS	0	Non-Preferred Brand			QL	AL
NAMENDA XR	CP24	7MG	Non-Preferred Brand			QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NAMENDA XR	CP24	14MG	Non-Preferred Brand			QL	AL
NAMENDA XR	CP24	21MG	Non-Preferred Brand			QL	AL
NAMENDA XR	CP24	28MG	Non-Preferred Brand			QL	AL
NAMENDA XR TITRATION PACK	CP24	0	Non-Preferred Brand				AL
NAMZARIC	CP24	10MG; 14MG	Non-Preferred Brand		ST	QL	AL
NAMZARIC	CP24	10MG; 28MG	Non-Preferred Brand		ST	QL	AL
NAPHAZOLINE HCL	SOLN	0.10%	Generic				
NAPRELAN	TB24	375MG	Non-Preferred Brand				
NAPRELAN	TB24	750MG	Excluded				
NAPRELAN	TB24	500MG	Non-Preferred Brand				
NAPROSYN	TABS	250MG	Non-Preferred Brand				
NAPROSYN	TABS	375MG	Non-Preferred Brand				
NAPROSYN	TABS	500MG	Non-Preferred Brand				
NAPROXEN	TABS	250MG	Preferred Generic				
NAPROXEN	TABS	375MG	Preferred Generic				
NAPROXEN	TABS	500MG	Preferred Generic				
NAPROXEN	SUSP	125MG/5ML	Generic				
NAPROXEN DR	TBEC	375MG	Generic				
NAPROXEN DR	TBEC	500MG	Generic				
NAPROXEN SODIUM	TABS	550MG	Preferred Generic				
NAPROXEN SODIUM	TABS	275MG	Preferred Generic				
NAPROXEN SODIUM	TABS	220MG	Generic				
NAPROXEN SODIUM CR	TB24	375MG	Excluded				
NAPROXEN SODIUM ER	TB24	500MG	Excluded				
NARATRIPTAN HCL	TABS	1MG	Generic			QL	
NARATRIPTAN HCL	TABS	2.5MG	Generic			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NARCAN	LIQD	4MG/0.1ML	Non-Preferred Brand			QL	
NARDIL	TABS	15MG	Non-Preferred Brand				
NASACORT ALLERGY 24HR	AERO	55MCG/ACT	Generic				
NASCOBAL	SOLN	500MCG/0.1ML	Preferred Brand				
NASONEX	SUSP	50MCG/ACT	Non-Preferred Brand		ST		
NATACHEW	CHEW	120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	Non-Preferred Brand			QL	
NATACYN	SUSP	5%	Non-Preferred Brand				
NATAZIA	TABS	0; 0	Non-Preferred Brand				
NATEGLINIDE	TABS	60MG	Generic				
NATEGLINIDE	TABS	120MG	Generic				
NATESTO	GEL	5.5MG/ACT	Excluded				
NATPARA	CART	25MCG	Non-Preferred Specialty	PA			
NATPARA	CART	50MCG	Non-Preferred Specialty	PA			
NATPARA	CART	75MCG	Non-Preferred Specialty	PA			
NATPARA	CART	100MCG	Non-Preferred Specialty	PA			
NATROBA	SUSP	0.90%	Non-Preferred Brand		ST		AL
NATURE-THROID	TABS	16.25MG	Preferred Brand				
NATURE-THROID	TABS	32.5MG	Preferred Brand				
NATURE-THROID	TABS	65MG	Preferred Brand				
NATURE-THROID	TABS	48.75MG	Preferred Brand				
NATURE-THROID	TABS	81.25MG	Preferred Brand				
NATURE-THROID	TABS	97.5MG	Preferred Brand				
NATURE-THROID	TABS	113.75MG	Preferred Brand				
NATURE-THROID	TABS	130MG	Preferred Brand				
NATURE-THROID	TABS	146.25MG	Preferred Brand				
NATURE-THROID	TABS	195MG	Preferred Brand				
NATURE-THROID	TABS	260MG	Preferred Brand				
NATURE-THROID	TABS	325MG	Preferred Brand				
NATURE-THROID NT-2.5	TABS	162.5MG	Preferred Brand				
NAVELBINE	SOLN	10MG/ML	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NAVELBINE	SOLN	50MG/5ML	Medical Benefit				
NEBUPENT	SOLR	300MG	Preferred Brand				
NECON 0.5/35-28	TABS	35MCG; 0.5MG	Generic				
NECON 1/35	TABS	35MCG; 1MG	Generic				
NECON 1/50-28	TABS	50MCG; 1MG	Generic				
NECON 10/11-28	TABS	35MCG; 0	Generic				
NECON 7/7/7	TABS	0; 0	Generic				
NEEVO DHA	CAPS	0; 85MG; 110MG; 5MCG; 27MG; 1.13MG; 60MG; 1MG; 18MG; 220MCG; 25MG; 1.4MG; 60MCG; 0; 1.4MG; 15MG	Non-Preferred Brand				
NEFAZODONE HCL	TABS	100MG	Generic				
NEFAZODONE HCL	TABS	200MG	Generic				
NEFAZODONE HCL	TABS	250MG	Generic				
NEFAZODONE HCL	TABS	150MG	Generic				
NEFAZODONE HCL	TABS	50MG	Generic				
NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	400UNIT/GM; 5MG/GM; 10000UNIT/GM	Generic				
NEOMYCIN/POLYMYXIN/BACITRACIN/HYDROCORTISONE	OINT	400UNIT/GM; 1%; 0.5%; 10000UNIT/GM	Generic				
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	0.1%; 3.5MG/GM; 10000UNIT/GM	Generic				
NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	0.1%; 3.5MG/ML; 10000UNIT/ML	Generic				
NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	Generic				
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLN	1%; 3.5MG/ML; 10000UNIT/ML	Generic				
NEORAL	CAPS	25MG	Non-Preferred Brand				
NEORAL	CAPS	100MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NEORAL	SOLN	100MG/ML	Non-Preferred Brand				
NEOSALUS	FOAM	0; 0; 0	Excluded				
NEOSPORIN	SOLN	0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	Non-Preferred Brand				
NEO-SYNALAR	CREA	0.025%; 0.5%	Non-Preferred Brand			QL	
NESINA	TABS	12.5MG	Non-Preferred Brand		ST		
NESINA	TABS	25MG	Non-Preferred Brand		ST		
NESINA	TABS	6.25MG	Non-Preferred Brand				
NESTABS ABC	MISC	200MG; 450UNIT; 55MG; 10MCG; 120MG; 180MG; 1MG; 20MG; 32MG; 100MCG; 50MG; 3MG; 120MG; 3MG; 30UNIT; 10MG	Non-Preferred Brand				
NEUAC	GEL	5%; 1.2%	Generic			QL	
NEUAC KIT	KIT	5%; 1.2%	Excluded			QL	
NEULASTA	SOSY	6MG/0.6ML	Preferred Specialty			QL	
NEUMEGA	SOLR	5MG	Preferred Specialty			QL	
NEUPOGEN	SOSY	480MCG/0.8ML	Non-Preferred Specialty			QL	
NEUPOGEN	SOLN	300MCG/ML	Non-Preferred Specialty			QL	
NEUPOGEN	SOLN	480MCG/1.6ML	Non-Preferred Specialty			QL	
NEUPOGEN	SOSY	300MCG/0.5ML	Non-Preferred Specialty			QL	
NEUPRO	PT24	1MG/24HR	Non-Preferred Brand		ST	QL	
NEUPRO	PT24	2MG/24HR	Non-Preferred Brand		ST	QL	
NEUPRO	PT24	3MG/24HR	Non-Preferred Brand		ST	QL	
NEUPRO	PT24	4MG/24HR	Non-Preferred Brand		ST	QL	
NEUPRO	PT24	6MG/24HR	Non-Preferred Brand		ST	QL	
NEUPRO	PT24	8MG/24HR	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NEURONTIN	TABS	800MG	Non-Preferred Brand				
NEURONTIN	TABS	600MG	Non-Preferred Brand				
NEURONTIN	CAPS	100MG	Non-Preferred Brand				
NEURONTIN	CAPS	300MG	Non-Preferred Brand				
NEURONTIN	CAPS	400MG	Non-Preferred Brand				
NEURONTIN	SOLN	250MG/5ML	Non-Preferred Brand				
NEUTRAGARD ADVANCED	GEL	1.10%	Generic				
NEVANAC	SUSP	0.10%	Non-Preferred Brand		ST		
NEVIRAPINE	SUSP	50MG/5ML	Generic			QL	
NEVIRAPINE	TABS	200MG	Generic			QL	
NEVIRAPINE ER	TB24	100MG	Generic			QL	
NEVIRAPINE ER	TB24	400MG	Generic			QL	
NEXA PLUS	CAPS	28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	Non-Preferred Brand				
NEXAVAR	TABS	200MG	Preferred Specialty	PA		QL	
NEXIUM	PACK	10MG	Excluded				
NEXIUM	PACK	20MG	Excluded				
NEXIUM	PACK	2.5MG	Excluded				
NEXIUM	PACK	40MG	Excluded				
NEXIUM	PACK	5MG	Excluded				
NEXIUM	CPDR	20MG	Excluded				
NEXIUM	CPDR	40MG	Excluded				
NEXIUM 24HR	CPDR	20MG	Generic				
NEXPLANON	IMPL	68MG	Medical Benefit				
NEXT CHOICE ONE DOSE	TABS	1.5MG	Generic				
NIACIN ER	TBCR	500MG	Preferred Generic				
NIACIN ER	TBCR	750MG	Preferred Generic				
NIACIN ER	TBCR	1000MG	Generic				
NIACOR	TABS	500MG	Generic				
NIASPAN	TBCR	500MG	Non-Preferred Brand				
NIASPAN	TBCR	750MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NIASPAN	TBCR	1000MG	Non-Preferred Brand				
NICARDIPINE HCL	CAPS	20MG	Generic				
NICARDIPINE HCL	CAPS	30MG	Generic				
NICORETTE	GUM	2MG	Non-Preferred Brand				
NICORETTE	GUM	4MG	Non-Preferred Brand				
NICOTINE	PT24	21MG/24HR	Generic				
NICOTINE	PT24	7MG/24HR	Generic				
NICOTINE	PT24	14MG/24HR	Generic				
NICOTINE POLACRILEX	LOZG	2MG	Generic				
NICOTINE POLACRILEX	GUM	4MG	Generic				
NICOTINE POLACRILEX	GUM	2MG	Generic				
NICOTROL INHALER	INHA	10MG	Preferred Brand			QL	
NICOTROL NS	SOLN	10MG/ML	Non-Preferred Brand			QL	
NIFEDIAC CC	TB24	60MG	Generic				
NIFEDIAC CC	TB24	90MG	Generic				
NIFEDICAL XL	TB24	30MG	Generic				
NIFEDICAL XL	TB24	60MG	Generic				
NIFEDIPINE	CAPS	10MG	Generic				
NIFEDIPINE	CAPS	20MG	Generic				
NIFEDIPINE ER	TB24	30MG	Generic				
NIFEDIPINE ER	TB24	60MG	Generic				
NIFEDIPINE ER	TB24	90MG	Generic				
NIMODIPINE	CAPS	30MG	Preferred Specialty			QL	
NINLARO	CAPS	2.3MG	Preferred Specialty	PA		QL	
NINLARO	CAPS	3MG	Preferred Specialty	PA		QL	
NINLARO	CAPS	4MG	Preferred Specialty	PA		QL	
NIPENT	SOLR	10MG	Medical Benefit-Preferred Specialty				
NIRAVAM	TBDP	0.25MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NIRAVAM	TBDP	0.5MG	Non-Preferred Brand				
NIRAVAM	TBDP	1MG	Non-Preferred Brand				
NIRAVAM	TBDP	2MG	Non-Preferred Brand				
NISOLDIPINE ER	TB24	8.5MG	Generic				
NISOLDIPINE ER	TB24	17MG	Generic				
NISOLDIPINE ER	TB24	25.5MG	Generic				
NISOLDIPINE ER	TB24	34MG	Generic				
NISOLDIPINE ER	TB24	20MG	Generic				
NISOLDIPINE ER	TB24	30MG	Generic				
NISOLDIPINE ER	TB24	40MG	Generic				
NITRO-BID	OINT	2%	Preferred Brand				
NITRO-DUR	PT24	0.8MG/HR	Preferred Brand				
NITRO-DUR	PT24	0.1MG/HR	Non-Preferred Brand				
NITRO-DUR	PT24	0.2MG/HR	Non-Preferred Brand				
NITRO-DUR	PT24	0.3MG/HR	Preferred Brand				
NITRO-DUR	PT24	0.4MG/HR	Non-Preferred Brand				
NITRO-DUR	PT24	0.6MG/HR	Non-Preferred Brand				
NITROFURANTOIN MACROCRYSTALS	CAPS	50MG	Generic				
NITROFURANTOIN MACROCRYSTALS	CAPS	100MG	Generic				
NITROFURANTOIN MONOHYDRATE	CAPS	100MG	Generic				
NITROGLYCERIN ER	CPCR	2.5MG	Generic				
NITROGLYCERIN ER	CPCR	6.5MG	Generic				
NITROGLYCERIN ER	CPCR	9MG	Generic				
NITROGLYCERIN LINGUAL	SOLN	0.4MG/SPRAY	Non-Preferred Brand				
NITROGLYCERIN TRANSDERMAL	PT24	0.1MG/HR	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NITROGLYCERIN TRANSDERMAL	PT24	0.2MG/HR	Generic				
NITROGLYCERIN TRANSDERMAL	PT24	0.4MG/HR	Generic				
NITROGLYCERIN TRANSDERMAL	PT24	0.6MG/HR	Generic				
NITROLINGUAL PUMPSPRAY	SOLN	0.4MG/SPRAY	Non-Preferred Brand				
NITROSTAT	SUBL	0.3MG	Generic				
NITROSTAT	SUBL	0.4MG	Generic				
NITROSTAT	SUBL	0.6MG	Generic				
NITRO-TIME	CPCR	2.5MG	Generic				
NITRO-TIME	CPCR	6.5MG	Generic				
NITRO-TIME	CPCR	9MG	Generic				
NITYR	TABS	10MG	Non-Preferred Specialty	PA			
NITYR	TABS	2MG	Non-Preferred Specialty	PA			
NITYR	TABS	5MG	Non-Preferred Specialty	PA			
NIVATOPIC PLUS	CREA	0; 0; 0; 0; 0	Excluded				
NIZATIDINE	CAPS	150MG	Generic				
NIZATIDINE	CAPS	300MG	Generic				
NIZATIDINE	SOLN	15MG/ML	Generic				
NIZORAL	SHAM	2%	Non-Preferred Brand				
NOBLE FORMULA HC	SOLN	1%	Excluded				
NORA-BE	TABS	0.35MG	Generic				
NORCO	TABS	325MG; 10MG	Non-Preferred Brand				
NORCO	TABS	325MG; 7.5MG	Non-Preferred Brand				
NORCO	TABS	325MG; 5MG	Non-Preferred Brand				
NORDITROPIN FLEXPRO	SOLN	5MG/1.5ML	Preferred Specialty	PA		QL	
NORDITROPIN FLEXPRO	SOLN	10MG/1.5ML	Preferred Specialty	PA		QL	
NORDITROPIN FLEXPRO	SOLN	15MG/1.5ML	Preferred Specialty	PA		QL	
NORDITROPIN NORDIFLEX PEN	SOLN	30MG/3ML	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	25MCG; 75MG; 0.8MG	Generic				
NORETHINDRONE ACETATE	TABS	5MG	Generic				
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	2.5MCG; 0.5MG	Generic				
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	20MCG; 75MG; 1MG	Generic				
NORGESTIMATE/ETHINYL ESTRADIOL	TABS	0; 0	Generic				
NORINYL 1+50	TABS	50MCG; 1MG	Non-Preferred Brand				
NORITATE	CREA	1%	Preferred Brand		ST		
NOROXIN	TABS	400MG	Preferred Brand				
NORPACE	CAPS	100MG	Non-Preferred Brand				
NORPACE	CAPS	150MG	Non-Preferred Brand				
NORPACE CR	CP12	100MG	Preferred Brand				
NORPACE CR	CP12	150MG	Preferred Brand				
NORPRAMIN	TABS	10MG	Non-Preferred Brand				
NORPRAMIN	TABS	25MG	Non-Preferred Brand				
NORPRAMIN	TABS	50MG	Non-Preferred Brand				
NORPRAMIN	TABS	75MG	Non-Preferred Brand				
NORPRAMIN	TABS	100MG	Non-Preferred Brand				
NORPRAMIN	TABS	150MG	Non-Preferred Brand				
NOR-QD	TABS	0.35MG	Non-Preferred Brand				
NORTHERA	CAPS	100MG	Non-Preferred Specialty		ST	QL	
NORTHERA	CAPS	200MG	Non-Preferred Specialty		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NORTHERA	CAPS	300MG	Non-Preferred Specialty		ST	QL	
NORTREL 0.5/35 (28)	TABS	35MCG; 0.5MG	Generic				
NORTREL 1/35	TABS	35MCG; 1MG	Generic				
NORTREL 7/7/7	TABS	0; 0	Generic				
NORTRIPTYLINE HCL	CAPS	10MG	Generic				
NORTRIPTYLINE HCL	CAPS	25MG	Generic				
NORTRIPTYLINE HCL	CAPS	50MG	Generic				
NORTRIPTYLINE HCL	CAPS	75MG	Generic				
NORVASC	TABS	2.5MG	Non-Preferred Brand				
NORVASC	TABS	5MG	Non-Preferred Brand				
NORVASC	TABS	10MG	Non-Preferred Brand				
NORVIR	SOLN	80MG/ML	Preferred Brand				
NORVIR	CAPS	100MG	Preferred Brand				
NOVACORT	GEL	2%; 1%	Excluded				
NOVAREL	SOLR	10000UNIT	Preferred Brand				
NOVAREL	SOLR	5000UNIT	Preferred Brand				
NOVOEIGHT	SOLR	1000UNIT	Preferred Specialty				
NOVOEIGHT	SOLR	1500UNIT	Preferred Specialty				
NOVOEIGHT	SOLR	2000UNIT	Preferred Specialty				
NOVOEIGHT	SOLR	250UNIT	Preferred Specialty				
NOVOEIGHT	SOLR	3000UNIT	Preferred Specialty				
NOVOEIGHT	SOLR	500UNIT	Preferred Specialty				
NOVOLIN 70/30	SUSP	30UNIT/ML; 70UNIT/ML	Non-Preferred Brand		ST		
NOVOLIN N	SUSP	100UNIT/ML	Non-Preferred Brand		ST		
NOVOLIN R	SOLN	100UNIT/ML	Non-Preferred Brand		ST		
NOVOLOG	SOLN	100UNIT/ML	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NOVOLOG FLEXPEN	SOPN	100UNIT/ML	Non-Preferred Brand		ST		
NOVOLOG MIX 70/30	SUSP	30UNIT/ML; 70UNIT/ML	Non-Preferred Brand		ST		
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	30UNIT/ML; 70UNIT/ML	Non-Preferred Brand		ST		
NOVOLOG PENFILL	SOCT	100UNIT/ML	Non-Preferred Brand		ST		
NOVOSEVEN RT	SOLR	1MG	Preferred Specialty			QL	
NOVOSEVEN RT	SOLR	2MG	Preferred Specialty			QL	
NOVOSEVEN RT	SOLR	5MG	Preferred Specialty			QL	
NOVOSEVEN RT	SOLR	8MG	Preferred Specialty			QL	
NOXAFIL	SUSP	40MG/ML	Preferred Specialty		ST	QL	
NOXAFIL	TBEC	100MG	Preferred Specialty		ST	QL	
NPLATE	SOLR	250MCG	Medical Benefit-Preferred Specialty	PA			
NPLATE	SOLR	500MCG	Medical Benefit-Preferred Specialty	PA			
NUCALA	SOLR	100MG	Medical Benefit-Preferred Specialty	PA			
NUCYNTA	TABS	50MG	Non-Preferred Brand		ST		
NUCYNTA	TABS	75MG	Non-Preferred Brand		ST		
NUCYNTA	TABS	100MG	Non-Preferred Brand		ST		
NUCYNTA ER	TB12	50MG	Non-Preferred Brand		ST	QL	
NUCYNTA ER	TB12	100MG	Non-Preferred Brand		ST	QL	
NUCYNTA ER	TB12	150MG	Non-Preferred Brand		ST	QL	
NUCYNTA ER	TB12	200MG	Non-Preferred Brand		ST	QL	
NUCYNTA ER	TB12	250MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NUEDEXTA	CAPS	20MG; 10MG	Non-Preferred Brand	PA			
NULEV	TBDP	0.125MG	Generic				
NULOJIX	SOLR	250MG	Medical Benefit- Non-Preferred Specialty	PA			
NULYTELY/FLAVOR PACKS	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Non-Preferred Brand				
NUPLAZID	TABS	17MG	Preferred Specialty	PA			
NUQUIN HP	GEL	3%; 4%; 5%	Excluded				
NUQUIN HP	CREA	3%; 4%; 2%; 8%	Excluded				
NUTROPIN AQ NUSPIN 10	SOLN	10MG/2ML	Non-Preferred Specialty	PA		QL	
NUTROPIN AQ NUSPIN 5	SOLN	5MG/2ML	Non-Preferred Specialty	PA		QL	
NUTROPIN AQ PEN	SOLN	10MG/2ML	Non-Preferred Specialty	PA		QL	
NUTROPIN AQ PEN	SOLN	20MG/2ML	Non-Preferred Specialty	PA		QL	
NUVAIL	SOLN		Excluded				
NUVARING	RING	0.015MG/24HR; 0.12MG/24HR	Non-Preferred Brand				
NUVESSA	GEL	1.30%	Non-Preferred Brand		ST		
NUVIGIL	TABS	50MG	Non-Preferred Brand	PA		QL	
NUVIGIL	TABS	150MG	Non-Preferred Brand	PA		QL	
NUVIGIL	TABS	200MG	Non-Preferred Brand	PA		QL	
NUVIGIL	TABS	250MG	Non-Preferred Brand	PA		QL	
NUWIQ	KIT	250UNIT	Preferred Specialty				
NUWIQ	KIT	500UNIT	Preferred Specialty				
NUWIQ	KIT	1000UNIT	Preferred Specialty				
NUWIQ	KIT	2000UNIT	Preferred Specialty				
NYMALIZE	SOLN	60MG/20ML	Non-Preferred Specialty		ST	QL	
NYMALIZE	SOLN	30MG/10ML	Non-Preferred Specialty		ST	QL	
NYSTATIN	TABS	500000UNIT	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
NYSTATIN	SUSP	100000UNIT/ML	Generic				
NYSTATIN	CREA	100000UNIT/GM	Generic				
NYSTATIN	OINT	100000UNIT/GM	Generic				
NYSTATIN/TRIAMCINOLONE	CREA	100000UNIT/GM; 1MG/GM	Generic				
NYSTATIN/TRIAMCINOLONE	OINT	100000UNIT/GM; 0.1%	Generic				
NYSTOP	POWD	100000UNIT/GM	Generic				
OB-NATAL ONE	CAPS	150MG; 25MG; 170UNIT; 260MG; 40MG; 7MG; 1MG; 20MG; 30MG; 30MG; 330MG; 25MG; 30UNIT	Generic				
OB-NATAL ONE	CAPS	300MCG; 100MG; 25MG; 0; 800UNIT; 350MG; 50MG; 100MG; 7MG; 1MG; 150MCG; 20MG; 50MG; 50MG; 10MG; 500MG; 50MG; 1.5MG; 15UNIT; 5MG	Generic				
OBREDON	SOLN	200MG/5ML; 2.5MG/5ML	Excluded				
O-CAL FA	TABS	90MG; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 100MG; 20MG; 150MCG; 4MG; 3MG; 0.5MG; 3MG; 2500UNIT; 30UNIT; 15MG	Preferred Generic				
OCALIVA	TABS	5MG	Non-Preferred Specialty	PA		QL	
OCALIVA	TABS	10MG	Non-Preferred Specialty	PA		QL	
OCELLA	TABS	3MG; 0.03MG	Generic				
OCREVUS	SOLN	300MG/10ML	Medical Benefit-Preferred Specialty				
OCTAGAM	SOLN	1GM/20ML	Medical Benefit-Preferred Specialty				
OCTAGAM	SOLN	2.5GM/50ML	Medical Benefit-Preferred Specialty				
OCTAGAM	SOLN	5GM/100ML	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OCTAGAM	SOLN	10GM/200ML	Medical Benefit-Preferred Specialty				
OCTAGAM	SOLN	25GM/500ML	Medical Benefit-Preferred Specialty				
OCTREOTIDE ACETATE	SOLN	50MCG/ML	Generic			QL	
OCTREOTIDE ACETATE	SOLN	100MCG/ML	Generic			QL	
OCTREOTIDE ACETATE	SOLN	500MCG/ML	Preferred Specialty			QL	
OCTREOTIDE ACETATE	SOLN	200MCG/ML	Generic			QL	
OCTREOTIDE ACETATE	SOLN	1000MCG/ML	Preferred Specialty			QL	
OCUFLOX	SOLN	0.30%	Non-Preferred Brand				
OCUVEL	CAPS	250MG; 1MG; 0.5MG; 5MG; 200UNIT; 1MG; 40MG	Excluded				
ODEFSEY	TABS	200MG; 25MG; 25MG	Preferred Specialty			QL	
ODOMZO	CAPS	200MG	Non-Preferred Specialty	PA		QL	
OFEV	CAPS	100MG	Preferred Specialty	PA		QL	
OFEV	CAPS	150MG	Preferred Specialty	PA		QL	
OFIRMEV	SOLN	10MG/ML	Medical Benefit				
OFLOXACIN	TABS	300MG	Generic				
OFLOXACIN	TABS	400MG	Generic				
OFLOXACIN	SOLN	0.30%	Generic				
OGESTREL	TABS	50MCG; 0.5MG	Generic				
OLANZAPINE	TABS	20MG	Generic				
OLANZAPINE	TABS	2.5MG	Preferred Generic				
OLANZAPINE	TABS	5MG	Generic				
OLANZAPINE	TABS	7.5MG	Generic				
OLANZAPINE	TABS	10MG	Generic				
OLANZAPINE	TABS	15MG	Generic				
OLANZAPINE	SOLR	10MG	Medical Benefit				
OLANZAPINE ODT	TBDP	5MG	Preferred Brand				
OLANZAPINE ODT	TBDP	10MG	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OLANZAPINE ODT	TBDP	15MG	Preferred Brand				
OLANZAPINE ODT	TBDP	20MG	Preferred Brand				
OLANZAPINE/FLUOXETINE	CAPS	25MG; 6MG	Excluded				
OLANZAPINE/FLUOXETINE	CAPS	50MG; 6MG	Excluded				
OLANZAPINE/FLUOXETINE	CAPS	25MG; 12MG	Excluded				
OLANZAPINE/FLUOXETINE	CAPS	50MG; 12MG	Excluded				
OLMESARTAN MEDOXOMIL	TABS	5MG	Generic				
OLMESARTAN MEDOXOMIL	TABS	20MG	Generic				
OLMESARTAN MEDOXOMIL	TABS	40MG	Generic				
OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	10MG; 25MG; 40MG	Generic		ST		
OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	5MG; 25MG; 40MG	Generic		ST		
OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	5MG; 12.5MG; 20MG	Generic		ST		
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Non-Preferred Brand		ST		
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 40MG	Non-Preferred Brand		ST		
OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 40MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OLOPATADINE HCL	SOLN	0.10%	Preferred Brand				
OLOPATADINE HCL	SOLN	0.60%	Generic				
OLOPATADINE HYDROCHLORIDE	SOLN	0.20%	Preferred Brand				
OLUX	FOAM	0.05%	Non-Preferred Brand		ST		
OLUX-E	FOAM	0.05%	Non-Preferred Brand				
OLYSIO	CAPS	150MG	Excluded			QL	
OMEGA-3-ACID ETHYL ESTERS	CAPS	375MG; 465MG; 1GM	Generic	PA			
OMEPRAZOLE	CPDR	10MG	Generic				
OMEPRAZOLE	CPDR	20MG	Generic				
OMEPRAZOLE	TBEC	20MG	Generic				
OMEPRAZOLE	CPDR	40MG	Generic				
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	20MG; 1100MG	Excluded				
OMEPRAZOLE/SODIUM BICARBONATE	CAPS	40MG; 1100MG	Excluded				
OMNARIS	SUSP	50MCG/ACT	Preferred Brand		ST		
OMNITROPE	SOLN	5MG/1.5ML	Non-Preferred Specialty	PA		QL	
OMNITROPE	SOLN	10MG/1.5ML	Non-Preferred Specialty	PA		QL	
OMNITROPE	SOLR	5.8MG	Non-Preferred Specialty	PA		QL	
OMONTYS	SOLN	10MG/ML	Non-Preferred Specialty			QL	
OMONTYS	SOLN	20MG/2ML	Non-Preferred Specialty			QL	
ONCASPAR	SOLN	750UNIT/ML	Medical Benefit-Preferred Specialty				
ONDANSETRON HCL	SOLN	4MG/5ML	Generic				
ONDANSETRON HCL	SOLN	4MG/2ML	Medical Benefit				
ONDANSETRON HCL	TABS	8MG	Generic				
ONDANSETRON HCL	TABS	4MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ONDANSETRON ODT	TBDP	4MG	Generic				
ONDANSETRON ODT	TBDP	8MG	Generic				
ONETOUCH ULTRA BLUE	STRP	0	Generic			QL	
ONETOUCH ULTRA BLUE	STRP	0	Generic				
ONETOUCH VERIO TEST STRIPS	STRP	0	Generic			QL	
ONETOUCH VERIO TEST STRIPS	STRP	0	Generic				
ONEXTON	GEL	3.75%; 1.2%	Excluded				
ONFI	SUSP	2.5MG/ML	Non-Preferred Brand			QL	
ONFI	TABS	10MG	Non-Preferred Brand		ST	QL	
ONFI	TABS	20MG	Non-Preferred Brand		ST	QL	
ONGLYZA	TABS	5MG	Non-Preferred Brand		ST	QL	
ONGLYZA	TABS	2.5MG	Non-Preferred Brand		ST	QL	
ONIVYDE	INJ	43MG/10ML	Medical Benefit-Preferred Specialty	PA			
ONZETRA XSAIL	EXHP	11MG/NOSEPC	Excluded				
OPANA	TABS	5MG	Non-Preferred Brand				
OPANA	TABS	10MG	Non-Preferred Brand				
OPANA ER (CRUSH RESISTANT)	T12A	40MG	Excluded				
OPANA ER (CRUSH RESISTANT)	T12A	5MG	Excluded				
OPANA ER (CRUSH RESISTANT)	T12A	10MG	Excluded				
OPANA ER (CRUSH RESISTANT)	T12A	20MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OPANA ER (CRUSH RESISTANT)	T12A	30MG	Excluded				
OPDIVO	SOLN	40MG/4ML	Medical Benefit-Preferred Specialty	PA			
OPDIVO	SOLN	100MG/10ML	Medical Benefit-Preferred Specialty	PA			
OPIUM	TINC	1%	Excluded				
OPIUM TINCTURE	TINC	1%	Excluded				
OPSUMIT	TABS	10MG	Non-Preferred Specialty	PA		QL	
OPTICHAMBER ADVANTAGE	MISC		Preferred Brand			QL	
OPTICHAMBER ADVANTAGE/LARGE MASK	MISC		Preferred Brand			QL	
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK	MISC		Preferred Brand			QL	
OPTICHAMBER ADVANTAGE/SMALL FACE MASK	MISC		Preferred Brand			QL	
OPTICHAMBER DIAMOND	MISC		Preferred Brand				
OPTICHAMBER FACE MASK/LARGE	MISC		Preferred Brand			QL	
OPTICHAMBER FACE MASK/MEDIUM	MISC		Preferred Brand			QL	
OPTICHAMBER FACE MASK/SMALL	MISC		Preferred Brand			QL	
OPTIVAR	SOLN	0.05%	Non-Preferred Brand				
ORACEA	CPDR	40MG	Excluded				
ORACIT	SOLN	640MG/5ML; 490MG/5ML	Non-Preferred Brand				
ORALAIR	SUBL	0; 0; 0; 0; 0	Non-Preferred Brand				AL
ORALONE DENTAL PASTE	PSTE	0.10%	Non-Preferred Brand				
ORAP	TABS	1MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ORAP	TABS	2MG	Non-Preferred Brand			QL	
ORAPRED ODT	TBDP	10MG	Preferred Brand			QL	
ORAPRED ODT	TBDP	15MG	Preferred Brand			QL	
ORAPRED ODT	TBDP	30MG	Preferred Brand			QL	
ORBACTIV	SOLR	400MG	Medical Benefit-Preferred Specialty				
ORENCIA	SOLR	250MG	Medical Benefit-Non-Preferred Specialty	PA			
ORENCIA	SOSY	125MG/ML	Non-Preferred Specialty	PA		QL	
ORENCIA CLICKJECT	SOAJ	125MG/ML	Non-Preferred Specialty	PA		QL	
ORENITRAM	TBCR	0.125MG	Non-Preferred Specialty	PA		QL	
ORENITRAM	TBCR	0.25MG	Non-Preferred Specialty	PA		QL	
ORENITRAM	TBCR	1MG	Non-Preferred Specialty	PA		QL	
ORENITRAM	TBCR	2.5MG	Non-Preferred Specialty	PA		QL	
ORENITRAM	TBCR	5MG	Non-Preferred Specialty	PA		QL	
ORFADIN	CAPS	2MG	Excluded	PA			
ORFADIN	CAPS	5MG	Excluded	PA			
ORFADIN	CAPS	10MG	Excluded	PA			
ORFADIN	CAPS	20MG	Excluded	PA			
ORFADIN	SUSP	4MG/ML	Excluded	PA			
ORKAMBI	TABS	125MG; 200MG	Preferred Specialty	PA		QL	
ORPHENADRINE CITRATE ER	TB12	100MG	Generic				
ORPHENADRINE/ASA/CAFFEINE	TABS	385MG; 30MG; 25MG	Generic				
ORTHO D	CAPS	3775UNIT; 1MG	Excluded				
ORTHO DIAPHRAGM COIL SPRING KIT 100	KIT		Preferred Brand				
ORTHO DIAPHRAGM COIL SPRING KIT 105	KIT		Preferred Brand				
ORTHO DIAPHRAGM COIL SPRING KIT 50	KIT		Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ORTHO DIAPHRAGM FLAT SPRING KIT 55	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 60	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 65	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 70	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 75	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 80	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 85	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 90	KIT		Preferred Brand				
ORTHO DIAPHRAGM FLAT SPRING KIT 95	KIT		Preferred Brand				
ORTHO EVRA	PTWK	35MCG/24HR; 150MCG/24HR	Non-Preferred Brand				
ORTHO MICRONOR	TABS	0.35MG	Non-Preferred Brand				
ORTHO TRI-CYCLEN	TABS	0; 0	Non-Preferred Brand				
ORTHO TRI-CYCLEN LO	TABS	0; 0	Non-Preferred Brand				
ORTHO-CEPT	TABS	0.15MG; 30MCG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ORTHO-CYCLEN	TABS	35MCG; 0.25MG	Non-Preferred Brand				
ORTHO-EST	TABS	0.75MG	Non-Preferred Brand				
ORTHO-EST	TABS	1.5MG	Non-Preferred Brand				
ORTHO-NOVUM 1/35	TABS	35MCG; 1MG	Non-Preferred Brand				
ORTHO-NOVUM 7/7/7	TABS	0; 0	Non-Preferred Brand				
ORTHOVISC	SOSY	30MG/2ML	Excluded				
OSCIMIN SR	TB12	0.375MG	Generic				
OSCION CLEANSER	LOTN	6%	Generic				
OSELTAMIVIR PHOSPHATE	SUSR	6MG/ML	Generic			QL	
OSELTAMIVIR PHOSPHATE	CAPS	30MG	Generic			QL	
OSELTAMIVIR PHOSPHATE	CAPS	45MG	Generic			QL	
OSELTAMIVIR PHOSPHATE	CAPS	75MG	Generic			QL	
OSENI	TABS	12.5MG; 15MG	Non-Preferred Brand			QL	
OSENI	TABS	12.5MG; 30MG	Non-Preferred Brand			QL	
OSENI	TABS	12.5MG; 45MG	Non-Preferred Brand			QL	
OSENI	TABS	25MG; 15MG	Non-Preferred Brand			QL	
OSENI	TABS	25MG; 30MG	Non-Preferred Brand			QL	
OSENI	TABS	25MG; 45MG	Non-Preferred Brand			QL	
OSMOPREP	TABS	0.398GM; 1.102GM	Non-Preferred Brand				
OSPHENA	TABS	60MG	Preferred Brand	PA			
OTEZLA	TABS	30MG	Preferred Specialty	PA		QL	AL
OTEZLA	TBPK	0	Preferred Specialty				
OTIPRIO	SUSP	6%	Medical Benefit				
OTO-END 10	SOLN	1MG/ML; 10MG/ML; 10MG/ML	Generic				
OTOVEL	SOLN	0.3%; 0.025%	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OTREXUP	SOAJ	10MG/0.4ML	Non-Preferred Brand		ST		
OTREXUP	SOAJ	15MG/0.4ML	Non-Preferred Brand		ST		
OTREXUP	SOAJ	20MG/0.4ML	Non-Preferred Brand		ST		
OTREXUP	SOAJ	25MG/0.4ML	Non-Preferred Brand		ST		
OVACE PLUS WASH	GEL	10%	Excluded				
OVACE PLUS WASH	LIQD	10%	Excluded				
OVACE WASH	LIQD	10%	Excluded				
OVCON-35	TABS	35MCG; 0.4MG	Non-Preferred Brand				
OVIDREL	INJ	250MCG/0.5ML	Preferred Brand				
OXAPROZIN	TABS	600MG	Preferred Brand				
OXAYDO	TABA	5MG	Non-Preferred Brand		ST		
OXAYDO	TABA	7.5MG	Non-Preferred Brand		ST		
OXAZEPAM	CAPS	10MG	Generic				
OXAZEPAM	CAPS	15MG	Generic				
OXAZEPAM	CAPS	30MG	Generic				
OXCARBAZEPINE	TABS	150MG	Generic				
OXCARBAZEPINE	TABS	300MG	Generic				
OXCARBAZEPINE	TABS	600MG	Generic				
OXCARBAZEPINE	SUSP	300MG/5ML	Generic				
OXISTAT	CREA	1%	Non-Preferred Brand		ST		
OXISTAT	LOTN	1%	Non-Preferred Brand		ST		
OXSORALEN ULTRA	CAPS	10MG	Non-Preferred Specialty				
OXTELLAR XR	TB24	150MG	Non-Preferred Brand	PA		QL	
OXTELLAR XR	TB24	300MG	Non-Preferred Brand	PA		QL	
OXTELLAR XR	TB24	600MG	Non-Preferred Brand	PA		QL	
OXYBUTYNIN CHLORIDE	SYRP	5MG/5ML	Generic				
OXYBUTYNIN CHLORIDE	TABS	5MG	Generic				
OXYBUTYNIN CHLORIDE ER	TB24	15MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OXYBUTYNIN CHLORIDE ER	TB24	5MG	Generic				
OXYBUTYNIN CHLORIDE ER	TB24	10MG	Generic				
OXYCODONE HCL	TABS	15MG	Generic				
OXYCODONE HCL	TABS	30MG	Generic				
OXYCODONE HCL	TABS	5MG	Generic				
OXYCODONE HCL	TABS	20MG	Generic				
OXYCODONE HCL	TABS	10MG	Generic				
OXYCODONE HCL	CAPS	5MG	Excluded				
OXYCODONE HCL ER	T12A	40MG	Non-Preferred Brand			QL	
OXYCODONE HCL ER	T12A	80MG	Non-Preferred Brand			QL	
OXYCODONE HCL ER	T12A	10MG	Non-Preferred Brand			QL	
OXYCODONE HCL ER	T12A	20MG	Non-Preferred Brand			QL	
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 5MG	Generic				
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 7.5MG	Generic				
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 10MG	Generic				
OXYCODONE/ACETAMINOPHEN	TABS	325MG; 2.5MG	Generic				
OXYCODONE/ACETAMINOPHEN	TABS	650MG; 10MG	Generic				
OXYCODONE/ACETAMINOPHEN	TABS	500MG; 7.5MG	Generic				
OXYCODONE/ASPIRIN	TABS	325MG; 4.835MG	Generic				
OXYCONTIN	T12A	10MG	Preferred Brand			QL	
OXYCONTIN	T12A	15MG	Preferred Brand			QL	
OXYCONTIN	T12A	20MG	Preferred Brand			QL	
OXYCONTIN	T12A	30MG	Preferred Brand			QL	
OXYCONTIN	T12A	40MG	Preferred Brand			QL	
OXYCONTIN	T12A	60MG	Preferred Brand			QL	
OXYCONTIN	T12A	80MG	Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
OXYMORPHONE HYDROCHLORIDE	TABS	5MG	Preferred Brand		ST		
OXYMORPHONE HYDROCHLORIDE	TABS	10MG	Preferred Brand		ST		
OXYMORPHONE HYDROCHLORIDE ER	TB12	5MG	Preferred Brand		ST	QL	
OXYMORPHONE HYDROCHLORIDE ER	TB12	10MG	Preferred Brand		ST	QL	
OXYMORPHONE HYDROCHLORIDE ER	TB12	20MG	Preferred Brand		ST	QL	
OXYMORPHONE HYDROCHLORIDE ER	TB12	40MG	Preferred Brand		ST	QL	
OXYMORPHONE HYDROCHLORIDE ER	TB12	30MG	Preferred Brand		ST	QL	
OXYMORPHONE HYDROCHLORIDE ER	TB12	7.5MG	Preferred Brand		ST	QL	
OXYMORPHONE HYDROCHLORIDE ER	TB12	15MG	Preferred Brand		ST	QL	
OXYTROL	PTTW	3.9MG/24HR	Excluded				
OZURDEX	IMPL	0.7MG	Medical Benefit-Preferred Specialty				
PACERONE	TABS	100MG	Preferred Brand				
PACERONE	TABS	400MG	Preferred Brand				
PACERONE	TABS	200MG	Generic				
PACLITAXEL	CONC	100MG/16.7ML	Medical Benefit				
PACLITAXEL	CONC	150MG/25ML	Medical Benefit				
PACLITAXEL	CONC	300MG/50ML	Medical Benefit				
PAIN RELIEF PATCH	PTCH	0.038%; 5%	Excluded				
PALIPERIDONE ER	TB24	1.5MG	Non-Preferred Brand		ST		
PALIPERIDONE ER	TB24	3MG	Non-Preferred Brand		ST		
PALIPERIDONE ER	TB24	6MG	Non-Preferred Brand		ST		
PALIPERIDONE ER	TB24	9MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PAMELOR	CAPS	10MG	Non-Preferred Brand				
PAMELOR	CAPS	25MG	Non-Preferred Brand				
PAMELOR	CAPS	50MG	Non-Preferred Brand				
PAMELOR	CAPS	75MG	Non-Preferred Brand				
PAMIDRONATE DISODIUM	SOLR	30MG	Medical Benefit				
PAMIDRONATE DISODIUM	SOLR	90MG	Medical Benefit				
PAMINE FORTE	TABS	5MG	Non-Preferred Brand				
PANCREAZE	CPEP	24600UNIT; 4200UNIT; 14200UNIT	Non-Preferred Brand		ST		
PANCREAZE	CPEP	61500UNIT; 10500UNIT; 35500UNIT	Non-Preferred Brand		ST		
PANCREAZE	CPEP	98400UNIT; 16800UNIT; 56800UNIT	Non-Preferred Brand		ST		
PANCREAZE	CPEP	83900UNIT; 21000UNIT; 54700UNIT	Non-Preferred Brand		ST		
PANDEL	CREA	0.10%	Excluded				
PANOXYL WASH	LIQD	10%	Generic				
PANTOPRAZOLE SODIUM	TBEC	20MG	Generic				
PANTOPRAZOLE SODIUM	TBEC	40MG	Generic				
PARAFON FORTE DSC	TABS	500MG	Non-Preferred Brand				
PARCOPA	TBDP	10MG; 100MG	Non-Preferred Brand				
PARCOPA	TBDP	25MG; 100MG	Non-Preferred Brand				
PARCOPA	TBDP	25MG; 250MG	Non-Preferred Brand				
PAREGORIC	TINC	2MG/5ML	Excluded				
PARICALCITOL	CAPS	1MCG	Generic				
PARICALCITOL	CAPS	2MCG	Generic				
PARICALCITOL	CAPS	4MCG	Generic				
PARLODEL	TABS	2.5MG	Non-Preferred Brand				
PARLODEL	CAPS	5MG	Non-Preferred Brand				
PARNATE	TABS	10MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PAROMOMYCIN SULFATE	CAPS	250MG	Generic				
PAROXETINE	CAPS	7.5MG	Excluded				
PAROXETINE HCL	TABS	10MG	Preferred Generic				
PAROXETINE HCL	TABS	20MG	Preferred Generic				
PAROXETINE HCL	TABS	30MG	Preferred Generic				
PAROXETINE HCL	TABS	40MG	Preferred Generic				
PAROXETINE HCL ER	TB24	12.5MG	Preferred Brand		ST	QL	
PAROXETINE HCL ER	TB24	25MG	Preferred Brand		ST	QL	
PAROXETINE HCL ER	TB24	37.5MG	Preferred Brand		ST	QL	
PATADAY	SOLN	0.20%	Non-Preferred Brand				
PATANASE	SOLN	0.60%	Non-Preferred Brand				
PATANOL	SOLN	0.10%	Non-Preferred Brand				
PAXIL	SUSP	10MG/5ML	Non-Preferred Brand				
PAXIL	TABS	10MG	Non-Preferred Brand				
PAXIL	TABS	20MG	Non-Preferred Brand				
PAXIL	TABS	30MG	Non-Preferred Brand				
PAXIL	TABS	40MG	Non-Preferred Brand				
PAXIL CR	TB24	12.5MG	Non-Preferred Brand		ST	QL	
PAXIL CR	TB24	25MG	Non-Preferred Brand		ST	QL	
PAXIL CR	TB24	37.5MG	Non-Preferred Brand		ST	QL	
PAZEO	SOLN	0.70%	Non-Preferred Brand				
PCE	TBEC	333MG	Preferred Brand				
PCE	TBEC	500MG	Preferred Brand				
PEDIARIX	SUSP	58MCG/0.5ML; 25LFU/0.5ML; 10MCG/0.5ML; 0; 10LFU/0.5ML	Medical Benefit				
PEDIPAK	THPK	8%; 20%	Excluded				
PEG 3350	POWD	0	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PEG 3350/ELECTROLYTES	SOLR	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	Generic				
PEG-3350/ELECTROLYTES	SOLR	236GM; 2.97GM; 6.74GM; 5.86GM; 22.74GM	Generic				
PEGANONE	TABS	250MG	Non-Preferred Brand				
PEGASYS	SOLN	180MCG/ML	Preferred Specialty			QL	
PEGASYS	KIT	180MCG/0.5ML	Preferred Specialty			QL	
PEGASYS PROCLICK	SOLN	135MCG/0.5ML	Preferred Specialty			QL	
PEGASYS PROCLICK	SOLN	180MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON	KIT	150MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON	KIT	80MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON	KIT	120MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON	KIT	50MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN	KIT	120MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN	KIT	80MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN	KIT	50MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN	KIT	150MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN PAK 4	KIT	120MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN PAK 4	KIT	80MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN PAK 4	KIT	50MCG/0.5ML	Preferred Specialty			QL	
PEG-INTRON REDIPEN PAK 4	KIT	150MCG/0.5ML	Preferred Specialty			QL	
PEG-PREP	KIT	5MG; 210GM; 0.74GM; 2.86GM; 5.6GM	Generic				
PENICILLIN V POTASSIUM	TABS	250MG	Generic				
PENICILLIN V POTASSIUM	TABS	500MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PENICILLIN V POTASSIUM	SOLR	125MG/5ML	Generic				
PENICILLIN V POTASSIUM	SOLR	250MG/5ML	Generic				
PENLAC NAIL LACQUER	SOLN	8%	Non-Preferred Brand				
PENLET II AUTOMATIC BLOODSAMPLER	KIT		Preferred Brand				
PENNSAID	SOLN	1.50%	Excluded				
PENNSAID	SOLN	2%	Excluded				
PENTAM 300	SOLR	300MG	Medical Benefit				
PENTASA	CPCR	250MG	Preferred Brand			QL	
PENTASA	CPCR	500MG	Preferred Brand			QL	
PENTAZOCINE/ACETAMINOPHEN	TABS	650MG; 25MG	Generic				
PENTAZOCINE/NALOXONE HCL	TABS	0.5MG; 50MG	Preferred Brand				
PENTOXIFYLLINE ER	TBCR	400MG	Generic				
PEPCID	TABS	20MG	Excluded				
PEPCID	TABS	40MG	Non-Preferred Brand				
PEPCID	SUSR	40MG/5ML	Preferred Brand				
PERCOCET	TABS	500MG; 7.5MG	Non-Preferred Brand				
PERCOCET	TABS	650MG; 10MG	Non-Preferred Brand				
PERCOCET	TABS	325MG; 5MG	Non-Preferred Brand				
PERCOCET	TABS	325MG; 2.5MG	Non-Preferred Brand				
PERCOCET	TABS	325MG; 7.5MG	Non-Preferred Brand				
PERCOCET	TABS	325MG; 10MG	Non-Preferred Brand				
PERFOROMIST	NEBU	20MCG/2ML	Preferred Brand				AL
PERIDEX	SOLN	0.12%	Non-Preferred Brand				
PERINDOPRIL ERBUMINE	TABS	2MG	Generic				
PERINDOPRIL ERBUMINE	TABS	4MG	Generic				
PERINDOPRIL ERBUMINE	TABS	8MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PERJETA	SOLN	420MG/14ML	Medical Benefit-Preferred Specialty	PA			
PERMETHRIN	LOTN	1%	Excluded				
PERMETHRIN	CREA	5%	Generic				
PERPHENAZINE	TABS	2MG	Generic				
PERPHENAZINE	TABS	4MG	Generic				
PERPHENAZINE	TABS	8MG	Generic				
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 4MG	Generic				
PERPHENAZINE/AMITRIPTYLINE	TABS	50MG; 4MG	Generic				
PERPHENAZINE/AMITRIPTYLINE	TABS	10MG; 2MG	Generic				
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 2MG	Generic				
PERPHENAZINE/AMITRIPTYLINE	TABS	25MG; 4MG	Generic				
PERSANTINE	TABS	25MG	Non-Preferred Brand				
PERSANTINE	TABS	50MG	Non-Preferred Brand				
PERSANTINE	TABS	75MG	Non-Preferred Brand				
PERTZYE	CPEP	30250UNIT; 8000UNIT; 28750UNIT	Non-Preferred Specialty			QL	
PERTZYE	CPEP	60500UNIT; 16000UNIT; 57500UNIT	Non-Preferred Specialty			QL	
PERTZYE	CPEP	90750UNIT; 24000UNIT; 86250UNIT	Non-Preferred Specialty			QL	
PEXEVA	TABS	10MG	Non-Preferred Brand		ST	QL	
PEXEVA	TABS	20MG	Non-Preferred Brand		ST	QL	
PEXEVA	TABS	30MG	Non-Preferred Brand		ST	QL	
PEXEVA	TABS	40MG	Non-Preferred Brand		ST	QL	
PHENADOZ	SUPP	12.5MG	Non-Preferred Brand				
PHENADOZ	SUPP	25MG	Non-Preferred Brand				
PHENAZOPYRIDINE HCL	TABS	100MG	Generic				
PHENAZOPYRIDINE HCL	TABS	200MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PHENDIMETRAZINE TARTRATE	TABS	35MG	Generic				
PHENELZINE SULFATE	TABS	15MG	Generic				
PHENERGAN	SOLN	50MG/ML	Medical Benefit-Non-Preferred Specialty				
PHENOBARBITAL	TABS	15MG	Generic				
PHENOBARBITAL	TABS	30MG	Generic				
PHENOBARBITAL	TABS	60MG	Generic				
PHENOBARBITAL	TABS	100MG	Generic				
PHENOBARBITAL	ELIX	20MG/5ML	Generic				
PHENOBARBITAL	TABS	16.2MG	Generic				
PHENOBARBITAL	TABS	32.4MG	Generic				
PHENOBARBITAL	TABS	64.8MG	Generic				
PHENOBARBITAL	TABS	97.2MG	Generic				
PHENTERMINE HCL	CAPS	15MG	Generic				
PHENTERMINE HCL	CAPS	30MG	Generic				
PHENTERMINE HCL	TABS	37.5MG	Generic				
PHENYLEPHRINE HCL	SOLN	2.50%	Generic				
PHENYLEPHRINE HCL	SOLN	10%	Generic				
PHENYLEPHRINE/GUAIFENESIN	LIQD	20MG/ML; 1.5MG/ML	Generic				
PHENYTEK	CAPS	200MG	Preferred Brand				
PHENYTEK	CAPS	300MG	Preferred Brand				
PHENYTOIN	CHEW	50MG	Generic				
PHENYTOIN	SUSP	125MG/5ML	Generic				
PHENYTOIN SODIUM EXTENDED	CAPS	100MG	Preferred Generic				
PHLAG SPRAY	EMUL		Excluded				
PHOS-FLUR	GEL	1.10%	Generic				
PHOSLO	CAPS	667MG	Non-Preferred Brand				
PHOSLYRA	SOLN	667MG/5ML	Non-Preferred Specialty		ST		
PHOS-NAK POWDER CONCENTRATE	PACK	250MG; 280MG; 160MG	Excluded				
PHOSPHA 250 NEUTRAL	TABS	155MG; 852MG; 130MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PHOSPHOLINE IODIDE	SOLR	0.13%	Preferred Brand				
PHOTOFRIN	SOLR	75MG	Medical Benefit-Preferred Specialty				
PHRENILIN FORTE	CAPS	650MG; 50MG	Preferred Brand				
PICATO	GEL	0.02%	Non-Preferred Specialty		ST	QL	
PICATO	GEL	0.05%	Non-Preferred Specialty		ST	QL	
PILOCARPINE HCL	TABS	7.5MG	Generic				
PILOCARPINE HCL	SOLN	1%	Generic				
PILOCARPINE HCL	SOLN	2%	Generic				
PILOCARPINE HCL	SOLN	4%	Generic				
PILOCARPINE HYDROCHLORIDE	TABS	5MG	Generic				
PILOPINE HS	GEL	4%	Preferred Brand				
PIMOZIDE	TABS	1MG	Generic			QL	
PIMOZIDE	TABS	2MG	Generic			QL	
PINDOLOL	TABS	5MG	Generic				
PINDOLOL	TABS	10MG	Generic				
PIOGLITAZONE HCL	TABS	45MG	Generic				
PIOGLITAZONE HCL	TABS	30MG	Generic				
PIOGLITAZONE HCL	TABS	15MG	Generic				
PIOGLITAZONE HCL/METFORMIN HCL	TABS	500MG; 15MG	Generic				
PIOGLITAZONE HCL/METFORMIN HCL	TABS	850MG; 15MG	Generic				
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	2MG; 30MG	Generic				
PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	4MG; 30MG	Generic				
PIROXICAM	CAPS	10MG	Generic				
PIROXICAM	CAPS	20MG	Generic				
PLAN B ONE-STEP	TABS	1.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PLAQUENIL	TABS	200MG	Non-Preferred Brand				
PLAVIX	TABS	75MG	Non-Preferred Brand				
PLEGRIDY	SOPN	125MCG/0.5ML	Non-Preferred Specialty		ST	QL	
PLEGRIDY STARTER PACK	SOPN	0	Non-Preferred Specialty		ST	QL	
PLETAL	TABS	100MG	Non-Preferred Brand				
PLETAL	TABS	50MG	Non-Preferred Brand				
PLEXION	CREA	9.8%; 4.8%	Excluded				
PLEXION CLEANSER	LIQD	9.8%; 4.8%	Excluded				
PLEXION CLEANSING CLOTHS	PADS	9.8%; 4.8%	Excluded				
PLEXION TS	SUSP	10%; 5%	Excluded				
PNEUMOVAX 23/1 DOSE	INJ	25MCG/0.5ML	Medical Benefit			QL	AL
PNEUMOVAX 23/5 DOSE	INJ	25MCG/0.5ML	Medical Benefit			QL	AL
PNV FOLIC ACID + IRON MULTIVITAMIN	TABS	60MG; 50MG; 400UNIT; 4.5MCG; 27MG; 1MG; 13.5MG; 1.05MG; 1.2MG; 1.05MG; 15UNIT; 2500UNIT	Generic				
PNV PRENATAL PLUS MULTIVITAMIN	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	Preferred Generic				
PNV-FIRST	CAPS	30MG; 1100UNIT; 1000UNIT; 2MG; 12MCG; 200MG; 1MG; 20MG; 15MG; 29MG; 150MCG; 2.5MG; 1.8MG; 1.6MG; 20UNIT; 25MG	Generic				
PODOCON 25 IN BENZOIN TINCTURE	SOLN	25%	Excluded				
PODOFILOX	SOLN	0.50%	Generic				
POLYETHYLENE GLYCOL 3350	POWD	0	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
POLYETHYLENE GLYCOL 3350	PACK	0	Generic			QL	
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	10000UNIT/ML; 0.1%	Generic				
POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	10000UNIT/ML; 0.1%	Generic				
POLYTRIM	SOLN	10000UNIT/ML; 0.1%	Non-Preferred Brand				
POMALYST	CAPS	1MG	Non-Preferred Specialty	PA			
POMALYST	CAPS	2MG	Non-Preferred Specialty	PA			
POMALYST	CAPS	3MG	Non-Preferred Specialty	PA			
POMALYST	CAPS	4MG	Non-Preferred Specialty	PA			
PONSTEL	CAPS	250MG	Non-Preferred Brand				
PORTIA-28	TABS	0.03MG; 0.15MG	Generic				
PORTRAZZA	SOLN	800MG/50ML	Excluded				
POTASSIUM CHLORIDE	SOLN	20%	Generic				
POTASSIUM CHLORIDE	SOLN	10%	Generic				
POTASSIUM CHLORIDE ER	TBCR	8MEQ	Generic				
POTASSIUM CHLORIDE ER	TBCR	10MEQ	Generic				
POTASSIUM CHLORIDE ER	TBCR	20MEQ	Generic				
POTASSIUM CHLORIDE ER	CPCR	8MEQ	Generic				
POTASSIUM CHLORIDE ER	CPCR	10MEQ	Generic				
POTASSIUM CHLORIDE SR	TBCR	8MEQ	Generic				
POTASSIUM CITRATE ER	TBCR	540MG	Generic				
POTASSIUM CITRATE ER	TBCR	1080MG	Generic				
POTASSIUM CITRATE ER	TBCR	15MEQ	Generic				
POTIGA	TABS	50MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
POTIGA	TABS	200MG	Non-Preferred Brand		ST	QL	
POTIGA	TABS	300MG	Non-Preferred Brand		ST	QL	
POTIGA	TABS	400MG	Non-Preferred Brand		ST	QL	
PR BENZOYL PEROXIDE WASH	LIQD	7%	Excluded				
PR NATAL 400	MISC	120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 275MG; 0; 0; 1MG; 29MG; 0; 25MG; 20MG; 400MG; 25MG; 4MG; 1.8MG; 30MG; 25MG	Generic				
PR NATAL 400 EC	MISC	120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 275MG; 0; 1MG; 29MG; 25MG; 20MG; 400MG; 25MG; 4MG; 1.8MG; 3MG; 25MG	Generic				
PR NATAL 430	MISC	120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 295MG; 0; 0; 1MG; 29MG; 0; 25MG; 20MG; 430MG; 25MG; 4MG; 1.8MG; 30MG; 25MG	Generic				
PR NATAL 430 EC	MISC	120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 295MG; 0; 0; 1MG; 29MG; 0; 25MG; 20MG; 430MG; 25MG; 4MG; 1.8MG; 3MG; 25MG	Generic				
PRADAXA	CAPS	110MG	Non-Preferred Brand			QL	
PRADAXA	CAPS	150MG	Non-Preferred Brand			QL	
PRADAXA	CAPS	75MG	Non-Preferred Brand			QL	
PRALUENT	SOPN	75MG/ML	Non-Preferred Specialty	PA			
PRALUENT	SOPN	150MG/ML	Non-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PRAMCORT	CREA	1%; 1%	Excluded				
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.125MG	Preferred Generic				
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.25MG	Preferred Generic				
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.5MG	Preferred Generic				
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1MG	Preferred Generic				
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	1.5MG	Preferred Generic				
PRAMIPEXOLE DIHYDROCHLORIDE	TABS	0.75MG	Preferred Generic				
PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	0.375MG	Generic				
PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	0.75MG	Generic				
PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	1.5MG	Generic				
PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	3MG	Generic				
PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	3.75MG	Generic				
PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	4.5MG	Generic				
PRAMOSONE	CREA	1%; 1%	Excluded				
PRAMOSONE	LOTN	2.5%; 1%	Excluded				
PRAMOSONE	LOTN	1%; 1%	Excluded				
PRAMOSONE	OINT	1%; 1%	Excluded				
PRAMOSONE	OINT	2.5%; 1%	Excluded				
PRAMOSONE	LOTN	1%; 1%	Excluded				
PRAMOSONE	CREA	2.5%; 1%	Excluded				
PRAMOSONE E	CREA	2.5%; 1%	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PRANDIMET	TABS	500MG; 2MG	Non-Preferred Brand				
PRANDIMET	TABS	500MG; 1MG	Non-Preferred Brand				
PRANDIN	TABS	0.5MG	Non-Preferred Brand				
PRANDIN	TABS	1MG	Non-Preferred Brand				
PRANDIN	TABS	2MG	Non-Preferred Brand				
PRASCION FC	PADS	10%; 5%	Generic				
PRASCION RA WITH SUNSCREENS	CREA	10%; 5%	Generic				
PRASUGREL	TABS	5MG	Preferred Brand			QL	
PRASUGREL	TABS	10MG	Preferred Brand			QL	
PRAVACHOL	TABS	20MG	Non-Preferred Brand				
PRAVACHOL	TABS	40MG	Non-Preferred Brand				
PRAVACHOL	TABS	80MG	Non-Preferred Brand				
PRAVASTATIN SODIUM	TABS	10MG	Generic				
PRAVASTATIN SODIUM	TABS	20MG	Generic				
PRAVASTATIN SODIUM	TABS	40MG	Generic				
PRAVASTATIN SODIUM	TABS	80MG	Generic				
PRAZOSIN HCL	CAPS	1MG	Generic				
PRAZOSIN HCL	CAPS	2MG	Generic				
PRAZOSIN HCL	CAPS	5MG	Generic				
PRECISION PCX PLUS TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
PRECISION POINT OF CARE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
PRECISION QID TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS	STRP	0	Non-Preferred Brand		ST	QL	
PRECOSE	TABS	50MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PRECOSE	TABS	100MG	Non-Preferred Brand				
PRECOSE	TABS	25MG	Non-Preferred Brand				
PRED FORTE	SUSP	1%	Non-Preferred Brand				
PRED MILD	SUSP	0.12%	Preferred Brand				
PRED-G	SUSP	0.3%; 1%	Preferred Brand				
PREDNICARBATE	OINT	0.10%	Generic				
PREDNICARBATE	CREA	0.10%	Generic				
PREDNISOLONE	SOLN	15MG/5ML	Generic				
PREDNISOLONE ACETATE	SUSP	1%	Generic				
PREDNISOLONE SODIUM PHOSPHATE	SOLN	1%	Preferred Brand				
PREDNISOLONE SODIUM PHOSPHATE	SOLN	5MG/5ML	Generic				
PREDNISOLONE SODIUM PHOSPHATE	SOLN	15MG/5ML	Generic				
PREDNISONE	TABS	10MG	Generic				
PREDNISONE	TABS	20MG	Generic				
PREDNISONE	TABS	50MG	Preferred Brand				
PREDNISONE	SOLN	5MG/5ML	Preferred Brand				
PREDNISONE	TABS	5MG	Generic				
PREDNISONE	TABS	1MG	Generic				
PREDNISONE	TABS	2.5MG	Generic				
PREDNISONE INTENSOL	CONC	5MG/ML	Preferred Brand				
PREFERA OB	TABS	30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 6MG; 17MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	Non-Preferred Brand				
PREFERAOB ONE	CAPS	25MG; 30MCG; 10MG; 400UNIT; 12MCG; 200MG; 1MG; 6MG; 17MG; 22MG; 175MCG; 50MG; 10UNIT; 15MG	Non-Preferred Brand				
PREFEST	TABS	0; 0	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	SOLR	10000UNIT	Generic				
PREMARIN	CREA	0.625MG/GM	Non-Preferred Brand				
PREMARIN	TABS	0.3MG	Preferred Brand			QL	
PREMARIN	TABS	0.45MG	Preferred Brand			QL	
PREMARIN	TABS	0.625MG	Preferred Brand			QL	
PREMARIN	TABS	0.9MG	Preferred Brand			QL	
PREMARIN	TABS	1.25MG	Preferred Brand			QL	
PREMPHASE	TABS	0.625MG; 5MG	Preferred Brand				
PREMPRO	TABS	0.3MG; 1.5MG	Preferred Brand				
PREMPRO	TABS	0.45MG; 1.5MG	Preferred Brand				
PREMPRO	TABS	0.625MG; 2.5MG	Preferred Brand				
PREMPRO	TABS	0.625MG; 5MG	Preferred Brand				
PRENAFIRST	TABS	120MG; 0; 200MG; 400UNIT; 8MCG; 17MG; 1MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 4000UNIT; 15MG	Generic				
PRENAPLUS	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	Generic				
PRENATABS FA	TABS	120MG; 4000UNIT; 200MG; 400UNIT; 8MCG; 29MG; 1MG; 20MG; 150MCG; 3MG; 3MG; 0; 3MG; 0; 30UNIT; 15MG	Generic				
PRENATABS OBN	TABS	120MG; 200MG; 400UNIT; 8MCG; 1MG; 29MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	Generic				
PRENATABS RX	TABS	120MG; 4000UNIT; 30MCG; 200MG; 7MG; 400UNIT; 3MG; 8MCG; 1MG; 29MG; 100MG; 20MG; 150MCG; 3MG; 3MG; 0; 3MG; 30UNIT; 15MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PRENATAL	TABS	120MG; 4000UNIT; 200MG; 400UNIT; 8MCG; 28MG; 800MCG; 20MG; 2.6MG; 1.7MG; 1.8MG; 30UNIT; 25MG	Generic				
PRENATAL	TABS	100MG; 200MG; 400UNIT; 4MCG; 0.8MG; 27MG; 18MG; 2.6MG; 1.7MG; 1.84MG; 11UNIT; 4000UNIT; 25MG	Generic				
PRENATAL 19	TABS	100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 25MG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	Non-Preferred Brand			QL	
PRENATAL 19	CHEW	100MG; 1000UNIT; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	Generic			QL	
PRENATAL AD	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 30UNIT; 2700UNIT; 25MG	Generic				
PRENATAL AND IRON	TABS	100MG; 400UNIT; 1MG; 45MG; 800MCG; 100MG; 20MG; 150MCG; 4MG; 2MG; 60MG; 1.7MG; 30UNIT; 8000UNIT; 7.5MG	Generic				
PRE-NATAL FORMULA	TABS	100MG; 200MG; 4MCG; 400UNIT; 0.8MG; 60MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11MG; 25MG	Generic				
PRENATAL FORTE	TABS	100MG; 200MG; 2MG; 8MCG; 0.8MG; 150MCG; 27MG; 100MG; 20MG; 10MG; 4MG; 2MG; 3MG; 30UNIT; 8000UNIT; 400UNIT; 15MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PRENATAL LOW IRON	TABS	100MG; 0; 200MG; 400UNIT; 4MCG; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 4000UNIT; 11MG; 25MG	Generic				
PRENATAL MR 90 FE	TBCR	120MG; 250MG; 2MG; 12MCG; 50MG; 1MG; 0.15MG; 90MG; 20MG; 20MG; 3.4MG; 3MG; 4000UNIT; 400UNIT; 30UNIT; 25MG	Preferred Generic				
PRENATAL ONE DAILY	TABS	100MCG; 200MG; 100MG; 10MG; 2MG; 10MCG; 400UNIT; 27MG; 800MCG; 60MG; 2MG; 20MG; 3MG; 3MG; 2MG; 2000UNIT; 15UNIT; 15MG	Preferred Generic				
PRENATAL PLUS	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	Preferred Generic				
PRENATAL PLUS	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	Generic				
PRENATAL PLUS IRON	TABS	120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 1MG; 29MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	Preferred Generic				
PRENATAL VITAMINS	TABS	100MG; 200MG; 4MCG; 400UNIT; 60MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 11MG; 4000UNIT; 25MG	Generic				
PRENATE AM	TABS	200MG; 12MCG; 400MCG; 600MCG; 75MG; 25MG; 500MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PRENATE ESSENTIAL	CAPS	600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	Non-Preferred Brand				
PRENATE PIXIE	CAPS	600MCG; 30MG; 75MCG; 500UNIT; 13MCG; 200MG; 10MG; 400MCG; 150MCG; 5MG; 10UNIT; 5MG	Non-Preferred Brand				
PREPOPIK	PACK	12GM; 3.5GM; 10MG	Non-Preferred Brand				
PRESERA	FOAM	0; 0	Excluded				
PRESTALIA	TABS	2.5MG; 3.5MG	Non-Preferred Brand		ST		
PRESTALIA	TABS	5MG; 7MG	Non-Preferred Brand		ST		
PRESTALIA	TABS	10MG; 14MG	Non-Preferred Brand		ST		
PREVACID	CPDR	30MG	Excluded				
PREVACID	CPDR	15MG	Excluded				
PREVACID 24HR	CPDR	15MG	Generic				
PREVACID SOLUTAB	TBDP	15MG	Excluded				
PREVACID SOLUTAB	TBDP	30MG	Excluded				
PREVALITE	POWD	4GM/DOSE	Generic				
PREVALITE	PACK	4GM	Generic				
PREVIDENT	SOLN	0.20%	Non-Preferred Brand				
PREVIDENT 5000 BOOSTER	PSTE	1.10%	Non-Preferred Brand				
PREVIDENT 5000 PLUS	CREA	1.10%	Non-Preferred Brand				
PREVIDENT FLUORIDE	GEL	1.10%	Non-Preferred Brand				
PREVIFEM	TABS	35MCG; 0.25MG	Generic				
PREVNAR 13	SUSP	0	Medical Benefit			QL	AL
PREVPAC	MISC	500MG; 500MG; 30MG	Non-Preferred Brand				
PREZCOBIX	TABS	150MG; 800MG	Preferred Specialty			QL	
PREZISTA	TABS	600MG	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PREZISTA	TABS	75MG	Preferred Specialty			QL	
PREZISTA	TABS	150MG	Preferred Specialty			QL	
PREZISTA	SUSP	100MG/ML	Preferred Specialty			QL	
PREZISTA	TABS	800MG	Preferred Specialty			QL	
PRIALT	SOLN	100MCG/ML	Medical Benefit				
PRIALT	SOLN	500MCG/5ML	Medical Benefit				
PRIFTIN	TABS	150MG	Preferred Brand				
PRILOSEC	CPDR	10MG	Excluded				
PRILOSEC	CPDR	20MG	Excluded				
PRILOSEC	CPDR	40MG	Excluded				
PRILOSEC OTC	TBEC	20MG	Generic				
PRIMAQUINE PHOSPHATE	TABS	26.3MG	Preferred Brand				
PRIMIDONE	TABS	250MG	Preferred Generic				
PRIMIDONE	TABS	50MG	Preferred Generic				
PRIMSOL	SOLN	50MG/5ML	Excluded				
PRINIVIL	TABS	5MG	Non-Preferred Brand				
PRINIVIL	TABS	10MG	Non-Preferred Brand				
PRINIVIL	TABS	20MG	Non-Preferred Brand				
PRISTIQ	TB24	25MG	Non-Preferred Brand		ST	QL	
PRISTIQ	TB24	50MG	Non-Preferred Brand		ST	QL	
PRISTIQ	TB24	100MG	Non-Preferred Brand		ST	QL	
PRIVIGEN	SOLN	5GM/50ML	Medical Benefit-Preferred Specialty	PA			
PRIVIGEN	SOLN	10GM/100ML	Medical Benefit-Preferred Specialty	PA			
PRIVIGEN	SOLN	20GM/200ML	Medical Benefit-Preferred Specialty	PA			
PRIVIGEN	SOLN	40GM/400ML	Medical Benefit-Preferred Specialty	PA			
PROAIR HFA	AERS	108MCG/ACT	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PROAIR RESPICLICK	AEPB	108MCG/ACT	Generic				
PROBENECID	TABS	500MG	Generic				
PROBENECID/COLCHICINE	TABS	0.5MG; 500MG	Generic				
PROBUPHINE IMPLANT KIT	IMPL	74.2MG	Excluded				
PROCARDIA XL	TB24	30MG	Non-Preferred Brand				
PROCARDIA XL	TB24	60MG	Non-Preferred Brand				
PROCARDIA XL	TB24	90MG	Non-Preferred Brand				
PROCHLORPERAZINE	SUPP	25MG	Generic				
PROCHLORPERAZINE EDISYLATE	SOLN	5MG/ML	Generic				
PROCHLORPERAZINE MALEATE	TABS	5MG	Preferred Generic				
PROCHLORPERAZINE MALEATE	TABS	10MG	Preferred Generic				
PROCRIT	SOLN	2000UNIT/ML	Non-Preferred Specialty			QL	
PROCRIT	SOLN	3000UNIT/ML	Non-Preferred Specialty			QL	
PROCRIT	SOLN	4000UNIT/ML	Non-Preferred Specialty			QL	
PROCRIT	SOLN	10000UNIT/ML	Non-Preferred Specialty			QL	
PROCRIT	SOLN	20000UNIT/ML	Non-Preferred Specialty			QL	
PROCRIT	SOLN	40000UNIT/ML	Non-Preferred Specialty			QL	
PROCTOFOAM HC	FOAM	1%; 1%	Preferred Brand			QL	
PROCTOSOL HC	CREA	2.50%	Generic				
PROCYSBI	CPDR	25MG	Excluded				
PROCYSBI	CPDR	75MG	Excluded				
PROGESTERONE	CAPS	100MG	Generic				
PROGESTERONE	CAPS	200MG	Generic				
PROGESTERONE	OIL	50MG/ML	Generic				
PROGRAF	CAPS	0.5MG	Non-Preferred Brand				
PROGRAF	CAPS	1MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PROGRAF	CAPS	5MG	Non-Preferred Brand				
PROGRAF	SOLN	5MG/ML	Medical Benefit-Preferred Specialty				
PROLASTIN-C	SOLR	1000MG	Medical Benefit-Preferred Specialty	PA			
PROLENSA	SOLN	0.07%	Non-Preferred Brand		ST		
PROLEUKIN	SOLR	22000000UNIT	Medical Benefit-Preferred Specialty				
PROLIA	SOLN	60MG/ML	Medical Benefit-Preferred Specialty	PA			
PROMACTA	TABS	25MG	Preferred Specialty	PA		QL	
PROMACTA	TABS	50MG	Preferred Specialty	PA		QL	
PROMETHAZINE HCL	TABS	25MG	Generic				
PROMETHAZINE HCL	TABS	50MG	Generic				
PROMETHAZINE HCL	TABS	12.5MG	Generic				
PROMETHAZINE HCL	SUPP	12.5MG	Generic				
PROMETHAZINE HCL	SUPP	25MG	Generic				
PROMETHAZINE HCL PLAIN	SYRP	6.25MG/5ML	Generic				
PROMETHAZINE VC PLAIN	SOLN	5MG/5ML; 6.25MG/5ML	Generic				
PROMETHAZINE/CODEINE	SYRP	10MG/5ML; 6.25MG/5ML	Generic				
PROMETHAZINE/DEXTROMETHORPHAN	SYRP	15MG/5ML; 6.25MG/5ML	Generic				
PROMETHEGAN	SUPP	50MG	Non-Preferred Brand				
PROMETHEGAN	SUPP	25MG	Non-Preferred Brand				
PROMETHEGAN	SUPP	12.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PROMETRIUM	CAPS	100MG	Non-Preferred Brand				
PROMETRIUM	CAPS	200MG	Non-Preferred Brand				
PROMISEB	CREA	0; 0; 0	Excluded				
PROMISEB COMPLETE	KIT	0; 0; 0	Excluded				
PROPAFENONE HCL	TABS	150MG	Generic				
PROPAFENONE HCL	TABS	225MG	Generic				
PROPAFENONE HCL	TABS	300MG	Generic				
PROPAFENONE HCL ER	CP12	225MG	Non-Preferred Brand				
PROPAFENONE HCL ER	CP12	325MG	Non-Preferred Brand				
PROPAFENONE HCL ER	CP12	425MG	Non-Preferred Brand				
PROPANTHELINE BROMIDE	TABS	15MG	Generic				
PROPECIA	TABS	1MG	Excluded				
PROPRANOLOL HCL	SOLN	20MG/5ML	Generic				
PROPRANOLOL HCL	SOLN	40MG/5ML	Generic				
PROPRANOLOL HCL	TABS	10MG	Preferred Generic				
PROPRANOLOL HCL	TABS	20MG	Preferred Generic				
PROPRANOLOL HCL	TABS	40MG	Preferred Generic				
PROPRANOLOL HCL	TABS	80MG	Preferred Generic				
PROPRANOLOL HCL	TABS	60MG	Generic				
PROPRANOLOL HCL ER	CP24	60MG	Generic				
PROPRANOLOL HCL ER	CP24	80MG	Generic				
PROPRANOLOL HCL ER	CP24	120MG	Generic				
PROPRANOLOL HCL ER	CP24	160MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	Generic				
PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	25MG; 40MG	Generic				
PROPYLTHIOURACIL	TABS	50MG	Generic				
PROQUAD	INJ	0; 0; 0; 0	Medical Benefit				
PROSCAR	TABS	5MG	Non-Preferred Brand				
PROTONIX	TBEC	40MG	Excluded				
PROTONIX	TBEC	20MG	Excluded				
PROTONIX	PACK	40MG	Excluded				
PROTOPIC	OINT	0.03%	Non-Preferred Brand		ST	QL	
PROTOPIC	OINT	0.10%	Non-Preferred Brand		ST	QL	
PROTRIPTYLINE HCL	TABS	5MG	Preferred Brand				
PROTRIPTYLINE HCL	TABS	10MG	Preferred Brand				
PROVENGE	SUSP	0	Medical Benefit-Non-Preferred Specialty	PA			
PROVENTIL HFA	AERS	108MCG/ACT	Non-Preferred Brand				
PROVENZA	PTCH	4%; 1%	Excluded				
PROVERA	TABS	10MG	Non-Preferred Brand				
PROVERA	TABS	2.5MG	Non-Preferred Brand				
PROVERA	TABS	5MG	Non-Preferred Brand				
PROVIDA OB	CAPS	300MCG; 60MG; 6MG; 400UNIT; 1MG; 12MCG; 20MG; 1.25MG; 30MG; 20MG; 10MG; 20MG; 25MG; 3.5MG; 2.5MG; 10MG	Non-Preferred Brand				
PROVIGIL	TABS	100MG	Non-Preferred Brand			QL	
PROVIGIL	TABS	200MG	Non-Preferred Brand			QL	
PROVISC	SOLN	10MG/ML	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
PROZAC	CAPS	10MG	Non-Preferred Brand				
PROZAC	CAPS	20MG	Non-Preferred Brand				
PROZAC	CAPS	40MG	Non-Preferred Brand				
PROZAC WEEKLY	CPDR	90MG	Non-Preferred Brand		ST		
PRUCLAIR	CREA	0; 0	Excluded				
PRUDOXIN	CREA	5%	Non-Preferred Brand		ST		
PRUMYX	CREA	0; 0	Excluded				
PRUTECT	EMUL	0; 0; 0	Excluded				
PSEUDOEPHEDRINE HCL	TABS	60MG	Excluded				
PULMICORT	SUSP	0.25MG/2ML	Non-Preferred Brand				
PULMICORT	SUSP	0.5MG/2ML	Non-Preferred Brand				
PULMICORT	SUSP	1MG/2ML	Non-Preferred Brand			QL	
PULMICORT FLEXHALER	AEPB	180MCG/ACT	Generic				
PULMICORT FLEXHALER	AEPB	90MCG/ACT	Generic				
PULMOZYME	SOLN	1MG/ML	Preferred Specialty	PA		QL	
PURIXAN	SUSP	2000MG/100ML	Non-Preferred Brand				
PYLERA	CAPS	140MG; 125MG; 125MG	Non-Preferred Brand				
PYRAZINAMIDE	TABS	500MG	Generic				
PYRIDIUM	TABS	100MG	Non-Preferred Brand				
PYRIDIUM	TABS	200MG	Non-Preferred Brand				
PYRIDOSTIGMINE BROMIDE	TABS	60MG	Generic				
PYRIDOSTIGMINE BROMIDE ER	TBCR	180MG	Excluded				
PYRIL D	SUSP	5MG/5ML; 16MG/5ML	Non-Preferred Brand				
PYRILAMINE-PHENYLEPHRINE	SUSP	5MG/5ML; 16MG/5ML	Generic				
QBRELIS	SOLN	1MG/ML	Non-Preferred Brand				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
QNASL	AERS	80MCG/ACT	Non-Preferred Brand		ST		
QNASL CHILDRENS	AERS	40MCG/ACT	Non-Preferred Brand		ST		
QSYMIA	CP24	3.75MG; 23MG	Non-Preferred Brand		ST		
QSYMIA	CP24	7.5MG; 46MG	Non-Preferred Brand		ST		
QSYMIA	CP24	11.25MG; 69MG	Non-Preferred Brand		ST		
QSYMIA	CP24	15MG; 92MG	Non-Preferred Brand		ST		
QUALAQUIN	CAPS	324MG	Non-Preferred Brand	PA			
QUARTETTE	TABS	0; 0	Non-Preferred Brand				
QUASENSE	TABS	0.03MG; 0.15MG	Generic				
QUDEXY XR	CS24	25MG	Excluded				
QUDEXY XR	CS24	50MG	Excluded				
QUDEXY XR	CS24	200MG	Excluded				
QUDEXY XR	CS24	100MG	Excluded				
QUDEXY XR	CS24	150MG	Excluded				
QUESTRAN	POWD	4GM/DOSE	Non-Preferred Brand				
QUESTRAN LIGHT	POWD	4GM/DOSE	Non-Preferred Brand				
QUETIAPINE FUMARATE	TABS	25MG	Preferred Generic				
QUETIAPINE FUMARATE	TABS	100MG	Generic				
QUETIAPINE FUMARATE	TABS	200MG	Generic				
QUETIAPINE FUMARATE	TABS	300MG	Generic				
QUETIAPINE FUMARATE	TABS	50MG	Generic				
QUETIAPINE FUMARATE	TABS	400MG	Generic			QL	
QUETIAPINE FUMARATE ER	TB24	400MG	Non-Preferred Brand		ST	QL	
QUETIAPINE FUMARATE ER	TB24	50MG	Non-Preferred Brand		ST	QL	
QUETIAPINE FUMARATE ER	TB24	150MG	Non-Preferred Brand		ST	QL	
QUETIAPINE FUMARATE ER	TB24	200MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
QUETIAPINE FUMARATE ER	TB24	300MG	Non-Preferred Brand		ST	QL	
QUFLORA FE	CHEW	100MG; 45MCG; 10MG; 600UNIT; 1MG; 9MCG; 216MCG; 9MG; 0; 20MG; 2MG; 1MG; 0.25MG; 1.5MG; 30UNIT; 2500UNIT; 12MG	Excluded				
QUFLORA PEDIATRIC	SOLN	35MG/ML; 400UNIT/ML; 1MG/ML; 2MCG/ML; 35MCG/ML; 65MCG/ML; 10MG/ML; 0.8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 1000UNIT/ML; 5UNIT/ML	Excluded				
QUILLICHEW ER	CHER	20MG	Non-Preferred Brand			QL	AL
QUILLICHEW ER	CHER	30MG	Non-Preferred Brand			QL	AL
QUILLICHEW ER	CHER	40MG	Non-Preferred Brand			QL	AL
QUILLIVANT XR	SUSR	25MG/5ML	Non-Preferred Brand			QL	AL
QUINAPRIL HCL	TABS	10MG	Generic				
QUINAPRIL HCL	TABS	20MG	Generic				
QUINAPRIL HCL	TABS	40MG	Generic				
QUINAPRIL HCL	TABS	5MG	Generic				
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 10MG	Generic				
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 20MG	Generic				
QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	25MG; 20MG	Generic				
QUINIDINE GLUCONATE CR	TBCR	324MG	Generic				
QUINIDINE SULFATE	TABS	200MG	Preferred Generic				
QUINIDINE SULFATE ER	TBCR	300MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
QUININE SULFATE	CAPS	324MG	Generic	PA			
QUTENZA	KIT	0; 8%; 0	Medical Benefit-Non-Preferred Specialty	PA			
QVAR	AERS	40MCG/ACT	Generic				
QVAR	AERS	80MCG/ACT	Generic				
RABAVERT	SUSR	0	Medical Benefit				
RABEPRAZOLE SODIUM	TBEC	20MG	Generic				
RADICAVA	SOLN	30MG/100ML	Medical Benefit-Non-Preferred Specialty	PA			
RAGWITEK	SUBL	12AMB A 1-U	Non-Preferred Brand				AL
RALOXIFENE HYDROCHLORIDE	TABS	60MG	Generic				
RAMIPRIL	CAPS	1.25MG	Generic				
RAMIPRIL	CAPS	2.5MG	Preferred Generic				
RAMIPRIL	CAPS	5MG	Generic				
RAMIPRIL	CAPS	10MG	Generic				
RANEXA	TB12	500MG	Preferred Brand				
RANEXA	TB12	1000MG	Preferred Brand				
RANITIDINE 75	TABS	75MG	Excluded				
RANITIDINE HCL	SYRP	75MG/5ML	Generic				
RANITIDINE HCL	TABS	150MG	Excluded				
RANITIDINE HCL	TABS	300MG	Generic				
RANITIDINE HCL	CAPS	150MG	Generic				
RANITIDINE HCL	CAPS	300MG	Generic				
RAPAFLO	CAPS	4MG	Non-Preferred Brand		ST		
RAPAFLO	CAPS	8MG	Non-Preferred Brand		ST		
RAPAMUNE	SOLN	1MG/ML	Preferred Specialty			QL	
RAPAMUNE	TABS	0.5MG	Non-Preferred Specialty			QL	
RAPAMUNE	TABS	1MG	Non-Preferred Specialty			QL	
RAPAMUNE	TABS	2MG	Non-Preferred Specialty			QL	
RAPIVAB	SOLN	200MG/20ML	Medical Benefit-Non-Preferred Specialty				
RASAGILINE MESYLATE	TABS	0.5MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RASAGILINE MESYLATE	TABS	1MG	Non-Preferred Brand		ST		
RASUVO	SOAJ	7.5MG/0.15ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	10MG/0.2ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	12.5MG/0.25ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	15MG/0.3ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	17.5MG/0.35ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	20MG/0.4ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	22.5MG/0.45ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	25MG/0.5ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	27.5MG/0.55ML	Non-Preferred Brand		ST		
RASUVO	SOAJ	30MG/0.6ML	Non-Preferred Brand		ST		
RAVICTI	LIQD	1.1GM/ML	Preferred Specialty	PA			
RAYALDEE	CPCR	30MCG	Excluded				
RAYOS	TBEC	1MG	Excluded				
RAYOS	TBEC	2MG	Excluded				
RAYOS	TBEC	5MG	Excluded				
RAZADYNE	TABS	4MG	Non-Preferred Brand				
RAZADYNE	TABS	8MG	Non-Preferred Brand				
RAZADYNE	TABS	12MG	Non-Preferred Brand				
RAZADYNE	SOLN	4MG/ML	Non-Preferred Brand				
RAZADYNE ER	CP24	8MG	Non-Preferred Brand				
RAZADYNE ER	CP24	16MG	Non-Preferred Brand				
RAZADYNE ER	CP24	24MG	Non-Preferred Brand				
REBETOL	CAPS	200MG	Non-Preferred Specialty			QL	
REBETOL	SOLN	40MG/ML	Non-Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
REBIF	SOSY	22MCG/0.5ML	Preferred Specialty			QL	
REBIF	SOSY	44MCG/0.5ML	Preferred Specialty			QL	
REBIF REBIDOSE	SOAJ	22MCG/0.5ML	Preferred Specialty			QL	
REBIF REBIDOSE	SOAJ	44MCG/0.5ML	Preferred Specialty			QL	
REBIF REBIDOSE TITRATION PACK	SOAJ	0	Preferred Specialty			QL	
REBIF TITRATION PACK	SOSY	0	Preferred Specialty			QL	
RECEDO	GEL	0; 0	Excluded				
RECLAST	SOLN	5MG/100ML	Medical Benefit-Non-Preferred Specialty				
RECLIPSEN	TABS	0.15MG; 30MCG	Generic				
RECOMBINATE	SOLR	220-400 UNIT	Preferred Specialty			QL	
RECOMBINATE	SOLR	401-800 UNIT	Preferred Specialty			QL	
RECOMBINATE	SOLR	801-1240 UNIT	Preferred Specialty			QL	
RECOMBIVAX HB	SUSP	10MCG/ML	Medical Benefit			QL	AL
RECOMBIVAX HB	SUSP	5MCG/0.5ML	Medical Benefit			QL	AL
RECOMBIVAX HB	SUSP	40MCG/ML	Medical Benefit			QL	AL
RECTIV	OINT	0.40%	Non-Preferred Brand			QL	
REFISSA	CREA	0.05%	Excluded				
REGLAN	TABS	5MG	Non-Preferred Brand				
REGLAN	TABS	10MG	Non-Preferred Brand				
REGRANEX	GEL	0.01%	Preferred Specialty		ST		
RELADOR PAK	KIT	2.5%; 2.5%	Excluded				
RELADOR PAK PLUS	KIT	2.5%; 2.5%	Excluded				
RELENZA DISKHALER	AEPB	5MG/BLISTER	Non-Preferred Brand				
RELION BLOOD GLUCOSE TESTSTRIPS	STRP	0	Non-Preferred Brand		ST		
RELISTOR	TABS	150MG	Non-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RELISTOR	SOLN	12MG/0.6ML	Non-Preferred Specialty	PA			
RELISTOR	SOLN	8MG/0.4ML	Non-Preferred Specialty	PA			
RELISTOR	KIT	12MG/0.6ML	Non-Preferred Specialty	PA			
RELPAX	TABS	20MG	Non-Preferred Brand			QL	
RELPAX	TABS	40MG	Non-Preferred Brand			QL	
RELYYKS	PTCH	4%; 5%	Excluded				
REMERON	TABS	15MG	Non-Preferred Brand				
REMERON	TABS	30MG	Non-Preferred Brand				
REMERON	TABS	45MG	Non-Preferred Brand				
REMERON SOLTAB	TBDP	15MG	Non-Preferred Brand				
REMERON SOLTAB	TBDP	30MG	Non-Preferred Brand				
REMERON SOLTAB	TBDP	45MG	Non-Preferred Brand				
REMICADE	SOLR	100MG	Medical Benefit-Preferred Specialty	PA			
REMODULIN	SOLN	1MG/ML	Medical Benefit-Preferred Specialty	PA			
REMODULIN	SOLN	2.5MG/ML	Medical Benefit-Preferred Specialty	PA			
REMODULIN	SOLN	5MG/ML	Medical Benefit-Preferred Specialty	PA			
REMODULIN	SOLN	10MG/ML	Medical Benefit-Preferred Specialty	PA			
RENAGEL	TABS	400MG	Preferred Brand		ST	QL	
RENAGEL	TABS	800MG	Preferred Brand		ST	QL	
RENA-VITE RX	TABS	60MG; 300MCG; 10MG; 6MCG; 1MG; 20MG; 10MG; 1.7MG; 1.5MG	Preferred Brand				AL
RENOVA	CREA	0.02%	Excluded				
RENOVA PUMP	CREA	0.02%	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RENVELA	TABS	800MG	Non-Preferred Specialty		ST	QL	
RENVELA	PACK	2.4GM	Non-Preferred Specialty				
RENVELA	PACK	0.8GM	Non-Preferred Specialty				
REPAGLINIDE	TABS	0.5MG	Generic				
REPAGLINIDE	TABS	1MG	Generic				
REPAGLINIDE	TABS	2MG	Generic				
REPATHA	SOSY	140MG/ML	Non-Preferred Specialty	PA			
REPATHA PUSHTRONEX SYSTEM	SOCT	420MG/3.5ML	Non-Preferred Specialty	PA			
REPATHA SURECLICK	SOAJ	140MG/ML	Non-Preferred Specialty	PA			
REPLESTA	WAFR	50000UNIT	Excluded				
REPLESTA CHILDRENS	WAFR	14000UNIT	Excluded				
REPLESTA NX	WAFR	14000UNIT	Excluded				
REQUIP	TABS	0.25MG	Non-Preferred Brand				
REQUIP	TABS	0.5MG	Non-Preferred Brand				
REQUIP	TABS	1MG	Non-Preferred Brand				
REQUIP	TABS	2MG	Non-Preferred Brand				
REQUIP	TABS	5MG	Non-Preferred Brand				
REQUIP	TABS	3MG	Non-Preferred Brand				
REQUIP	TABS	4MG	Non-Preferred Brand				
REQUIP XL	TB24	12MG	Non-Preferred Brand		ST		
REQUIP XL	TB24	6MG	Non-Preferred Brand		ST		
REQUIP XL	TB24	2MG	Non-Preferred Brand		ST		
REQUIP XL	TB24	4MG	Non-Preferred Brand		ST		
REQUIP XL	TB24	8MG	Non-Preferred Brand		ST		
RESCRIPTOR	TABS	100MG	Preferred Brand				
RESCRIPTOR	TABS	200MG	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RESERPINE	TABS	0.1MG	Generic				
RESERPINE	TABS	0.25MG	Generic				
RESTASIS	EMUL	0.05%	Preferred Brand			QL	
RESTASIS MULTIDOSE	EMUL	0.05%	Preferred Brand			QL	
RESTORIL	CAPS	22.5MG	Non-Preferred Brand			QL	AL
RESTORIL	CAPS	7.5MG	Non-Preferred Brand			QL	AL
RESTORIL	CAPS	15MG	Non-Preferred Brand			QL	AL
RESTORIL	CAPS	30MG	Non-Preferred Brand			QL	AL
RETIN-A	CREA	0.03%	Non-Preferred Brand	PA			AL
RETIN-A	CREA	0.05%	Non-Preferred Brand	PA			AL
RETIN-A	GEL	0.03%	Non-Preferred Brand	PA			AL
RETIN-A	CREA	0.10%	Non-Preferred Brand	PA			AL
RETIN-A	GEL	0.01%	Non-Preferred Brand	PA			AL
RETIN-A MICRO	GEL	0.04%	Non-Preferred Brand		ST		
RETIN-A MICRO	GEL	0.10%	Non-Preferred Brand		ST		
RETIN-A MICRO PUMP	GEL	0.10%	Non-Preferred Brand		ST		
RETIN-A MICRO PUMP	GEL	0.04%	Non-Preferred Brand		ST		
RETIN-A MICRO PUMP	GEL	0.08%	Excluded	PA			
RETISERT	IMPL	0.59MG	Medical Benefit-Preferred Specialty	PA			
RETROVIR	CAPS	100MG	Non-Preferred Brand				
RETROVIR	SYRP	50MG/5ML	Non-Preferred Brand				
REVATIO	SUSR	10MG/ML	Preferred Specialty	PA		QL	AL
REVATIO	TABS	20MG	Non-Preferred Specialty	PA		QL	
REVESTA	CAPS	5750UNIT; 1MG	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
REVIA	TABS	50MG	Non-Preferred Brand				
REVLIMID	CAPS	2.5MG	Preferred Specialty	PA		QL	
REVLIMID	CAPS	5MG	Preferred Specialty	PA		QL	
REVLIMID	CAPS	10MG	Preferred Specialty	PA		QL	
REVLIMID	CAPS	15MG	Preferred Specialty	PA		QL	
REVLIMID	CAPS	25MG	Preferred Specialty	PA		QL	
REXULTI	TABS	0.25MG	Non-Preferred Brand		ST	QL	
REXULTI	TABS	0.5MG	Non-Preferred Brand		ST	QL	
REXULTI	TABS	1MG	Non-Preferred Brand		ST	QL	
REXULTI	TABS	2MG	Non-Preferred Brand		ST	QL	
REXULTI	TABS	3MG	Non-Preferred Brand		ST	QL	
REXULTI	TABS	4MG	Non-Preferred Brand		ST	QL	
REYATAZ	CAPS	300MG	Preferred Specialty			QL	
REYATAZ	CAPS	150MG	Preferred Specialty			QL	
REYATAZ	CAPS	200MG	Preferred Specialty			QL	
REZIRA	SOLN	5MG/5ML; 60MG/5ML	Excluded				
RHEUMATREX	TABS	2.5MG	Preferred Brand				
RHINOCORT AQUA	SUSP	32MCG/ACT	Non-Preferred Brand				
RHOFADE	CREA	1%	Non-Preferred Brand			QL	AL
RHOGAM ULTRA-FILTERED PLUS	SOSY	1500UNIT	Medical Benefit				
RHOPHYLAC	SOSY	1500UNIT/2ML	Medical Benefit				
RIAX	FOAM	5.50%	Non-Preferred Brand			QL	
RIAX	FOAM	9.50%	Non-Preferred Brand			QL	
RIBASPHERE	CAPS	200MG	Non-Preferred Specialty		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RIBASPHERE	TABS	200MG	Non-Preferred Specialty		ST	QL	
RIBASPHERE RIBAPAK	TABS	400MG	Non-Preferred Specialty		ST	QL	
RIBASPHERE RIBAPAK	TABS	600MG	Non-Preferred Specialty		ST	QL	
RIBAVIRIN	TABS	200MG	Preferred Specialty			QL	
RIBAVIRIN	CAPS	200MG	Preferred Specialty			QL	
RIDAURA	CAPS	3MG	Excluded				
RIFADIN	CAPS	300MG	Non-Preferred Brand				
RIFADIN	CAPS	150MG	Non-Preferred Brand				
RIFADIN	SOLR	600MG	Medical Benefit-Non-Preferred Specialty				
RIFAMPIN	CAPS	300MG	Generic				
RIFAMPIN	CAPS	150MG	Generic				
RIFAMPIN	SOLR	600MG	Medical Benefit-Preferred Specialty				
RIGHT STEP PRENATAL	TABS	50MG; 250MG; 400UNIT; 0.15MG; 2MCG; 27MG; 0.8MG; 0.01MG; 0.15MG; 0.05MG; 10MG; 0.835MG; 1MG; 2MG; 3MG; 4000UNIT; 0.085MG	Generic				
RILUTEK	TABS	50MG	Non-Preferred Specialty			QL	
RILUZOLE	TABS	50MG	Generic			QL	
RIMANTADINE HCL	TABS	100MG	Generic				
RIMSO-50	SOLN	50%	Medical Benefit				
RISEDRONATE SODIUM	TABS	30MG	Generic				
RISEDRONATE SODIUM	TABS	150MG	Generic			QL	
RISEDRONATE SODIUM	TABS	35MG	Generic				
RISEDRONATE SODIUM	TABS	5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RISEDRONATE SODIUM DR	TBEC	35MG	Generic				
RISPERDAL	TABS	1MG	Non-Preferred Brand				
RISPERDAL	TABS	0.25MG	Non-Preferred Brand				
RISPERDAL	TABS	0.5MG	Non-Preferred Brand				
RISPERDAL	SOLN	1MG/ML	Non-Preferred Brand				
RISPERDAL	TABS	2MG	Non-Preferred Brand				
RISPERDAL	TABS	3MG	Non-Preferred Brand				
RISPERDAL	TABS	4MG	Non-Preferred Brand				
RISPERDAL CONSTA	SUSR	25MG	Medical Benefit-Preferred Specialty				
RISPERDAL CONSTA	SUSR	37.5MG	Medical Benefit-Preferred Specialty				
RISPERDAL CONSTA	SUSR	50MG	Medical Benefit-Preferred Specialty				
RISPERDAL CONSTA	SUSR	12.5MG	Medical Benefit-Preferred Specialty				
RISPERDAL M-TAB	TBDP	1MG	Non-Preferred Brand				
RISPERDAL M-TAB	TBDP	2MG	Non-Preferred Brand				
RISPERDAL M-TAB	TBDP	3MG	Non-Preferred Brand				
RISPERDAL M-TAB	TBDP	4MG	Non-Preferred Brand				
RISPERDAL M-TAB	TBDP	0.5MG	Non-Preferred Brand				
RISPERIDONE	TABS	0.25MG	Preferred Generic				
RISPERIDONE	TABS	0.5MG	Preferred Generic				
RISPERIDONE	TABS	1MG	Preferred Generic				
RISPERIDONE	TABS	2MG	Preferred Generic				
RISPERIDONE	TABS	3MG	Preferred Generic				
RISPERIDONE	TABS	4MG	Generic				
RISPERIDONE	SOLN	1MG/ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RISPERIDONE M-TAB	TBDP	0.5MG	Generic				
RISPERIDONE M-TAB	TBDP	1MG	Generic				
RISPERIDONE M-TAB	TBDP	2MG	Generic				
RISPERIDONE M-TAB	TBDP	3MG	Generic				
RISPERIDONE M-TAB	TBDP	4MG	Generic				
RISPERIDONE ODT	TBDP	0.25MG	Generic				
RISPERIDONE ODT	TBDP	0.5MG	Preferred Brand				
RISPERIDONE ODT	TBDP	1MG	Preferred Brand				
RISPERIDONE ODT	TBDP	2MG	Preferred Brand				
RISPERIDONE ODT	TBDP	3MG	Preferred Brand				
RISPERIDONE ODT	TBDP	4MG	Preferred Brand				
RITALIN	TABS	5MG	Non-Preferred Brand				AL
RITALIN	TABS	10MG	Non-Preferred Brand				AL
RITALIN	TABS	20MG	Non-Preferred Brand				AL
RITALIN LA	CP24	20MG	Non-Preferred Brand			QL	AL
RITALIN LA	CP24	30MG	Non-Preferred Brand			QL	AL
RITALIN LA	CP24	40MG	Non-Preferred Brand			QL	AL
RITALIN LA	CP24	10MG	Non-Preferred Brand			QL	AL
RITALIN LA	CP24	60MG	Non-Preferred Brand			QL	AL
RITALIN SR	TBCR	20MG	Non-Preferred Brand				AL
RITUXAN	SOLN	100MG/10ML	Medical Benefit-Preferred Specialty	PA			
RITUXAN HYCELA	SOLN	23400UNT/11.7ML; 1400MG/11.7ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
RITUXAN HYCELA	SOLN	26800UNT/13.4ML; 1600MG/13.4ML	Medical Benefit-Preferred Specialty	PA			
RIVASTIGMINE TARTRATE	CAPS	1.5MG	Generic				
RIVASTIGMINE TARTRATE	CAPS	3MG	Generic				
RIVASTIGMINE TARTRATE	CAPS	4.5MG	Generic				
RIVASTIGMINE TARTRATE	CAPS	6MG	Generic				
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	4.6MG/24HR	Non-Preferred Brand			QL	
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	9.5MG/24HR	Non-Preferred Brand			QL	
RIVASTIGMINE TRANSDERMAL SYSTEM	PT24	13.3MG/24HR	Non-Preferred Brand			QL	
RIVELSA	TABS	0; 0	Generic				
RIXUBIS	SOLR	250UNIT	Non-Preferred Specialty				AL
RIXUBIS	SOLR	500UNIT	Non-Preferred Specialty				AL
RIXUBIS	SOLR	1000UNIT	Non-Preferred Specialty				AL
RIXUBIS	SOLR	2000UNIT	Non-Preferred Specialty				AL
RIXUBIS	SOLR	3000UNIT	Non-Preferred Specialty				AL
RIZATRIPTAN BENZOATE	TABS	5MG	Generic			QL	
RIZATRIPTAN BENZOATE	TABS	10MG	Generic			QL	
RIZATRIPTAN BENZOATE ODT	TBDP	5MG	Generic			QL	
RIZATRIPTAN BENZOATE ODT	TBDP	10MG	Generic			QL	
ROBAXIN	TABS	500MG	Non-Preferred Brand				
ROBAXIN-750	TABS	750MG	Non-Preferred Brand				
ROBINUL	SOLN	0.4MG/2ML	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ROBINUL	TABS	1MG	Non-Preferred Brand				
ROBINUL FORTE	TABS	2MG	Non-Preferred Brand				
ROCALTROL	CAPS	0.25MCG	Non-Preferred Brand				
ROCALTROL	CAPS	0.5MCG	Non-Preferred Brand				
ROCALTROL	SOLN	1MCG/ML	Non-Preferred Brand				
ROCEPHIN	SOLR	500MG	Medical Benefit				
ROCEPHIN	SOLR	1GM	Medical Benefit				
ROGAINE EXTRA STRENGTH FOR MEN	SOLN	5%	Excluded				
ROGAINE FOR WOMEN	SOLN	2%	Excluded				
ROGAINE MENS	FOAM	5%	Excluded				
ROGAINE MENS EXTRA STRENGTH	FOAM	5%	Excluded				
ROPINIROLE ER	TB24	6MG	Generic		ST		
ROPINIROLE ER	TB24	2MG	Generic		ST		
ROPINIROLE ER	TB24	4MG	Generic		ST		
ROPINIROLE ER	TB24	8MG	Generic		ST		
ROPINIROLE ER	TB24	12MG	Generic		ST		
ROPINIROLE HCL	TABS	0.25MG	Preferred Generic				
ROPINIROLE HCL	TABS	0.5MG	Preferred Generic				
ROPINIROLE HCL	TABS	1MG	Preferred Generic				
ROPINIROLE HCL	TABS	2MG	Preferred Generic				
ROPINIROLE HCL	TABS	3MG	Preferred Generic				
ROPINIROLE HCL	TABS	4MG	Preferred Generic				
ROPINIROLE HCL	TABS	5MG	Generic				
ROSULA	LIQD	10%; 4.5%	Excluded				
ROSUVASTATIN CALCIUM	TABS	5MG	Generic				
ROSUVASTATIN CALCIUM	TABS	10MG	Generic				
ROSUVASTATIN CALCIUM	TABS	20MG	Generic				
ROSUVASTATIN CALCIUM	TABS	40MG	Generic				
ROTATEQ	SOLN	0	Medical Benefit				
ROWASA	KIT	4GM	Non-Preferred Brand				
ROXICET	TABS	325MG; 5MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ROZEREM	TABS	8MG	Non-Preferred Brand		ST	QL	AL
RUBRACA	TABS	200MG	Preferred Specialty	PA			
RUBRACA	TABS	300MG	Preferred Specialty	PA			
RUCONEST	SOLR	2100UNIT	Non-Preferred Specialty	PA			
RYDAPT	CAPS	25MG	Preferred Specialty	PA			
RYNODERM	CREA	37.50%	Excluded				
RYTARY	CPCR	23.75MG; 95MG	Excluded				
RYTARY	CPCR	36.25MG; 145MG	Excluded				
RYTARY	CPCR	48.75MG; 195MG	Excluded				
RYTARY	CPCR	61.25MG; 245MG	Excluded				
RYTHMOL	TABS	225MG	Non-Preferred Brand				
RYTHMOL SR	CP12	225MG	Non-Preferred Brand			QL	
RYTHMOL SR	CP12	325MG	Non-Preferred Brand			QL	
RYTHMOL SR	CP12	425MG	Non-Preferred Brand			QL	
RYVENT	TABS	6MG	Excluded				
SABRIL	TABS	500MG	Non-Preferred Specialty	PA		QL	
SABRIL	PACK	500MG	Non-Preferred Specialty	PA		QL	
SAFYRAL	TABS	3MG; 0.03MG; 0.451MG	Non-Preferred Brand				
SAIZEN	SOLR	5MG	Non-Preferred Specialty	PA		QL	
SAIZEN	SOLR	8.8MG	Non-Preferred Specialty	PA		QL	
SAIZEN CLICK.EASY	SOLR	8.8MG	Non-Preferred Specialty	PA		QL	
SALACYN	LOTN	6%	Excluded				
SALACYN	CREA	6%	Excluded				
SALAGEN	TABS	5MG	Non-Preferred Brand				
SALAGEN	TABS	7.5MG	Non-Preferred Brand				
SALEX	SHAM	6%	Non-Preferred Brand				
SALEX CREAM	KIT	6%	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SALEX LOTION	KIT	6%	Non-Preferred Brand				
SALICYLIC ACID	FOAM	6%	Excluded				
SALICYLIC ACID	SHAM	6%	Excluded				
SALICYLIC ACID	CREA	6%	Excluded				
SALICYLIC ACID	LOTN	6%	Excluded				
SALICYLIC ACID	LIQD	27.50%	Excluded				
SALICYLIC ACID CREAM	KIT	6%	Excluded				
SALICYLIC ACID ER	SOLN	28.50%	Excluded				
SALICYLIC ACID LOTION	KIT	6%	Excluded				
SALICYLIC ACID WART REMOVER	LIQD	27.50%	Excluded				
SALSALATE	TABS	500MG	Generic				
SALSALATE	TABS	750MG	Generic				
SALVAX	FOAM	6%	Excluded				
SAMSCA	TABS	15MG	Preferred Specialty	PA		QL	
SAMSCA	TABS	30MG	Preferred Specialty	PA		QL	
SANCTURA	TABS	20MG	Non-Preferred Brand				
SANCUSO	PTCH	3.1MG/24HR	Non-Preferred Brand		ST	QL	
SANDIMMUNE	SOLN	50MG/ML	Medical Benefit				
SANDIMMUNE	SOLN	100MG/ML	Non-Preferred Brand				
SANDIMMUNE	CAPS	25MG	Non-Preferred Brand				
SANDIMMUNE	CAPS	100MG	Non-Preferred Brand				
SANDOSTATIN	SOLN	50MCG/ML	Non-Preferred Specialty			QL	
SANDOSTATIN	SOLN	100MCG/ML	Non-Preferred Specialty			QL	
SANDOSTATIN	SOLN	500MCG/ML	Non-Preferred Specialty			QL	
SANDOSTATIN	SOLN	200MCG/ML	Non-Preferred Specialty			QL	
SANDOSTATIN	SOLN	1000MCG/ML	Non-Preferred Specialty			QL	
SANDOSTATIN LAR DEPOT	KIT	10MG	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SANTYL	OINT	250UNIT/GM	Non-Preferred Brand				
SAPHRIS	SUBL	2.5MG	Non-Preferred Brand		ST	QL	AL
SAPHRIS	SUBL	5MG	Non-Preferred Brand		ST	QL	
SAPHRIS	SUBL	10MG	Non-Preferred Brand		ST	QL	
SARAFEM	TABS	10MG	Non-Preferred Brand				
SARAFEM	TABS	20MG	Non-Preferred Brand				
SAVAYSA	TABS	15MG	Non-Preferred Brand			QL	
SAVAYSA	TABS	30MG	Non-Preferred Brand			QL	
SAVAYSA	TABS	60MG	Non-Preferred Brand			QL	
SAVELLA	TABS	100MG	Preferred Brand		ST	QL	
SAVELLA	TABS	12.5MG	Preferred Brand		ST	QL	
SAVELLA	TABS	25MG	Preferred Brand		ST	QL	
SAVELLA	TABS	50MG	Preferred Brand		ST	QL	
SAVELLA TITRATION PACK	MISC	0	Preferred Brand		ST	QL	
SAXENDA	SOPN	18MG/3ML	Excluded				
SCALACORT	LOTN	2%	Excluded				
SCALPICIN MAXIMUM STRENGTH	SOLN	1%	Excluded				
SCOPOLAMINE	PT72	1MG/3DAYS	Generic				
SEASONIQUE	TABS	0; 0	Non-Preferred Brand				
SECONAL	CAPS	100MG	Non-Preferred Brand			QL	AL
SECTRAL	CAPS	200MG	Non-Preferred Brand				
SECTRAL	CAPS	400MG	Non-Preferred Brand				
SEEBRI NEOHALER	CAPS	15.6MCG	Non-Preferred Brand			QL	AL
SELECT-LITE DEVICE/LANCETS	KIT		Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SELECT-OB	CHEW	60MG; 0; 400UNIT; 5MCG; 1MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 1.6MG; 30UNIT; 1700UNIT; 15MG	Generic				
SELEGILINE HCL	TABS	5MG	Preferred Brand				
SELENIUM SULFIDE	LOTN	2.50%	Generic				
SELENIUM SULFIDE	SHAM	0; 2.25%; 0	Generic				
SELF-TAKING BLOOD PRESSURE KIT	KIT		Preferred Brand			QL	
SELF-TAKING BLOOD PRESSURE KIT	KIT		Preferred Brand			QL	
SELF-TAKING BLOOD PRESSURE MONITOR	MISC		Preferred Brand			QL	
SELRX	SHAM	0; 2.3%; 0	Excluded				
SELZENTRY	TABS	150MG	Preferred Specialty			QL	
SELZENTRY	TABS	300MG	Preferred Specialty			QL	
SELZENTRY	SOLN	20MG/ML	Preferred Specialty				
SEMPREX-D	CAPS	8MG; 60MG	Non-Preferred Brand				
SE-NATAL 19	CHEW	1000UNIT; 100MG; 200MG; 7MG; 400UNIT; 12MCG; 29MG; 1MG; 15MG; 20MG; 3MG; 3MG; 30UNIT; 20MG	Generic			QL	
SENSIPAR	TABS	30MG	Preferred Specialty			QL	
SENSIPAR	TABS	60MG	Preferred Specialty			QL	
SENSIPAR	TABS	90MG	Preferred Specialty			QL	
SEREVENT DISKUS	AEPB	50MCG/DOSE	Preferred Brand				
SERNIVO	EMUL	0.05%	Excluded				
SEROMYCIN	CAPS	250MG	Non-Preferred Brand				
SEROPHENE	TABS	50MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SEROQUEL	TABS	100MG	Non-Preferred Brand				
SEROQUEL	TABS	200MG	Non-Preferred Brand				
SEROQUEL	TABS	300MG	Non-Preferred Brand				
SEROQUEL	TABS	25MG	Non-Preferred Brand				
SEROQUEL	TABS	50MG	Non-Preferred Brand				
SEROQUEL	TABS	400MG	Non-Preferred Brand				
SEROQUEL XR	TB24	50MG	Non-Preferred Brand		ST	QL	
SEROQUEL XR	TB24	150MG	Non-Preferred Brand		ST	QL	
SEROQUEL XR	TB24	200MG	Non-Preferred Brand		ST	QL	
SEROQUEL XR	TB24	300MG	Non-Preferred Brand		ST	QL	
SEROQUEL XR	TB24	400MG	Non-Preferred Brand		ST	QL	
SEROSTIM	SOLR	4MG	Non-Preferred Specialty	PA		QL	
SEROSTIM	SOLR	5MG	Non-Preferred Specialty	PA		QL	
SEROSTIM	SOLR	6MG	Non-Preferred Specialty	PA		QL	
SERTRALINE HCL	TABS	50MG	Preferred Generic				
SERTRALINE HCL	TABS	100MG	Preferred Generic				
SERTRALINE HCL	CONC	20MG/ML	Generic				
SERTRALINE HCL	TABS	25MG	Preferred Generic				
SEVELAMER CARBONATE	TABS	800MG	Preferred Specialty			QL	
SEVELAMER CARBONATE	PACK	0.8GM	Non-Preferred Specialty				
SEVELAMER CARBONATE	PACK	2.4GM	Non-Preferred Specialty				
SF	GEL	1.10%	Generic				
SF 5000 PLUS	CREA	1.10%	Generic				
SFROWASA	ENEM	4GM/60ML	Non-Preferred Brand			QL	
SIGNIFOR	SOLN	0.3MG/ML	Non-Preferred Specialty	PA			
SIGNIFOR	SOLN	0.6MG/ML	Non-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SIGNIFOR	SOLN	0.9MG/ML	Non-Preferred Specialty	PA			
SIGNIFOR LAR	SRER	20MG	Medical Benefit-Non-Preferred Specialty				
SIGNIFOR LAR	SRER	40MG	Medical Benefit-Non-Preferred Specialty				
SIGNIFOR LAR	SRER	60MG	Medical Benefit-Non-Preferred Specialty				
SILDENAFIL	TABS	20MG	Generic	PA			
SILDENAFIL CITRATE	TABS	25MG	Excluded				
SILDENAFIL CITRATE	TABS	50MG	Excluded				
SILDENAFIL CITRATE	TABS	100MG	Excluded				
SILENOR	TABS	3MG	Non-Preferred Brand		ST	QL	
SILENOR	TABS	6MG	Non-Preferred Brand		ST	QL	
SILIQ	SOSY	210MG/1.5ML	Non-Preferred Specialty	PA		QL	
SILVADENE	CREA	1%	Non-Preferred Brand				
SILVER SULFADIAZINE	CREA	1%	Generic				
SILVERA PAIN RELIEF	PTCH	0.038%; 1%; 5%	Excluded				
SIMBRINZA	SUSP	0.2%; 1%	Non-Preferred Brand				
SIMCOR	TB24	500MG; 20MG	Preferred Brand			QL	
SIMCOR	TB24	750MG; 20MG	Preferred Brand			QL	
SIMCOR	TB24	1000MG; 20MG	Preferred Brand			QL	
SIMCOR	TB24	1000MG; 40MG	Preferred Brand			QL	
SIMCOR	TB24	500MG; 40MG	Preferred Brand			QL	
SIMPONI	SOSY	50MG/0.5ML	Non-Preferred Specialty	PA		QL	
SIMPONI	SOSY	100MG/ML	Non-Preferred Specialty	PA		QL	
SIMPONI ARIA	SOLN	50MG/4ML	Medical Benefit-Non-Preferred Specialty	PA		QL	
SIMULECT	SOLR	20MG	Medical Benefit				
SIMULECT	SOLR	10MG	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SIMVASTATIN	TABS	5MG	Preferred Generic				
SIMVASTATIN	TABS	10MG	Preferred Generic				
SIMVASTATIN	TABS	20MG	Preferred Generic				
SIMVASTATIN	TABS	40MG	Preferred Generic				
SIMVASTATIN	TABS	80MG	Preferred Generic				
SINELEE	PTCH	0.038%; 5%	Excluded				
SINELEE	PTCH	0.05%; 5%	Excluded				
SINEMET CR	TBCR	25MG; 100MG	Non-Preferred Brand				
SINEMET CR	TBCR	50MG; 200MG	Non-Preferred Brand				
SINGULAIR	CHEW	4MG	Non-Preferred Brand				
SINGULAIR	PACK	4MG	Non-Preferred Brand				
SINGULAIR	TABS	10MG	Non-Preferred Brand				
SINGULAIR	CHEW	5MG	Non-Preferred Brand				
SIROLIMUS	TABS	0.5MG	Preferred Specialty			QL	
SIROLIMUS	TABS	1MG	Preferred Specialty			QL	
SIROLIMUS	TABS	2MG	Preferred Specialty			QL	
SIRTURO	TABS	100MG	Preferred Specialty				
SITAVIG	TABS	50MG	Non-Preferred Brand		ST	QL	
SIVEXTRO	SOLR	200MG	Medical Benefit-Preferred Specialty	PA			
SIVEXTRO	TABS	200MG	Preferred Specialty	PA		QL	
SKELAXIN	TABS	800MG	Excluded				
SKELID	TABS	200MG	Preferred Specialty			QL	
SKLICE	LOTN	0.50%	Non-Preferred Brand				
SKYLA	IUD	13.5MG	Medical Benefit				
SMOOTH LAX	POWD	0	Excluded				
SODIUM CHLORIDE	NEBU	7%	Generic				
SODIUM CHLORIDE 0.9%	SOLN	0.90%	Generic				
SODIUM CITRATE	GRAN	0	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SODIUM CITRATE/CITRIC ACID	SOLN	334MG/5ML; 500MG/5ML	Generic				
SODIUM FLUORIDE	SOLN	0.5MG/ML	Generic				AL
SODIUM FLUORIDE	CHEW	0.25MG	Generic				AL
SODIUM FLUORIDE	CHEW	0.5MG	Generic				AL
SODIUM FLUORIDE	CHEW	1MG	Generic				AL
SODIUM FLUORIDE	CHEW	2.2MG	Generic				AL
SODIUM PHENYLBUTYRATE	POWD	3GM/TSP	Preferred Specialty	PA			
SODIUM PHENYLBUTYRATE	TABS	500MG	Preferred Specialty	PA		QL	
SODIUM POLYSTYRENE SULFONATE	SUSP	50GM/200ML	Generic				
SODIUM POLYSTYRENE SULFONATE	POWD	0	Generic				
SODIUM SULFACETAMIDE	SOLN	10%	Generic				
SODIUM SULFACETAMIDE	GEL	10%	Generic				
SODIUM SULFACETAMIDE WASH	LIQD	10%	Generic				
SODIUM SULFACETAMIDE/SULFUR	LOTN	10%; 5%	Generic				
SODIUM SULFACETAMIDE/SULFUR	SUSP	10%; 5%	Excluded				
SODIUM SULFACETAMIDE/SULFUR	CREA	9.8%; 4.8%	Excluded				
SODIUM SULFACETAMIDE/SULFUR CLEANSER	LIQD	9.8%; 4.8%	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SODIUM SULFACETAMIDE/SULFUR WASH	LIQD	9%; 4%	Excluded				
SOLARAZE	GEL	3%	Non-Preferred Specialty		ST	QL	
SOLIQUA 100/33	SOPN	100UNIT/ML; 33MCG/ML	Non-Preferred Brand			QL	
SOLIRIS	SOLN	300MG/30ML	Medical Benefit-Preferred Specialty	PA			
SOLODYN	TB24	65MG	Non-Preferred Brand		ST		
SOLODYN	TB24	115MG	Non-Preferred Brand		ST		
SOLODYN	TB24	55MG	Non-Preferred Brand		ST		
SOLODYN	TB24	80MG	Non-Preferred Brand		ST		
SOLODYN	TB24	105MG	Non-Preferred Brand		ST		
SOMA	TABS	350MG	Excluded				
SOMA COMPOUND	TABS	325MG; 200MG	Excluded				
SOMA COMPOUND/CODEINE	TABS	325MG; 200MG; 16MG	Excluded				
SOMATULINE DEPOT	SOLN	60MG/0.2ML	Preferred Specialty			QL	
SOMATULINE DEPOT	SOLN	90MG/0.3ML	Preferred Specialty			QL	
SOMATULINE DEPOT	SOLN	120MG/0.5ML	Preferred Specialty			QL	
SOMAVERT	SOLR	10MG	Preferred Specialty	PA		QL	
SOMAVERT	SOLR	15MG	Preferred Specialty	PA		QL	
SOMAVERT	SOLR	20MG	Preferred Specialty	PA		QL	
SONAFINE	EMUL	0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0; 0	Excluded				
SONATA	CAPS	5MG	Non-Preferred Brand			QL	AL
SONATA	CAPS	10MG	Non-Preferred Brand			QL	AL
SOOLANTRA	CREA	1%	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SORIATANE	CAPS	10MG	Non-Preferred Specialty			QL	
SORIATANE	CAPS	25MG	Non-Preferred Specialty			QL	
SORIATANE	CAPS	17.5MG	Non-Preferred Specialty			QL	
SORILUX	FOAM	0.01%	Excluded				
SORINE	TABS	80MG	Generic				
SORINE	TABS	120MG	Generic				
SORINE	TABS	160MG	Generic				
SORINE	TABS	240MG	Generic				
SOTALOL HCL	TABS	120MG	Generic				
SOTALOL HCL	TABS	80MG	Generic				
SOTALOL HCL	TABS	160MG	Generic				
SOTALOL HCL	TABS	240MG	Generic				
SOTYLIZE	SOLN	5MG/ML	Non-Preferred Brand				
SOVALDI	TABS	400MG	Non-Preferred Specialty	PA		QL	
SPECTRACEF	TABS	200MG	Non-Preferred Brand				
SPECTRACEF	TABS	400MG	Non-Preferred Brand				
SPINOSAD	SUSP	0.90%	Generic				
SPINRAZA	SOLN	12MG/5ML	Medical Benefit-Preferred Specialty	PA			
SPIRIVA HANDIHALER	CAPS	18MCG	Preferred Brand				
SPIRIVA RESPIMAT	AERS	2.5MCG/ACT	Preferred Brand			QL	AL
SPIRONOLACTONE	TABS	100MG	Generic				
SPIRONOLACTONE	TABS	50MG	Generic				
SPIRONOLACTONE	TABS	25MG	Preferred Generic				
SPIRONOLACTONE/ HYDROCHLOROTHIAZIDE	TABS	25MG; 25MG	Generic				
SPORANOX	CAPS	100MG	Non-Preferred Brand			QL	
SPORANOX	SOLN	10MG/ML	Preferred Brand				
SPORANOX PULSEPAK	CAPS	100MG	Non-Preferred Brand			QL	
SPRINTEC 28	TABS	35MCG; 0.25MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SPRITAM	TB3D	250MG	Non-Preferred Brand		ST	QL	
SPRITAM	TB3D	500MG	Non-Preferred Brand		ST	QL	
SPRITAM	TB3D	750MG	Non-Preferred Brand		ST	QL	
SPRITAM	TB3D	1000MG	Non-Preferred Brand		ST	QL	
SPRIX	SOLN	15.75MG/SPRAY	Excluded				
SPRYCEL	TABS	70MG	Preferred Specialty	PA		QL	
SPRYCEL	TABS	20MG	Preferred Specialty	PA		QL	
SPRYCEL	TABS	50MG	Preferred Specialty	PA		QL	
SPRYCEL	TABS	100MG	Preferred Specialty	PA		QL	
SPRYCEL	TABS	80MG	Preferred Specialty	PA		QL	
SPRYCEL	TABS	140MG	Preferred Specialty	PA		QL	
SPS	SUSP	15GM/60ML	Non-Preferred Brand				
SRONYX	TABS	20MCG; 0.1MG	Generic				
SSD	CREA	1%	Generic				
STALEVO 100	TABS	25MG; 200MG; 100MG	Non-Preferred Brand				
STALEVO 125	TABS	31.25MG; 200MG; 125MG	Non-Preferred Brand				
STALEVO 150	TABS	37.5MG; 200MG; 150MG	Non-Preferred Brand				
STALEVO 200	TABS	50MG; 200MG; 200MG	Non-Preferred Brand				
STALEVO 50	TABS	12.5MG; 200MG; 50MG	Non-Preferred Brand				
STALEVO 75	TABS	18.75MG; 200MG; 75MG	Non-Preferred Brand				
STARLIX	TABS	60MG	Non-Preferred Brand				
STARLIX	TABS	120MG	Non-Preferred Brand				
STAVUDINE	CAPS	15MG	Generic				
STAVUDINE	CAPS	20MG	Generic				
STAVUDINE	CAPS	30MG	Generic				
STAVUDINE	CAPS	40MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
STAVZOR	CPDR	125MG	Non-Preferred Brand		ST		
STAVZOR	CPDR	250MG	Non-Preferred Brand		ST		
STAVZOR	CPDR	500MG	Non-Preferred Brand		ST		
STAXYN	TBDP	10MG	Excluded				
STELARA	SOSY	45MG/0.5ML	Preferred Specialty	PA			
STELARA	SOSY	90MG/ML	Preferred Specialty	PA			
STENDRA	TABS	50MG	Excluded				
STENDRA	TABS	100MG	Excluded				
STENDRA	TABS	200MG	Excluded				
STIMATE	SOLN	1.5MG/ML	Preferred Brand				
STIOLTO RESPIMAT	AERS	2.5MCG/ACT; 2.5MCG/ACT	Preferred Brand			QL	AL
STIVARGA	TABS	40MG	Non-Preferred Specialty	PA		QL	
STRATTERA	CAPS	10MG	Non-Preferred Brand			QL	AL
STRATTERA	CAPS	25MG	Non-Preferred Brand			QL	AL
STRATTERA	CAPS	40MG	Non-Preferred Brand			QL	AL
STRATTERA	CAPS	18MG	Non-Preferred Brand			QL	AL
STRATTERA	CAPS	60MG	Non-Preferred Brand			QL	AL
STRATTERA	CAPS	80MG	Non-Preferred Brand			QL	AL
STRATTERA	CAPS	100MG	Non-Preferred Brand			QL	AL
STRENSIQ	SOLN	18MG/0.45ML	Preferred Specialty	PA			
STRENSIQ	SOLN	28MG/0.7ML	Preferred Specialty	PA			
STRENSIQ	SOLN	40MG/ML	Preferred Specialty	PA			
STRENSIQ	SOLN	80MG/0.8ML	Preferred Specialty	PA			
STRIANT	MISC	30MG	Non-Preferred Brand	PA			
STRIBILD	TABS	150MG; 150MG; 200MG; 300MG	Preferred Specialty			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
STRIVERDI RESPIMAT	AERS	2.5MCG/ACT	Preferred Brand			QL	AL
STROMECTOL	TABS	3MG	Non-Preferred Brand			QL	
SUBOXONE	FILM	2MG; 0.5MG	Preferred Brand			QL	
SUBOXONE	FILM	4MG; 1MG	Preferred Brand			QL	
SUBOXONE	FILM	8MG; 2MG	Preferred Brand			QL	
SUBOXONE	FILM	12MG; 3MG	Preferred Brand			QL	
SUBSYS	LIQD	100MCG	Non-Preferred Brand	PA			
SUBSYS	LIQD	200MCG	Non-Preferred Brand	PA			
SUBSYS	LIQD	400MCG	Non-Preferred Brand	PA			
SUBSYS	LIQD	600MCG	Non-Preferred Brand	PA			
SUBSYS	LIQD	800MCG	Non-Preferred Brand	PA			
SUBSYS	LIQD	1200MCG	Non-Preferred Brand	PA			
SUBSYS	LIQD	1600MCG	Non-Preferred Brand	PA			
SUCLEAR	KIT	1.6GM/180ML; 210GM; 0.74GM; 3.13GM/180ML; 2.86GM; 5.6GM; 17.5GM/180ML	Non-Preferred Brand				
SUCRAID	SOLN	8500UNIT/ML	Preferred Specialty			QL	
SUCRALFATE	TABS	1GM	Generic				
SUCRALFATE	SUSP	1GM/10ML	Generic				
SULAR	TB24	8.5MG	Non-Preferred Brand				
SULAR	TB24	17MG	Non-Preferred Brand				
SULAR	TB24	34MG	Non-Preferred Brand				
SULFACETAMIDE SODIUM	SUSP	10%	Generic				
SULFACETAMIDE SODIUM	OINT	10%	Generic				
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	0.23%; 10%	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SULFACETAMIDE SODIUM/SULFUR CLEANSER	EMUL	10%; 5%	Generic				
SULFADIAZINE	TABS	500MG	Preferred Brand				
SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	400MG; 80MG	Preferred Generic				
SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	200MG/5ML; 40MG/5ML	Generic				
SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	800MG; 160MG	Preferred Generic				
SULFAMYLON	CREA	85MG/GM	Non-Preferred Brand				
SULFAMYLON	PACK	5%	Non-Preferred Brand				
SULFASALAZINE	TABS	500MG	Generic				
SULFASALAZINE	TBEC	500MG	Generic				
SULINDAC	TABS	150MG	Generic				
SULINDAC	TABS	200MG	Generic				
SUMADAN KIT	KIT	9%; 4.5%	Non-Preferred Brand				
SUMADAN WASH	LIQD	9%; 4.5%	Non-Preferred Brand				
SUMATRIPTAN	SOLN	20MG/ACT	Preferred Brand			QL	
SUMATRIPTAN	SOLN	5MG/ACT	Preferred Brand			QL	
SUMATRIPTAN SUCCINATE	TABS	25MG	Generic			QL	
SUMATRIPTAN SUCCINATE	TABS	50MG	Generic			QL	
SUMATRIPTAN SUCCINATE	TABS	100MG	Generic			QL	
SUMATRIPTAN SUCCINATE	SOAJ	4MG/0.5ML	Excluded				
SUMATRIPTAN SUCCINATE	SOAJ	6MG/0.5ML	Generic				
SUMAVEL DOSEPRO	SOTJ	4MG/0.5ML	Excluded				
SUMAVEL DOSEPRO	SOTJ	6MG/0.5ML	Excluded				
SUMAXIN	PADS	10%; 4%	Excluded				
SUMAXIN CP KIT	KIT	10%; 4%	Excluded				
SUMAXIN TS	SUSP	8%; 4%	Excluded				
SUMAXIN WASH	LIQD	9%; 4%	Excluded				
SUPARTZ	SOSY	25MG/2.5ML	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SUPPORT	LIQD	10MCG/5ML; 0.8MG/5ML; 275MG/5ML; 0.5MG/5ML; 30MG/5ML; 2MG/5ML; 2MG/5ML; 8MG/5ML; 1500UNIT/5ML; 100UNIT/5ML; 7MG/5ML	Medical Benefit-Non-Preferred Specialty				
SUPPRELIN LA	KIT	50MG	Medical Benefit-Preferred Specialty	PA			
SUPRAX	CHEW	100MG	Preferred Brand				
SUPRAX	CHEW	200MG	Preferred Brand				
SUPRAX	SUSR	200MG/5ML	Non-Preferred Brand				
SUPRAX	SUSR	500MG/5ML	Preferred Brand				
SUPRAX	CAPS	400MG	Preferred Brand				
SUPRAX	SUSR	100MG/5ML	Non-Preferred Brand				
SUPRENZA	TBDP	15MG	Excluded				
SUPRENZA	TBDP	30MG	Excluded				
SUPREP BOWEL PREP KIT	SOLN	1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	Non-Preferred Brand				
SURESTEP PRO TEST STRIPS	STRP	0	Generic				
SURESTEP TEST STRIPS	STRP	0	Generic				
SURMONTIL	CAPS	25MG	Non-Preferred Brand				
SURMONTIL	CAPS	50MG	Non-Preferred Brand				
SURMONTIL	CAPS	100MG	Non-Preferred Brand				
SUSTIVA	CAPS	50MG	Preferred Brand				
SUSTIVA	CAPS	200MG	Preferred Brand				
SUSTIVA	TABS	600MG	Preferred Brand				
SUSTOL	PRSY	10MG/0.4ML	Excluded				
SUTENT	CAPS	12.5MG	Preferred Specialty	PA		QL	
SUTENT	CAPS	25MG	Preferred Specialty	PA		QL	
SUTENT	CAPS	37.5MG	Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SUTENT	CAPS	50MG	Preferred Specialty	PA		QL	
SYLATRON	KIT	300MCG	Preferred Specialty	PA		QL	
SYLATRON	KIT	600MCG	Preferred Specialty	PA		QL	
SYLATRON	KIT	200MCG	Preferred Specialty	PA		QL	
SYMAX DUOTAB	TBCR	0.375MG	Non-Preferred Brand				
SYMBICORT	AERO	160MCG/ACT; 4.5MCG/ACT	Preferred Brand				
SYMBICORT	AERO	80MCG/ACT; 4.5MCG/ACT	Preferred Brand				
SYMBYAX	CAPS	25MG; 6MG	Excluded				
SYMBYAX	CAPS	25MG; 12MG	Excluded				
SYMBYAX	CAPS	50MG; 6MG	Excluded				
SYMBYAX	CAPS	50MG; 12MG	Excluded				
SYMLINPEN 120	SOPN	2700MCG/2.7ML	Preferred Brand				
SYMLINPEN 60	SOPN	1500MCG/1.5ML	Preferred Brand				
SYNAGIS	SOLN	100MG/ML	Medical Benefit-Preferred Specialty	PA			
SYNAGIS	SOLN	50MG/0.5ML	Medical Benefit-Preferred Specialty	PA			
SYNALAR	CREA	0.03%	Excluded				
SYNALAR	OINT	0.03%	Excluded				
SYNALAR	SOLN	0.01%	Excluded				
SYNALAR TS	KIT	0.01%	Excluded				
SYNALGOS-DC	CAPS	356.4MG; 30MG; 16MG	Non-Preferred Brand				
SYNAREL	SOLN	2MG/ML	Preferred Specialty				
SYNDROS	SOLN	5MG/ML	Excluded				
SYNERA	PTCH	70MG; 70MG	Non-Preferred Brand				
SYNERDERM	EMUL		Excluded				
SYNJARDY	TABS	5MG; 500MG	Preferred Brand				
SYNJARDY	TABS	12.5MG; 1000MG	Preferred Brand				
SYNJARDY	TABS	5MG; 1000MG	Preferred Brand				
SYNJARDY	TABS	12.5MG; 500MG	Preferred Brand				
SYNJARDY XR	TB24	10MG; 1000MG	Preferred Brand			QL	
SYNJARDY XR	TB24	5MG; 1000MG	Preferred Brand			QL	
SYNJARDY XR	TB24	25MG; 1000MG	Preferred Brand			QL	
SYNJARDY XR	TB24	12.5MG; 1000MG	Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
SYNRIBO	SOLR	3.5MG	Medical Benefit-Non-Preferred Specialty		ST		
SYNTHROID	TABS	137MCG	Non-Preferred Brand				
SYNTHROID	TABS	25MCG	Non-Preferred Brand				
SYNTHROID	TABS	50MCG	Non-Preferred Brand				
SYNTHROID	TABS	75MCG	Non-Preferred Brand				
SYNTHROID	TABS	88MCG	Non-Preferred Brand				
SYNTHROID	TABS	100MCG	Non-Preferred Brand				
SYNTHROID	TABS	125MCG	Non-Preferred Brand				
SYNTHROID	TABS	150MCG	Non-Preferred Brand				
SYNTHROID	TABS	175MCG	Non-Preferred Brand				
SYNTHROID	TABS	200MCG	Non-Preferred Brand				
SYNTHROID	TABS	300MCG	Non-Preferred Brand				
SYNTHROID	TABS	112MCG	Non-Preferred Brand				
SYNVEXIA	PTCH	4%; 1%	Excluded				
SYNVISC	SOSY	16MG/2ML	Excluded				
SYNVISC ONE	SOSY	48MG/6ML	Excluded				
SYPRINE	CAPS	250MG	Non-Preferred Brand	PA			
TABLOID	TABS	40MG	Preferred Brand				
TACLONEX	OINT	0.064%; 0.005%	Non-Preferred Brand		ST	QL	
TACLONEX	SUSP	0.064%; 0.005%	Non-Preferred Brand		ST		
TACROLIMUS	OINT	0.10%	Generic		ST	QL	
TACROLIMUS	OINT	0.03%	Generic		ST	QL	
TACROLIMUS	CAPS	0.5MG	Generic				
TACROLIMUS	CAPS	1MG	Generic				
TACROLIMUS	CAPS	5MG	Generic				
TAFINLAR	CAPS	50MG	Non-Preferred Specialty	PA		QL	
TAFINLAR	CAPS	75MG	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TAGRISSO	TABS	40MG	Preferred Specialty	PA		QL	
TAGRISSO	TABS	80MG	Preferred Specialty	PA		QL	
TALTZ	SOAJ	80MG/ML	Non-Preferred Specialty	PA			
TALTZ	SOSY	80MG/ML	Non-Preferred Specialty	PA			
TAMIFLU	CAPS	75MG	Non-Preferred Brand			QL	
TAMIFLU	CAPS	45MG	Non-Preferred Brand			QL	
TAMIFLU	CAPS	30MG	Non-Preferred Brand			QL	
TAMIFLU	SUSR	6MG/ML	Non-Preferred Brand			QL	
TAMOXIFEN CITRATE	TABS	20MG	Generic				
TAMOXIFEN CITRATE	TABS	10MG	Generic				
TAMSULOSIN HCL	CAPS	0.4MG	Preferred Generic				
TANZEUM	PEN	30MG	Non-Preferred Brand		ST		
TANZEUM	PEN	50MG	Non-Preferred Brand		ST		
TAPAZOLE	TABS	5MG	Non-Preferred Brand				
TAPAZOLE	TABS	10MG	Non-Preferred Brand				
TARCEVA	TABS	25MG	Preferred Specialty	PA		QL	
TARCEVA	TABS	100MG	Preferred Specialty	PA		QL	
TARCEVA	TABS	150MG	Preferred Specialty	PA		QL	
TARGRETIN	CAPS	75MG	Non-Preferred Specialty	PA		QL	
TARGRETIN	GEL	1%	Preferred Specialty	PA		QL	
TARKA	TBCR	2MG; 180MG	Non-Preferred Brand				
TARKA	TBCR	1MG; 240MG	Non-Preferred Brand				
TARKA	TBCR	2MG; 240MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TARKA	TBCR	4MG; 240MG	Non-Preferred Brand				
TARON-PREX	CAPS	25MG; 160MG; 170UNIT; 265MG; 55MG; 30MG; 1.2MG; 25MG; 30UNIT	Preferred Brand				
TASIGNA	CAPS	200MG	Preferred Specialty	PA		QL	
TASIGNA	CAPS	150MG	Preferred Specialty	PA		QL	
TASMAR	TABS	100MG	Non-Preferred Brand				
TAXOTERE	CONC	20MG/ML	Medical Benefit-Preferred Specialty				
TAXOTERE	CONC	80MG/4ML	Medical Benefit-Preferred Specialty				
TAYTULLA	CAPS	20MCG; 75MG; 1MG	Non-Preferred Brand				
TAZAROTENE	CREA	0.10%	Generic		ST		
TAZORAC	GEL	0.10%	Preferred Brand		ST		
TAZORAC	GEL	0.05%	Preferred Brand		ST		
TAZORAC	CREA	0.05%	Preferred Brand		ST		
TAZORAC	CREA	0.10%	Non-Preferred Brand		ST		
TAZTIA XT	CP24	360MG	Generic				
TAZTIA XT	CP24	120MG	Generic				
TAZTIA XT	CP24	180MG	Generic				
TAZTIA XT	CP24	240MG	Generic				
TAZTIA XT	CP24	300MG	Generic				
TAZTIA XT	CP24	360MG	Generic				
TECENTRIQ	SOLN	1200MG/20ML	Medical Benefit-Preferred Specialty				
TECFIDERA	CPDR	120MG	Preferred Specialty			QL	
TECFIDERA	CPDR	240MG	Preferred Specialty			QL	
TECFIDERA STARTER PACK	MISC	0	Preferred Specialty			QL	
TECHNIVIE	TABS	12.5MG; 75MG; 50MG	Non-Preferred Specialty	PA		QL	
TEFLARO	SOLR	400MG	Medical Benefit-Non-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TEFLARO	SOLR	600MG	Medical Benefit-Non-Preferred Specialty				
TEGRETOL	SUSP	100MG/5ML	Non-Preferred Brand				
TEGRETOL	TABS	200MG	Non-Preferred Brand				
TEGRETOL-XR	TB12	100MG	Non-Preferred Brand		ST		
TEGRETOL-XR	TB12	200MG	Non-Preferred Brand		ST		
TEGRETOL-XR	TB12	400MG	Non-Preferred Brand		ST		
TEKAMLO	TABS	150MG; 5MG	Preferred Brand		ST		
TEKAMLO	TABS	150MG; 10MG	Preferred Brand		ST		
TEKAMLO	TABS	300MG; 5MG	Preferred Brand		ST		
TEKAMLO	TABS	300MG; 10MG	Preferred Brand		ST		
TEKTURNA	TABS	150MG	Preferred Brand		ST		
TEKTURNA	TABS	300MG	Preferred Brand		ST		
TEKTURNA HCT	TABS	150MG; 12.5MG	Preferred Brand		ST		
TEKTURNA HCT	TABS	150MG; 25MG	Preferred Brand		ST		
TEKTURNA HCT	TABS	300MG; 12.5MG	Preferred Brand		ST		
TEKTURNA HCT	TABS	300MG; 25MG	Preferred Brand		ST		
TELMISARTAN	TABS	20MG	Generic				
TELMISARTAN	TABS	40MG	Generic				
TELMISARTAN	TABS	80MG	Generic				
TELMISARTAN/AMLODIPINE	TABS	10MG; 80MG	Generic				
TELMISARTAN/AMLODIPINE	TABS	5MG; 80MG	Generic				
TELMISARTAN/AMLODIPINE	TABS	10MG; 40MG	Generic				
TELMISARTAN/AMLODIPINE	TABS	5MG; 40MG	Generic				
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 40MG	Non-Preferred Brand				
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	Non-Preferred Brand				
TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 80MG	Non-Preferred Brand				
TEMAZEPAM	CAPS	15MG	Preferred Generic			QL	AL
TEMAZEPAM	CAPS	30MG	Preferred Generic			QL	AL
TEMAZEPAM	CAPS	22.5MG	Generic			QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TEMAZEPAM	CAPS	7.5MG	Generic			QL	AL
TEMODAR	CAPS	100MG	Non-Preferred Specialty	PA		QL	
TEMODAR	CAPS	250MG	Non-Preferred Specialty	PA		QL	
TEMODAR	CAPS	140MG	Non-Preferred Specialty	PA		QL	
TEMODAR	CAPS	180MG	Non-Preferred Specialty	PA		QL	
TEMODAR	CAPS	20MG	Non-Preferred Specialty	PA		QL	
TEMODAR	CAPS	5MG	Non-Preferred Specialty	PA		QL	
TEMOVATE	SOLN	0.05%	Non-Preferred Brand				
TEMOVATE	GEL	0.05%	Non-Preferred Brand				
TEMOVATE	OINT	0.05%	Non-Preferred Brand				
TEMOZOLOMIDE	CAPS	5MG	Preferred Specialty	PA		QL	
TEMOZOLOMIDE	CAPS	20MG	Preferred Specialty	PA		QL	
TEMOZOLOMIDE	CAPS	100MG	Preferred Specialty	PA		QL	
TEMOZOLOMIDE	CAPS	250MG	Preferred Specialty	PA		QL	
TEMOZOLOMIDE	CAPS	140MG	Preferred Specialty	PA		QL	
TEMOZOLOMIDE	CAPS	180MG	Preferred Specialty	PA		QL	
TENEX	TABS	1MG	Non-Preferred Brand				
TENEX	TABS	2MG	Non-Preferred Brand				
TENIPOSIDE	SOLN	10MG/ML	Medical Benefit				
TENIVAC	INJ	2LFU; 5LFU	Medical Benefit				AL
TENOFOVIR DISOPROXIL FUMARATE	TABS	300MG	Preferred Specialty			QL	
TENORETIC 100	TABS	100MG; 25MG	Non-Preferred Brand				
TENORETIC 50	TABS	50MG; 25MG	Non-Preferred Brand				
TENORMIN	TABS	100MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TENORMIN	TABS	50MG	Non-Preferred Brand				
TENORMIN	TABS	25MG	Non-Preferred Brand				
TERAZOL 7	CREA	0.40%	Non-Preferred Brand				
TERAZOSIN HCL	CAPS	10MG	Preferred Generic				
TERAZOSIN HCL	CAPS	1MG	Preferred Generic				
TERAZOSIN HCL	CAPS	2MG	Preferred Generic				
TERAZOSIN HCL	CAPS	5MG	Preferred Generic				
TERBINAFINE HCL	TABS	250MG	Generic				
TERBUTALINE SULFATE	TABS	2.5MG	Generic				
TERBUTALINE SULFATE	TABS	5MG	Generic				
TERBUTALINE SULFATE	SOLN	1MG/ML	Medical Benefit				
TERCONAZOLE	SUPP	80MG	Generic				
TERCONAZOLE	CREA	0.40%	Generic				
TERUMO INSULIN SYRINGE/1ML/30G X 3/8"	MISC		Generic				
TESSALON PERLES	CAPS	100MG	Non-Preferred Brand				
TESTIM	GEL	1%	Excluded				
TESTONE CIK	KIT	200MG/ML	Medical Benefit				
TESTOPEL	PLLT	75MG	Medical Benefit	PA			
TESTOSTERONE	GEL	10MG/ACT	Preferred Brand	PA		QL	
TESTOSTERONE	GEL	50MG/5GM	Preferred Brand	PA		QL	
TESTOSTERONE	GEL	25MG/2.5GM	Preferred Brand	PA		QL	
TESTOSTERONE	SOLN	30MG/ACT	Preferred Brand	PA			
TESTOSTERONE CYPIONATE	SOLN	200MG/ML	Generic				
TESTOSTERONE CYPIONATE	SOLN	100MG/ML	Generic				
TESTOSTERONE ENANTHATE	SOLN	200MG/ML	Generic				
TESTOSTERONE PUMP	GEL	1%	Preferred Brand	PA			
TESTRED	CAPS	10MG	Non-Preferred Brand	PA			
TETANUS TOXOID ADSORBED	SOLN	5LFU	Medical Benefit				AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	SUSP	2LF/0.5ML; 2LF/0.5ML	Medical Benefit				AL
TETRABENAZINE	TABS	25MG	Preferred Specialty	PA		QL	
TETRABENAZINE	TABS	12.5MG	Preferred Specialty	PA		QL	
TETRACYCLINE HCL	CAPS	250MG	Preferred Generic				
TETRACYCLINE HCL	CAPS	500MG	Preferred Generic				
TETRIX	CREA	0; 0	Excluded				
TEVETEN	TABS	400MG	Non-Preferred Brand		ST		
TEVETEN	TABS	600MG	Non-Preferred Brand		ST		
TEVETEN HCT	TABS	600MG; 12.5MG	Non-Preferred Brand		ST		
TEVETEN HCT	TABS	600MG; 25MG	Non-Preferred Brand		ST		
TEV-TROPIN	SOLR	5MG	Non-Preferred Specialty	PA		QL	
TEXACORT	SOLN	2.50%	Excluded				
TEXACORT	SOLN	1%	Excluded				
THALOMID	CAPS	50MG	Preferred Specialty	PA		QL	
THALOMID	CAPS	100MG	Preferred Specialty	PA		QL	
THALOMID	CAPS	150MG	Preferred Specialty	PA		QL	
THALOMID	CAPS	200MG	Preferred Specialty	PA		QL	
THEO-24	CP24	0; 100MG	Preferred Brand				
THEO-24	CP24	200MG	Preferred Brand				
THEO-24	CP24	300MG	Preferred Brand				
THEO-24	CP24	400MG	Preferred Brand				
THEOPHYLLINE ER	TB12	100MG	Generic				
THEOPHYLLINE ER	TB12	200MG	Generic				
THEOPHYLLINE ER	TB12	300MG	Generic				
THEOPHYLLINE ER	TB24	400MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
THEOPHYLLINE ER	TB24	600MG	Generic				
THEOPHYLLINE ER	TB12	450MG	Generic				
THERACYS	SUSR	81MG/VIAL	Medical Benefit				
THINPRO INSULIN SYRINGE/0.3ML/29 G X 1/2"	MISC		Generic				
THINPRO INSULIN SYRINGE/0.5ML/29 G X 1/2"	MISC		Generic				
THINPRO INSULIN SYRINGE/1ML/29G X 1/2"	MISC		Generic				
THIOLA	TABS	100MG	Preferred Specialty	PA		QL	
THIORIDAZINE HCL	TABS	10MG	Generic				
THIORIDAZINE HCL	TABS	25MG	Generic				
THIORIDAZINE HCL	TABS	50MG	Generic				
THIORIDAZINE HCL	TABS	100MG	Generic				
THIOTEPA	SOLR	15MG	Medical Benefit				
THIOTHIXENE	CAPS	1MG	Generic				
THIOTHIXENE	CAPS	2MG	Generic				
THIOTHIXENE	CAPS	5MG	Generic				
THIOTHIXENE	CAPS	10MG	Generic				
THROMBATE III W/10 ML STERILE WATER	SOLR	500UNIT	Medical Benefit-Preferred Specialty				
THYROGEN	SOLR	1.1MG	Medical Benefit-Preferred Specialty				
THYROLAR-1	TABS	60MG	Preferred Brand				
THYROLAR-1/2	TABS	30MG	Preferred Brand				
THYROLAR-1/4	TABS	15MG	Preferred Brand				
THYROLAR-2	TABS	120MG	Preferred Brand				
THYROLAR-3	TABS	180MG	Preferred Brand				
TIAGABINE HYDROCHLORIDE	TABS	2MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TIAGABINE HYDROCHLORIDE	TABS	4MG	Non-Preferred Brand				
TIAZAC	CP24	120MG	Non-Preferred Brand				
TIAZAC	CP24	180MG	Non-Preferred Brand				
TIAZAC	CP24	240MG	Non-Preferred Brand				
TIAZAC	CP24	300MG	Non-Preferred Brand				
TIAZAC	CP24	360MG	Non-Preferred Brand				
TIAZAC	CP24	420MG	Non-Preferred Brand				
TICALAST	KIT	137MCG/ACT; 50MCG/ACT; 0.9%	Excluded				
TICE BCG	SUSR	50MG	Medical Benefit				
TICLOPIDINE HCL	TABS	250MG	Generic				
TIGAN	CAPS	300MG	Non-Preferred Brand				
TIKOSYN	CAPS	125MCG	Non-Preferred Brand				
TIKOSYN	CAPS	250MCG	Non-Preferred Brand				
TIKOSYN	CAPS	500MCG	Non-Preferred Brand				
TIMOLOL MALEATE	TABS	5MG	Generic				
TIMOLOL MALEATE	TABS	10MG	Generic				
TIMOLOL MALEATE	TABS	20MG	Generic				
TIMOLOL MALEATE	SOLN	0.50%	Generic				
TIMOLOL MALEATE	SOLN	0.25%	Generic				
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.25%	Generic				
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	0.50%	Generic				
TIMOPTIC	SOLN	0.25%	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TIMOPTIC	SOLN	0.50%	Non-Preferred Brand				
TIMOPTIC-XE	SOLG	0.25%	Non-Preferred Brand				
TIMOPTIC-XE	SOLG	0.50%	Non-Preferred Brand				
TINDAMAX	TABS	250MG	Non-Preferred Brand				
TINDAMAX	TABS	500MG	Non-Preferred Brand				
TINIDAZOLE	TABS	250MG	Generic				
TINIDAZOLE	TABS	500MG	Generic				
TIROSINT	CAPS	13MCG	Excluded				
TIROSINT	CAPS	25MCG	Excluded				
TIROSINT	CAPS	50MCG	Excluded				
TIROSINT	CAPS	75MCG	Excluded				
TIROSINT	CAPS	88MCG	Excluded				
TIROSINT	CAPS	100MCG	Excluded				
TIROSINT	CAPS	112MCG	Excluded				
TIROSINT	CAPS	125MCG	Excluded				
TIROSINT	CAPS	137MCG	Excluded				
TIROSINT	CAPS	150MCG	Excluded				
TIVICAY	TABS	50MG	Preferred Specialty			QL	
TIVORBEX	CAPS	20MG	Excluded				
TIVORBEX	CAPS	40MG	Excluded				
TIZANIDINE HCL	TABS	2MG	Generic				
TIZANIDINE HCL	TABS	4MG	Generic				
TIZANIDINE HCL	CAPS	2MG	Generic				
TIZANIDINE HCL	CAPS	4MG	Generic				
TIZANIDINE HCL	CAPS	6MG	Generic				
TL FOLATE	TABS	80MG; 4000UNIT; 300MCG; 120MG; 6MG; 400UNIT; 2MG; 12MCG; 27MG; 500MCG; 500MCG; 90MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 15MG	Non-Preferred Brand				
TL-CARE DHA	CAPS	60MG; 300MCG; 800UNIT; 2MG; 100MCG; 215MG; 25MG; 45MG; 27MG; 500MG; 1MG; 20MG; 25MG; 3.4MG; 3MG; 30UNIT; 10MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TOBI	NEBU	300MG/5ML	Non-Preferred Specialty	PA		QL	
TOBI PODHALER	CAPS	28MG	Non-Preferred Specialty	PA		QL	
TOBRADEX	SUSP	0.1%; 0.3%	Non-Preferred Brand				
TOBRADEX	OINT	0.1%; 0.3%	Preferred Brand				
TOBRAMYCIN	NEBU	300MG/5ML	Preferred Specialty	PA		QL	
TOBRAMYCIN SULFATE	SOLN	80MG/2ML	Generic				
TOBRAMYCIN SULFATE	SOLN	0.30%	Generic				
TOBRAMYCIN/DEXAMETHASONE	SUSP	0.1%; 0.3%	Generic				
TOBREX	SOLN	0.30%	Non-Preferred Brand				
TOBREX	OINT	0.30%	Preferred Brand				
TOFRANIL	TABS	10MG	Non-Preferred Brand				
TOFRANIL	TABS	25MG	Non-Preferred Brand				
TOFRANIL	TABS	50MG	Non-Preferred Brand				
TOFRANIL-PM	CAPS	75MG	Non-Preferred Brand		ST	QL	
TOFRANIL-PM	CAPS	100MG	Non-Preferred Brand			QL	
TOFRANIL-PM	CAPS	125MG	Non-Preferred Brand		ST	QL	
TOFRANIL-PM	CAPS	150MG	Non-Preferred Brand		ST	QL	
TOLAK	CREA	4%	Preferred Brand			QL	
TOLAZAMIDE	TABS	250MG	Generic				
TOLAZAMIDE	TABS	500MG	Generic				
TOLBUTAMIDE	TABS	500MG	Generic				
TOLCAPONE	TABS	100MG	Generic				
TOLMETIN SODIUM	CAPS	400MG	Preferred Brand				
TOLMETIN SODIUM	TABS	600MG	Preferred Brand				
TOLMETIN SODIUM	TABS	200MG	Preferred Brand				
TOLTERODINE TARTRATE	TABS	2MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TOLTERODINE TARTRATE	TABS	1MG	Generic				
TOLTERODINE TARTRATE ER	CP24	4MG	Generic				
TOLTERODINE TARTRATE ER	CP24	2MG	Generic				
TOPAMAX	TABS	25MG	Non-Preferred Brand				
TOPAMAX	TABS	50MG	Non-Preferred Brand				
TOPAMAX	TABS	100MG	Non-Preferred Brand				
TOPAMAX	TABS	200MG	Non-Preferred Brand				
TOPAMAX SPRINKLE	CPSP	25MG	Non-Preferred Brand		ST		
TOPAMAX SPRINKLE	CPSP	15MG	Non-Preferred Brand		ST		
TOPICORT	GEL	0.05%	Non-Preferred Brand				
TOPICORT	OINT	0.25%	Non-Preferred Brand				
TOPICORT	CREA	0.25%	Non-Preferred Brand				
TOPICORT	CREA	0.05%	Non-Preferred Brand				
TOPICORT	LIQD	0.25%	Excluded				
TOPIRAMATE	TABS	25MG	Preferred Generic				
TOPIRAMATE	TABS	100MG	Generic				
TOPIRAMATE	TABS	200MG	Generic				
TOPIRAMATE	CPSP	15MG	Generic		ST		
TOPIRAMATE	CPSP	25MG	Generic		ST		
TOPIRAMATE	TABS	50MG	Preferred Generic				
TOPIRAMATE ER	CS24	25MG	Non-Preferred Brand			QL	
TOPIRAMATE ER	CS24	50MG	Non-Preferred Brand			QL	
TOPIRAMATE ER	CS24	200MG	Non-Preferred Brand			QL	
TOPIRAMATE ER	CS24	100MG	Non-Preferred Brand			QL	
TOPIRAMATE ER	CS24	150MG	Non-Preferred Brand			QL	
TOPOSAR	SOLN	100MG/5ML	Medical Benefit				
TOPROL XL	TB24	25MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TOPROL XL	TB24	50MG	Non-Preferred Brand				
TOPROL XL	TB24	100MG	Non-Preferred Brand				
TOPROL XL	TB24	200MG	Non-Preferred Brand				
TORSEMIDE	TABS	20MG	Preferred Generic				
TORSEMIDE	TABS	5MG	Generic				
TORSEMIDE	TABS	10MG	Preferred Generic				
TORSEMIDE	TABS	100MG	Generic				
TOUJEO SOLOSTAR	SOPN	300UNIT/ML	Generic				
TOVIAZ	TB24	4MG	Non-Preferred Brand		ST	QL	
TOVIAZ	TB24	8MG	Non-Preferred Brand		ST	QL	
TOXICOLOGY SALIVA COLLECTION KIT	KIT	600MG	Excluded				
TRACLEER	TABS	62.5MG	Non-Preferred Specialty	PA		QL	
TRACLEER	TABS	125MG	Non-Preferred Specialty	PA		QL	
TRADJENTA	TABS	5MG	Preferred Brand			QL	
TRAMADOL HCL	TABS	50MG	Preferred Generic			QL	
TRAMADOL HCL ER	TB24	100MG	Generic			QL	
TRAMADOL HCL ER	TB24	200MG	Generic			QL	
TRAMADOL HCL ER	CP24	100MG	Excluded				
TRAMADOL HCL ER	CP24	200MG	Excluded				
TRAMADOL HCL ER	CP24	300MG	Excluded				
TRAMADOL HCL ER	TB24	300MG	Generic			QL	
TRAMADOL HYDROCHLORIDE/ ACETAMINOPHEN	TABS	325MG; 37.5MG	Generic				
TRANDATE	TABS	100MG	Non-Preferred Brand				
TRANDATE	TABS	200MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRANDATE	TABS	300MG	Non-Preferred Brand				
TRANDOLAPRIL	TABS	1MG	Generic				
TRANDOLAPRIL	TABS	2MG	Generic				
TRANDOLAPRIL	TABS	4MG	Generic				
TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	4MG; 240MG	Non-Preferred Brand				
TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	2MG; 240MG	Non-Preferred Brand				
TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	2MG; 180MG	Non-Preferred Brand				
TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	1MG; 240MG	Non-Preferred Brand				
TRANEXAMIC ACID	TABS	650MG	Generic				
TRANSDERM-SCOP	PT72	1MG/3DAYS	Non-Preferred Brand				
TRANXENE T	TABS	3.75MG	Non-Preferred Brand				
TRANXENE T	TABS	7.5MG	Non-Preferred Brand				
TRANXENE T	TABS	15MG	Non-Preferred Brand				
TRANYLCYPROMINE SULFATE	TABS	10MG	Generic				
TRAVATAN Z	SOLN	0.00%	Non-Preferred Brand				
TRAVOPROST	SOLN	0.00%	Generic				
TRAZODONE HCL	TABS	100MG	Preferred Generic				
TRAZODONE HCL	TABS	300MG	Generic				
TRAZODONE HCL	TABS	50MG	Preferred Generic				
TRAZODONE HCL	TABS	150MG	Preferred Generic				
TREAGAN OTIC	SOLN	5.4%; 1.4%; 0.01%	Preferred Brand				
TREANDA	SOLR	100MG	Medical Benefit-Preferred Specialty				
TRELSTAR	SUSR	3.75MG	Medical Benefit-Preferred Specialty				
TRELSTAR	SUSR	11.25MG	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRELSTAR MIXJECT	SUSR	22.5MG	Medical Benefit-Preferred Specialty				
TREMFYA	SOSY	100MG/ML	Non-Preferred Specialty	PA		QL	
TRESIBA FLEXTOUCH	SOPN	200UNIT/ML	Excluded				
TRESIBA FLEXTOUCH	SOPN	100UNIT/ML	Excluded				
TRETINOIN	CREA	0.03%	Generic	PA			AL
TRETINOIN	CAPS	10MG	Preferred Specialty	PA		QL	
TRETINOIN	GEL	0.03%	Generic	PA			AL
TRETINOIN	GEL	0.01%	Generic	PA			AL
TRETINOIN	CREA	0.10%	Generic	PA			AL
TRETINOIN	CREA	0.05%	Generic	PA			AL
TRETINOIN	GEL	0.05%	Generic	PA			AL
TRETINOIN EMOLLIENT	CREA	0.05%	Excluded				
TRETINOIN MICROSPHERE	GEL	0.10%	Generic		ST		
TRETINOIN MICROSPHERE	GEL	0.04%	Generic		ST		
TRETINOIN MICROSPHERE PUMP	GEL	0.10%	Generic		ST		
TRETINOIN MICROSPHERE PUMP	GEL	0.04%	Generic		ST		
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.1%	Non-Preferred Brand		ST		
TRETIN-X	KIT	0; 0; 0; 0; 0; 0.05%	Non-Preferred Brand		ST		
TRETTEN	SOLR	2000-3125 UNIT	Non-Preferred Specialty				
TREXIMET	TABS	500MG; 85MG	Excluded				
TREXIMET	TABS	60MG; 10MG	Excluded				
TREZIX	CAPS	356.4MG; 30MG; 16MG	Generic			QL	
TREZIX	CAPS	320.5MG; 30MG; 16MG	Generic			QL	
TRIADVANCE	TABS	120MG; 2700UNIT; 200MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	Preferred Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRIAMCINOLONE ACETONIDE	AERO	55MCG/ACT	Generic				
TRIAMCINOLONE ACETONIDE	CREA	0.50%	Generic				
TRIAMCINOLONE ACETONIDE	CREA	0.03%	Generic				
TRIAMCINOLONE ACETONIDE	CREA	0.10%	Generic				
TRIAMCINOLONE ACETONIDE	OINT	0.03%	Generic				
TRIAMCINOLONE ACETONIDE	OINT	0.10%	Generic				
TRIAMCINOLONE ACETONIDE	LOTN	0.10%	Generic				
TRIAMCINOLONE ACETONIDE	AERS	0.147MG/GM	Excluded				
TRIAMCINOLONE ACETONIDE DENTAL PASTE	PSTE	0.10%	Generic				
TRIAMCINOLONE ACETONIDE DENTAL PASTE	PSTE	0.10%	Generic				
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	25MG; 37.5MG	Generic				
TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	50MG; 75MG	Generic				
TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	25MG; 37.5MG	Generic				
TRIANEX	OINT	0.05%	Excluded				
TRIAZOLAM	TABS	0.125MG	Generic			QL	AL
TRIAZOLAM	TABS	0.25MG	Generic			QL	AL
TRIBENZOR	TABS	5MG; 12.5MG; 20MG	Non-Preferred Brand		ST		
TRIBENZOR	TABS	5MG; 12.5MG; 40MG	Non-Preferred Brand		ST		
TRIBENZOR	TABS	5MG; 25MG; 40MG	Non-Preferred Brand		ST		
TRIBENZOR	TABS	10MG; 12.5MG; 40MG	Non-Preferred Brand		ST		
TRIBENZOR	TABS	10MG; 25MG; 40MG	Non-Preferred Brand		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRICARE	TABS	100MG; 200MG; 2MG; 12MCG; 27MG; 1MG; 20MG; 3.1MG; 1.6MG; 1.6MG; 10MCG; 30UNIT; 10MG	Generic				
TRICARE PRENATAL COMPLEAT	MISC	100MG; 200MG; 400UNIT; 2MG; 12MCG; 135MG; 33.8MG; 27MG; 0; 1MG; 20MG; 71.2MG; 3.1MG; 1.6MG; 1.6MG; 30UNIT; 10MG	Non-Preferred Brand				
TRICARE PRENATAL DHA ONE	CAPS	60MG; 300MCG; 800UNIT; 2MG; 100MCG; 215MG; 25MG; 45MG; 27MG; 500MG; 1MG; 20MG; 25MG; 3.4MG; 3MG; 30UNIT; 10MG	Non-Preferred Brand				
TRICITRATES	SOLN	334MG/5ML; 550MG/5ML; 500MG/5ML	Generic				
TRICOR	TABS	48MG	Non-Preferred Brand				
TRICOR	TABS	145MG	Non-Preferred Brand				
TRIDERM	CREA	0.10%	Generic				
TRIDERM	CREA	0.10%	Generic				
TRIDERM	CREA	0.50%	Generic				
TRI-ESTARYLLA	TABS	0; 0	Generic				
TRIFLUOPERAZINE HCL	TABS	1MG	Generic				
TRIFLUOPERAZINE HCL	TABS	2MG	Generic				
TRIFLUOPERAZINE HCL	TABS	5MG	Generic				
TRIFLUOPERAZINE HCL	TABS	10MG	Generic				
TRIFLURIDINE	SOLN	1%	Generic				
TRIGLIDE	TABS	160MG	Non-Preferred Brand				
TRIHEXYPHENIDYL HCL	TABS	5MG	Generic				
TRIHEXYPHENIDYL HCL	TABS	2MG	Generic				
TRIHEXYPHENIDYL HCL	ELIX	0.4MG/ML	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRI-LEGEST FE	TABS	0; 75MG; 1MG	Generic				
TRILEPTAL	TABS	300MG	Non-Preferred Brand				
TRILEPTAL	SUSP	300MG/5ML	Non-Preferred Brand				
TRILEPTAL	TABS	150MG	Non-Preferred Brand				
TRILEPTAL	TABS	600MG	Non-Preferred Brand				
TRI-LINYAH	TABS	0; 0	Generic				
TRILIPIX	CPDR	135MG	Non-Preferred Brand				
TRILIPIX	CPDR	45MG	Non-Preferred Brand				
TRI-LO-ESTARYLLA	TABS	0; 0	Generic				
TRI-LO-SPRINTEC	TABS	0; 0	Generic				
TRI-LUMA	CREA	0.01%; 4%; 0.05%	Excluded				
TRILYTE	SOLR	420GM; 1.48GM; 5.72GM; 11.2GM	Generic				
TRIMETHOBENZAMIDE HCL	SOLN	100MG/ML	Generic				
TRIMETHOBENZAMIDE HCL	CAPS	300MG	Generic				
TRIMETHOPRIM	TABS	100MG	Generic				
TRIMPEX	SOLN	50MG/5ML	Excluded				
TRINATAL RX 1	TABS	80MG; 400UNIT; 30MCG; 200MG; 400UNIT; 3MG; 2.5MCG; 60MG; 1MG; 100MG; 17MG; 7MG; 4MG; 1.6MG; 1.5MG; 15UNIT; 3600UNIT; 25MG	Preferred Generic				
TRINATE	TABS	120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 28MG; 1MG; 25MG; 20MG; 25MG; 4MG; 1.8MG; 22MG; 25MG	Preferred Brand				
TRINESSA	TABS	0; 0	Generic				
TRINESSA LO	TABS	0; 0	Generic				
TRI-NORINYL 28	TABS	0; 0	Non-Preferred Brand				
TRINTELLIX	TABS	5MG	Non-Preferred Brand		ST	QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRINTELLIX	TABS	10MG	Non-Preferred Brand		ST	QL	AL
TRINTELLIX	TABS	20MG	Non-Preferred Brand		ST	QL	AL
TRI-PREVIFEM	TABS	0; 0	Generic				
TRIPTODUR	SRER	22.5MG	Medical Benefit-Non-Preferred Specialty				
TRISENOX	SOLN	10MG/10ML	Medical Benefit-Preferred Specialty				
TRI-SPRINTEC	TABS	0; 0	Generic				
TRIUMEQ	TABS	600MG; 50MG; 300MG	Preferred Specialty			QL	
TRIVEEN-DUO DHA	MISC	120MG; 3000UNIT; 200MG; 400UNIT; 2MG; 12MCG; 275MG; 0; 0; 1MG; 29MG; 0; 25MG; 20MG; 400MG; 25MG; 4MG; 1.8MG; 30MG; 25MG	Generic				
TRI-VIT/FLUORIDE	SOLN	35MG/ML; 400UNIT/ML; 0.25MG/ML; 1500UNIT/ML	Generic				AL
TRI-VIT/FLUORIDE	SOLN	35MG/ML; 400UNIT/ML; 0.5MG/ML; 1500UNIT/ML	Generic				AL
TRI-VIT/FLUORIDE/IRON	SOLN	35MG/ML; 0.25MG/ML; 10MG/ML; 1500UNIT/ML; 400UNIT/ML	Generic				
TRI-VITAMIN/FLUORIDE	SOLN	35MG/ML; 0.25MG/ML; 1500UNIT/ML; 400UNIT/ML	Generic				
TRIVORA-28	TABS	0; 0	Generic				
TRIZIVIR	TABS	300MG; 150MG; 300MG	Non-Preferred Specialty			QL	
TROKENDI XR	CP24	25MG	Excluded				
TROKENDI XR	CP24	50MG	Excluded				
TROKENDI XR	CP24	100MG	Excluded				
TROKENDI XR	CP24	200MG	Excluded				
TROSPIUM CHLORIDE	TABS	20MG	Generic			QL	
TROSPIUM CHLORIDE ER	CP24	60MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TRUETRACK TEST	STRP	0	Non-Preferred Brand		ST	QL	
TRULANCE	TABS	3MG	Non-Preferred Brand		ST	QL	
TRULICITY	SOPN	0.75MG/0.5ML	Preferred Brand			QL	
TRULICITY	SOPN	1.5MG/0.5ML	Preferred Brand			QL	
TRUMENBA	SUSY	0	Medical Benefit			QL	AL
TRUSOPT	SOLN	2%	Non-Preferred Brand				
TRUVADA	TABS	200MG; 300MG	Preferred Specialty			QL	
TUDORZA PRESSAIR	AEPB	400MCG/ACT	Preferred Brand				
TUSSIGON	TABS	1.5MG; 5MG	Preferred Brand				
TUSSIONEX PENNKINETIC EXTENDED RELEASE	SUER	8MG/5ML; 10MG/5ML	Non-Preferred Brand				
TUZISTRA XR	SUER	2.8MG/5ML; 14.7MG/5ML	Excluded				
TWINRIX	SUSP	720ELU/ML; 20MCG/ML	Medical Benefit			QL	AL
TWO PARTY BLOOD PRESSURE KIT	KIT		Preferred Brand			QL	
TWYNSTA	TABS	5MG; 40MG	Non-Preferred Brand				
TWYNSTA	TABS	10MG; 40MG	Non-Preferred Brand				
TWYNSTA	TABS	5MG; 80MG	Non-Preferred Brand				
TWYNSTA	TABS	10MG; 80MG	Non-Preferred Brand				
TYBOST	TABS	150MG	Preferred Brand			QL	
TYKERB	TABS	250MG	Preferred Specialty	PA		QL	
TYLENOL/CODEINE #3	TABS	300MG; 30MG	Non-Preferred Brand				
TYLENOL/CODEINE #4	TABS	300MG; 60MG	Non-Preferred Brand				
TYMLOS	SOPN	3120MCG/1.56ML	Preferred Specialty	PA		QL	
TYPHIM VI	SOLN	25MCG/0.5ML	Excluded				
TYSABRI	CONC	300MG/15ML	Medical Benefit-Non-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
TYVASO	SOLN	0.6MG/ML	Preferred Specialty	PA		QL	
TYZEKA	TABS	600MG	Preferred Specialty		ST	QL	
UCERIS	FOAM	2MG/ACT	Non-Preferred Brand			QL	
UCERIS	TB24	9MG	Non-Preferred Specialty		ST	QL	
ULESFIA	LOTN	5%	Preferred Brand				
ULORIC	TABS	80MG	Preferred Brand		ST		
ULORIC	TABS	40MG	Preferred Brand		ST		
ULTICARE INSULIN SYRINGE ULTRAFINE U-100/1ML/31G X 5/16"	MISC		Preferred Brand				
ULTICARE INSULIN SYRINGE/0.3ML/30 G X 1/2"	MISC		Generic				
ULTICARE INSULIN SYRINGE/0.3ML/30 G X 1/2"	MISC		Generic				
ULTICARE INSULIN SYRINGE/0.5ML/30 G X 1/2"	MISC		Generic				
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	MISC		Generic				
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2"	MISC		Generic				
ULTRA TABS	TABS	120MG; 0; 200MG; 2MG; 12MCG; 50MG; 1MG; 90MCG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 2700UNIT; 400UNIT; 30UNIT; 25MG	Generic				
ULTRACET	TABS	325MG; 37.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ULTRAM	TABS	50MG	Non-Preferred Brand			QL	
ULTRAM ER	TB24	100MG	Non-Preferred Brand			QL	
ULTRAM ER	TB24	200MG	Non-Preferred Brand			QL	
ULTRAM ER	TB24	300MG	Non-Preferred Brand			QL	
ULTRASAL-ER	SOLN	28.50%	Excluded				
ULTRAVATE	CREA	0.05%	Excluded				
ULTRAVATE X	KIT	0.05%; 10%	Excluded				
ULTRESA	CPEP	27600UNIT; 13800UNIT; 27600UNIT	Non-Preferred Brand		ST		
ULTRESA	CPEP	46000UNIT; 23000UNIT; 46000UNIT	Non-Preferred Brand		ST		
ULTRESA	CPEP	41400UNIT; 20700UNIT; 41400UNIT	Non-Preferred Brand		ST		
UNIRETIC	TABS	12.5MG; 15MG	Non-Preferred Brand				
UNISTRIP1 GENERIC	STRP	0	Non-Preferred Brand		ST	QL	
UNITHROID	TABS	25MCG	Generic				
UNITHROID	TABS	50MCG	Generic				
UNITHROID	TABS	75MCG	Generic				
UNITHROID	TABS	88MCG	Generic				
UNITHROID	TABS	100MCG	Generic				
UNITHROID	TABS	112MCG	Generic				
UNITHROID	TABS	125MCG	Generic				
UNITHROID	TABS	150MCG	Generic				
UNITHROID	TABS	175MCG	Generic				
UNITHROID	TABS	200MCG	Generic				
UNITHROID	TABS	300MCG	Generic				
UNITUXIN	SOLN	17.5MG/5ML	Medical Benefit-Preferred Specialty				
UNIVASC	TABS	7.5MG	Non-Preferred Brand				
UNIVASC	TABS	15MG	Non-Preferred Brand				
UPTRAVI	TABS	200MCG	Non-Preferred Specialty	PA		QL	
UPTRAVI	TABS	400MCG	Non-Preferred Specialty	PA		QL	
UPTRAVI	TABS	600MCG	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
UPTRAVI	TABS	800MCG	Non-Preferred Specialty	PA		QL	
UPTRAVI	TABS	1000MCG	Non-Preferred Specialty	PA		QL	
UPTRAVI	TABS	1200MCG	Non-Preferred Specialty	PA		QL	
UPTRAVI	TABS	1400MCG	Non-Preferred Specialty	PA		QL	
UPTRAVI	TABS	1600MCG	Non-Preferred Specialty	PA		QL	
UREA	CREA	40%	Generic				
UREA	GEL	40%	Generic				
UREA	LOTN	40%	Generic				
URELIEF PLUS	TABS	15MG; 0.3MG; 150MG	Generic				
UREVAZ	CREA	44%	Excluded				
URIBEL	CAPS	0.12MG; 118MG; 10MG; 36MG; 40.8MG	Excluded				
UROCIT-K 10	TBCR	1080MG	Non-Preferred Brand				
UROCIT-K 15	TBCR	15MEQ	Non-Preferred Brand				
UROCIT-K 5	TBCR	540MG	Non-Preferred Brand				
UROPHEN MB	TABS	9MG; 0.12MG; 81.6MG; 10.8MG; 36.2MG	Excluded				
UROSEX	TABS	9MG; 500MCG; 75MG; 2MG; 2MG; 100MCG; 5MG; 15UNIT; 75MG; 100MG	Preferred Brand				
UROXATRAL	TB24	10MG	Non-Preferred Brand				
URSO 250	TABS	250MG	Non-Preferred Brand				
URSO FORTE	TABS	500MG	Non-Preferred Brand				
URSODIOL	TABS	250MG	Generic				
URSODIOL	TABS	500MG	Generic				
URSODIOL	CAPS	300MG	Generic				
UTIBRON NEOHALER	CAPS	15.6MCG; 27.5MCG	Non-Preferred Brand			QL	AL
UTOPIC	CREA	41%	Non-Preferred Brand			QL	
VAGIFEM	TABS	10MCG	Non-Preferred Brand				
VALACYCLOVIR HCL	TABS	500MG	Generic				

AG - Age Limits
PA - Prior Authorization
ST - Step Therapy
QL - Quantity Limits

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VALACYCLOVIR HCL	TABS	1000MG	Generic				
VALCHLOR	GEL	0.02%	Preferred Specialty	PA		QL	
VALCYTE	TABS	450MG	Non-Preferred Specialty			QL	
VALGANCICLOVIR	TABS	450MG	Preferred Specialty			QL	
VALIUM	TABS	2MG	Non-Preferred Brand				
VALIUM	TABS	5MG	Non-Preferred Brand				
VALIUM	TABS	10MG	Non-Preferred Brand				
VALPROIC ACID	SOLN	250MG/5ML	Generic				
VALPROIC ACID	CAPS	250MG	Generic				
VALSARTAN	TABS	40MG	Generic				
VALSARTAN	TABS	80MG	Generic				
VALSARTAN	TABS	160MG	Generic				
VALSARTAN	TABS	320MG	Generic				
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 80MG	Generic				
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 160MG	Generic				
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 160MG	Generic				
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 320MG	Generic				
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	25MG; 320MG	Generic				
VALTREX	TABS	1GM	Preferred Brand				
VALTREX	TABS	500MG	Non-Preferred Brand				
VALVED HOLDING CHAMBER	DEVI		Generic			QL	
VANATOL LQ	SOLN	325MG/15ML; 50MG/15ML; 40MG/15ML	Excluded				
VANCOCIN HCL	CAPS	125MG	Non-Preferred Specialty		ST		

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VANCOCIN HCL	CAPS	250MG	Non-Preferred Specialty		ST		
VANCOMYCIN HCL	SOLR	500MG	Generic				
VANCOMYCIN HCL	CAPS	125MG	Preferred Specialty		ST		
VANCOMYCIN HCL	CAPS	250MG	Preferred Specialty		ST		
VANCOMYCIN HCL	SOLR	1000MG	Generic				
VANDAZOLE	GEL	0.75%	Generic				
VANIQA	CREA	13.90%	Excluded				
VANOS	CREA	0.10%	Excluded				
VANOXIDE-HC	LOTN	5%; 0.5%	Excluded				
VANTAS	KIT	50MG	Medical Benefit-Preferred Specialty				
VAQTA	SUSP	25UNIT/0.5ML	Medical Benefit			QL	AL
VAQTA	SUSP	50UNIT/ML	Medical Benefit			QL	AL
VARIVAX	INJ	1350PFU/0.5ML	Medical Benefit				
VARIZIG	SOLR	125UNIT	Medical Benefit-Preferred Specialty				
VARUBI	TABS	90MG	Excluded				
VASCEPA	CAPS	1GM	Non-Preferred Brand	PA			
VASERETIC	TABS	10MG; 25MG	Non-Preferred Brand				
VASOLEX	OINT	788MG/GM; 87MG/GM; 90UNIT/GM	Generic				
VASOTEC	TABS	5MG	Non-Preferred Brand				
VASOTEC	TABS	20MG	Non-Preferred Brand				
VASOTEC	TABS	2.5MG	Non-Preferred Brand				
VASOTEC	TABS	10MG	Non-Preferred Brand				
VECAMYL	TABS	2.5MG	Preferred Specialty				
VECTIBIX	SOLN	100MG/5ML	Medical Benefit-Preferred Specialty	PA			
VECTIBIX	SOLN	400MG/20ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VECTICAL	OINT	3MCG/GM	Non-Preferred Brand		ST	QL	
VELCADE	SOLR	3.5MG	Medical Benefit-Preferred Specialty	PA			
VELIVET	TABS	0; 0	Generic				
VELPHORO	CHEW	500MG	Non-Preferred Specialty		ST	QL	
VELTASSA	PACK	8.4GM	Preferred Brand			QL	
VELTIN	GEL	1.2%; 0.025%	Non-Preferred Brand		ST		
VEMLIDY	TABS	25MG	Preferred Specialty				
VENCLEXTA	TABS	10MG	Non-Preferred Specialty	PA		QL	
VENCLEXTA	TABS	50MG	Non-Preferred Specialty	PA		QL	
VENCLEXTA	TABS	100MG	Non-Preferred Specialty	PA		QL	
VENCLEXTA STARTING PACK	TBPK	0	Non-Preferred Specialty	PA		QL	
VENELEX	OINT	788MG/GM; 87MG/GM	Excluded				
VENLAFAXINE HCL	TABS	25MG	Generic				
VENLAFAXINE HCL	TABS	37.5MG	Generic				
VENLAFAXINE HCL	TABS	50MG	Generic				
VENLAFAXINE HCL	TABS	75MG	Generic				
VENLAFAXINE HCL	TABS	100MG	Generic				
VENLAFAXINE HCL ER	CP24	37.5MG	Preferred Generic				
VENLAFAXINE HCL ER	CP24	75MG	Generic				
VENLAFAXINE HCL ER	CP24	150MG	Generic				
VENLAFAXINE HCL ER	TB24	150MG	Generic				
VENLAFAXINE HCL ER	TB24	75MG	Generic				
VENLAFAXINE HCL ER	TB24	37.5MG	Generic				
VENLAFAXINE HCL ER	TB24	225MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VENOFER	SOLN	20MG/ML	Medical Benefit				
VENTAVIS	SOLN	10MCG/ML	Preferred Brand	PA			
VENTAVIS	SOLN	20MCG/ML	Preferred Brand	PA			
VENTOLIN HFA	AERS	108MCG/ACT	Preferred Brand				
VERAMYST	SUSP	27.5MCG/SPRAY	Non-Preferred Brand		ST		
VERAPAMIL HCL	TABS	80MG	Preferred Generic				
VERAPAMIL HCL	TABS	120MG	Preferred Generic				
VERAPAMIL HCL	TABS	40MG	Generic				
VERAPAMIL HCL ER	TBCR	180MG	Generic				
VERAPAMIL HCL ER	TBCR	240MG	Generic				
VERAPAMIL HCL ER	CP24	100MG	Generic				
VERAPAMIL HCL ER	CP24	200MG	Generic				
VERAPAMIL HCL ER	CP24	300MG	Generic				
VERAPAMIL HCL ER	CP24	240MG	Generic				
VERAPAMIL HCL SR	CP24	360MG	Generic				
VERDESO	FOAM	0.05%	Excluded				
VEREGEN	OINT	15%	Preferred Specialty		ST	QL	
VERELAN	CP24	120MG	Non-Preferred Brand				
VERELAN	CP24	180MG	Non-Preferred Brand				
VERELAN	CP24	240MG	Non-Preferred Brand				
VERELAN	CP24	360MG	Non-Preferred Brand				
VERELAN PM	CP24	100MG	Non-Preferred Brand				
VERELAN PM	CP24	200MG	Non-Preferred Brand				
VERELAN PM	CP24	300MG	Non-Preferred Brand				
VERSACLOZ	SUSP	50MG/ML	Non-Preferred Specialty		ST	QL	
VESICARE	TABS	5MG	Preferred Brand				
VESICARE	TABS	10MG	Preferred Brand				
VEXOL	SUSP	1%	Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VFEND	SUSR	40MG/ML	Non-Preferred Specialty			QL	
VFEND	TABS	50MG	Non-Preferred Specialty			QL	
VFEND	TABS	200MG	Non-Preferred Specialty			QL	
VFEND IV	SOLR	200MG	Medical Benefit- Non-Preferred Specialty				
V-GO 20	KIT		Preferred Brand				
V-GO 30	KIT		Preferred Brand				
V-GO 40	KIT		Preferred Brand				
VIAGRA	TABS	25MG	Excluded				
VIAGRA	TABS	50MG	Excluded				
VIAGRA	TABS	100MG	Excluded				
VIBATIV	SOLR	750MG	Medical Benefit- Non-Preferred Specialty				
VIBATIV	SOLR	250MG	Medical Benefit- Non-Preferred Specialty				
VIBERZI	TABS	75MG	Non-Preferred Brand	PA		QL	
VIBERZI	TABS	100MG	Non-Preferred Brand	PA		QL	
VIBRAMYCIN	CAPS	100MG	Non-Preferred Brand				
VIBRAMYCIN	SUSR	25MG/5ML	Non-Preferred Brand				
VIBRAMYCIN	SYRP	50MG/5ML	Preferred Brand				
VICODIN	TABS	300MG; 5MG	Excluded				
VICODIN ES	TABS	300MG; 7.5MG	Excluded				
VICODIN HP	TABS	300MG; 10MG	Excluded				
VICOPROFEN	TABS	7.5MG; 200MG	Non-Preferred Brand				
VICTOZA	SOPN	18MG/3ML	Non-Preferred Brand		ST		
VICTRELIS	CAPS	200MG	Excluded				
VIDEX EC	CPDR	125MG	Non-Preferred Brand				
VIDEX EC	CPDR	200MG	Non-Preferred Brand				
VIDEX EC	CPDR	250MG	Non-Preferred Brand				
VIDEX EC	CPDR	400MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VIDEX PEDIATRIC	SOLR	2GM	Preferred Brand				
VIEKIRA PAK	TBPK	250MG; 12.5MG; 75MG; 50MG	Non-Preferred Specialty	PA		QL	
VIGABATRIN	PACK	500MG	Non-Preferred Specialty	PA		QL	
VIGAMOX	SOLN	0.50%	Non-Preferred Brand				
VIIBRYD	KIT	0	Non-Preferred Brand		ST	QL	
VIIBRYD	TABS	10MG	Non-Preferred Brand		ST	QL	
VIIBRYD	TABS	20MG	Non-Preferred Brand		ST	QL	
VIIBRYD	TABS	40MG	Non-Preferred Brand		ST	QL	
VIMIZIM	SOLN	5MG/5ML	Medical Benefit-Preferred Specialty	PA			
VIMOVO	TBEC	20MG; 500MG	Excluded				
VIMOVO	TBEC	20MG; 375MG	Excluded				
VIMPAT	SOLN	200MG/20ML	Preferred Brand				
VIMPAT	TABS	50MG	Preferred Brand			QL	
VIMPAT	TABS	100MG	Preferred Brand			QL	
VIMPAT	TABS	150MG	Preferred Brand			QL	
VIMPAT	TABS	200MG	Preferred Brand			QL	
VINATE AZ	TABS	120MG; 3000UNIT; 30MCG; 150MG; 8MG; 400UNIT; 2.5MG; 12MCG; 27MG; 1MG; 75MG; 20MG; 30MG; 3.5MG; 3MG; 30UNIT; 15MG	Generic				
VINATE DHA	CAPS	0; 40MG; 75MG; 27MG; 1.53MG; 0; 1MG; 25MG; 0; 30UNIT	Non-Preferred Brand				
VINATE DHA RF	CAPS	0; 85MG; 110MG; 5MCG; 27MG; 1.13MG; 60MG; 1MG; 18MG; 220MCG; 25MG; 1.4MG; 60MCG; 0; 1.4MG; 15MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VINATE GT	TABS	120MG; 0; 30MCG; 200MG; 6MG; 400UNIT; 2MG; 12MCG; 50MG; 1MG; 90MG; 30MG; 20MG; 20MG; 3.4MG; 3MG; 10UNIT; 2700UNIT; 15MG	Generic				
VINATE IC	CAPS	10MG; 0.8MG; 15MCG; 162MG; 1MG; 6.9MG; 1.3MG; 30MG; 115.2MG; 5MG; 6MG; 200MG; 10MG; 18.2MG	Generic				
VINATE M	TABS	120MG; 30MCG; 200MG; 10MG; 400UNIT; 25MCG; 2MG; 12MCG; 27MG; 1MG; 25MG; 5MG; 20MG; 150MCG; 10MG; 3.4MG; 25MCG; 20MCG; 3MG; 30UNIT; 5000UNIT; 25MG	Preferred Generic				
VINATE ONE	TABS	80MG; 0; 0.03MG; 200MG; 400UNIT; 3MG; 2.5MCG; 60MG; 1MG; 100MG; 17MG; 7MG; 4MG; 1.6MG; 1.5MG; 15UNIT; 4000UNIT; 25MG	Generic				
VINATE PN CARE	TABS	50MG; 0; 250MG; 0; 240UNIT; 2MG; 12MCG; 50MG; 30MG; 1MG; 25MG; 20MG; 50MG; 3.4MG; 35MG; 3MG; 3.5UNIT; 15MG	Generic				
VINATE ULTRA	TABS	120MG; 0; 200MG; 2MG; 12MCG; 50MG; 1MG; 150MCG; 90MG; 20MG; 20MG; 3.4MG; 3MG; 2700UNIT; 400UNIT; 30UNIT; 25MG	Generic				
VINBLASTINE SULFATE	SOLN	1MG/ML	Medical Benefit				
VINCASAR PFS	SOLN	1MG/ML	Medical Benefit				
VINCRISTINE SULFATE	SOLN	1MG/ML	Medical Benefit				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VINORELBINE TARTRATE	SOLN	10MG/ML	Medical Benefit				
VIOKACE	TABS	39150UNIT; 10440UNIT; 39150UNIT	Non-Preferred Specialty			QL	
VIOKACE	TABS	78300UNIT; 20880UNIT; 78300UNIT	Non-Preferred Specialty			QL	
VIRACEPT	TABS	250MG	Preferred Specialty			QL	
VIRACEPT	TABS	625MG	Preferred Specialty			QL	
VIRAMUNE	TABS	200MG	Non-Preferred Specialty			QL	
VIRAMUNE	SUSP	50MG/5ML	Non-Preferred Specialty			QL	
VIRAMUNE XR	TB24	400MG	Non-Preferred Brand			QL	
VIRAMUNE XR	TB24	100MG	Non-Preferred Brand			QL	
VIRAZOLE	SOLR	6GM	Medical Benefit-Preferred Specialty				
VIREAD	TABS	300MG	Non-Preferred Specialty			QL	
VIROPTIC	SOLN	1%	Non-Preferred Brand				
VIRTPREX	CAPS	28MG; 160MG; 400UNIT; 300MG; 55MG; 26MG; 1.2MG; 25MG; 30UNIT	Non-Preferred Brand				
VISTARIL	CAPS	25MG	Non-Preferred Brand				
VISTARIL	CAPS	50MG	Non-Preferred Brand				
VISTIDE	SOLN	75MG/ML	Medical Benefit-Preferred Specialty				
VISTOGARD	PACK	10GM	Preferred Specialty			QL	
VISUDYNE	SOLR	15MG	Medical Benefit-Preferred Specialty				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VITACEL	TABS	500MG; 125MG; 300MCG; 25MG; 10MG; 1MG; 33MG; 50MG; 25MG; 25MG; 50MCG; 25MG; 5000UNIT; 200UNIT; 100UNIT; 80MG	Generic				
VITAFOL	SYRP	8.34MCG/5ML; 100MG/5ML; 0.25MG/5ML; 13.3MG/5ML; 2MG/5ML	Preferred Brand				AL
VITAFOL-NANO	TABS	1000UNIT; 12MCG; 18MG; 0.4MG; 0.6MG; 150MCG; 2.5MG	Non-Preferred Brand			QL	
VITAFOL-OB	TABS	70MG; 2700UNIT; 100MG; 400UNIT; 2MG; 12MCG; 65MG; 1MG; 25MG; 18MG; 2.5MG; 1.8MG; 1.6MG; 30UNIT; 25MG	Preferred Brand				
VITAFOL-ONE	CAPS	30MG; 0; 1100UNIT; 1000UNIT; 2MG; 12MCG; 200MG; 1MG; 20MG; 15MG; 29MG; 150MCG; 2.5MG; 1.8MG; 1.6MG; 20UNIT; 25MG	Non-Preferred Brand				
VITAFOL-PN	TABS	60MG; 125MG; 400UNIT; 5MCG; 65MG; 1MG; 25MG; 15MG; 2.5MG; 1.8MG; 65MCG; 1.6MG; 30UNIT; 4000UNIT; 15MG	Preferred Brand				
VITAMIN D	CAPS	50000UNIT	Generic				
VITAMIN D3	LIQD	400UNIT/ML	Generic				AL
VITAMIN D3	TABS	1000UNIT	Generic				AL
VITAMIN D3	CAPS	1000UNIT	Generic				AL
VITAPEARL	CPCR	30MG; 300MCG; 10MG; 400UNIT; 8MCG; 200MG; 0; 1.4MG; 30MG; 20MG; 150MCG; 25MG; 2MG; 0; 1.7MG; 30UNIT; 7.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VITATRUE	MISC	60MG; 300MCG; 150MG; 10MG; 2MG; 12MCG; 300MG; 600UNIT; 1.4MG; 30MG; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 15MG	Non-Preferred Brand				
VITEKTA	TABS	85MG	Preferred Specialty			QL	
VITEKTA	TABS	150MG	Preferred Specialty			QL	
VITUZ	SOLN	4MG/5ML; 5MG/5ML	Excluded				
VIVACTIL	TABS	10MG	Non-Preferred Brand				
VIVACTIL	TABS	5MG	Non-Preferred Brand				
VIVELLE-DOT	PTTW	0.0375MG/24HR	Non-Preferred Brand				
VIVELLE-DOT	PTTW	0.05MG/24HR	Non-Preferred Brand				
VIVELLE-DOT	PTTW	0.075MG/24HR	Non-Preferred Brand				
VIVELLE-DOT	PTTW	0.1MG/24HR	Non-Preferred Brand				
VIVELLE-DOT	PTTW	0.025MG/24HR	Non-Preferred Brand				
VIVITROL	SUSR	380MG	Medical Benefit-Preferred Specialty				
VIVLODEX	CAPS	5MG	Excluded	PA			
VIVLODEX	CAPS	10MG	Excluded	PA			
VIVOTIF	CPDR	0	Excluded				
VOGELXO	GEL	50MG/5GM	Excluded				
VOGELXO PUMP	GEL	1%	Excluded				
VOL-TAB RX	TABS	120MG; 4000UNIT; 30MCG; 200MG; 7MG; 400UNIT; 3MG; 8MCG; 1MG; 29MG; 100MG; 20MG; 150MCG; 3MG; 3MG; 3MG; 30UNIT; 15MG	Generic				
VOLTAREN	GEL	1%	Non-Preferred Brand				
VOLTAREN-XR	TB24	100MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VONVENDI	SOLR	650UNIT	Non-Preferred Specialty				
VONVENDI	SOLR	1300UNIT	Non-Preferred Specialty				
VOPAC MDS	KIT	1.50%	Excluded				
VORAXAZE	SOLR	1000UNIT	Medical Benefit-Preferred Specialty				
VORICONAZOLE	TABS	50MG	Preferred Specialty			QL	
VORICONAZOLE	TABS	200MG	Preferred Specialty			QL	
VORICONAZOLE	SUSR	40MG/ML	Preferred Specialty				
VORICONAZOLE	SOLR	200MG	Medical Benefit-Preferred Specialty				
VOSEVI	TABS	400MG; 100MG; 100MG	Non-Preferred Specialty	PA		QL	
VOSPIRE ER	TB12	4MG	Non-Preferred Brand				
VOSPIRE ER	TB12	8MG	Non-Preferred Brand				
VOTRIENT	TABS	200MG	Preferred Specialty	PA		QL	
VP-HEME ONE	CAPS	25MG; 30MCG; 10MG; 400UNIT; 12MCG; 200MG; 1MG; 6MG; 17MG; 22MG; 175MCG; 50MG; 10UNIT; 15MG	Generic				
VPRIV	SOLR	400UNIT	Medical Benefit-Preferred Specialty				
VRAYLAR	CAPS	1.5MG	Non-Preferred Brand		ST	QL	
VRAYLAR	CAPS	3MG	Non-Preferred Brand		ST	QL	
VRAYLAR	CAPS	4.5MG	Non-Preferred Brand		ST	QL	
VRAYLAR	CAPS	6MG	Non-Preferred Brand		ST	QL	
VRAYLAR	CPPK	0	Non-Preferred Brand		ST	QL	
VUSION	OINT	0.25%; 81.35%; 15%	Excluded				
VYTONE	CREA	1%; 1%	Excluded				
VYTONE	CREA	0; 1.9%; 1%	Excluded				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
VYTORIN	TABS	10MG; 10MG	Non-Preferred Brand		ST		
VYTORIN	TABS	10MG; 20MG	Non-Preferred Brand		ST		
VYTORIN	TABS	10MG; 40MG	Non-Preferred Brand		ST		
VYTORIN	TABS	10MG; 80MG	Non-Preferred Brand		ST		
VYVANSE	CAPS	10MG	Preferred Brand			QL	AL
VYVANSE	CAPS	20MG	Preferred Brand			QL	AL
VYVANSE	CAPS	30MG	Preferred Brand			QL	AL
VYVANSE	CAPS	40MG	Preferred Brand			QL	AL
VYVANSE	CAPS	50MG	Preferred Brand			QL	AL
VYVANSE	CAPS	60MG	Preferred Brand			QL	AL
VYVANSE	CAPS	70MG	Preferred Brand			QL	AL
VYVANSE	CHEW	10MG	Preferred Brand			QL	AL
VYVANSE	CHEW	20MG	Preferred Brand			QL	AL
VYVANSE	CHEW	30MG	Preferred Brand			QL	AL
VYVANSE	CHEW	40MG	Preferred Brand			QL	AL
VYVANSE	CHEW	50MG	Preferred Brand			QL	AL
VYVANSE	CHEW	60MG	Preferred Brand			QL	AL
WARFARIN SODIUM	TABS	1MG	Preferred Generic				
WARFARIN SODIUM	TABS	2.5MG	Preferred Generic				
WARFARIN SODIUM	TABS	5MG	Preferred Generic				
WARFARIN SODIUM	TABS	7.5MG	Preferred Generic				
WARFARIN SODIUM	TABS	10MG	Preferred Generic				
WARFARIN SODIUM	TABS	2MG	Preferred Generic				
WARFARIN SODIUM	TABS	4MG	Preferred Generic				
WARFARIN SODIUM	TABS	3MG	Preferred Generic				
WARFARIN SODIUM	TABS	6MG	Preferred Generic				
WASP VENOM PROTEIN EXTRACT	SOLR	120MCG	Medical Benefit				
WEE CARE	SUSP	15MG/1.25ML	Generic				AL
WELCHOL	TABS	625MG	Preferred Brand		ST		
WELCHOL	PACK	3.75GM	Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
WELLBUTRIN	TABS	75MG	Non-Preferred Brand				
WELLBUTRIN	TABS	100MG	Non-Preferred Brand				
WELLBUTRIN SR	TB12	150MG	Non-Preferred Brand			QL	
WELLBUTRIN SR	TB12	200MG	Non-Preferred Brand			QL	
WELLBUTRIN SR	TB12	100MG	Non-Preferred Brand			QL	
WELLBUTRIN XL	TB24	150MG	Non-Preferred Brand			QL	
WELLBUTRIN XL	TB24	300MG	Non-Preferred Brand				
WESTCORT	OINT	0.20%	Non-Preferred Brand				
WESTHROID	TABS	32.5MG	Generic				
WESTHROID	TABS	65MG	Generic				
WESTHROID	TABS	130MG	Generic				
WILATE	SOLR	500UNIT; 500UNIT	Preferred Specialty			QL	
WILATE	SOLR	1000UNIT; 1000UNIT	Preferred Specialty			QL	
WINRHO SDF	SOLN	1500UNIT/1.3ML	Medical Benefit				
WOMENS ADVANCED BLOOD PRESSURE MONITOR/UPPER ARM	MISC		Preferred Brand			QL	
XADAGO	TABS	50MG	Non-Preferred Brand		ST	QL	
XADAGO	TABS	100MG	Non-Preferred Brand		ST	QL	
XALATAN	SOLN	0.01%	Non-Preferred Brand				
XALKORI	CAPS	250MG	Preferred Specialty	PA		QL	
XALKORI	CAPS	200MG	Preferred Specialty	PA		QL	
XANAX	TABS	0.25MG	Non-Preferred Brand				
XANAX	TABS	0.5MG	Non-Preferred Brand				
XANAX	TABS	1MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
XANAX	TABS	2MG	Non-Preferred Brand				
XANAX XR	TB24	0.5MG	Non-Preferred Brand			QL	
XANAX XR	TB24	1MG	Non-Preferred Brand			QL	
XANAX XR	TB24	2MG	Non-Preferred Brand			QL	
XANAX XR	TB24	3MG	Non-Preferred Brand			QL	
XARELTO	TABS	15MG	Preferred Brand			QL	AL
XARELTO	TABS	20MG	Preferred Brand			QL	AL
XARELTO	TABS	10MG	Preferred Brand			QL	AL
XARELTO STARTER PACK	TBPK	0	Preferred Brand			QL	
XARTEMIS XR	TBCR	325MG; 7.5MG	Non-Preferred Brand		ST	QL	
XATMEP	SOLN	2.5MG/ML	Non-Preferred Brand				AL
XELJANZ	TABS	5MG	Preferred Specialty	PA			
XELJANZ XR	TB24	11MG	Preferred Specialty	PA			
XELODA	TABS	150MG	Non-Preferred Specialty			QL	
XELODA	TABS	500MG	Non-Preferred Specialty			QL	
XENAZINE	TABS	12.5MG	Excluded			QL	
XENAZINE	TABS	25MG	Excluded			QL	
XENICAL	CAPS	120MG	Excluded				
XEOMIN	SOLR	50UNIT	Medical Benefit-Preferred Specialty	PA			
XEOMIN	SOLR	100UNIT	Medical Benefit-Preferred Specialty	PA			
XERAC AC	SOLN	6.25%	Non-Preferred Brand		ST		
XERESE	CREA	5%; 1%	Excluded				
XERMELO	TABS	250MG	Preferred Specialty	PA			
XGEVA	SOLN	120MG/1.7ML	Medical Benefit-Preferred Specialty	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
XIAFLEX	SOLR	0.9MG	Medical Benefit-Preferred Specialty	PA			
XIFAXAN	TABS	200MG	Preferred Brand			QL	
XIFAXAN	TABS	550MG	Preferred Brand			QL	
XIGDUO XR	TB24	5MG; 500MG	Preferred Brand				
XIGDUO XR	TB24	5MG; 1000MG	Preferred Brand				
XIGDUO XR	TB24	10MG; 500MG	Preferred Brand				
XIGDUO XR	TB24	10MG; 1000MG	Preferred Brand				
XIIDRA	SOLN	5%	Non-Preferred Brand			QL	
XIMINO	CP24	45MG	Non-Preferred Brand		ST		
XIMINO	CP24	90MG	Non-Preferred Brand		ST		
XIMINO	CP24	135MG	Non-Preferred Brand		ST		
XOFIGO	SOLN	30MCCI/ML	Medical Benefit-Non-Preferred Specialty				
XOLAIR	SOLR	150MG	Medical Benefit-Preferred Specialty	PA			
XOLEGEL	GEL	2%	Non-Preferred Brand		ST		
XOPENEX	NEBU	0.31MG/3ML	Non-Preferred Brand				
XOPENEX	NEBU	0.63MG/3ML	Non-Preferred Brand				
XOPENEX	NEBU	1.25MG/3ML	Non-Preferred Brand				
XOPENEX CONCENTRATE	NEBU	1.25MG/0.5ML	Non-Preferred Brand				
XOPENEX HFA	AERO	45MCG/ACT	Preferred Brand				
XRYLIDERM	KIT	5%	Excluded				
XTAMPZA ER	C12A	9MG	Non-Preferred Brand	PA		QL	
XTAMPZA ER	C12A	13.5MG	Non-Preferred Brand	PA		QL	
XTAMPZA ER	C12A	18MG	Non-Preferred Brand	PA		QL	
XTAMPZA ER	C12A	27MG	Non-Preferred Brand	PA		QL	
XTAMPZA ER	C12A	36MG	Non-Preferred Brand	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
XTANDI	CAPS	40MG	Non-Preferred Specialty	PA		QL	
XULANE	PTWK	35MCG/24HR; 150MCG/24HR	Generic				
XULTOPHY 100/3.6	SOPN	100UNIT/ML; 3.6MG/ML	Non-Preferred Brand			QL	
XURIDEN	PACK	2GM	Excluded				
XYNTHA	KIT	250UNIT	Preferred Specialty			QL	
XYNTHA	KIT	500UNIT	Preferred Specialty			QL	
XYNTHA	KIT	1000UNIT	Preferred Specialty			QL	
XYNTHA	KIT	2000UNIT	Preferred Specialty			QL	
XYREM	SOLN	500MG/ML	Preferred Specialty	PA		QL	
XYZAL	TABS	5MG	Excluded				
YASMIN 28	TABS	3MG; 0.03MG	Non-Preferred Brand				
YAZ	TABS	3MG; 0.02MG	Non-Preferred Brand				
YELLOW HORNET VENOM PROTEIN EXTRACT	SOLR	1100MCG	Medical Benefit				
YELLOW JACKET VENOM PROTEIN EXTRACT	SOLR	120MCG	Medical Benefit				
YERVOY	SOLN	50MG/10ML	Medical Benefit-Preferred Specialty	PA			
YERVOY	SOLN	200MG/40ML	Medical Benefit-Preferred Specialty	PA			
YF-VAX	INJ	0	Excluded				
YONDELIS	SOLR	1MG	Medical Benefit-Preferred Specialty	PA			
YOSPRALA	TBEC	81MG; 40MG	Excluded				
YOSPRALA	TBEC	325MG; 40MG	Excluded				
YUVAFEM	TABS	10MCG	Generic				
ZADITOR	SOLN	0.03%	Generic				
ZAFIRLUKAST	TABS	10MG	Generic				
ZAFIRLUKAST	TABS	20MG	Generic				
ZALEPLON	CAPS	5MG	Generic			QL	AL
ZALEPLON	CAPS	10MG	Generic			QL	AL

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZALTRAP	SOLN	100MG/4ML	Medical Benefit-Non-Preferred Specialty				
ZALTRAP	SOLN	200MG/8ML	Medical Benefit-Non-Preferred Specialty				
ZANAFLEX	TABS	4MG	Non-Preferred Brand				
ZANAFLEX	CAPS	2MG	Non-Preferred Brand				
ZANAFLEX	CAPS	4MG	Non-Preferred Brand				
ZANAFLEX	CAPS	6MG	Non-Preferred Brand				
ZANOSAR	SOLR	1GM	Medical Benefit				
ZANTAC	SOLN	25MG/ML	Medical Benefit-Non-Preferred Specialty				
ZANTAC	TABS	300MG	Non-Preferred Brand				
ZANTAC 150 MAXIMUM STRENGTH	TABS	150MG	Excluded				
ZARONTIN	CAPS	250MG	Non-Preferred Brand				
ZARONTIN	SOLN	250MG/5ML	Non-Preferred Brand				
ZAROXOLYN	TABS	5MG	Non-Preferred Brand				
ZAROXOLYN	TABS	2.5MG	Non-Preferred Brand				
ZARXIO	SOSY	300MCG/0.5ML	Preferred Specialty				
ZARXIO	SOSY	480MCG/0.8ML	Preferred Specialty				
ZEBETA	TABS	5MG	Non-Preferred Brand				
ZEBETA	TABS	10MG	Non-Preferred Brand				
ZECUITY	PTCH	6.5MG/4HR	Excluded				
ZEGERID	PACK	20MG; 1680MG	Excluded				
ZEGERID	PACK	40MG; 1680MG	Excluded				
ZEGERID	CAPS	20MG; 1100MG	Excluded				
ZEGERID	CAPS	40MG; 1100MG	Excluded				
ZEGERID OTC	CAPS	20MG; 1100MG	Generic				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZEJULA	CAPS	100MG	Preferred Specialty	PA		QL	
ZELBORAF	TABS	240MG	Preferred Specialty	PA		QL	
ZEMAIRA	SOLR	1000MG	Medical Benefit-Preferred Specialty	PA			
ZEMBRACE SYMTOUCH	SOAJ	3MG/0.5ML	Excluded				
ZEMPLAR	CAPS	2MCG	Non-Preferred Brand				
ZEMPLAR	CAPS	4MCG	Non-Preferred Brand				
ZEMPLAR	CAPS	1MCG	Non-Preferred Brand				
ZENATANE	CAPS	30MG	Preferred Brand	PA			
ZENATANE	CAPS	10MG	Preferred Brand	PA			
ZENATANE	CAPS	20MG	Preferred Brand	PA			
ZENATANE	CAPS	40MG	Preferred Brand	PA			
ZENCHENT	TABS	35MCG; 0.4MG	Generic				
ZENCIA	LIQD	9%; 4%	Excluded				
ZENPEP	CPEP	27000UNIT; 5000UNIT; 17000UNIT	Non-Preferred Brand		ST		
ZENPEP	CPEP	55000UNIT; 10000UNIT; 34000UNIT	Non-Preferred Brand		ST		
ZENPEP	CPEP	82000UNIT; 15000UNIT; 51000UNIT	Non-Preferred Brand		ST		
ZENPEP	CPEP	109000UNIT; 20000UNIT; 68000UNIT	Non-Preferred Brand		ST		
ZENPEP	CPEP	16000UNIT; 3000UNIT; 10000UNIT	Non-Preferred Brand		ST		
ZENPEP	CPEP	136000UNIT; 25000UNIT; 85000UNIT	Non-Preferred Brand		ST		
ZENZEDI	TABS	2.5MG	Non-Preferred Brand		ST	QL	
ZENZEDI	TABS	5MG	Generic			QL	
ZENZEDI	TABS	7.5MG	Non-Preferred Brand		ST	QL	
ZENZEDI	TABS	10MG	Generic			QL	
ZENZEDI	TABS	15MG	Non-Preferred Brand		ST	QL	
ZENZEDI	TABS	20MG	Non-Preferred Brand		ST	QL	
ZENZEDI	TABS	30MG	Non-Preferred Brand		ST	QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZEPATIER	TABS	50MG; 100MG	Preferred Specialty	PA			
ZEPATIER	TABS	50MG; 100MG	Preferred Specialty	PA			
ZERBAXA	SOLR	1GM; 0.5GM	Medical Benefit-Preferred Specialty				
ZERIT	CAPS	15MG	Non-Preferred Brand				
ZERIT	CAPS	20MG	Non-Preferred Brand				
ZERIT	CAPS	30MG	Non-Preferred Brand				
ZERIT	CAPS	40MG	Non-Preferred Brand				
ZERIT	SOLR	1MG/ML	Non-Preferred Brand				
ZERUVIA	PTCH	4%; 1%	Excluded				
ZESTORETIC	TABS	12.5MG; 10MG	Non-Preferred Brand				
ZESTORETIC	TABS	12.5MG; 20MG	Non-Preferred Brand				
ZESTORETIC	TABS	25MG; 20MG	Non-Preferred Brand				
ZESTRIL	TABS	5MG	Non-Preferred Brand				
ZESTRIL	TABS	10MG	Non-Preferred Brand				
ZESTRIL	TABS	20MG	Non-Preferred Brand				
ZESTRIL	TABS	30MG	Non-Preferred Brand				
ZESTRIL	TABS	40MG	Non-Preferred Brand				
ZETIA	TABS	10MG	Non-Preferred Brand				
ZETONNA	AERS	37MCG/ACT	Non-Preferred Brand		ST		
ZEVALIN IN-111	KIT	3.2MG/2ML	Medical Benefit-Preferred Specialty	PA			
ZEVALIN Y-90	KIT	3.2MG/2ML	Medical Benefit-Preferred Specialty	PA			
ZIAC	TABS	10MG; 6.25MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZIAC	TABS	2.5MG; 6.25MG	Non-Preferred Brand				
ZIAC	TABS	5MG; 6.25MG	Non-Preferred Brand				
ZIAGEN	TABS	300MG	Non-Preferred Brand				
ZIAGEN	SOLN	20MG/ML	Preferred Brand				
ZIANA	GEL	1.2%; 0.025%	Excluded				
ZIDOVUDINE	TABS	300MG	Generic				
ZIDOVUDINE	SYRP	50MG/5ML	Generic				
ZIDOVUDINE	CAPS	100MG	Generic				
ZILEUTON ER	TB12	600MG	Non-Preferred Specialty		ST	QL	AL
ZINBRYTA	SOSY	150MG/ML	Non-Preferred Specialty		ST	QL	
ZINC SULFATE	CAPS	220MG	Excluded				
ZINECARD	SOLR	250MG	Medical Benefit				
ZINPLAVA	SOLN	1000MG/40ML	Excluded				
ZIOPTAN	SOLN	0.015MG/ML	Non-Preferred Brand				
ZIPRASIDONE HCL	CAPS	20MG	Generic				
ZIPRASIDONE HCL	CAPS	40MG	Generic				
ZIPRASIDONE HCL	CAPS	60MG	Generic				
ZIPRASIDONE HCL	CAPS	80MG	Generic				
ZIPSOR	CAPS	25MG	Excluded				
ZIRGAN	GEL	0.15%	Non-Preferred Brand				
ZITHRANOL	SHAM	1%	Non-Preferred Brand		ST		
ZITHRANOL-RR	CREA	1.20%	Excluded				
ZITHROMAX	PACK	1GM	Preferred Brand				
ZITHROMAX	TABS	600MG	Non-Preferred Brand				
ZITHROMAX	SUSR	100MG/5ML	Non-Preferred Brand				
ZITHROMAX	SUSR	200MG/5ML	Non-Preferred Brand				
ZITHROMAX TRI-PAK	TABS	500MG	Non-Preferred Brand				
ZITHROMAX Z-PAK	TABS	250MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZMAX	SUSR	2GM	Non-Preferred Brand				
ZOCOR	TABS	80MG	Non-Preferred Brand			QL	
ZOCOR	TABS	5MG	Non-Preferred Brand			QL	
ZOCOR	TABS	10MG	Non-Preferred Brand			QL	
ZOCOR	TABS	20MG	Non-Preferred Brand			QL	
ZOCOR	TABS	40MG	Non-Preferred Brand			QL	
ZOFRAN	SOLN	40MG/20ML	Medical Benefit-Non-Preferred Specialty				
ZOFRAN	TABS	4MG	Non-Preferred Brand				
ZOFRAN	TABS	8MG	Non-Preferred Brand				
ZOFRAN	SOLN	4MG/5ML	Non-Preferred Brand				
ZOFRAN ODT	TBDP	4MG	Non-Preferred Brand				
ZOFRAN ODT	TBDP	8MG	Non-Preferred Brand				
ZOHYDRO ER	C12A	10MG	Non-Preferred Brand	PA		QL	AL
ZOHYDRO ER	C12A	15MG	Non-Preferred Brand	PA		QL	AL
ZOHYDRO ER	C12A	20MG	Non-Preferred Brand	PA		QL	AL
ZOHYDRO ER	C12A	30MG	Non-Preferred Brand	PA		QL	AL
ZOHYDRO ER	C12A	40MG	Non-Preferred Brand	PA		QL	AL
ZOHYDRO ER	C12A	50MG	Non-Preferred Brand	PA		QL	AL
ZOLADEX	IMPL	3.6MG	Medical Benefit-Preferred Specialty				
ZOLADEX	IMPL	10.8MG	Medical Benefit-Preferred Specialty				
ZOLEDRONIC ACID	CONC	4MG/5ML	Medical Benefit	PA			

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZOLEDRONIC ACID	SOLN	5MG/100ML	Medical Benefit				
ZOLINZA	CAPS	100MG	Preferred Specialty	PA		QL	
ZOLMITRIPTAN	TABS	2.5MG	Preferred Brand			QL	
ZOLMITRIPTAN	TABS	5MG	Preferred Brand			QL	
ZOLMITRIPTAN ODT	TBDP	2.5MG	Preferred Brand			QL	
ZOLMITRIPTAN ODT	TBDP	5MG	Preferred Brand			QL	
ZOLOFT	TABS	50MG	Non-Preferred Brand			QL	
ZOLOFT	TABS	100MG	Non-Preferred Brand			QL	
ZOLOFT	CONC	20MG/ML	Non-Preferred Brand				
ZOLOFT	TABS	25MG	Non-Preferred Brand			QL	
ZOLPIDEM TARTRATE	TABS	5MG	Generic			QL	AL
ZOLPIDEM TARTRATE	TABS	10MG	Generic			QL	AL
ZOLPIDEM TARTRATE	SUBL	3.5MG	Excluded				
ZOLPIDEM TARTRATE	SUBL	1.75MG	Excluded				AL
ZOLPIDEM TARTRATE ER	TBCR	6.25MG	Generic			QL	AL
ZOLPIDEM TARTRATE ER	TBCR	12.5MG	Generic			QL	AL
ZOLPIMIST	SOLN	5MG/ACT	Non-Preferred Brand		ST	QL	
ZOMETA	CONC	4MG/5ML	Medical Benefit-Preferred Specialty				
ZOMIG	TABS	2.5MG	Non-Preferred Brand			QL	
ZOMIG	TABS	5MG	Non-Preferred Brand			QL	
ZOMIG	SOLN	5MG	Preferred Brand		ST	QL	
ZOMIG	SOLN	2.5MG	Preferred Brand		ST	QL	
ZOMIG ZMT	TBDP	2.5MG	Non-Preferred Brand			QL	
ZOMIG ZMT	TBDP	5MG	Non-Preferred Brand			QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZONACORT 11 DAY	TBPK	1.5MG	Excluded				
ZONACORT 7 DAY	TBPK	1.5MG	Excluded				
ZONALON	CREA	5%	Non-Preferred Brand		ST		
ZONEGRAN	CAPS	100MG	Non-Preferred Brand				
ZONEGRAN	CAPS	25MG	Non-Preferred Brand				
ZONISAMIDE	CAPS	25MG	Preferred Generic				
ZONISAMIDE	CAPS	50MG	Generic				
ZONISAMIDE	CAPS	100MG	Generic				
ZONTIVITY	TABS	2.08MG	Non-Preferred Brand		ST	QL	
ZORBTIVE	SOLR	8.8MG	Non-Preferred Specialty	PA		QL	
ZORTRESS	TABS	0.5MG	Preferred Specialty				
ZORTRESS	TABS	0.75MG	Preferred Specialty				
ZORTRESS	TABS	0.25MG	Preferred Specialty				
ZORVOLEX	CAPS	18MG	Excluded				
ZORVOLEX	CAPS	35MG	Excluded				
ZOSTAVAX	SUSR	19400UNT/0.65ML	Medical Benefit			QL	AL
ZOSYN	SOLR	4GM; 0.5GM	Medical Benefit				
ZOSYN	SOLN	5%; 2GM/50ML; 0.25GM/50ML	Medical Benefit				
ZOSYN	SOLN	5%; 3GM/50ML; 0.375GM/50ML	Medical Benefit				
ZOSYN	SOLN	5%; 4GM/100ML; 0.5GM/100ML	Medical Benefit				
ZOSYN	SOLR	2GM; 0.25GM	Medical Benefit				
ZOSYN	SOLR	3GM; 0.375GM	Medical Benefit				
ZOSYN	SOLR	36GM; 4.5GM	Medical Benefit				
ZOVIA 1/35E	TABS	35MCG; 1MG	Generic				
ZOVIA 1/50E	TABS	50MCG; 1MG	Generic				
ZOVIRAX	TABS	800MG	Non-Preferred Brand				
ZOVIRAX	OINT	5%	Excluded				
ZOVIRAX	CREA	5%	Excluded				
ZOVIRAX	TABS	400MG	Non-Preferred Brand				
ZOVIRAX	SUSP	200MG/5ML	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZOVIRAX	CAPS	200MG	Non-Preferred Brand				
ZUBSOLV	SUBL	11.4MG; 2.9MG	Non-Preferred Brand		ST	QL	
ZUBSOLV	SUBL	0.7MG; 0.18MG	Non-Preferred Brand		ST	QL	
ZUBSOLV	SUBL	1.4MG; 0.36MG	Non-Preferred Brand		ST	QL	
ZUBSOLV	SUBL	2.9MG; 0.71MG	Non-Preferred Brand		ST	QL	
ZUBSOLV	SUBL	5.7MG; 1.4MG	Non-Preferred Brand		ST	QL	
ZUBSOLV	SUBL	8.6MG; 2.1MG	Non-Preferred Brand		ST	QL	
ZUPLENZ	FILM	4MG	Preferred Brand		ST	QL	
ZUPLENZ	FILM	8MG	Preferred Brand		ST	QL	
ZURAMPIC	TABS	200MG	Non-Preferred Brand		ST		
ZUTRIPRO	SOLN	4MG/5ML; 5MG/5ML; 60MG/5ML	Excluded				
ZYBAN	TB12	150MG	Non-Preferred Brand				
ZYCLARA	CREA	3.75%	Non-Preferred Brand		ST		
ZYCLARA PUMP	CREA	3.75%	Non-Preferred Brand		ST		
ZYDELIG	TABS	100MG	Non-Preferred Specialty	PA		QL	
ZYDELIG	TABS	150MG	Non-Preferred Specialty	PA		QL	
ZYFLO	TABS	600MG	Non-Preferred Specialty		ST		
ZYFLO CR	TB12	600MG	Excluded				
ZYKADIA	CAPS	150MG	Non-Preferred Specialty	PA		QL	
ZYLET	SUSP	0.5%; 0.3%	Non-Preferred Brand		ST		
ZYLOPRIM	TABS	100MG	Non-Preferred Brand				
ZYLOPRIM	TABS	300MG	Non-Preferred Brand				
ZYMAXID	SOLN	0.50%	Non-Preferred Brand		ST		
ZYPREXA	TABS	2.5MG	Non-Preferred Brand				

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZYPREXA	TABS	5MG	Non-Preferred Brand				
ZYPREXA	TABS	7.5MG	Non-Preferred Brand				
ZYPREXA	TABS	10MG	Non-Preferred Brand				
ZYPREXA	TABS	15MG	Non-Preferred Brand				
ZYPREXA	TABS	20MG	Non-Preferred Brand				
ZYPREXA	SOLR	10MG	Medical Benefit				
ZYPREXA RELPREVV	SUSR	300MG	Medical Benefit-Preferred Specialty				
ZYPREXA RELPREVV	SUSR	405MG	Medical Benefit-Preferred Specialty				
ZYPREXA ZYDIS	TBDP	5MG	Non-Preferred Brand				
ZYPREXA ZYDIS	TBDP	10MG	Non-Preferred Brand				
ZYPREXA ZYDIS	TBDP	15MG	Non-Preferred Brand				
ZYPREXA ZYDIS	TBDP	20MG	Non-Preferred Brand				
ZYRTEC ALLERGY	TABS	10MG	Excluded				
ZYRTEC CHILDRENS ALLERGY	SYRP	5MG/5ML	Excluded				
ZYRTEC CHILDRENS ALLERGY	CHEW	5MG	Excluded				
ZYRTEC CHILDRENS ALLERGY	CHEW	10MG	Excluded				
ZYRTEC-D ALLERGY/CONGESTION	TB12	5MG; 120MG	Excluded				
ZYTIGA	TABS	250MG	Preferred Specialty	PA		QL	
ZYVIT	TABS	125MG; 500UNIT; 1MG; 1MG; 5MG; 12.5MG; 25MG; 50MG	Excluded				
ZYVOX	TABS	600MG	Non-Preferred Specialty	PA		QL	

Medication			Coverage Level	Restrictions			
Label Name	Dose Form	Strength	Tier	PA	ST	QL	AL
ZYVOX	SUSR	100MG/5ML	Preferred Specialty	PA		QL	
ZYVOX	SOLN	200MG/100ML	Medical Benefit-Preferred Specialty