

2025 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of California Marketplace

Notice:

The information in this document is current as of July 1, 2025.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Search Drugs tool.

Aviso:

La información de este documento está vigente a partir del 1 de julio de 2025.

El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Búsqueda de Medicinas.



Effective January 1, 2021
En vigor desde el 1.º de enero del 2021

Notice on Drug Company Cost Sharing Assistance

Cost Sharing paid with drug company support will not apply toward any Deductible or yearly Out-of-Pocket Maximum under your plan. Drug company support means discount cards, coupons, gift cards, cash or other financial help you get from the company or a sponsored program for the purpose of buying a company's drugs.

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

Los costos compartidos que se pagan con el apoyo de la empresa farmacéutica no se aplicarán a ningún Deducible o Máximo de Gastos de su Bolsillo de su plan cada año. El apoyo de la empresa farmacéutica corresponde a tarjetas de descuento, cupones, tarjetas regalo, dinero en efectivo u otra ayuda económica que usted reciba de dicha empresa o de un programa patrocinado con el propósito de comprar los medicamentos de una empresa.

Contraceptive Coverage Summary

Your plan covers birth control services, prescription drugs, and over-the-counter (OTC) products with \$0 member cost sharing. Plan pharmacy network and formulary rules apply. The drug list shows which birth control products are covered. The drug list covers many types of birth control products, including: Barrier products (condoms, caps, and diaphragms), birth control pills (prescription and OTC), patches, vaginal rings, intrauterine devices, injections and injected devices, and emergency birth control or “morning after” pills (prescription and OTC).

We cover up to a 12-month supply of birth control medication at a time. There are no requirements to try other drugs first or to get plan approval for any birth control products on the drug list. There are no quantity limits against continuous birth control. You can switch birth control methods any time you need to. Under state rules, qualified pharmacists can dispense drug list birth control products to you using your pharmacy benefit without a doctor’s prescription.

If you have tried to use your drug benefit at a pharmacy, but had to pay for birth control that is on the drug list, you can submit a refund request with your receipt, the pharmacy information, and a “Prescription Reimbursement Claim Form”. This form is on MolinaMarketplace.com under Members “Forms and Documents”. Please note, if you choose to pay for OTC birth control directly instead of using your drug benefit at an in-network pharmacy, Molina will reimburse a qualifying claim request up to the amount we pay network pharmacies for the same formulary product. You can find network pharmacies at MolinaMarketplace.com by using the “Find a Pharmacy” tool under the Members drop down list.

Resumen de cobertura de métodos anticonceptivos

Su plan cubre servicios anticonceptivos, medicamentos recetados y productos de venta libre (OTC) con \$0 de costo compartido para miembros. Se aplican las reglas del formulario y de la red de farmacias del plan. La lista de medicamentos muestra qué productos anticonceptivos están cubiertos. La lista de medicamentos cubre muchos tipos de productos anticonceptivos, entre los que se encuentran: Productos de barrera (condones, capuchones y diafragmas), píldoras anticonceptivas (con receta y OTC), parches, anillos vaginales, dispositivos intrauterinos, inyecciones y dispositivos inyectables y píldoras anticonceptivas de emergencia o “del día después” (con receta y OTC).

Cubrimos un suministro de medicamentos anticonceptivos para hasta 12 meses a la vez. No hay requisitos para probar otros medicamentos primero ni para obtener la aprobación del plan para ningún producto anticonceptivo de la lista de medicamentos. No existen límites de cantidad para el control de la natalidad de manera continua. Puede cambiar de método anticonceptivo en cualquier momento que lo necesite. Según las reglas estatales, los farmacéuticos calificados pueden dispensarle productos anticonceptivos de la lista de medicamentos mediante su beneficio de farmacia sin receta médica.

Si intentó utilizar su beneficio de medicamentos en una farmacia, pero tuvo que pagar por un método anticonceptivo que está en la lista de medicamentos, puede enviar una solicitud de reembolso con su recibo, la información de la farmacia y un “Formulario de reclamación de reembolso de medicamentos”. Este formulario se encuentra en MolinaMarketplace.com en la sección para miembros “Forms and Documents” (Formularios y documentos). Tenga en cuenta que si elige pagar los anticonceptivos OTC directamente en vez de utilizar su beneficio de medicamentos en una farmacia de la red, Molina reembolsará una solicitud de reclamación calificada hasta el monto que pagamos a las farmacias de la red por el mismo producto del formulario. Puede encontrar farmacias de la red en MolinaMarketplace.com utilizando la herramienta “Find a Pharmacy” (Buscar una farmacia) en la lista desplegable para miembros.

Contents

Contents ii

Drug Formulary and Guide..... iii

 Molina Healthcare Drug Formulary (List of Drugs) iii

Definitions iv

Using the Drug Formulary and Guide vi

Finding a pharmacy to fill a prescription ix

 Pharmacy Network..... ix

 Specialty Pharmacy ix

 Mail Order Pharmacy ix

 Out-of-Network Pharmacy..... ix

 Prescription Claims Processor ix

 Urgent and After-Hours Medication Policy..... x

 Refill Timing, Synchronization, and Proration..... x

Prior authorization and exception request procedure x

 Prior authorization x

 Requesting an Exception..... xi

Complaints and Appeals xii

Notice xii

Legend.....xiii

Drug Formulary and Guide

Molina Healthcare Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. Smaller updates are also made every 3 months. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer and the medical community. The group meets every three months to talk about the drugs that are on the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Changes are made to the Drug Formulary for different reasons. Reasons may include:

- Changes in medical practice
- New drugs become available
- New generics are available and take the place of previously covered branded drugs
- New state or federal drug coverage requirements
- A drug is no longer available or has a new safety issue

Molina will provide at least 60 days' notice ahead of these types of formulary updates:

- Moving the drug to a higher drug list tier, moving the drug from preferred to non-preferred status, or other changes we make to the drug list that result in higher member cost-sharing for the formulary drug
- Removing the drug from the formulary
- Adding a prior authorization requirement to the formulary drug
- Adding or updating the drug's quantity limit
- Adding a step-therapy requirement to the drug

If the drug has been found to be unsafe by the US Federal Food and Drug Administration (FDA) or is taken off the market for other reasons, we may remove it from the drug list quickly and without standard notice. Your plan's most current drug list is on our website MolinaMarketplace.com. A notice of all changes is included in the drug list document with each update.

Does the drug list include injectable drugs that a Provider treats me with in a clinic or other location?

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your provider has instructions from us on how to get you approved for drugs they buy and help give to you. Some injectable drugs can be approved to get from a pharmacy using your prescription drug benefit.

I have questions about how my plan covers drugs.

This guide contains many details for common questions:

- Can my prescription be filled at a retail pharmacy?
- Where can I see the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

You may also call us and ask specific coverage questions about a drug. Call toll-free **1 (888) 858-2150**, Monday through Friday, **8:00 a.m. through 6:00 p.m.** If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

The member handbook and the plan agreement also contain important coverage information. Please see the plan agreement (“Evidence of Coverage”) for information on contraceptive coverage, benefit exclusions, hospice services, and more.

If a drug is listed on the formulary, will I be prescribed that drug?

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your doctor know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

Definitions

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Dosage form” is the physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Using the Drug Formulary and Guide

How do I locate a drug that is on the drug list?

The list of drugs is organized alphabetically by therapeutic category and class using the American Hospital Formulary Service (AHFS) classification. Within category and class, drug names are also organized in alphabetical order. If you do not know the category or class for the drug you are looking for, there are two ways to search for the drug by name.

- If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the drug you are looking for in the search box.
- If you are using a print version of the drug list, you can search for the name of the drug in the Index at the end of this guide.

Drug entries on the list contain the Drug Name, Drug Tier, and other coverage details for all the drugs and items covered under your plan's prescription drug benefit.

Here are examples of how a drug may be displayed on the drug list (actual coverage may differ from this example).

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG (warfarin sodium)	Tier 2	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg	Tier 1	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg (Jantoven)	Tier 1	QL (300 ea / 30 days); MAIL

What drug names are used on the list?

The drug list uses trademarked brand names and non-proprietary or "generic" names to show what form of the drug is covered. There are also trademarked names used by certain generic drugs. The way a drug name is shown on the drug list will tell you if the branded form, the generic form, or the trademarked generic form is what is covered. The example above shows the branded, generic, and trademarked generic forms of the drug "warfarin sodium".

When the branded form of a drug is covered, the drug name will be listed in all CAPITAL letters as its BRAND NAME. The non-proprietary or "**generic name**" for the branded drug will follow in parentheses and in all **bold and italicized lowercase** letters. When the generic form of the drug is covered, it is listed separately by its **generic name(s)** in all **bold and italicized lowercase** letters. A generic drug that is covered as the trademarked generic form will be listed separately by its **generic name** followed by the trademarked name in parentheses. The trademarked generic name will be shown with the first letter of each word capitalized.

If both the brand form and the generic form for a drug are covered on the formulary, they will each be listed as separate drug entries. For example, COUMADIN and **warfarin sodium** are listed separately to show both the brand form and the generic form are covered on the formulary. In this example, a trademarked generic form (Jantoven) is also displayed. Different Drug Tier and Requirements/Limits may apply for a trademarked form versus a generic form of a drug if multiple drug forms are listed as covered on the actual drug list.

What are Drug Tiers and how do they affect my share of the drug's cost?

We put drugs on different levels called tiers based on how well they improve health and how much they cost compared to similar treatments. Your plan has the following tiers. For Tiers 1 through 4, in general the lower the Drug Tier, the lower your share of the cost will be.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Non-Preferred Generic drugs and Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a pharmacy in the Specialty Pharmacy Network. Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen (“Limited Distribution”)
Tier 5	Preventative drugs, family planning drugs and devices (ie, contraception), and other drugs with \$0 cost sharing
DME	Durable Medical Equipment; Cost sharing follows the medical benefit cost sharing for DME for the non-drug product on the drug list

Following sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code:

- Your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing when prescribed for you to use in line with those recommendations.
- Your plan covers a variety of drug, device, and over-the-counter products for family planning (ie, contraception) under the prescription drug benefit, with \$0 cost sharing (Tier 5).
- Your plan covers treatment and testing for diabetes including insulin, glucagon, medically necessary devices and supplies on the DME tier, and other prescription drugs.

When coverage of nonformulary drugs is approved on formulary exception, enrollees pay Tier 3 cost sharing for Non-specialty drugs or Tier 4 cost sharing for Specialty drugs. Please see your plan agreement for more details on cost sharing for formulary exceptions.

Certain types of drugs covered by your plan have cost sharing limits each time you fill them. If your state has specific limits, cost sharing will be the lower of your plan design cost sharing or any limit that applies.

- There are limits on your cost sharing for anticancer drugs taken by mouth.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.

How do deductible and out-of-pocket maximums work?

Understanding how plan deductible and out-of-pocket maximums work can help you understand why some of your covered drugs and services have higher member pay amounts at the beginning of the year than the rest of the year. Online tools are available in the member portal to help you track your member pay balances.

A deductible is the total out-of-pocket amount members pay for covered benefits before the plan starts paying for those benefits. After the deductible is met, the member pay amount becomes a defined cost sharing rate, either a flat dollar copay amount or a percent coinsurance.

- Your plan design information shows which benefits have a deductible requirement and which do not. The information shows what the cost sharing rate is for a given benefit “after deductible” if deductible applies.
- It is important to know if your plan has a combined deductible shared between all benefits, or if it has separate deductibles for the medical and pharmacy benefits.
- Only out-of-pocket amounts you pay as deductible will be counted towards the deductible. This means amounts you pay in cost sharing for benefits that do not have a deductible requirement are not counted towards the deductible. However, all amounts you pay towards your deductible are also counted towards your out-of-pocket maximums. Drug company patient assistance is not counted as true member out of pocket or deductible unless required by state or federal rules.

An out-of-pocket maximum is a limit on the total member pay amounts you and your covered family members pay for all drugs and services covered by the plan during the plan year. If the totals you pay during the plan year reach the out-of-pocket maximum and stay there, no more member pay will be due for drugs and services covered by the benefit after that point, for the remainder of the plan year or coverage period.

- The out-of-pocket maximum counts the total member pay amounts you have paid for drugs and services covered under the pharmacy and medical benefits.
- There is an individual out-of-pocket maximum for each person covered by your plan.
- There is a family out-of-pocket maximum if two or more family members are covered by the same plan. If the family out-of-pocket maximum is reached, there will be no further member pay due for drugs and services covered by the plan after that point for any of the covered family members.

Some events can affect if your deductible and out-of-pocket maximum balances have reached the limits and stay there.

- If you change plans during the plan year, you may have a different deductible and out-of-pocket maximum.
- Claim activities on both the pharmacy and medical benefit channels can affect your balances.
- Depending on timing, balances may include member pay amounts due that you are about to pay on recent medical and pharmacy claims.
- Drug company patient assistance is not counted as true member out of pocket or deductible unless required by state or federal rules.

Online tools for your balances reflect the total member pay amounts due on all claims that have processed through the benefit to the present time. Be mindful of drugs ready at the pharmacy and any member pay amounts due on them when reviewing your balances.

Deductible and out-of-pocket maximums apply to the coverage period in the plan year you received covered drugs and services that had member pay amounts due. The balances paid towards deductible and out-of-pocket maximums start over each new plan year and coverage period. Insurance premiums are not counted as out of pocket for the purposes of deductible and out-of-pocket maximum balances. You must continue to pay the insurance premium to have coverage.

How can I find more information about how much my drug will cost?

Information about prescription drug cost sharing amounts can be found in our Benefits-at-a-Glance brochure or by entering prescription information into the “Search Drugs” tool at MolinaMarketplace.com. This tool will provide an estimate of your cost for formulary drugs. You can also access the tool by downloading the Molina app to your mobile device or creating a profile at Caremark.com. When using the tool on the app or at Caremark.com the tool will consider the total cost sharing you have already paid towards meeting your plan design limits like deductible and out of pocket maximum.

Finding a pharmacy to fill a prescription

Pharmacy Network

Molina has networks of retail, mail order, and specialty pharmacies that can process and dispense medications using your coverage. To locate an in-network pharmacy, please use the "Find a Pharmacy" tool at MolinaMarketplace.com. The tool allows you to search pharmacies by zip code, city, country, and state. You can limit search results based on distance, or other specific criteria like store name, language spoken, or services offered. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show "90-day Supply Available" in the details of your search results.

Specialty Pharmacy

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on Tier 4 on the formulary. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies. Molina's Pharmacy Benefit Manager, CVS Caremark, has a specialty pharmacy that provides clinical support to help enrollees manage their medications and conditions. Most specialty medications require Prior Authorization before they are covered. A prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pickup.

CVS Pharmacy Help Desk can be contacted by calling 1 (888) 407-6425.

Mail Order Pharmacy

Your plan has a network of Mail Order pharmacies that can process and dispense up to 90 days' supply of eligible medications. Eligible medications are marked "MAIL" on the formulary.

Your plan's Pharmacy Benefit Manager has a Mail Order pharmacy. To have prescriptions filled through their service the provider or enrollee can call the FastStart® toll-free number at 1 (800) 875-0867 Monday through Friday 7:00 a.m. to 7:00 p.m. or go to Caremark.com.

Your plan's network also offers 90-day fill at network retail pharmacies. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show "90-day Supply Available" in the details of your search results.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet the enrollee's needs an exception can be requested to obtain authorization to use a pharmacy outside of network. Exceptions will be reviewed for medical necessity on a case-by-case basis.

Prescription Claims Processor

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina enrollees.

Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425. Membership, cost sharing, prescription drug benefit information and eligibility concerns may be addressed by calling the Molina Customer Support Center at 1 (888) 858-2150. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Pacific Time. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075 Monday through Friday 8:30 a.m. – 5:00 p.m. Pacific Time.

Urgent and After-Hours Medication Policy

To prevent an enrollee's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before Prior Authorization may be obtained from Molina. (e.g., an enrollee is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact the CVS Caremark Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at 1 (855) 322-4075 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Refill Timing, Synchronization, and Proration

In general, 30-day supplies of medications can be refilled when 85% of the predicted days of use have passed from the date of the prior fill. Please see the "Proration and Synchronization" section of your plan agreement for any drugs that have special refill timing. Your pharmacy or provider can ask to override refill timing limits in order to synchronize the fill dates of your medications by contacting the CVS Caremark® Help Desk at 1 (888) 407-6425. If shorter or longer day supplies are dispensed to synchronize your medications, your cost sharing on those supplies will be prorated.

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. This may be true for Specialty Drugs used to treat long term or other rare conditions. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to **Molina at 1 (866) 508-6445**. The clinical policies and forms are on our website MolinaMarketplace.com. The form may be obtained on MolinaMarketplace.com at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

If your prescription requires a Prior Authorization or Formulary Exception, the request can be considered under Standard or Exigent Circumstances.

- A request is considered an Exigent Circumstance if any of the following apply:
 - You are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function
 - You are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision
 - You are undergoing current treatment using a nonformulary drug. Trials of pharmaceutical samples from your doctor or a manufacturer will not be considered as current treatment
- Supporting information is required to justify the urgency of the request
- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request

You and/or your provider will be notified of our decision, made no later than:

- 24 hours following receipt of request with Exigent Circumstances.
- 72 hours following receipt of request with Standard Circumstances.

If a determination is not made within these timeframes, the request will automatically be approved.

If the request is approved, we will send a letter to your prescriber. We will include how long the request is approved for before renewal of the authorization is required. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Following 1367.22 of the Health and Safety Code, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. Molina will not limit or exclude coverage for a drug if we previously approved it for your condition and your provider continues to prescribe it, as long as the drug is appropriately prescribed and continues to be safe and effective.

Requesting an Exception

Can I have a drug covered if it is not on the formulary or does not follow plan requirements such as step therapy?

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not on the formulary but that he or she believes is best for you. You may be taking a drug that is no longer on the new plan year's drug list. Pharmacy systems may require you to try certain drugs before others are covered ("Step Therapy"). Your doctor may send Molina a formulary exception request using the Prior Authorization process above.

Molina will grant an exception for a nonformulary drug or step therapy requirement if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member's documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment from previous insurance coverage. If the established drug is a brand drug and we cover the generic or interchangeable biological product, an exception may be given if switching to the required drug will likely cause clinically predictable adverse reactions or harm
- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:
 - Present a barrier to treatment plan adherence, or
 - Negatively impact a member's comorbid condition, or
 - Cause a clinically predictable negative drug interaction, or
 - Decrease the member's ability to achieve or maintain reasonable functional ability in performing daily activities

Review timeframes and conditions are found in the "Prior Authorization" section of this guide. If the request is approved, Molina will send a letter to your doctor. If the request is not approved, we will send a letter to you with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision. Your doctor can request an external exception review.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy on a formulary drug if you changed insurance plans and are continuing a drug that is now subject to step therapy requirements under your

Molina plan. Your provider will have to notify us with an exception request so we can know you are continuing to take the drug from before, it is appropriately prescribed, and it is safe and effective for your condition.

Are there any drugs or other products that are not covered at all?

Non-covered drugs or other products such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Your plan does not cover certain types of drugs that are listed as benefit exclusions in the plan policy. For more information refer to the sections in your Agreement (“Evidence of Coverage”) titled “Non-Covered Drugs” and “Exclusions”.

Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at (888) 858-2150. If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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Legend

What are the Requirements and Limits on the drug list?

Requirements and limits may be set up for certain drugs. Drugs may have the following requirements and limitations:

Requirements/Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MAIL	Drug is eligible for Mail Order and other 90-day fill programs at participating retail pharmacies. It is your choice if you want to use Mail Order programs. There is no discount to cost sharing for using 90-day fill programs.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
ONC	Abbreviation for "Oncology" or cancer specialty. Drugs taken by mouth to treat cancer have monthly Cost Sharing limits under your plan.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

Some drugs are designated "Preferred Brand" in the drug class they are listed. If there is a drug in the same class as the drug you are requesting and it is the Preferred Brand drug in the class, we require that the Preferred Brand be used first or instead. Specific drugs that require use of a Preferred Brand drug first may also be indicated "Medical Necessity PA". Medical Necessity Prior Authorization requirements apply to some Tier 4 Specialty Drugs.

2025

Guía del formulario

(Lista de medicamentos cubiertos)

Covered California, Molina Marketplace

MolinaMarketplace.com



Contenido

Contenido.....	ii
Formulario y guía de medicamentos	iii
Formulario de medicamentos de Molina Healthcare (Lista de medicamentos)	iii
Definiciones.....	iv
Cómo usar el formulario y la guía de medicamentos	vi
Cómo encontrar una farmacia para surtir un medicamento recetado	ix
Red de farmacias.....	ix
Farmacia especializada	ix
Farmacia de pedidos por correo	x
Farmacia fuera de la red	x
Procesador de reclamaciones de medicamentos recetados	x
Política de medicamentos urgentes y fuera del horario de atención.....	x
Plazo, sincronización y prorrateo de resurtidos	xi
Procedimiento para la autorización previa y la solicitud de excepción.....	xi
Autorización previa	xi
Cómo solicitar una excepción	xii
Reclamos y apelaciones	xiii
Aviso.....	xiii
Leyenda.....	xiv

Formulario y guía de medicamentos

Formulario de medicamentos de Molina Healthcare (Lista de medicamentos)

Su plan tiene una lista de medicamentos con cobertura. Esta se denomina Formulario de medicamentos. El formulario cambia de un año del plan a otro. También se realizan actualizaciones menores cada tres meses. Los medicamentos de la lista son elegidos por un grupo de médicos y farmacéuticos de su aseguradora y de la comunidad médica. El grupo se reúne cada tres meses para hablar sobre los medicamentos que se incluyen en el formulario. Revisan los nuevos medicamentos y los cambios en la atención médica. Tratan de encontrar los medicamentos más eficaces para tratar diferentes afecciones. Se realizan cambios en el formulario de medicamentos por diferentes motivos. Los motivos pueden incluir lo siguiente:

- Cambios en la práctica médica.
- Se dispone de medicamentos nuevos.
- Los medicamentos genéricos nuevos están disponibles y toman el lugar de los medicamentos de marca cubiertos anteriormente.
- Nuevos requisitos estatales o federales de cobertura de medicamentos.
- Un medicamento ya no está disponible o tiene un nuevo problema de seguridad.

Molina avisará con al menos 60 días de anticipación sobre este tipo de actualizaciones del formulario:

- Cambiar el medicamento a un nivel superior de la lista de medicamentos; cambiar el estado del medicamento de preferido a no preferido, u otros cambios que hagamos en la lista de medicamentos que resulten en un mayor costo compartido para los miembros por el medicamento del formulario.
- Quitar un medicamento del formulario.
- Agregar un requisito de autorización previa al medicamento del formulario.
- Agregar o actualizar el límite de cantidad del medicamento.
- Agregar un requisito de tratamiento escalonado al medicamento.

Si la Administración Federal de Alimentos y Medicamentos (FDA) de los EE. UU. ha determinado que el medicamento no es seguro o se retira del mercado por otros motivos, podemos eliminarlo de la lista de medicamentos rápidamente y sin aviso previo estándar. La lista de medicamentos más actualizada de su plan se encuentra en nuestro sitio web MolinaMarketplace.com. Se incluye un aviso de todos los cambios en el documento de la lista de medicamentos con cada actualización.

¿La lista de medicamentos incluye los medicamentos inyectables con los que un proveedor me trata en una clínica u otro lugar?

En general, los medicamentos que aparecen en la lista de medicamentos son aquellos que su proveedor le receta para que usted los obtenga en una farmacia y se los dé a sí mismo. La mayoría de los medicamentos inyectables cuya administración requiere la ayuda de un proveedor están cubiertos en virtud del beneficio médico, en lugar del beneficio de medicamentos recetados (“de farmacia”). Su proveedor tiene instrucciones de nuestra parte sobre cómo obtener aprobación para los medicamentos que compra y le provee. Se pueden aprobar algunos medicamentos inyectables en una farmacia usando el beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre los medicamentos.

Esta guía contiene mucha información como respuesta a las preguntas comunes:

- ¿Se puede surtir mi receta en una farmacia minorista?
- ¿Dónde puedo ver el monto en dólares del costo compartido de mi receta?

- ¿Cuál es el proceso para solicitar un medicamento con requisito de autorización previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o que tiene requisitos de tratamiento escalonado?
- ¿Mi medicamento está cubierto por el beneficio de medicamentos recetados o por el beneficio médico?

También puede llamarnos y hacernos preguntas específicas sobre la cobertura de un medicamento. Llame a la línea gratuita al **1 (888) 858-2150**, de lunes a viernes, de **8:00 a.m. a 6:00 p.m.** Si es sordo o tiene problemas de audición, llame al 711 para comunicarse con el Servicio de Telecomunicaciones. También puede pedirnos que le enviemos por correo postal una copia de la lista de medicamentos.

El manual del miembro y el acuerdo del plan también contienen información importante sobre la cobertura. Consulte el acuerdo del plan (“Evidencia de Cobertura”) para obtener información sobre cobertura de anticonceptivos, exclusiones de beneficios, servicios de hospicio y más.

Si hay un medicamento en el formulario, ¿me lo recetarán?

El hecho de que un medicamento esté en el formulario no garantiza que su médico se lo recete. Esta guía les permite a usted y a su médico saber qué medicamentos recetados están cubiertos por su plan. Los medicamentos que no están en esta lista pueden no estar cubiertos por su plan y tener un mayor costo para usted. Puede solicitar la cobertura de los medicamentos que no están en el formulario. Las solicitudes de medicamentos que no están en el formulario se considerarán para un uso médicamente aceptado cuando no se puedan usar las opciones del formulario o se cumplan otros requisitos de cobertura. Los detalles se incluyen en esta guía.

Definiciones

Un “afiliado” es una persona inscrita en un plan médico que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también incluirán al suscriptor, según se define en esta sección a continuación.

La “autorización previa” es el requisito del plan médico de que el afiliado o su proveedor emisor de recetas obtenga la autorización del plan médico para un medicamento recetado antes de que el plan médico lo cubra. El plan médico otorgará una autorización previa cuando sea médicamente necesario que el afiliado obtenga el medicamento.

Las “circunstancias urgentes” son cuando un afiliado tiene una afección médica que podría poner en grave riesgo su vida, salud o su capacidad de recuperar una función en su totalidad, o cuando un afiliado esté recibiendo un tratamiento actual con un medicamento no incluido en el formulario.

Un “copago” es un monto fijo en dólares que paga un afiliado por un beneficio de atención médica cubierto después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

Un “coseguro” es un porcentaje del costo de un beneficio de atención médica cubierto que un afiliado paga después de haber pagado el deducible, si se aplica un deducible al beneficio de atención médica, como el beneficio de medicamentos recetados.

Los “costos de bolsillo” son los copagos, el coseguro y el deducible correspondiente, más todos los costos de servicios de atención médica que no están cubiertos por el plan médico.

Un “deducible” es el monto que un afiliado paga por los beneficios de atención médica cubiertos antes de que su plan de salud comience a pagar la totalidad o parte del costo del beneficio de atención médica en virtud de los términos de la póliza.

La “forma farmacéutica” es la forma física en la que se produce y dispensa un medicamento recetado, como un comprimido, una cápsula o un inyectable.

El “formulario” es la lista completa de medicamentos de uso preferido y elegibles para la cobertura en virtud de un producto del plan médico, e incluye todos los medicamentos cubiertos en virtud del beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan médico. El formulario también se conoce como lista de medicamentos recetados.

Un “medicamento de marca” es un medicamento que se comercializa con un nombre patentado y protegido por una marca registrada. El medicamento de marca debe figurar todo en MAYÚSCULAS.

Un “medicamento genérico” es el mismo equivalente que su medicamento de marca en cuanto a dosificación, seguridad, concentración, forma de tomarlo, calidad, rendimiento y uso previsto. Un medicamento genérico figura en negrita y en cursiva, en minúsculas.

Un “medicamento no incluido en el formulario” es un medicamento recetado que no figura en el formulario del plan médico.

Un “medicamento recetado” es un medicamento recetado por el proveedor emisor de recetas del afiliado y que requiere una receta en virtud de la ley correspondiente.

El “nivel de medicamento” es un grupo de medicamentos recetados que corresponde a un nivel de costo compartido especificado en la cobertura de medicamentos recetados del plan médico. El nivel en el que se coloca un medicamento recetado determina la parte del costo del medicamento que le corresponde al afiliado.

El “proveedor emisor de recetas” es un proveedor de atención médica autorizado a emitir una receta para tratar una afección médica para un afiliado del plan de salud.

Una “receta” es una orden oral, escrita o electrónica de un proveedor emisor de recetas para un afiliado específico, que contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta es por escrito y, si el afiliado lo solicita, la afección médica o el propósito para el cual se receta el medicamento.

Una “solicitud de excepción” es una solicitud de cobertura de un medicamento recetado. Si un afiliado, la persona designada por este o el proveedor de atención médica emisor de recetas presenta una solicitud de excepción para la cobertura de un medicamento recetado, el plan médico debe cubrir el medicamento recetado cuando se determine que es médicamente necesario para tratar la afección del afiliado.

“Suscriptor” se refiere a la persona que es responsable de pagarle a un plan o cuyo empleo u otra condición, con excepción de la dependencia familiar, es la base de la elegibilidad para la membresía del plan.

El “tratamiento escalonado” es un proceso que especifica la secuencia en la que se recetan diferentes medicamentos recetados para una afección médica determinada y médicamente apropiados para un paciente en particular. El plan médico puede requerir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan médico cubra un medicamento en particular para la afección conforme a una solicitud de tratamiento escalonado. Si el proveedor emisor de recetas del afiliado presenta una solicitud de excepción de tratamiento escalonado, los planes médicos harán excepciones al tratamiento escalonado cuando se cumplan los criterios.

Cómo usar el formulario y la guía de medicamentos

¿Cómo encuentro un medicamento que está en la lista de medicamentos?

La lista de medicamentos está organizada alfabéticamente por categoría y clase terapéutica mediante la clasificación del Servicio del Formulario de Medicamentos del Hospital Estadounidense (AHFS). Dentro de la categoría y la clase, los nombres de los medicamentos también se organizan en orden alfabético. Si no conoce la categoría o la clase del medicamento que está buscando, hay dos maneras de buscar por nombre.

- Si está utilizando una versión electrónica de la lista de medicamentos, puede usar la función de búsqueda en PDF presionando Ctrl + F en el teclado de su computadora. Escriba el nombre del medicamento que busca en el cuadro de búsqueda.
- Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el Índice que se encuentra al final de esta guía.

Las entradas de los medicamentos de la lista contienen el nombre del medicamento, el nivel y otros detalles de cobertura de todos los medicamentos y artículos cubiertos por el beneficio de medicamentos recetados de su plan.

Estos son ejemplos de cómo puede aparecer un medicamento en la lista de medicamentos (la cobertura real puede ser diferente a este ejemplo).

Nombre del medicamento	Nivel del medicamento	Requisitos/límites
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 ea / 30 days); MAIL

¿Qué nombres de medicamentos se usan en la lista?

La lista de medicamentos utiliza nombres de marcas registradas y nombres públicos o “genéricos” para mostrar qué forma del medicamento tiene cobertura. También hay nombres de marcas registradas utilizados por determinados medicamentos genéricos. La manera en que se muestra el nombre de un medicamento en la lista de medicamentos le indicará si lo que tiene cobertura es la forma de la marca, la forma genérica o la forma genérica de la marca registrada. El ejemplo anterior muestra las formas de marca, genéricas y genéricas de marca registrada del medicamento “warfarina sódica”.

Cuando se cubre la forma de la marca de un medicamento, el nombre del medicamento aparecerá en letras MAYÚSCULAS como NOMBRE DE LA MARCA. El nombre público o “***nombre genérico***” del medicamento de marca aparecerá a continuación entre paréntesis y en letras ***minúsculas en negrita y cursiva***. Cuando está cubierta la forma genérica del medicamento, aparece en la lista por separado según su(s) ***nombre(s) genérico(s)*** en letras ***minúsculas en negrita y cursiva***. Un medicamento genérico cubierto en la forma genérica de marca registrada aparecerá en la lista por separado por su ***nombre genérico*** seguido del nombre de marca registrada entre paréntesis. El nombre genérico de marca registrada se mostrará con la primera letra de cada palabra en mayúscula.

Si tanto la forma de la marca como la forma genérica de un medicamento están cubiertas en el formulario, cada una aparecerá como entradas de medicamentos separadas. Por ejemplo, COUMADIN y ***warfarina sódica*** figuran por

separado para mostrar que tanto la forma de la marca como la forma genérica están cubiertas en el formulario. En este ejemplo, también se muestra una forma genérica de la marca registrada (Jantoven). Pueden aplicarse diferentes niveles de medicamentos y requisitos/límites para una forma de marca registrada frente a una forma genérica de un medicamento si aparecen varias formas de medicamentos como cubiertas en la lista de medicamentos real.

¿Qué son los niveles de medicamentos y cómo afectan mi parte del costo del medicamento?

Colocamos los medicamentos en diferentes niveles en función de lo bien que mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene los siguientes niveles. Para los Niveles 1 a 4, en general, cuanto más bajo sea el Nivel del medicamento, menor será su parte del costo.

A continuación, le mostramos más detalles sobre qué medicamentos se encuentran en qué niveles.

Nivel del medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos y medicamentos de marca de bajo costo; costos compartidos más bajos para los afiliados
Tier 2	Medicamentos genéricos no preferidos y medicamentos de marca preferidos; costos compartidos más altos que el Nivel 1
Tier 3	Medicamentos no preferidos, de marca y genéricos; costos compartidos más elevados que los medicamentos de niveles inferiores usados para tratar las mismas afecciones
Tier 4	Medicamentos especializados, tanto de marca como genéricos; costos compartidos más elevados que los medicamentos de niveles inferiores usados para tratar las mismas afecciones, si están disponibles La mayoría de los medicamentos especializados cubiertos en su plan estarán disponibles a través de una farmacia de la red de farmacias especializadas. Algunos medicamentos especializados solo se venden en determinadas farmacias que la compañía farmacéutica ha elegido (“distribución limitada”)
PREV	Medicamentos preventivos, medicamentos y dispositivos para la planificación familiar (es decir, anticoncepción) y otros medicamentos con un costo compartido de \$0
DME	Equipo médico duradero; el costo compartido corresponde al costo compartido del beneficio médico para el DME para el producto no farmacológico de la lista de medicamentos

Según las secciones 1367.002, 1367.25 y 1367.51 del Código de Salud y Seguridad, tenga en cuenta lo siguiente:

- Su plan cubre medicamentos para servicios preventivos y formas farmacéuticas reconocidos a nivel nacional (PREV) con un costo compartido de \$0 cuando se recetan para que los use de acuerdo con esas recomendaciones.
- Su plan cubre una variedad de medicamentos, dispositivos y productos de venta libre para la planificación familiar (es decir, anticoncepción) en virtud del beneficio de medicamentos recetados, con un costo compartido de \$0 (PREV).
- Su plan cubre el tratamiento y las pruebas para la diabetes, incluidos la insulina, el glucagón, los dispositivos y suministros médicamente necesarios en el nivel de DME y otros medicamentos recetados.

Cuando la cobertura de medicamentos no incluidos en el formulario se aprueba en virtud de una excepción al formulario, los afiliados pagan el costo compartido del Tier 3 para los medicamentos no especializados o el costo

compartido del Tier 4 para los medicamentos especializados. Consulte el acuerdo del plan para obtener más información sobre los costos compartidos en el caso de las excepciones al formulario.

Determinados tipos de medicamentos que cubre su plan tienen límites de costos compartidos cada vez que los surte. Si su estado tiene límites específicos, los costos compartidos serán el menor de los costos compartidos del diseño de su plan o cualquier límite que se aplique.

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se administran por vía oral.
- No existen costos compartidos para la mifepristona y el misoprostol cuando se recetan para detener un embarazo en etapa inicial.

¿Cómo funcionan los deducibles y los máximos de gastos de bolsillo?

Comprender cómo funcionan los deducibles y los gastos máximos de bolsillo del plan puede ayudarlo a entender por qué algunos de sus medicamentos y servicios cubiertos tienen montos de pago para los miembros más altos al comienzo del año que durante el resto del año. En el portal para miembros, hay herramientas en línea disponibles para ayudarlo a hacer un seguimiento de sus saldos de pago de miembro.

Un deducible es el monto total de bolsillo que los miembros pagan por los beneficios cubiertos antes de que el plan comience a pagar por esos beneficios. Una vez que se alcanza el deducible, el monto que paga el miembro se convierte en una tasa de costo compartido definida, ya sea un monto fijo de copago en dólares o un porcentaje de coseguro.

- La información de diseño de su plan indica qué beneficios tienen un requisito de deducible y cuáles no. La información muestra cuál es la tasa de costo compartido para un beneficio determinado “después del deducible”, si se aplica el deducible.
- Es importante saber si su plan tiene un deducible combinado compartido entre todos los beneficios o si tiene deducibles separados para los beneficios médicos y de farmacia.
- Solo los montos de bolsillo que usted pague como deducible se contarán para el deducible. Esto significa que los montos que usted paga en costos compartidos por beneficios que no tienen el requisito de deducible no se cuentan para el deducible. Sin embargo, todos los montos que usted paga por su deducible también se cuentan para sus gastos máximos de bolsillo. La asistencia para el paciente de la compañía farmacéutica no se cuenta como deducible o gasto de bolsillo verdadero para el miembro, a menos que lo exijan las reglas estatales o federales.

Un gasto máximo de bolsillo es un límite en el total de los montos de pago de miembro que usted y sus familiares con cobertura pagan por todos los medicamentos y servicios cubiertos por el plan durante el año del plan. Si los totales que usted paga durante el año del plan alcanzan el gasto máximo de bolsillo y permanecen allí, no deberá pagar más como miembro por los medicamentos y servicios cubiertos por el beneficio después de ese momento durante el resto del año del plan o período de cobertura.

- El gasto máximo de bolsillo cuenta el monto total que el miembro ha pagado por los medicamentos y servicios cubiertos en los beneficios médicos y de farmacia.
- Existe un gasto máximo de bolsillo individual para cada persona cubierta por su plan.
- Hay un gasto máximo de bolsillo familiar si dos o más familiares están cubiertos por el mismo plan. Si se alcanza el gasto máximo de bolsillo familiar, no deberá pagar más como miembro por los medicamentos y servicios cubiertos por el plan después de ese momento para ningún familiar con cobertura.

Algunos eventos pueden afectar si su deducible y los saldos de gastos máximos de bolsillo alcanzan los límites y se mantienen allí.

- Si cambia de plan durante el año del plan, es posible que tenga un deducible y un gasto máximo de bolsillo diferentes.

- Las actividades de reclamación tanto en la farmacia como en los canales de beneficios médicos pueden afectar los saldos.
- Según el plazo, los saldos pueden incluir los montos adeudados a pagar por el miembro que usted está por saldar en concepto de reclamaciones médicas y de farmacia recientes.
- La asistencia para el paciente de la compañía farmacéutica no se cuenta como deducible o gasto de bolsillo verdadero para el miembro, a menos que lo exijan las reglas estatales o federales.

Las herramientas en línea para saldos reflejan los montos totales adeudados a pagar por el miembro en todas las reclamaciones que se han procesado a través del beneficio hasta la actualidad. Tenga en cuenta los medicamentos que están listos en la farmacia y cualquier monto a pagar que el miembro adeude por ellos al momento de revisar los saldos.

El deducible y los gastos máximos de bolsillo se aplican al período de cobertura del año del plan en el que usted recibió los medicamentos y servicios cubiertos con montos adeudados a pagar por el miembro. Los saldos pagados en concepto de deducible y gastos máximos de bolsillo se renuevan cada nuevo año del plan y período de cobertura. Las primas de seguros no se cuentan como gastos de bolsillo a los efectos de los saldos de deducible ni de gastos máximos de bolsillo. Debe continuar pagando la prima del seguro para tener cobertura.

¿Cómo puedo encontrar más información sobre cuánto costará mi medicamento?

Puede encontrar información sobre los montos de costo compartido de los medicamentos recetados en nuestro folleto Consulte sus beneficios en un vistazo o ingresando la información de los medicamentos en la herramienta “Search Drugs” (Buscar medicamentos) en MolinaMarketplace.com. Esta herramienta le proporcionará un cálculo aproximado del costo por medicamentos del formulario. También puede acceder a la herramienta descargando la aplicación Molina en su dispositivo móvil o creando un perfil en Caremark.com. Al usar la herramienta en la aplicación o en Caremark.com, la herramienta considerará el costo compartido total que ya ha pagado para cumplir con los límites del diseño de su plan, como el deducible y el máximo de gastos de su bolsillo.

Cómo encontrar una farmacia para surtir un medicamento recetado

Red de farmacias

Molina cuenta con redes de farmacias minoristas, por correo y especializadas que pueden procesar y dispensar medicamentos usando su cobertura. Para encontrar una farmacia dentro de la red, utilice la herramienta “Find a Pharmacy” (Encontrar una farmacia) en MolinaMarketplace.com. La herramienta le permite buscar farmacias por código postal, ciudad, país y estado. Puede limitar los resultados de búsqueda en función de la distancia u otros criterios específicos como el nombre de la tienda, el idioma que se habla o los servicios ofrecidos. Si busca farmacias minoristas que participen en el programa de surtido para 90 días en farmacias minoristas, las farmacias participantes mostrarán “suministro para 90 días disponible” en los detalles de los resultados de búsqueda.

Farmacia especializada

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos especializados. Los medicamentos especializados están ubicados en el Nivel 4 del formulario. Algunos medicamentos tienen una distribución limitada. Distribución limitada significa que el medicamento solo se vende en algunas farmacias. El administrador de beneficios de farmacia de Molina, CVS Caremark, tiene una farmacia especializada que brinda apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y afecciones. La mayoría de los medicamentos especializados requieren autorización previa antes de que sean cubiertos. Un profesional autorizado para emitir recetas puede presentar una solicitud de autorización previa directamente a Molina o enviar una receta a CVS para comenzar el proceso. Si la entrega por correo del medicamento especializado no es una opción para el afiliado, CVS ofrece

la opción de enviar el medicamento a una farmacia CVS local para que lo recojan. Puede comunicarse con el Centro de Ayuda de CVS Pharmacy llamando al 1 (888) 407-6425.

Farmacia de pedidos por correo

Su plan cuenta con una red de farmacias de pedidos por correo que pueden procesar y dispensar hasta 90 días de suministro de medicamentos elegibles. Estos medicamentos están marcados como “MAIL” (correo) en el formulario.

El administrador de beneficios farmacéuticos de su plan tiene una farmacia de pedidos por correo. Para que las recetas se surtan a través de su servicio, el proveedor o afiliados puede llamar a la línea gratuita de FastStart® al 1 (800) 875-0867, de lunes a viernes, de 7:00 a.m. a 7:00 p.m., o visitar Caremark.com.

La red de su plan también ofrece surtido de 90 días en farmacias minoristas de la red. Si busca farmacias minoristas que participen en el programa de surtido para 90 días en farmacias minoristas, las farmacias participantes mostrarán “suministro para 90 días disponible” en los detalles de los resultados de búsqueda.

Los formularios de inscripción para todas las farmacias de pedidos por correo de la red se pueden encontrar en MolinaMarketplace.com en la sección para miembros “Formularios y documentos”.

Farmacia fuera de la red

Si las farmacias dentro de la red no satisfacen las necesidades del afiliado, se puede solicitar una excepción para obtener autorización para usar una farmacia fuera de la red. Se revisarán las excepciones caso por caso para determinar si son médicamente necesarias.

Procesador de reclamaciones de medicamentos recetados

Molina Healthcare ha seleccionado a CVS Caremark como la compañía de administración de beneficios de farmacia (PBM) para administrar el beneficio de medicamentos recetados para los afiliados de Molina.

Si tiene preguntas sobre el procesamiento de reclamaciones, el estado del formulario o las reclamaciones rechazadas, puede comunicarse con el Centro de Ayuda de CVS Caremark al 1 (888) 407-6425. Puede abordar las preocupaciones sobre la membresía, los costos compartidos, la información sobre beneficios de medicamentos recetados y la elegibilidad llamando al Centro de Atención al Cliente de Molina al 1 (888) 858-2150. Servicios para Miembros está disponible de lunes a viernes, de 8:00 a. m. a 6:00 p. m., hora del Pacífico. Si tiene preguntas relacionadas con los proveedores, llame al Centro de Ayuda para Proveedores de Molina al 1 (855) 322-4075, de lunes a viernes, de 8:30 a. m. a 5:00 p. m., hora del Pacífico.

Política de medicamentos urgentes y fuera del horario de atención

Para evitar que la afección de un afiliado empeore en una situación urgente, es posible que sea necesario proporcionar un suministro de 72 horas de un medicamento para afecciones agudas antes de obtener la autorización previa de Molina (p. ej., un miembro es dado de alta del hospital después del horario de atención normal con una receta especial de antibióticos).

Las farmacias tienen instrucciones de utilizar su juicio profesional. Molina reembolsará a las farmacias un suministro de 72 horas de un medicamento agudo a tarifas contratadas para estas recetas. Las farmacias pueden comunicarse con el Centro de Ayuda de CVS Caremark llamando al 1 (888) 407-6425 para obtener una anulación para un suministro de 72 horas.

Las farmacias pueden llamar a Molina al 1 (855) 322-4075 el siguiente día hábil para obtener una autorización para permitir que la receta urgente o fuera del horario de atención se procese en línea. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se dispensaron medicamentos en estas circunstancias de urgencia.

Plazo, sincronización y prorrateo de resurtidos

En general, los suministros de medicamentos para 30 días se pueden resurtir cuando ha pasado el 85% de los días de uso previstos desde la fecha de surtido anterior. Consulte la sección “Prorrateo y sincronización” del acuerdo del plan para conocer los plazos de resurtido específicos para cualquier medicamento. Su farmacia o proveedor puede solicitar que se anulen los límites del plazo de resurtido para sincronizar las fechas de surtido para sus medicamentos comunicándose con el Centro de Ayuda de CVS Caremark® al 1 (888) 407-6425. Si se dispensan suministros para más o menos días para sincronizar sus medicamentos, se prorrateará el costo compartido de esos suministros.

Procedimiento para la autorización previa y la solicitud de excepción

Autorización previa

Los medicamentos que requieren aprobación anticipada para la cobertura se evalúan según las reglas estándares para determinar si son médicamente necesarios. Los proveedores deben demostrar que usted hace un uso médicamente aceptado del medicamento y que otros tratamientos no han funcionado o no son clínicamente adecuados para usted. Pueden aplicarse otros requisitos según el medicamento. Es posible que solicitemos los resultados de determinadas pruebas para demostrar que un medicamento es adecuado para usted. Esto puede ser necesario en el caso de medicamentos especializados usados para tratar afecciones a largo plazo u otras afecciones poco frecuentes. La respuesta de un afiliado a las muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como razón para eludir las reglas estándares de cobertura.

Su proveedor puede enviar por fax un formulario completo de autorización previa de medicamentos a **Molina al 1 (866) 508-6445**. Las políticas y los formularios clínicos se encuentran en nuestro sitio web MolinaMarketplace.com. Puede obtener el formulario en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario debe completarse e incluir toda la información médica. De lo contrario, no se aceptará. Su proveedor también puede usar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente.

Si su receta requiere autorización previa o una excepción al formulario, la solicitud puede considerarse en circunstancias normales o urgentes.

- Una solicitud se considera una circunstancia urgente si se aplica cualquiera de las siguientes condiciones:
 - Usted padece una afección médica que puede poner en grave riesgo su vida, su salud o su capacidad para recuperar la función máxima.
 - Tiene dolor intenso no controlado, o la urgencia de su atención requiere una decisión de cobertura rápida.
 - Está recibiendo un tratamiento actual con un medicamento no incluido en el formulario. Los ensayos de muestras farmacéuticas de su médico o un fabricante no se considerarán un tratamiento actual.
- Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Toda solicitud que no se considere una circunstancia urgente se considera una solicitud de excepción estándar.

Usted o su proveedor serán notificados de nuestra decisión, tomada a más tardar en la siguiente fecha:

- 24 horas después de recibir la solicitud con circunstancias urgentes.
- 72 horas después de recibir la solicitud con circunstancias estándares.

Si no se toma una determinación dentro de estos plazos, la solicitud se aprobará automáticamente.

Si se aprueba la solicitud, le enviaremos una carta al profesional autorizado para emitir recetas. Incluiremos por cuánto tiempo se aprueba la solicitud antes de que se requiera una renovación de la autorización. Si no se aprueba la solicitud, le enviaremos una carta con los motivos y le informaremos sobre sus derechos para que haga un seguimiento.

De acuerdo con la sección 1367.22 del Código de Salud y Seguridad, si se aprueba una solicitud de medicamento, esta seguirá estando cubierta durante la duración de la receta, incluidos los resurtidos. Molina no limitará ni excluirá la cobertura de un medicamento si previamente lo aprobamos para su afección y su proveedor continúa recetándolo, siempre y cuando el medicamento se recete adecuadamente y continúe siendo seguro y eficaz.

Cómo solicitar una excepción

¿Puedo tener cobertura para un medicamento si no está incluido en el formulario o no cumple con los requisitos del plan, como el tratamiento escalonado?

Molina cuenta con un proceso que le permite solicitar medicamentos clínicamente apropiados que no están en el formulario o que tienen requisitos o límites en virtud de su plan. Es posible que su médico le indique un medicamento que no está en el formulario, pero que cree que es mejor para usted. Es posible que esté tomando un medicamento que ya no está en la lista de medicamentos del nuevo año del plan. Los sistemas de farmacia pueden exigirle que pruebe determinados medicamentos antes de que otros estén cubiertos (“tratamiento escalonado”). Su médico puede enviarle a Molina una solicitud de excepción al formulario usando el proceso de autorización previa que se menciona anteriormente.

Molina otorgará una excepción para un requisito de medicamento no incluido en el formulario o de tratamiento escalonado si sus revisores determinan que la información de respaldo demuestra alguno de los siguientes requisitos:

- El miembro tiene una contraindicación médica para los medicamentos solicitados o del formulario.
- Es probable que los medicamentos solicitados causen una reacción adversa clínicamente predecible si los toma el miembro.
- Se espera que el medicamento solicitado sea ineficaz en función de las características clínicas documentadas del miembro.
- El miembro probó el medicamento solicitado, un medicamento relacionado o un medicamento que funciona de manera similar y lo interrumpió debido a falta de eficacia, pérdida de efecto o evento adverso.
- El miembro ya está usando el medicamento como un tratamiento actual según la cobertura del seguro anterior. Si el medicamento que ya está usando es un medicamento de marca y cubrimos el producto genérico o biológico intercambiable, se puede otorgar una excepción si el cambio al medicamento requerido probablemente causará reacciones adversas o daños clínicamente predecibles.
- La información médica de respaldo muestra claramente que el formulario o los medicamentos solicitados no benefician al miembro porque es probable que hagan lo siguiente:
 - Presentan un obstáculo para el cumplimiento del plan de tratamiento.
 - Tienen un impacto negativo en la afección comórbida del miembro.
 - Causan una interacción medicamentosa negativa clínicamente predecible.
 - Disminuyen la capacidad del miembro para lograr o mantener una capacidad funcional razonable para llevar a cabo las actividades diarias.

Los plazos y condiciones de la revisión se encuentran en la sección “Autorización previa” de esta guía. Si se aprueba la solicitud, Molina le enviará una carta a su médico. Si no se aprueba la solicitud, le enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos para el seguimiento. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión. Su médico puede solicitar una revisión externa de excepción.

De acuerdo con la sección 1300.67.24 del Código de Salud y Seguridad, no podemos exigirle que repita el tratamiento escalonado con un medicamento del formulario si cambió de plan de seguro y continúa con un medicamento que ahora

está sujeto a los requisitos del tratamiento escalonado en virtud de su plan de Molina. Su proveedor tendrá que notificarnos con una solicitud de excepción para que podamos saber que continúa tomando el medicamento anterior, que está recetado adecuadamente y que es seguro y eficaz para su afección.

¿Hay algún medicamento u otro producto que no esté cubierto?

Los medicamentos no cubiertos u otros productos, como las exclusiones de beneficios, no cuentan con cobertura. No se puede aprobar su cobertura mediante excepción al formulario. Su plan no cubre determinados tipos de medicamentos que figuran como exclusiones de beneficios en la póliza del plan. Para obtener más información, consulte las secciones de su acuerdo (“Evidencia de Cobertura”) tituladas “Medicamentos sin cobertura” y “Exclusiones”.

Reclamos y apelaciones

Puede presentar una queja o un reclamo comunicándose con el Centro de Atención al Cliente de Molina al **1 (888) 858-2150**. Si Molina rechaza su solicitud de medicamento, se incluirá un aviso de derecho a apelar la decisión en el aviso sobre medidas adoptadas. Para obtener más información, consulte la sección de su acuerdo (política) que aborda los “Reclamos y apelaciones”. Puede encontrar una copia del acuerdo, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

La información contenida en este documento es de propiedad privada. La información no podrá copiarse total ni parcialmente sin permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca registrada que son marcas comerciales o marcas registradas de fabricantes farmacéuticos. Los nombres y servicios de socios como CVS Caremark, CVS Specialty y Caremark.com están operados por CVS Health Corporation y son su propiedad. CoverMyMeds® y Surescripts® son marcas registradas de terceros que pertenecen a sus respectivas compañías.

Leyenda

¿Cuáles son los requisitos y límites de la lista de medicamentos?

Es posible que se establezcan límites y requisitos para determinados medicamentos. Los medicamentos pueden tener los siguientes requisitos y limitaciones:

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos este medicamento o forma de dosificación para determinados grupos etarios en función de la información sobre la seguridad, eficacia y costo del medicamento.
MAIL	El medicamento es elegible para pedidos por correo y otros programas de surtido para 90 días en las farmacias minoristas participantes. Es su elección si desea utilizar los programas de pedido por correo. No hay descuento en el costo compartido por usar los programas de surtido para 90 días.
MED	Se aplican límites de dosis equivalentes de morfina. Las cantidades de este medicamento se limitan al equivalente ("EQ") de 90 miligramos de morfina por día de suministro surtido.
ONC	Abreviatura de "oncología" o especialidad en cáncer. Los medicamentos que se toman por vía oral para tratar el cáncer tienen límites mensuales de costo compartido según su plan.
OTC	Las formas de dosificación de venta libre están cubiertas en la lista de medicamentos mediante una receta válida de un proveedor.
PA	Se requiere autorización previa. Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen.
QL	Se aplican límites de cantidad. Pagaremos un monto máximo diario basado en la información sobre el uso médicamente aceptado del medicamento y su costo.
ST	Se requiere tratamiento escalonado. Si hemos pagado para que usted tenga los medicamentos para el tratamiento escalonado que solicitó en el pasado, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de autorización previa o tratamiento escalonado. La lista de medicamentos le mostrará qué medicamentos se necesitan primero y por cuánto tiempo.

Algunos medicamentos están designados como "marca preferida" en la clase de medicamentos en la que se mencionan. Si hay un medicamento de la misma clase que el medicamento que usted solicita y es el medicamento de marca preferida en esa clase, requerimos que se use primero o en su lugar. Los medicamentos específicos que primero requieren el uso de un medicamento de marca preferida también pueden indicarse como "PA por necesidad médica". Los requisitos de autorización previa por necesidad médica se aplican a algunos medicamentos especializados del Tier 4.

Molina Healthcare Marketplace

2025 Formulary Changes Effective July 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
Calcium + D3 TABS 250-3MG-MCG	Adding to Formulary, Preferred Generic Tier	
Calcium CHEW 500-2.5MG-MCG	Adding to Formulary, Preferred Generic Tier	
Cholestyramine Light PACK 4 GM	Adding to Formulary, Preferred Generic Tier with QL	
Cholestyramine PACK 4 GM	Adding to Formulary, Preferred Generic Tier with QL	
Descovy Tab 120-15MG	Updated to Preferred Brand Tier	
Descovy Tab 200-25MG	Updated to Preferred Brand Tier	
Eslicarbazep Tab 200MG	Adding to Formulary, Non-Preferred Tier	
Eslicarbazep Tab 400MG	Adding to Formulary, Non-Preferred Tier	
Eslicarbazep Tab 600MG	Adding to Formulary, Non-Preferred Tier	
Eslicarbazep Tab 800MG	Adding to Formulary, Non-Preferred Tier	
Estradiol PTTW 0.025MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.0375MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.05MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.075MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTTW 0.1MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.025MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.0375MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.05MG/24HR	Updated to Preferred Generic Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
Estradiol PTWK 0.06MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.075MG/24HR	Updated to Preferred Generic Tier	
Estradiol PTWK 0.1MG/24HR	Updated to Preferred Generic Tier	
Estradiol Td Patch Weekly 14 MCG/24HR	Updated to Preferred Generic Tier	
Etodolac CAPS 300MG	Adding to Formulary, Preferred Generic Tier with QL	
Ferrous Sulfate Solution 300 MG/5ML	Adding to Formulary, Preferred Generic Tier	
FreeStyle Libre 2 Plus Sensor MISC	Remove Age Limit	
FreeStyle Libre 3 Plus Sensor MISC	Remove Age Limit	
Glassia SOLN 4GM/200ML	Added to Specialty Tier with PA	
Glassia SOLN 5GM/250ML	Added to Specialty Tier with PA	
IPOL INJ	Adding to Formulary, Preventive Tier	
Miudella IUD Copper	Adding to Formulary, Preventive Tier with QL	
Nilotinib HCl Cap 50 mg	Adding to Formulary, Specialty Tier with PA; QL	
Nilotinib HCl Cap 150 mg	Adding to Formulary, Specialty Tier with PA; QL	
Nilotinib HCl Cap 200 mg	Adding to Formulary, Specialty Tier with PA; QL	
Novolin R Flexpen	Adding to Formulary, Preferred Brand Tier with QL	
Novolog Flexpen Relion	Adding to Formulary, Preferred Brand Tier with QL	
Pyzchiva SOLN 130MG/26ML	Adding to Formulary, Specialty Tier with PA	
Pyzchiva SOSY 45MG/0.5ML	Adding to Formulary, Specialty Tier with PA; QL	

Drug Name	Description of Formulary Change	Notes/Alternatives
Pyzchiva SOSY 90MG/ML	Adding to Formulary, Specialty Tier with PA; QL	
Rexulti Tab 0.25 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 0.5 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 1 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 2 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 3 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rexulti Tab 4 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Rivaroxaban Tab 2.5 MG	Adding to Formulary, Generic Tier with QL	
Rybelsus Tab 1.5MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Rybelsus Tab 4MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Rybelsus Tab 9MG	Adding to Formulary, Preferred Brand Tier with QL; ST	
Se-Natal 19 Chew 29-1 MG	Adding to Formulary, Preferred Generic Tier with QL	
Simlandi 1 Pen Kit 80/0.8 ML	Adding to Formulary, Specialty Tier with PA; QL	
Tacrolimus OINT 0.03%	PA Removed; QL Updated	100g per 30 days
Tacrolimus OINT 0.1%	PA Removed; QL Updated	100g per 30 days
Tazarotene Cream 0.05%	Adding to Formulary, Non-Preferred Generic Tier with PA; QL	
Techlite Insulin Syringe MISC 29G X 1/2"1 ML	Adding to Formulary, DME Tier with QL	
Techlite Pen Needles MISC 29G X 12MM	Adding to Formulary, DME Tier with QL	
Thrivite Rx TABS 29-1 MG	Adding to Formulary, Preferred Generic Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
Ticagrelor TABS 60 MG	Adding to Formulary, Generic Tier with PA and QL	
Ticagrelor TABS 90 MG	Adding to Formulary, Generic Tier with PA and QL	
Tremfya Crohn's INJ 200/2ML	Adding to Formulary, Specialty Tier with PA	
Tremfya INJ 200/2ML	Adding to Formulary, Specialty Tier with PA	
Vraylar Cap 1.5 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Vraylar Cap 3 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Vraylar Cap 4.5 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Vraylar Cap 6 MG	Adding to Formulary, Non-Preferred Brand Tier with PA	
Yesintek SOLN 130MG/26ML	Adding to Formulary, Specialty Tier with PA	
Yesintek SOLN 45MG/0.5ML	Adding to Formulary, Specialty Tier with PA; QL	
Yesintek SOSY 45MG/0.5ML	Adding to Formulary, Specialty Tier with PA; QL	
Yesintek SOSY 90MG/ML	Adding to Formulary, Specialty Tier with PA; QL	
Zolmitriptan SOLN 2.5MG	Adding to Formulary, Preferred Generic Tier with QL; ST	

PA = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy

Drug Name	Formulary Status	Requirements/Limits
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant		
*Adhd Agent - Selective Alpha Adrenergic Agonists***		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 2	PA; QL (4 EA per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
*Amphetamine Mixtures***		
<i>amphetamine salt combo oral tablet 10 mg, 15 mg, 20 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>amphetamine salt combo oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
<i>amphetamine-dextroamphetamine oral tablet 7.5 mg</i>	Tier 1	QL (5 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
*Amphetamines***		
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>amphetamine er oral suspension extended release 1.25 mg/ml</i>	Tier 2	PA; AGE (Max 12 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	Tier 2	PA; QL (4 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	Tier 2	PA; QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methamphetamine hcl oral tablet 5 mg</i>	Tier 2	PA; AGE (Min 6 Years and Max 18 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
Dextroamphetamine Sulfate (Dexedrine Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Dextrostat Oral Tablet 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
*Analeptics***		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	QL (120 mL per 1 lifetime); AGE (Max 1 Years)
*Stimulants - Misc.***		
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>modafinil oral tablet 100 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>modafinil oral tablet 200 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	Tier 1	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)

AGE - Age Limit **MAIL** - Available at mail-order and other 90 day fill programs **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Formulary Status	Requirements/Limits
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 10 Mg)	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Oral Tablet 10 Mg, 20 Mg, 5 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Alternative Medicines		
*Alternative Medicine - Me's***		
<i>melatonin er oral tablet extended release 10 mg</i>	Tier 1	OTC
<i>melatonin oral capsule 3 mg, 5 mg</i>	Tier 1	OTC
<i>melatonin oral liquid 1 mg/4ml</i>	Tier 1	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 1	OTC
<i>melatonin oral tablet dispersible 5 mg</i>	Tier 1	OTC
*Alternative Medicine Combinations - Two Ingredients***		
<i>melatonin oral tablet 3-2 mg</i>	Tier 1	OTC
<i>melatonin tr with vitamin b6 oral tablet extended release 3-10 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine er oral tablet extended release 10-10 mg</i>	Tier 1	OTC
<i>melatonin-pyridoxine oral tablet 1-10 mg</i>	Tier 1	OTC
<i>melatonin-vitamin b-6 oral tablet 3-1 mg</i>	Tier 1	OTC
Aminoglycosides		
*Aminoglycosides***		
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 4	PA
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Tier 4	PA
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 2	
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
Analgesics - Anti-Inflammatory		
*Antirheumatic - Janus Kinase (Jak) Inhibitors***		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 4	PA; QL (1 EA per 1 day); Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 4	PA; Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 4	PA; Preferred Brand
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 4	PA; Preferred Brand
*Anti-Tnf-Alpha - Monoclonal Antibodies***		
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 4	PA; QL (0.072 ML per 1 day); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Adalimumab-bwwd)	Tier 4	PA; QL (4 EA per 28 days); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (Adalimumab-bwwd)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 4	PA; QL (2 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (4 EA per 365 days); Preferred Brand
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 4	PA; QL (3 EA per 365 days); Preferred Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (3 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand

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Drug Name	Formulary Status	Requirements/Limits
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (3 EA per 365 Days); Preferred Cordavis Brand
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 4	PA; QL (2 EA per 365 Days); Preferred Cordavis Brand
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (Adalimumab-ryvk)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (Adalimumab-ryvk)	Tier 4	PA; QL (2 EA per 28 days); Preferred Brand
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 3	PA; QL (2 EA per 28 Days)
*Cyclooxygenase 2 (Cox-2) Inhibitors***		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Tier 1	MAIL; QL (2 EA per 1 day)
celecoxib oral capsule 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
*Gold Compounds***		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 3	PA
*Interleukin-1 Blockers***		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 4	PA
*Interleukin-1 Receptor Antagonist (IL-1Ra)***		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Interleukin-6 Receptor Inhibitors***		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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Drug Name	Formulary Status	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Nonsteroidal Anti-Inflammatory Agent Combinations***		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 2	QL (2 EA per 1 day)
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***		
<i>ketoprofen oral capsule 50 mg</i>	Tier 3	PA; QL (4 EA per 1 day)
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 2	PA; QL (4 EA per 1 day)
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	Tier 2	PA
<i>mefenamic acid oral capsule 250 mg</i>	Tier 2	PA
<i>naproxen oral suspension 125 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>oxaprozin oral tablet 600 mg</i>	Tier 2	PA; QL (3 EA per 1 day)
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 2	PA; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral capsule 200 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>etodolac oral tablet 400 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>etodolac oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen 100 junior strength oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>ibuprofen infants drops oral suspension 50 mg/1.25ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>ibuprofen junior strength oral tablet 100 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen junior strength oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>ibuprofen oral capsule 200 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen oral suspension 100 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>ibuprofen oral tablet 200 mg</i>	Tier 1	OTC; QL (4 EA per 1 day)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ibuprofen oral tablet chewable 100 mg</i>	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
meloxicam oral tablet 15 mg	Tier 1	MAIL; QL (1 EA per 1 day)
meloxicam oral tablet 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
naproxen dr oral tablet delayed release 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen kit oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen sodium oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
piroxicam oral capsule 10 mg	Tier 1	PA; MAIL; QL (4 EA per 1 day)
piroxicam oral capsule 20 mg	Tier 1	PA; MAIL; QL (2 EA per 1 day)
sulindac oral tablet 150 mg, 200 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Diclofenac Potassium (Cataflam Oral Tablet 50 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
etodolac oral capsule 300 mg	PREV	MAIL; QL (5 EA per 1 day)
*Phosphodiesterase 4 (Pde4) Inhibitors***		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 4	PA; Preferred Brand
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 4	PA; Preferred Brand
*Pyrimidine Synthesis Inhibitors***		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Selective Costimulation Modulators***		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
*Soluble Tumor Necrosis Factor Receptor Agents***		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 4	PA; QL (4 ML per 24 days); Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
Analgesics - Nonnarcotic		
*Analgesics Other***		
acetaminophen childrens oral solution 160 mg/5ml	Tier 1	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Tier 1	OTC
acetaminophen childrens oral tablet chewable 160 mg	Tier 1	OTC
acetaminophen er oral tablet extended release 650 mg	Tier 1	OTC
acetaminophen extra strength oral liquid 500 mg/15ml	Tier 1	OTC
acetaminophen extra strength oral tablet 500 mg	Tier 1	OTC
acetaminophen junior strength oral tablet dispersible 160 mg	Tier 1	OTC
acetaminophen oral capsule 500 mg	Tier 1	OTC
acetaminophen oral elixir 160 mg/5ml	Tier 1	OTC
acetaminophen oral liquid 160 mg/5ml	Tier 1	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Tier 1	OTC
acetaminophen oral suspension 80 mg/0.8ml	Tier 1	OTC
acetaminophen oral tablet 325 mg	Tier 1	OTC
acetaminophen oral tablet chewable 80 mg	Tier 1	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 1	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 1	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC
*Analgesics-Sedatives***		
butalbital compound/asa oral capsule 50-325-40 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap oral tablet 50-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 1	QL (6 EA per 1 day)
butalbital-asa-caffeine oral capsule 50-325-40 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
marten-tab oral tablet 50-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
repan oral tablet 50-325-40 mg	Tier 1	QL (6 EA per 1 day)
Butalbital-APAP-Caffeine (Bac (Butalbital-Acetamin-Caff) Oral Tablet 50-325-40 Mg)	Tier 1	QL (6 EA per 1 day)
Butalbital-APAP-Caffeine (Bac Oral Tablet 50-325-40 Mg)	Tier 1	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Salicylates***		
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 1	OTC; QL (100 EA per 30 days); Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<i>aspirin adult oral tablet 325 mg</i>	Tier 1	OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)
<i>diflunisal oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)
<i>salsalate oral tablet 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Salsalate (Salflex Oral Tablet 500 Mg, 750 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Analgesics - Opioid		
*Codeine Combinations***		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	Tier 1	AGE (Min 12 Years); MED
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (8 EA per 1 day); MED
Butalbital-APAP-Caff-Cod (Phrenilin W/Caffeine-Codeine Oral Capsule 50-325-40-30 Mg)	Tier 1	QL (8 EA per 1 day); MED
*Hydrocodone Combinations***		
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 10-200 Mg)	Tier 2	PA; QL (6 EA per 1 day); MED
Hydrocodone-Ibuprofen (Xylon Oral Tablet 10-200 Mg)	Tier 2	PA; QL (6 EA per 1 day); MED
<i>hydrocodone/acetaminophen oral tablet 10-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	MED
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED

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Drug Name	Formulary Status	Requirements/Limits
Hydrocodone-Acetaminophen (Lortab Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 7.5-200 Mg)	Tier 1	QL (6 EA per 1 day); MED
*Opioid Agonists***		
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 3	PA; MED
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (Tapentadol HCl)	Tier 3	PA; MED
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (Tapentadol HCl)	Tier 3	PA; MED
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (OxyCODONE HCl)	Tier 3	PA; MED
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 2	PA; MED
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 2	PA; MED
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 2	PA; QL (120 EA per 25 days); MED
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 2	PA; MED
codeine sulfate oral tablet 30 mg	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (10 EA per 25 days); MED
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	QL (12 EA per 1 day); MED
meperidine hcl oral solution 50 mg/5ml	Tier 1	AGE (Max 64 Years); MED
meperidine hcl oral tablet 50 mg	Tier 1	AGE (Max 64 Years); MED
meperitab oral tablet 50 mg	Tier 1	AGE (Max 64 Years); MED
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
methadone hcl oral tablet 10 mg, 5 mg	Tier 1	QL (360 EA per 25 days); MED
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	Tier 1	QL (15 EA per 1 day); MED
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Tier 1	QL (15 ML per 1 day); MED
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	ST; QL (3 EA per 1 day); MED
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
morphine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (6 EA per 1 day); MED
oxycodone hcl oral solution 5 mg/5ml	Tier 1	MED
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (6 EA per 1 day); MED

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Drug Name	Formulary Status	Requirements/Limits
oxycodone hcl oral tablet abuse-deterrent 15 mg	Tier 1	QL (6 EA per 1 day); MED
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day); MED
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day); MED
tramadol hcl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED
Methadone HCl (Methadose Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (360 EA per 25 days); MED
*Opioid Combinations***		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 1	QL (6 EA per 1 day); MED
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 1	QL (8 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED
Oxycodone-Acetaminophen (Roxicet Oral Tablet 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED
*Opioid Partial Agonists***		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 2	PA; MED
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML (Buprenorphine)	Tier 2	QL (0.5 ML per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/1.5ML (Buprenorphine)	Tier 2	QL (1.5 ML per 28 days)
buprenorphine hcl sublingual tablet sublingual 2 mg	Tier 1	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	Tier 1	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	Tier 1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	Tier 1	QL (3 EA per 1 day)
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	PA; QL (15 ML per 25 days); MED
*Tramadol Combinations***		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years); MED
Androgens-Anabolic		
*Anabolic Steroids***		
oxandrolone oral tablet 10 mg, 2.5 mg	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
*Androgens***		
methitest oral tablet 10 mg	Tier 4	PA; AGE (Min 18 Years)
methyltestosterone oral capsule 10 mg	Tier 4	PA; AGE (Min 18 Years)
danazol oral capsule 100 mg, 200 mg	Tier 2	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 2	QL (2 EA per 1 day)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
Anorectal And Related Products		
*Intrarectal Steroids***		
hydrocortisone rectal enema 100 mg/60ml	Tier 2	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60ML)	Tier 2	QL (1680 ML per 25 days)
*Nitrate Vasodilating Agents***		
nitroglycerin rectal ointment 0.4 %	Tier 2	
*Rectal Anesthetic Combinations***		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 1	OTC
*Rectal Local Anesthetics***		
dibucaine rectal ointment 1 %	Tier 1	OTC
*Rectal Steroids***		
hemorrhoidal-hc rectal cream 2.5 %	Tier 1	
hydrocortisone (perianal) external cream 2.5 %	Tier 1	
hydrocortisone rectal cream 2.5 %	Tier 1	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 25 days)
Hydrocortisone (Proctocare-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocare-Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocream Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Kit Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %)	Tier 1	
Antacids		
*Antacid & Simethicone***		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml, 400-400-40 mg/5ml	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	Tier 1	OTC
*Antacid Combinations***		
<i>antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg</i>	Tier 1	OTC
<i>antacid oral tablet chewable 80-20 mg</i>	Tier 1	OTC
<i>calcium rich supreme antacid oral suspension 400-135 mg/5ml</i>	Tier 1	OTC
<i>gavis-care oral suspension 95-358 mg/15ml</i>	Tier 1	OTC
*Antacids - Bicarbonate***		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	OTC
*Antacids - Calcium Salts***		
<i>calcium antacid ultra oral tablet chewable 1000 mg</i>	Tier 1	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>	Tier 1	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet chewable 750 mg</i>	Tier 1	OTC
<i>childrens pepto oral tablet chewable 400 mg</i>	Tier 1	OTC
*Antacids - Magnesium Salts***		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Tier 1	OTC
Anthelmintics		
*Anthelmintics***		
<i>mebendazole oral tablet chewable 100 mg</i>	Tier 3	
<i>albendazole oral tablet 200 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	Tier 2	
<i>praziquantel oral tablet 600 mg</i>	Tier 2	PA
<i>ivermectin oral tablet 3 mg</i>	Tier 1	QL (16 EA per 2 days)
<i>pinworm medicine oral suspension 144 (50 base) mg/ml</i>	Tier 1	OTC
Antianginal Agents		
*Antianginals-Other***		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
*Nitrates***		
<i>isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>isosorbide dinitrate oral tablet 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>isosorbide mononitrate oral tablet 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>isosorbide mononitrate oral tablet 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Nitroquick Sublingual Tablet Sublingual 0.3 Mg, 0.4 Mg, 0.6 Mg)	Tier 1	MAIL
Antianxiety Agents		
*Antianxiety Agents - Misc.***		
meprobamate oral tablet 200 mg, 400 mg	Tier 2	QL (3 EA per 1 day)
buspirone hcl oral tablet 10 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 15 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 30 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 5 mg, 7.5 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral solution 10 mg/5ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 100 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
*Benzodiazepines***		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 7.5 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
diazepam oral concentrate 5 mg/ml	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years)
diazepam oral solution 1 mg/ml	Tier 1	QL (120 EA per 25 days); AGE (Max 64 Years)
diazepam oral solution 5 mg/5ml	Tier 1	QL (120 ML per 25 days); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
lorazepam oral concentrate 1 mg/0.5ml	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
lorazepam oral concentrate 2 mg/ml	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
oxazepam oral capsule 10 mg, 15 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
oxazepam oral capsule 30 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
Diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years)
LORazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)
Antiarrhythmics		
*Antiarrhythmics Type I-A***		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	MAIL
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	MAIL
*Antiarrhythmics Type I-B***		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 1	MAIL
*Antiarrhythmics Type I-C***		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 1	MAIL
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 1	MAIL
*Antiarrhythmics Type Iii***		
MULTAQ ORAL TABLET 400 MG (Dronedaron HCl)	Tier 3	PA
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 2	
amiodarone hcl oral tablet 200 mg	Tier 1	MAIL
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 1	MAIL
Antiasthmatic And Bronchodilator Agents		
*5-Lipoxygenase Inhibitors***		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 2	PA
*Adrenergic Combinations***		
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	Tier 3	QL (20.4 GM per 28 days)
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	Tier 3	QL (20.4 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (Umeclidinium-Vilanterol)	Tier 2	QL (2 EA per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
BEVESPI INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 2	MAIL; QL (10.8 GM per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 2	MAIL; QL (4 GM per 25 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 2	MAIL; QL (4 EA per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT, 200-62.5-25 MCG/INH (Fluticasone-Umeclidin-Vilant)	Tier 2	MAIL; QL (60 EA per 25 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 1	MAIL; QL (60 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier 1	MAIL; QL (1 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	Tier 1	MAIL; QL (1 EA per 25 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	MAIL; QL (360 ML per 25 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Tier 1	MAIL; QL (1 EA per 30 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	Tier 1	MAIL; QL (1 EA per 25 days)
*Anti-Ige Monoclonal Antibodies***		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 4	PA; QL (5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 4	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 4	PA; QL (2.5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 4	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (Omalizumab)	Tier 4	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 4	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 4	PA; QL (5 EA per 24 days)

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Drug Name	Formulary Status	Requirements/Limits
*Anti-Inflammatory Agents***		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 2	
*Beta Adrenergics***		
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 2	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Tier 2	QL (120 ML per 25 days)
<i>terbutaline sulfate oral tablet 2.5 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>terbutaline sulfate oral tablet 5 mg</i>	Tier 2	QL (6 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 2	MAIL; QL (0.14 GM per 1 day)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	QL (6.7 GM per 24 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (18 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (6.7 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Tier 1	MAIL; QL (8.5 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	Tier 1	MAIL; QL (225 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 1.25 mg/3ml</i>	Tier 1	MAIL; QL (150 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml</i>	Tier 1	MAIL; QL (300 ML per 25 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	Tier 1	MAIL; QL (150 EA per 25 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	Tier 1	ST; MAIL; QL (150 ML per 25 days)
*Bronchodilators - Anticholinergics***		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (Ipratropium Bromide HFA)	Tier 2	MAIL; QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 2	MAIL; QL (4 GM per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 2	MAIL; QL (4 EA per 25 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	MAIL; QL (10 ML per 1 day)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	PREV	QL (30 EA per 25 Days)

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Drug Name	Formulary Status	Requirements/Limits
*Interleukin-5 Antagonists (Igg1 Kappa)***		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 4	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 4	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 4	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 4	PA; QL (3 EA per 23 days)
*Leukotriene Receptor Antagonists***		
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>montelukast sodium oral tablet 10 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 9 Years)
<i>montelukast sodium oral tablet chewable 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 14 Years)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 2	PA
*Steroid Inhalants***		
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Tier 3	MAIL; QL (12 GM per 30 days); AGE (Max 11 Years)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Tier 3	MAIL; QL (10.6 GM per 30 days); AGE (Max 11 Years)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 2	QL (120 ML per 25 days); AGE (Max 9 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 2	MAIL; QL (1 EA per 25 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)
*Xanthines***		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	Tier 1	MAIL
<i>theophylline oral elixir 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline oral solution 80 mg/15ml</i>	Tier 1	MAIL
Theophylline (Elixophyllin Oral Elixir 80 Mg/15ML)	Tier 1	MAIL
Theophylline (Theochron Oral Tablet Extended Release 12 Hour 300 Mg, 450 Mg)	Tier 1	MAIL
Anticoagulants		
*Coumarin Anticoagulants***		
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	MAIL
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	MAIL
*Direct Factor Xa Inhibitors***		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (Rivaroxaban)	Tier 2	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 2	MAIL; QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (Rivaroxaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 2	QL (51 EA per 365 days)
<i>rivaroxaban oral tablet 2.5 mg</i>	Tier 1	QL (2 EA per 1 day)
*Heparins And Heparinoid-Like Agents***		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml</i>	Tier 1	PA
*Low Molecular Weight Heparins***		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 3	PA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Tier 2	QL (3 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	Tier 2	QL (2 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	Tier 2	QL (1.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	Tier 2	QL (0.6 ML per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	Tier 2	QL (0.8 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Tier 2	QL (1.2 ML per 1 day)
*Synthetic Heparinoid-Like Agents***		
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Tier 2	PA
Anticonvulsants		
*Ampa Glutamate Receptor Antagonists***		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 3	
*Anticonvulsants - Benzodiazepines***		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML, 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 2 X 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
<i>clobazam oral tablet 10 mg, 20 mg</i>	Tier 1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (10 EA per 1 day)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (2 EA per 25 days)
*Anticonvulsants - Misc.***		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 3	PA
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	Tier 2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 2	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 2	
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 2	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	MAIL
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MAIL
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	MAIL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	MAIL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>lacosamide oral tablet 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	MAIL
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	MAIL
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Tier 1	MAIL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Tier 1	MAIL
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Tier 1	MAIL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 1	MAIL
LamoTRIGine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	MAIL
Topiramate (Topiragen Oral Tablet 100 Mg, 200 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
<i>carbamazepine oral tablet chewable 200 mg</i>	PREV	
<i>pregabalin oral solution 20 mg/ml</i>	PREV	
*Carbamates***		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	
*Gaba Modulators***		
<i>vigabatrin oral packet 500 mg</i>	Tier 4	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 4	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 4	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 4	QL (6 EA per 1 day)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 2	
*Hydantoins***		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 2	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	MAIL
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
Phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Tier 1	MAIL
*Succinimides***		
<i>methsuximide oral capsule 300 mg</i>	Tier 3	MAIL
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MAIL
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	MAIL
*Valproic Acid***		
<i>divalproex sodium er oral tablet delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	MAIL
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MAIL
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	MAIL
Antidepressants		
*Alpha-2 Receptor Antagonists (Tetracyclics)***		
<i>mirtazapine oral tablet 15 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Antidepressants - Misc.***		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 100 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 150 Mg)	Tier 1	MAIL; QL (3 EA per 1 day)
BuPROPion HCl (Budeprion XI Oral Tablet Extended Release 24 Hour 150 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Monoamine Oxidase Inhibitors (Maois)***		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 3	PA
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 3	PA
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
NARDIL ORAL TABLET 15 MG (Phenelzine Sulfate)	Tier 1	MAIL; QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Selective Serotonin Reuptake Inhibitors (Ssris)***		
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>	Tier 1	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years)
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Serotonin Modulators***		
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 3	PA
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 3	PA
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	PA
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 3	PA
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 3	PA
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
*Tricyclic Agents***		
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 2	QL (6 EA per 1 day)
protriptyline hcl oral tablet 10 mg	Tier 2	QL (6 EA per 1 day)
protriptyline hcl oral tablet 5 mg	Tier 2	QL (4 EA per 1 day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
amitriptyline hcl oral tablet 10 mg, 25 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 100 mg, 150 mg	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 50 mg, 75 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	MAIL
desipramine hcl oral tablet 10 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
desipramine hcl oral tablet 100 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
desipramine hcl oral tablet 150 mg	Tier 1	MAIL; QL (2 EA per 1 day)
desipramine hcl oral tablet 25 mg	Tier 1	MAIL; QL (4 EA per 1 day)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
doxepin hcl oral capsule 150 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Max 64 Years)
doxepin hcl oral concentrate 10 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
nortriptyline hcl oral capsule 10 mg, 25 mg	Tier 1	MAIL; QL (6 EA per 1 day)
nortriptyline hcl oral capsule 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
nortriptyline hcl oral capsule 75 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Antidiabetics		
*Alpha-Glucosidase Inhibitors***		
miglitol oral tablet 100 mg	Tier 2	QL (3 EA per 1 day)
miglitol oral tablet 25 mg	Tier 2	QL (12 EA per 1 day)
miglitol oral tablet 50 mg	Tier 2	QL (6 EA per 1 day)
acarbose oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
acarbose oral tablet 25 mg, 50 mg	Tier 1	MAIL; QL (3 EA per 1 day)
*Antidiabetic - Amylin Analogs***		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 3	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 3	PA; MAIL
*Biguanides***		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
metformin hcl oral tablet 1000 mg	Tier 1	MAIL; QL (2 EA per 1 day)
metformin hcl oral tablet 500 mg	Tier 1	MAIL; QL (5 EA per 1 day)
metformin hcl oral tablet 850 mg	Tier 1	MAIL; QL (3 EA per 1 day)
*Diabetic Other - Combinations***		
glucose instant energy oral tablet chewable 4-6 gm-mg	Tier 1	OTC
*Diabetic Other***		
diazoxide oral suspension 50 mg/ml	Tier 2	
glucagon emergency kit 1 mg injection	Tier 2	QL (2 EA per 25 days)
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
GLUCAGEN INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
glucagon emergency kit 1 mg injection	Tier 1	QL (2 EA per 30 days)
glucose oral tablet chewable 4 gm	Tier 1	OTC
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 2	ST; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPTin Phosphate)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 2	ST; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SITagliptin Phos-metFORMIN HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SITagliptin Phos-metFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*Dopamine Receptor Agonists - Ergot Derivatives***		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 2	ST; QL (1 EA per 1 day)
*Human Insulin***		
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin degludec subcutaneous solution 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	MAIL; QL (30 ML per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (15 ML per 25 days)
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (15 ML per 25 days)
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (18 ML per 25 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (Insulin NPH Human (Isophane))	Tier 2	MAIL; QL (30 ML per 30 days)
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
TOUJEO MAX SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	QL (18 ML per 25 days)
TOUJEO SOLOSTAR SOLUTION PEN-INJECTOR 300 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	QL (18 ML per 25 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 1	OTC; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 1	QL (30 ML per 25 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; QL (2 ML per 24 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; QL (2 ML per 24 days)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	Tier 1	ST; QL (9 ML per 25 Days)

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Drug Name	Formulary Status	Requirements/Limits
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG (Semaglutide)	Tier 1	ST; QL (1 EA per 1 Day)
*Insulin-Incretin Mimetic Combinations***		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
*Meglitinide Analogues***		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	MAIL; QL (3 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; QL (6 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations***		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors***		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
*Sulfonylurea-Biguanide Combinations***		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
glyburide-metformin oral tablet 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Sulfonylureas***		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glipizide oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MAIL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<i>glycron oral tablet 1.5 mg, 3 mg, 6 mg</i>	Tier 1	MAIL
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	MAIL
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	
*Thiazolidinediones***		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
Antidiarrheal/Probiotic Agents		
*Antidiarrheal/Probiotic Agents - Misc.***		
<i>bismuth subsalicylate oral suspension 262 mg/15ml, 525 mg/30ml</i>	Tier 1	OTC
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Tier 1	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
KAOPECTATE ORAL TABLET 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
MAALOX TOTAL RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
*Antiperistaltic Agents***		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 3	PA; QL (100 EA per 30 days)
<i>anti-diarrheal oral capsule 2 mg</i>	Tier 1	OTC
<i>diphenatol oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet 0.025-2.5 mg, 2.5-0.025 mg</i>	Tier 1	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Tier 1	OTC
<i>lofene oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	
<i>loperamide hcl oral liquid 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl oral suspension 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Tier 1	OTC
Diphenoxylate-Atropine (Lonox Oral Tablet 2.5-0.025 Mg)	Tier 1	
Antidotes And Specific Antagonists		
*Antidotes - Chelating Agents***		
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 4	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 4	PA
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*Opioid Antagonists***		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 1	QL (4 ML per 25 days)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	Rx/OTC
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day)
Naltrexone HCl (Depade Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 1	QL (0.8 ml per 28 days); OTC
Antiemetics		
*5-Ht3 Receptor Antagonists***		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 3	PA
<i>granisetron hcl oral tablet 1 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	Tier 1	QL (50 ML per 25 days); AGE (Max 12 Years)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	Tier 1	QL (90 EA per 25 days)
*Antiemetic Combinations***		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 3	PA
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	OTC
*Antiemetics - Anticholinergic***		
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	Tier 2	QL (4 EA per 25 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>meclizine hcl oral tablet chewable 25 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>motion sickness relief oral tablet 50 mg</i>	Tier 1	OTC
<i>trimethobenzamide hcl oral capsule 300 mg</i>	Tier 1	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
*Antiemetics - Miscellaneous***		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	PA
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***		
<i>aprepitant oral 80 & 125 mg</i>	Tier 2	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	Tier 2	PA
Antifungals		
*Antifungals***		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 2	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	

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<i>nystatin oral tablet 500000 unit</i>	Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	QL (1 EA per 1 day)
*Imidazoles***		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
*Triazoles***		
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 2	PA
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	Tier 1	QL (105 ML per 25 days); AGE (Max 12 Years)
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	Tier 1	QL (21 EA per 25 days)
<i>fluconazole oral tablet 150 mg</i>	Tier 1	QL (2 EA per 25 days)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
Antihistamines		
*Antihistamines - Alkylamines***		
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	Tier 3	PA
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Tier 1	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 1	OTC
*Antihistamines - Ethanolamines***		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 1	OTC
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tier 1	OTC
<i>clemastine fumarate oral tablet 2.68 mg</i>	Tier 1	
<i>diphenhydramine oral elixir 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>diphen oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>di-phen oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>di-phen oral liquid 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>diphenhydramine oral capsule 25 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>diphenhydramine hcl oral tablet 25 mg, 50 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Tier 1	OTC; AGE (Max 12 Years)
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	OTC
Carbinoxamine Maleate (Arbinoxal Oral Solution 4 Mg/5ML)	Tier 1	
Carbinoxamine Maleate (Arbinoxal Oral Tablet 4 Mg)	Tier 1	
*Antihistamines - Non-Sedating***		
<i>desloratadine oral tablet 5 mg</i>	Tier 2	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl childrens alrgy oral syrup 1 mg/ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 180 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fexofenadine hcl oral tablet 60 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>loratadine oral solution 5 mg/5ml</i>	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
<i>loratadine oral tablet 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>loratadine oral tablet dispersible 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
*Antihistamines - Phenothiazines***		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Phenergan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 2	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	AGE (Min 2 Years and Max 64 Years)
*Antihistamines - Piperidines***		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	Tier 1	AGE (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>	Tier 1	AGE (Max 64 Years)
Antihyperlipidemics		
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 3	PA
*Antihyperlipidemics - Misc.***		
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Tier 2	QL (4 EA per 1 day)
<i>triklo oral capsule 1 gm</i>	Tier 2	QL (4 EA per 1 day)
*Bile Acid Sequestrants***		
<i>colesevelam hcl oral packet 3.75 gm</i>	Tier 2	QL (1 EA per 1 day)
<i>colesevelam hcl oral tablet 625 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>cholestyramine light oral packet 4 gm</i>	Tier 1	QL (240 EA per 25 days)
<i>cholestyramine light oral powder 4 gm/dose</i>	Tier 1	MAIL; QL (240 GM per 25 days)
<i>cholestyramine oral powder 4 gm/dose</i>	Tier 1	MAIL; QL (378 GM per 25 days)
<i>colestipol hcl oral tablet 1 gm</i>	Tier 1	MAIL; QL (16 EA per 1 day)
<i>micronized colestipol hcl oral tablet 1 gm</i>	Tier 1	MAIL; QL (16 EA per 1 day)
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 1	MAIL; QL (240 GM per 25 days)
<i>cholestyramine oral packet 4 gm</i>	PREV	QL (240 GM per 25 days)
*Fibric Acid Derivatives***		
<i>choline fenofibrate oral capsule delayed release 135 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Hmg Coa Reductase Inhibitors***		
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 2	ST; QL (1 EA per 1 day); Tier 5 for ages 40-75, otherwise Tier 2
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 2	ST; QL (1 EA per 1 day); Tier 5 for ages 40-75, otherwise Tier 2
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1.5 EA per 1 day); PREV for ages 40-75
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 2	QL (1.5 EA per 1 day)
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>atorvastatin calcium oral tablet 40 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>lovastatin oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); PREV for ages 40-75
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 40-75
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
<i>simvastatin oral tablet 40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 40-75
<i>simvastatin oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 2	PA
*Intestinal Cholesterol Absorption Inhibitors***		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
*Nicotinic Acid Derivatives***		
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 2	QL (4 EA per 1 day)
*Pcsk9 Inhibitors***		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 4	PA
Antihypertensives		
*Ace Inhibitor & Calcium Channel Blocker Combinations***		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Ace Inhibitors & Thiazide/Thiazide-Like***		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Ace Inhibitors***		
benazepril hcl oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
benazepril hcl oral tablet 40 mg, 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
captopril oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
captopril oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
enalapril maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
enalapril maleate oral tablet 2.5 mg, 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lisinopril oral tablet 20 mg, 30 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
perindopril erbumine oral tablet 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
perindopril erbumine oral tablet 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
quinapril hcl oral tablet 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Agents For Pheochromocytoma***		
phenoxybenzamine hcl oral capsule 10 mg	Tier 4	
*Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb***		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 2	QL (1 EA per 1 day)
*Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like***		
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 2	QL (1 EA per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Angiotensin Ii Receptor Antagonists***		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 2	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>eprosartan mesylate oral tablet 600 mg</i>	Tier 2	ST; QL (1.5 EA per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>telmisartan oral tablet 80 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Antiadrenergics - Centrally Acting***		
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	Tier 2	ST; QL (4 EA per 25 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>methyldopa oral tablet 500 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
*Antiadrenergics - Peripherally Acting***		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>terazosin hcl oral capsule 1 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>terazosin hcl oral capsule 10 mg, 2 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Antihypertensives - Misc.***		
INVERSINE ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 3	
VECAMEL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 3	
*Beta Blocker & Diuretic Combinations***		
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Direct Renin Inhibitors***		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 2	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Selective Aldosterone Receptor Antagonists (Saras)***		
<i>eplerenone oral tablet 25 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>eplerenone oral tablet 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Vasodilators***		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	MAIL
Anti-Infective Agents - Misc.		
*Anti-Infective Agents - Misc.***		
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 4	PA
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Tier 2	
<i>tinidazole oral tablet 250 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>tinidazole oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	
*Anti-Infective Misc. - Combinations***		
<i>smz-tmp ds oral tablet 800-160 mg</i>	Tier 1	
<i>sulfamethoxazole-tmp ds oral tablet 800-160 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Tier 1	AGE (Max 12 Years)
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	
<i>sulfatrim oral suspension 200-40 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5ML)	Tier 1	AGE (Max 12 Years)
*Antiprotozoal Agents***		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 3	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 2	PA
<i>nitazoxanide oral tablet 500 mg</i>	Tier 2	PA
*Glycopeptides***		
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	Tier 1	
*Leprostatics***		
<i>dapsone oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>dapsone oral tablet 25 mg</i>	Tier 1	QL (4 EA per 1 day)
*Lincosamides***		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Tier 1	AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Monobactams***		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 4	PA
*Oxazolidinones***		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 2	PA
<i>linezolid oral tablet 600 mg</i>	Tier 2	PA
*Urinary Anti-Infectives***		
<i>fosfomycin tromethamine oral packet 3 gm</i>	Tier 2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>methenamine hippurate oral tablet 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
Antimalarials		
*Antimalarial Combinations***		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 3	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pyrimethamine-leucovorin oral capsule 12.5-2.5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>pyrimethamine-leucovorin oral capsule 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antimalarials***		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>quinine sulfate oral capsule 324 mg</i>	Tier 2	QL (30 EA per 25 days)
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 1	QL (20 EA per 25 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	QL (10 EA per 25 days)
<i>mefloquine hcl oral tablet 250 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg</i>	Tier 1	PA; QL (21 EA per 25 days)
Antimyasthenic/Cholinergic Agents		
*Antimyasthenic/Cholinergic Agents***		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
Antimycobacterial Agents		
*Antimycobacterial Agents***		
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 3	
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 3	
TRECTOR ORAL TABLET 250 MG (Ethionamide)	Tier 3	

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Drug Name	Formulary Status	Requirements/Limits
pyrazinamide oral tablet 500 mg	Tier 2	
rifabutin oral capsule 150 mg	Tier 2	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 2	
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 2	QL (32 EA per 25 days)
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antineoplastics And Adjunctive Therapies		
*Androgen Biosynthesis Inhibitors***		
abiraterone acetate oral tablet 250 mg	Tier 4	PA; ONC; QL (4 EA per 1 day)
abiraterone acetate oral tablet 500 mg	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Antiadrenals***		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 4	PA; ONC
*Antiandrogens***		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 4	PA; ONC; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 4	PA; ONC; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 4	PA; ONC; QL (2 EA per 1 day)
EULEXIN ORAL CAPSULE 125 MG (Flutamide)	Tier 2	
bicalutamide oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
*Antiestrogens***		
toremifene citrate oral tablet 60 mg	Tier 2	PA; ONC; QL (1 EA per 1 day)
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
*Antimetabolites***		
capecitabine oral tablet 150 mg, 500 mg	Tier 4	PA; ONC; QL (4 EA per 1 day)
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 4	PA; ONC
mercaptopurine oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
methotrexate oral tablet 2.5 mg	Tier 1	
methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml	Tier 1	QL (10 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>methotrexate sodium injection solution 250 mg/10ml</i>	Tier 1	QL (10 ML per 30 days)
<i>methotrexate sodium injection solution 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	
*Antineoplastic - Alk Inhibitors***		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 4	PA; ONC; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 4	PA; ONC; QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 4	PA; QL (3 EA per 1 day)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	Tier 4	PA; ONC; QL (1 EA per 1 day)
<i>dasatinib oral tablet 20 mg</i>	Tier 4	PA; ONC; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 4	PA; ONC; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 4	PA; ONC; QL (2 EA per 1 day)
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Tier 4	PA; QL (4 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 4	PA; ONC; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (Dasatinib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (Dasatinib)	Tier 4	PA; ONC; QL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (Nilotinib HCl)	Tier 4	PA; ONC; QL (4 EA per 1 day)
*Antineoplastic - Braf Kinase Inhibitors***		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 4	PA; ONC; QL (4 EA per 1 day)
*Antineoplastic - Btk Inhibitors***		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 4	PA; ONC; QL (3 EA per 1 day)
*Antineoplastic - Egfr Inhibitors***		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 4	PA; ONC; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 4	PA; ONC; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
*Antineoplastic - Hedgehog Pathway Inhibitors***		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 4	PA; ONC; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
*Antineoplastic - Histone Deacetylase Inhibitors***		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 4	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 4	PA; ONC; QL (4 EA per 1 day)
*Antineoplastic - Immunomodulators***		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 4	PA; ONC; QL (1 EA per 1 day)
*Antineoplastic - Mek Inhibitors***		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 4	PA; ONC; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 4	PA; ONC; QL (1 EA per 1 day)
*Antineoplastic - Mtor Kinase Inhibitors***		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 4	PA; ONC; QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 5 mg	Tier 4	PA; ONC; QL (2 EA per 1 day)
everolimus oral tablet soluble 3 mg	Tier 4	PA; ONC; QL (3 EA per 1 day)
*Antineoplastic - Multikinase Inhibitors***		
lapatinib ditosylate oral tablet 250 mg	Tier 4	PA; ONC; QL (6 EA per 1 day)
pazopanib hcl oral tablet 200 mg	Tier 4	PA; QL (4 EA per 1 day)
sorafenib tosylate oral tablet 200 mg	Tier 4	PA; ONC; QL (4 EA per 1 day)
sunitinib malate oral capsule 12.5 mg	Tier 4	PA; ONC; QL (4 EA per 1 day)
sunitinib malate oral capsule 25 mg	Tier 4	PA; ONC; QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	Tier 4	PA; ONC; QL (1 EA per 1 day)
vandetanib oral tablet 100 mg	Tier 4	PA; ONC; QL (2 EA per 1 day)
vandetanib oral tablet 300 mg	Tier 4	PA; ONC; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 4	PA; ONC; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 4	PA; ONC; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Antineoplastics Misc.***		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 4	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 4	PA; ONC
hydroxyurea oral capsule 500 mg	Tier 1	ONC
*Aromatase Inhibitors***		
exemestane oral tablet 25 mg	Tier 2	Tier 5 for ages 35 and over, otherwise Tier 2
anastrozole oral tablet 1 mg	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
letrozole oral tablet 2.5 mg	Tier 1	ONC; QL (1 EA per 1 day)
*Cyclin-Dependent Kinases (Cdk) Inhibitors***		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 4	PA; ONC; QL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Estrogens-Antineoplastic***		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 4	PA; ONC; QL (1 EA per 1 day)
*Folic Acid Antagonists Rescue Agents***		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	ONC
*Imidazotetrazines***		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 4	PA; ONC
*Janus Associated Kinase (Jak) Inhibitors***		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Lhrh Analogs***		
leuprolide acetate injection kit 1 mg/0.2ml	Tier 4	PA; AGE (Min 18 Years)
*Mitotic Inhibitors***		
etoposide oral capsule 50 mg	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Nitrogen Mustards And Related Analogues***		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 4	PA; ONC
melphalan oral tablet 2 mg	Tier 4	PA; ONC
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 4	PA; ONC
*Nitrosoureas***		
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 4	PA; ONC
GLEOSTINE ORAL CAPSULE 10 MG (Lomustine)	Tier 4	PA; ONC; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG (Lomustine)	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 4	PA; ONC; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 4	PA; ONC; QL (4 EA per 1 day)
ZEJULA ORAL CAPSULE 100 MG (Niraparib Tosylate)	Tier 4	PA; QL (3 EA per 1 day)
*Progestins-Antineoplastic***		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	ONC
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	ONC
*Retinoids***		
tretinoin oral capsule 10 mg	Tier 4	PA; ONC; QL (9 EA per 1 day)
*Selective Retinoid X Receptor Agonists***		
bexarotene oral capsule 75 mg	Tier 4	PA; ONC; QL (6 EA per 1 day)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***		
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 4	PA; ONC; QL (2 EA per 1 day)
Antiparkinson And Related Therapy Agents		
*Antiparkinson Anticholinergics***		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	MAIL; AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Antiparkinson Dopaminergics***		
<i>bromocriptine mesylate oral capsule 5 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>amantadine hcl oral solution 50 mg/5ml</i>	Tier 1	MAIL
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
*Antiparkinson Monoamine Oxidase Inhibitors***		
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Central/Peripheral Comt Inhibitors***		
<i>tolcapone oral tablet 100 mg</i>	Tier 2	PA
*Decarboxylase Inhibitors***		
<i>carbidopa oral tablet 25 mg</i>	Tier 2	
*Levodopa Combinations***		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-200-75 mg, 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	Tier 2	QL (8 EA per 1 day)
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>atamet oral tablet 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	Tier 1	MAIL
*Nonergoline Dopamine Receptor Agonists***		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 4	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (Rotigotine)	Tier 3	PA; MAIL
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	Tier 1	MAIL
*Peripheral Comt Inhibitors***		
<i>entacapone oral tablet 200 mg</i>	Tier 2	QL (8 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Antipsychotics/Antimanic Agents		
*Antimanic Agents***		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Antipsychotics - Misc.***		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	PA
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (Cariprazine HCl)	Tier 2	PA
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (Cariprazine HCl)	Tier 2	PA
*Benzisoxazoles***		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Iloperidone)	Tier 3	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (Iloperidone)	Tier 3	PA
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	PA
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years)
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg, 3 Mg)	Tier 2	QL (2 EA per 1 day); AGE (Min 5 Years)
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	MAIL; QL (16 ML per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years)
<i>risperidone oral tablet 4 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years)
*Butyrophenones***		
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	AGE (Min 6 Years)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MAIL; AGE (Min 6 Years)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years)
*Dibenzodiazepines***		
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
clozapine oral tablet 200 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
*Dibenzo-Oxepino Pyrroles***		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
*Dibenzothiazepines***		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
*Dibenzoxazepines***		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years)
*Phenothiazines***		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	AGE (Min 6 Years)
prochlorperazine rectal suppository 25 mg	Tier 2	AGE (Min 6 Years)
Prochlorperazine (Compazine Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
*Quinolinone Derivatives***		
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 16 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Brexipiprazole)	Tier 2	PA
aripiprazole oral solution 1 mg/ml	Tier 1	AGE (Max 11 Years)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
*Thienbenzodiazepines***		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
*Thioxanthenes***		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)

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Drug Name	Formulary Status	Requirements/Limits
Antiseptics & Disinfectants		
*Chlorine Antiseptics***		
chlorhexidine gluconate external liquid 4 %	Tier 1	OTC
chlorhexidine gluconate external solution 4 %	Tier 1	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate)	Tier 1	OTC
Antivirals		
*Antiretroviral Combinations***		
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 2	QL (2 EA per 1 day)
trumeq pd oral tablet soluble 60-5-30 mg	Tier 2	QL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofof DF)	Tier 2	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofof AF)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (1 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (Abacavir-Lamivudine-Zidovudine)	Tier 2	QL (2 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Tier 1	QL (1 EA per 1 day); PREV when used for prevention
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	Tier 1	QL (1 EA per 1 day); PREV when used for Prevention; Preventive tier cost sharing when used for PrEP
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	QL (1 ML per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (6 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG (Emtricitabine-Tenofovir AF)	Tier 1	QL (1 EA per 1 day); PREV when used for prevention
DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 1	QL (1 EA per 1 day); PREV when used for Prevention; Preventive tier cost sharing when used for PrEP
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***		
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 2	QL (900 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 2	QL (2 EA per 1 day)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 2	QL (2 EA per 1 day)
*Antiretrovirals - Integrase Inhibitors***		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 2	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 2	QL (180 EA per 30 days)
*Antiretrovirals - Protease Inhibitors***		
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 3	QL (16 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 3	QL (16 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 2	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (Saquinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 2	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day)
*Antiretrovirals - Rti-Non-Nucleoside Analogues***		
EDURANT ORAL TABLET 25 MG (Rilpivirine HCl)	Tier 2	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day)
<i>efavirenz oral capsule 200 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>efavirenz oral capsule 50 mg</i>	Tier 1	QL (12 EA per 1 day)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day)
*Antiretrovirals - Rti-Nucleotide Analogues***		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day)
*Antiretrovirals Adjuvants***		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Antiviral Combinations***		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
PAXLOVID ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG, 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
*Cmv Agents***		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 4	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 4	PA
*Hepatitis B Agents***		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 3	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 3	PA
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day)
*Hepatitis C Agent - Combinations***		
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 4	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 4	PA; QL (1 EA per 1 day)
<i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i>	Tier 2	PA; SP; QL (1 EA per 1 day); Preferred
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	Tier 2	PA; SP; QL (1 EA per 1 day); Preferred
*Hepatitis C Agents***		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 4	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 4	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 4	PA
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 4	PA; QL (1 EA per 1 day)
<i>ribavirin oral capsule 200 mg</i>	Tier 1	
<i>ribavirin oral tablet 200 mg</i>	Tier 1	
*Herpes Agents - Purine Analogues***		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>acyclovir oral suspension 200 mg/5ml</i>	Tier 1	QL (25 ML per 1 day)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	QL (5 EA per 1 day)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day)
*Herpes Agents - Thymidine Analogues***		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Influenza Agents***		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
*Neuraminidase Inhibitors***		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER (Zanamivir)	Tier 2	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tier 1	QL (25 ML per 1 day); AGE (Max 12 Years)
*Pa Endonuclease Inhibitors***		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 2	QL (1 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)
Beta Blockers		
*Alpha-Beta Blockers***		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>labetalol hcl oral tablet 300 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
*Beta Blockers Cardio-Selective***		
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 2	
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	Tier 1	MAIL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Beta Blockers Non-Selective***		
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl af oral tablet 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	Tier 1	MAIL
<i>sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg</i>	Tier 1	MAIL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	MAIL
Calcium Channel Blockers		
*Calcium Channel Blockers***		
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	Tier 2	PA
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>dilt-cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>dilt-cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem cd oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>diltiazem hcl er oral capsule extended release 24 hour 300 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 420 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>isradipine oral capsule 2.5 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>isradipine oral capsule 5 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>nicardipine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
<i>nimodipine oral capsule 30 mg</i>	Tier 1	
<i>verapamil hcl er oral tablet extended release 120 mg, 240 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>verapamil hcl er oral tablet extended release 180 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>verapamil hcl oral tablet 120 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>verapamil hcl oral tablet 40 mg, 80 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
NIFEdipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 90 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
NIFEdipine (Nifedical XI Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifedical XI Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiotonics		
*Cardiac Glycosides***		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 2	MAIL; QL (1 EA per 1 day)
digoxin oral solution 0.05 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiovascular Agents - Misc.		
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL
*Peripheral Vasodilators***		
niacin flush free oral capsule 500 mg	Tier 1	MAIL; OTC
*Prostaglandin Vasodilators***		
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 4	PA; QL (3 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 4	PA
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 4	PA; QL (3 EA per 1 day)
*Pulmonary Hypertension - Endothelin Receptor Antagonists***		
ambrisentan oral tablet 10 mg, 5 mg	Tier 4	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 4	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 4	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (Bosentan)	Tier 4	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***		
sildenafil citrate oral tablet 20 mg	Tier 4	PA; QL (3 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 4	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 4	PA; QL (2 EA per 1 day)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 4	PA; QL (2 EA per 1 day)
*Sinus Node Inhibitors**		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	PA
Cephalosporins		
*Cephalosporins - 1St Generation***		
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefadroxil oral tablet 1 gm</i>	Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
*Cephalosporins - 2Nd Generation***		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	QL (20 EA per 10 days)
*Cephalosporins - 3Rd Generation***		
<i>cefixime oral capsule 400 mg</i>	Tier 2	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>cefdinir oral capsule 300 mg</i>	Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	Tier 1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Contraceptives		
*Biphasic Contraceptives - Oral***		
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Oral***		
alyacen 1/35 oral tablet 1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
briellyn oral tablet 0.4-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PREV	MAIL; QL (1 EA per 1 day)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PREV	MAIL; QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
marlissa oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norethindrone-Eth Estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Emoquette Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Enskyce Oral Tablet 0.15-0.03 Mg, 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (Norethindrone Acet-Ethinyl Est)	PREV	QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Gianvi Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Gildagia Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Gildess 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Gildess 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Gildess Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norethin Ace-Eth Estrad-FE (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	
Drospirenone-Ethinyl Estradiol (Nikki Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Ocella Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Pirmella 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospiren-Eth Estrad-Levomefol (Rajani Oral Tablet 3-0.02-0.451 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Syeda Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (Levonorgestrel-Ethinyl Estrad)	PREV	

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Drospiren-Eth Estrad-Levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Vestura Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zarah Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Zenchent Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Zeosa Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethinodiol Diac-Eth Estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Combination Contraceptives - Transdermal***		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (3 EA per 28 days)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
*Combination Contraceptives - Vaginal***		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	MAIL; QL (0.05 EA per 1 day)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (Segesterone-Ethinyl Estradiol)	PREV	
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
Etonogestrel-Ethinyl Estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
*Continuous Contraceptives - Oral***		
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	PREV	MAIL; QL (1 EA per 1 day)

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Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Dolishale Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
*Copper Contraceptives - Iud***		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 EA per 999 Days)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
*Emergency Contraceptives***		
levonorgestrel oral tablet 1.5 mg	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
*Extended-Cycle Contraceptives - Oral***		
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Amethia Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Iclevia Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Quasense Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Levonorgest-Eth Estrad 91-Day (Setlakin Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Simpesse Oral Tablet 0.15-0.03 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Four Phase Contraceptives - Oral***		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	MAIL; QL (1 EA per 1 day)
*Progestin Contraceptives - Implants***		
IMPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
*Progestin Contraceptives - Injectable***		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PREV	QL (1 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PREV	QL (1 ML per 75 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
*Progestin Contraceptives - Iud***		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
*Progestin Contraceptives - Oral***		
norethindrone oral tablet 0.35 mg	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jolivette Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	OTC; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	
Norethindrone (Tulana Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
*Triphasic Contraceptives - Oral***		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
levonorg-eth estrad triphasic oral tablet , 50-30/75-40/125-30 mcg	PREV	MAIL; QL (1 EA per 1 day)
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cesia Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Myzilra Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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Norethindron-Ethinyl Estrad-Fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	MAIL; QL (1 EA per 1 day)
Corticosteroids		
*Glucocorticosteroids***		
budesonide oral capsule delayed release particles 3 mg	Tier 2	PA
cortisone acetate oral tablet 25 mg	Tier 2	
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	
dexamethasone oral solution 0.5 mg/5ml	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Tier 1	
<i>prednisolone oral solution 15 mg/5ml</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>	Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Oral Solution 15 Mg/5ML)	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Plus Oral Solution 15 Mg/5ML)	Tier 1	
Dexamethasone (Baycadron Oral Elixir 0.5 Mg/5ML)	Tier 1	
Dexamethasone (Decadron Oral Elixir 0.5 Mg/5ML)	Tier 1	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
PredniSONE (Deltasone Oral Tablet 20 Mg)	Tier 1	
*Mineralocorticoids***		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MAIL
Cough/Cold/Allergy		
*Antitussive - Nonnarcotic***		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC
*Antitussive - Opioid***		
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	Tier 1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	Tier 1	
*Antitussive-Expectorant***		
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>gani-tuss dm nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>gani-tuss nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>guaifenesin dm cough & chest oral liquid† 10-200 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>guaifenesin dm nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>guaifenesin nr oral liquid† 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	Tier 1	OTC
<i>myci-gc oral solution 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
<i>mytussin ac oral syrup 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>pulexn dm oral syrup 100-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>robafen ac oral syrup 100-10 mg/5ml</i>	Tier 1	OTC; QL (240 ML per 25 days)
Guaifenesin-Codeine (Romilar Ac Oral Solution 100-10 Mg/5MI)	Tier 1	QL (240 ML per 25 days)
*Decongestant & Antihistamine***		
<i>diphenhydramine-phenylephrine oral tablet 25-10 mg</i>	Tier 2	OTC
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>loratadine-pseudoephedrine er oral tablet extended release 24 hour 10-240 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>promethazine vc plain oral solution 6.25-5 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine vc plain oral syrup 6.25-5 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)
*Decongestant W/ Expectorant***		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Tier 1	OTC
*Expectorants***		
<i>ganidin-nr oral liquid† 100 mg/5ml</i>	Tier 1	
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>guaifenesin nr oral liquid† 100 mg/5ml</i>	Tier 1	
<i>guaifenesin oral liquid 100 mg/5ml</i>	Tier 1	OTC
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Tier 1	OTC
GuaiFENesin (Organidin Nr Oral Tablet 200 Mg)	Tier 1	
*Misc. Respiratory Inhalants***		
<i>sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %</i>	Tier 1	
Sodium Chloride (Nebusal Inhalation Nebulization Solution 3 %)	Tier 1	
Sodium Chloride (Pulmosal Inhalation Nebulization Solution 7 %)	Tier 1	
*Mucolytics***		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	

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*Non-Narc Antitussive-Antihistamine***		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
*Non-Narc Antitussive-Decongestant-Antihistamine***		
<i>genebrom dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Bromfed Dm Oral Syrup 30-2-10 Mg/5MI)	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Decon-Dm Oral Syrup 30-2-10 Mg/5MI)	Tier 1	QL (240 ML per 25 days)
DIMETANE DX ORAL SYRUP 30-2-10 MG/5ML (Pseudoeph-Bromphen-DM)	Tier 1	OTC; QL (240 ML per 25 days)
*Opioid Antitussive-Antihistamine***		
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
*Opioid Antitussive-Decongestant-Antihistamine***		
<i>phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<i>promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
Dermatologicals		
*Acne Antibiotics***		
<i>clindamycin phos (once-daily) external gel 1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>clindamycin phos (twice-daily) external gel 1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clindamycin phosphate external gel 1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clindamycin phosphate external lotion 1 %</i>	Tier 2	QL (60 ML per 25 days)
Clindamycin Phosphate (Clindamax External Gel 1 %)	Tier 2	QL (60 GM per 25 days)
Clindamycin Phosphate (Clindamax External Lotion 1 %)	Tier 2	QL (60 ML per 25 days)
<i>clindamycin phosphate external solution 1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>erythromycin external solution 2 %</i>	Tier 1	QL (60 ML per 25 days)
<i>sodium sulfacetamide external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Tier 1	
<i>sulfacetamide sodium external suspension 10 %</i>	Tier 1	
*Acne Combinations***		
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Tier 2	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	Tier 2	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	Tier 2	PA
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 2	PA
<i>sulfacetamide-sulfur wash external emulsion 10-4 %</i>	Tier 1	
Sulfacetamide-Sulfur in Urea (Claris Clarifying Wash External Emulsion 10-4 %)	Tier 1	
*Acne Products***		
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
ISOTretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 2	PA
Tretinoin (Avita External Cream 0.025 %)	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
Tretinoin (Avita External Gel 0.025 %)	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
ISOTretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Sotret Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOTretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
acne medication-5 external gel 5 %	Tier 1	
adapalene treatment external gel 0.1 %	Tier 1	OTC
benzoyl peroxide external gel 10 %	Tier 1	
benzoyl peroxide external gel 5 %	Tier 1	OTC
benzoyl peroxide external liquid 10 %	Tier 1	QL (240 EA per 28 days)
benzoyl peroxide external liquid 5 %	Tier 1	QL (240 EA per 25 days)
benzoyl peroxide external lotion 10 %, 5 %	Tier 1	OTC
benzoyl peroxide wash external liquid 10 %	Tier 1	QL (240 GM per 28 days)
benzoyl peroxide wash external liquid 5 %	Tier 1	OTC; QL (240 GM per 25 days)
bp foaming wash external liquid 10 %	Tier 1	QL (240 GM per 28 days)
bp gel external gel 10 %	Tier 1	OTC
bp wash external liquid 10 %	Tier 1	OTC; QL (240 GM per 28 days)
del-aqua external gel 5 %	Tier 1	
Benzoyl Peroxide (Clearplex X External Gel 10 %)	Tier 1	
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 1	OTC
DIFFERIN EXTERNAL LOTION 0.1 % (Adapalene)	Tier 1	ST; QL (59 ML per 25 days); AGE (Min 10 Years and Max 35 Years)
Benzoyl Peroxide (Ethexderm Bpw-10 External Liquid† 10 %)	Tier 1	QL (240 GM per 25 days)
Benzoyl Peroxide (Ethexderm Bpw-5 External Liquid† 5 %)	Tier 1	QL (240 GM per 25 days)
Benzoyl Peroxide (Solucenz Rx External Gel 5 %)	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*Agents For External Genital And Perianal Warts***		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 3	PA
*Antibiotic Mixtures Topical***		
<i>bacitracin-polymyxin b external ointment 500-10000 unit/gm</i>	Tier 1	OTC
<i>first aid antibiotic ointment 3.5-500-10000 external</i>	Tier 1	OTC
<i>hm triple antibiotic ointment 3.5-400-5000 external</i>	Tier 1	OTC
<i>triple antibiotic pain relief external ointment 1 %</i>	Tier 1	OTC
<i>triple antibiotic plus external ointment 1 %</i>	Tier 1	OTC
<i>triple antibiotic plus max st external ointment 1 %</i>	Tier 1	OTC
LANABIOTIC OINTMENT 5-500-10000 EXTERNAL (Neomycin-Bacitracin-Polymyxin)	Tier 1	OTC
*Antibiotics - Topical***		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 3	PA
<i>antibiotic external ointment 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>	Tier 1	OTC
<i>gentamicin sulfate external cream 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mupirocin external ointment 2 %</i>	Tier 1	QL (44 GM per 25 days)
*Antifungals - Topical Combinations***		
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	Tier 2	QL (60 GM per 25 days)
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	Tier 2	QL (60 GM per 25 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	Tier 1	QL (60 ML per 25 days)
*Antifungals - Topical***		
<i>naftifine hcl external gel 1 %, 2 %</i>	Tier 3	PA
NAFTIN EXTERNAL GEL 1 % (Naftifine HCl)	Tier 3	PA
<i>naftifine hcl external cream 1 %</i>	Tier 2	PA
<i>antifungal (tolnaftate) external cream 1 %</i>	Tier 1	OTC
<i>antifungal external solution 1 %</i>	Tier 1	OTC
<i>antifungal foot external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>butenafine hcl external cream 1 %</i>	Tier 1	OTC
<i>ciclopirox external solution 8 %</i>	Tier 1	QL (6.6 ML per 25 days)
<i>ciclopirox olamine external cream 0.77 %</i>	Tier 1	QL (90 GM per 25 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	Tier 1	QL (60 ML per 25 days)
<i>nystatin external cream 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)
<i>nystatin external ointment 100000 unit/gm</i>	Tier 1	QL (90 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>nystatin external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>pedi-dri external powder 100000 unit/gm</i>	Tier 1	QL (30 GM per 25 days)
<i>terbinafine hcl external cream 1 %</i>	Tier 1	OTC; QL (30 GM per 25 days)
<i>tolnaftate external aerosol powder 1 %</i>	Tier 1	OTC
<i>tolnaftate external cream 1 %</i>	Tier 1	OTC
<i>tolnaftate external powder 1 %</i>	Tier 1	OTC
<i>tolnaftate external solution 1 %</i>	Tier 1	
Ciclopirox Olamine (Ciclodan External Cream 0.77 %)	Tier 1	QL (90 GM per 25 days)
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
MYCOZYL AL EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nyata External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
*Antihistamine-Topical Combinations***		
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Tier 1	OTC
*Anti-Inflammatory Agents - Topical***		
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	OTC; QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
VOLTAREN TRANSDERMAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
*Antineoplastic Antimetabolites - Topical***		
<i>fluorouracil external cream 5 %</i>	Tier 2	
*Antineoplastic Retinoids - Topical***		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 4	PA
*Antipsoriatics - Systemic***		
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Tier 4	PA; QL (1 ML per 56 days)
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 4	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 4	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 4	PA; QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 4	PA; QL (2 ML per 28 days); Preferred Brand
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 4	PA; QL (1 ML per 56 days)

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Drug Name	Formulary Status	Requirements/Limits
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 ML per 84 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 4	PA; QL (1 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab)	Tier 4	PA; QL (0.5 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab)	Tier 4	PA; QL (1 ML per 56 days); Preferred Brand
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 4	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 4	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 4	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 4	PA; Preferred Brand
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-kfce)	Tier 3	PA; QL (0.5 ML per 84 Days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-kfce)	Tier 3	PA; QL (1 ML per 56 Days)
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 2	PA
*Antipsoriatics***		
calcipotriene external ointment 0.005 %	Tier 2	PA
calcipotriene external solution 0.005 %	Tier 2	PA
calcitriol external ointment 3 mcg/gm	Tier 2	PA; QL (100 GM per 25 days)
tazarotene external cream 0.1 %	Tier 2	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %	Tier 2	PA; QL (100 GM per 25 days)
tazarotene external gel 0.1 %	Tier 2	PA
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 2	PA
tazarotene external cream 0.05 %	Tier 1	PA; QL (60 GM per 25 days)
*Antiseborrheic Products***		
anti-dandruff external shampoo 1 %	Tier 1	OTC
selenium sulfide external lotion 2.5 %	Tier 1	
*Antivirals - Topical***		
acyclovir external ointment 5 %	Tier 2	PA
docosanol external cream 10 %	Tier 1	OTC; QL (2 GM per 25 days)
penciclovir external cream 1 %	Tier 1	PA
*Burn Products***		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 3	QL (454 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
mafenide acetate external packet 5 %	Tier 1	
silver sulfadiazine external cream 1 %	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd Af External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Thermazene External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
*Corticosteroids - Topical***		
amcinonide external lotion 0.1 %	Tier 3	QL (60 ML per 25 days)
amcinonide external ointment 0.1 %	Tier 3	QL (60 GM per 25 days)
APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 3	PA; QL (60 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 3	PA
HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide)	Tier 3	PA; QL (60 GM per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 2	QL (50 ML per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 2	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 2	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 2	QL (60 GM per 25 days)
diflorasone diacetate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
diflorasone diacetate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide body external oil 0.01 %	Tier 2	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	Tier 2	QL (120 ML per 25 days)
flurandrenolide external cream 0.05 %	Tier 2	QL (30 GM per 25 days)
flurandrenolide external lotion 0.05 %	Tier 2	QL (120 ML per 25 days)
halcinonide external cream 0.1 %	Tier 2	PA; QL (60 GM per 25 days)
halobetasol propionate external cream 0.05 %	Tier 2	QL (50 GM per 25 days)
halobetasol propionate external ointment 0.05 %	Tier 2	QL (50 GM per 25 days)
isovate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
Diflorasone Diacetate (Apexicon External Ointment 0.05 %)	Tier 2	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Cream 0.05 %)	Tier 2	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Ointment 0.05 %)	Tier 2	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Solution 0.05 %)	Tier 2	QL (50 ML per 25 days)
Clobetasol Propionate (Cormax Scalp Application External Solution 0.05 %)	Tier 2	QL (50 ML per 25 days)
Flurandrenolide (Nolix External Cream 0.05 %)	Tier 2	QL (30 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 2	QL (120 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>ala-cort external cream 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ala-cort external lotion 1 %</i>	Tier 1	QL (120 ML per 25 days)
<i>alclometasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>alphatrex external gel 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Tier 1	QL (50 GM per 25 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	Tier 1	QL (45 GM per 25 days)
<i>betamethasone valerate external cream 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>betamethasone valerate external ointment 0.1 %</i>	Tier 1	QL (45 GM per 25 days)
<i>del-beta external lotion 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>desonide external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>desonide external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1	QL (150 GM per 25 days)
<i>fluocinonide external gel 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external ointment 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluocinonide external solution 0.05 %</i>	Tier 1	QL (60 ML per 25 days)
<i>fluocinonide-e external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external cream 0.05 %</i>	Tier 1	QL (60 GM per 25 days)
<i>fluticasone propionate external ointment 0.005 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone acetate external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone anti-itch external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone external lotion 1 %, 5 mg/ml</i>	Tier 1	OTC; QL (120 GM per 25 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	QL (60 ML per 25 days)
<i>hydrocortisone external ointment 0.5 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone intensive heal external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)

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hydrocortisone max st external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone max st external ointment 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone valerate external cream 0.2 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone/aloe max str external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
mometasone furoate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external solution 0.1 %	Tier 1	QL (60 ML per 25 days)
prednicarbate external ointment 0.1 %	Tier 1	QL (60 GM per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external cream 0.5 %	Tier 1	QL (15 GM per 25 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	QL (60 ML per 25 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external ointment 0.5 %	Tier 1	QL (15 GM per 25 days)
Betamethasone Valerate (Beta-Val External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 1	OTC; QL (56 GM per 25 days)
Hydrocortisone (Hydrocortisone In Absorbase External Ointment 1 %)	Tier 1	QL (60 GM per 25 days)
Hydrocortisone (Procto-Kit External Cream 1 %)	Tier 1	QL (60 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 1	QL (15 GM per 25 days)
Triamcinolone Acetonide (Triderm External Ointment 0.1 %)	Tier 1	QL (454 GM per 25 days)
*Emollients***		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
ammonium lactate external cream 12 %	Tier 1	QL (280 GM per 25 days)
ammonium lactate external lotion 12 %	Tier 1	QL (225 GM per 25 days)
petrolatum & lanolin external ointment	Tier 1	OTC
AMLACTION EXTERNAL CREAM 12 % (Ammonium Lactate)	Tier 1	OTC; QL (280 GM per 25 days)
*Enzymes - Topical***		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 3	PA; QL (60 GM per 25 days)
*Imidazole-Related Antifungals - Topical***		
sulconazole nitrate solution 1 % external	Tier 3	PA
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 3	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 3	PA
econazole nitrate external cream 1 %	Tier 2	PA
luliconazole external cream 1 %	Tier 2	PA

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<i>oxiconazole nitrate external cream 1 %</i>	Tier 2	PA; QL (90 GM per 25 days)
<i>sulconazole nitrate external cream 1 %</i>	Tier 2	PA
<i>antifungal external cream 2 %</i>	Tier 1	OTC
<i>antifungal external powder 2 %</i>	Tier 1	OTC
<i>clotrimazole af external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole athletes foot external cream 1 %</i>	Tier 1	OTC
<i>clotrimazole external cream 1 %</i>	Tier 1	
<i>clotrimazole external solution 1 %</i>	Tier 1	
<i>ketoconazole external cream 2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>ketoconazole external shampoo 2 %</i>	Tier 1	QL (120 ML per 25 days)
<i>miconazole nitrate external aerosol powder 2 %</i>	Tier 1	OTC
<i>miconazole nitrate external cream 2 %</i>	Tier 1	
FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION 1 % (Clotrimazole)	Tier 1	OTC
Ketoconazole (Kuric External Cream 2 %)	Tier 1	QL (60 GM per 25 days)
Miconazole Nitrate (Nuzole External Cream 2 %)	Tier 1	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
*Immunomodulators Imidazoquinolinamines - Topical***		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 25 days)
*Keratolytic/Antimitotic/Vesicant Agents***		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days)
*Local Anesthetics - Topical***		
<i>lidocaine external patch 5 %</i>	Tier 2	PA; QL (90 EA per 25 days)
<i>capsaicin external cream 0.1 %</i>	Tier 1	OTC
<i>lidocaine external cream 4 %</i>	Tier 1	OTC; QL (90 GM per 25 days)
<i>lidocaine hcl external solution 4 %</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Tier 1	
<i>lidocaine pain relief external patch 4 %</i>	Tier 1	OTC; QL (90 EA per 25 days)
<i>lidocaine pain relieving external patch 4 %</i>	Tier 1	OTC; QL (90 EA per 25 days)
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 1	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 1	OTC
*Macrolide Immunosuppressants - Topical***		
<i>pimecrolimus external cream 1 %</i>	Tier 3	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 2	QL (100 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Misc. Topical Combinations***		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 1	OTC
*Misc. Topical***		
aluminum chloride external solution 20 %	Tier 1	QL (60 EA per 25 days)
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
*Oxaborole-Related Antifungals - Topical***		
tavaborole external solution 5 %	Tier 3	
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 3	PA; QL (100 GM per 30 days)
*Rosacea Agents***		
brimonidine tartrate external gel 0.33 %	Tier 2	PA
metronidazole external cream 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external gel 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external lotion 0.75 %	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Vitazol External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
*Scabicide Combinations***		
lice killing external shampoo 0.33-4 %	Tier 1	OTC
lice killing maximum strength external liquid 0.33-4 %	Tier 1	OTC
lice killing maximum strength external shampoo 0.33-4 %	Tier 1	OTC
lice solution combination kit 0.33-4-0.5 %	Tier 1	OTC
lice solution complete combination kit 0.33-4-0.5 %	Tier 1	OTC
lice treatment external liquid 0.33-4 %	Tier 1	OTC
lice treatment max st combination kit 0.33-4-0.5 %	Tier 1	OTC
sb lice treatment external liquid 0.3-3 %	Tier 1	OTC
*Scabicides & Pediculicides***		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 3	PA
cvs ivermectin lice treatment external lotion 0.5 %	Tier 2	PA; OTC; QL (117 GM per 25 days)
ivermectin external lotion 0.5 %	Tier 2	PA; QL (117 GM per 25 days)
spinosad external suspension 0.9 %	Tier 2	QL (120 ML per 25 days)
lice control aerosol† 0.5 %	Tier 1	OTC
lice treatment external liquid 1 %	Tier 1	OTC
lindane external shampoo 1 %	Tier 1	QL (60 ML per 25 days)
malathion external lotion 0.5 %	Tier 1	QL (59 ML per 25 days)
permethrin external cream 5 %	Tier 1	QL (120 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
<i>permethrin external liquid 1 %</i>	Tier 1	OTC
<i>permethrin external lotion 1 %</i>	Tier 1	OTC
<i>permethrin lice treatment external lotion 1 %</i>	Tier 1	OTC
Permethrin (Acticin External Cream 5 %)	Tier 1	QL (120 GM per 25 days)
*Seborrheic Keratosis Products**		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 3	PA
*Skin Protectants***		
<i>dry skin external cream</i>	Tier 1	OTC
BAZA PROTECT EXTERNAL CREAM (Skin Protectants, Misc.)	Tier 1	OTC
*Topical Anesthetic Combinations***		
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	Tier 1	QL (60 GM per 25 days)
<i>lidopril external cream 2.5-2.5 %</i>	Tier 1	QL (60 EA per 25 days)
Lidocaine-Prilocaine (Relador Pak External Cream 2.5-2.5 %)	Tier 1	QL (60 EA per 25 days)
*Topical Selective Retinoid X Receptor Agonists***		
<i>bexarotene external gel 1 %</i>	Tier 4	PA
*Topical Steroid Combinations***		
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	Tier 2	PA; QL (100 GM per 30 days)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Tier 2	PA; QL (120 GM per 25 days)
*Wound Care - Growth Factor Agents***		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 3	PA; QL (15 GM per 25 days)
Diagnostic Products		
*Diagnostic Tests***		
RELION KETONE IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION KETONE TEST IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 30 days)
*Infection Tests***		
<i>covid-19 at home antigen test in vitro kit</i>	DME	OTC; QL (2 EA per 30 days)
Digestive Aids		
*Digestive Enzymes***		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL; QL (6 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Diuretics		
*Carbonic Anhydrase Inhibitors***		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 2	QL (4 EA per 1 day)
methazolamide oral tablet 25 mg, 50 mg	Tier 2	QL (6 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	MAIL; QL (4 EA per 1 day)
*Diuretic Combinations***		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	MAIL
spironolactone-hctz oral tablet 25-25 mg	Tier 1	MAIL
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	MAIL
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	MAIL
*Loop Diuretics***		
ethacrynic acid oral tablet 25 mg	Tier 2	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL
furosemide oral solution 10 mg/ml, 40 mg/4ml, 8 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	MAIL
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	MAIL
*Potassium Sparing Diuretics***		
triamterene oral capsule 100 mg, 50 mg	Tier 2	
amiloride hcl oral tablet 5 mg	Tier 1	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL
*Thiazides And Thiazide-Like Diuretics***		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	MAIL
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	MAIL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	MAIL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
Endocrine And Metabolic Agents - Misc.		
*Abortifacient - Progesterone Receptor Antagonists***		
mifepristone oral tablet 200 mg	PREV	QL (1 EA per 1 day)
*Bisphosphonates***		
risedronate sodium oral tablet 150 mg	Tier 2	QL (0.036 EA per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 2	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 2	MAIL; QL (0.143 EA per 1 day)
alendronate sodium oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	MAIL; QL (0.143 EA per 1 day)
etidronate disodium oral tablet 200 mg, 400 mg	Tier 1	
ibandronate sodium oral tablet 150 mg	Tier 1	QL (0.036 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Calcimimetic Agents***		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 3	PA
*Calcitonins***		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day)
*Carnitine Replenisher - Agents***		
<i>levocarnitine oral solution 1 gm/10ml</i>	Tier 1	MAIL
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	MAIL
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Tier 1	MAIL
MCCARNITINE ORAL TABLET 330 MG (LevOCARNitine)	Tier 1	MAIL; OTC
*Dopamine Receptor Agonists***		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
*Growth Hormone Receptor Antagonists***		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (Pegvisomant)	Tier 4	PA
*Growth Hormones***		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 4	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 4	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 4	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 4	PA
*Homocystinuria Treatment - Agents***		
<i>betaine oral powder</i>	Tier 4	PA
*Hyperparathyroid Treatment - Vitamin D Analogs***		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Tier 2	PA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Tier 2	PA
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	MAIL
*Insulin-Like Growth Factors (Somatomedins)***		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 4	PA
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 4	PA; AGE (Min 18 Years)
*Parathyroid Hormone And Derivatives***		
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Tier 4	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 4	PA
*Phenylketonuria Treatment - Agents***		
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
sapropterin dihydrochloride oral tablet 100 mg	Tier 4	PA
Sapropterin Dihydrochloride (Javygtor Oral Packet 100 Mg)	Tier 4	PA
Sapropterin Dihydrochloride (Javygtor Oral Tablet 100 Mg)	Tier 4	PA
*Selective Estrogen Receptor Modulators (Serms)***		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 3	PA; QL (1 EA per 1 day)
raloxifene hcl oral tablet 60 mg	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for ages 35 and over, otherwise Tier 1
*Selective Vasopressin V2-Receptor Antagonists***		
tolvaptan oral tablet 15 mg, 30 mg	Tier 4	PA
*Somatostatic Agents***		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 4	PA
*Urea Cycle Disorder - Agents***		
sodium phenylbutyrate oral tablet 500 mg	Tier 4	PA
*Vasopressin***		
desmopressin acetate nasal solution 1.5 mg/ml	Tier 4	PA
STIMATE NASAL SOLUTION 1.5 MG/ML (Desmopressin Acetate)	Tier 4	PA
desmopressin ace spray refrig nasal solution 0.01 %	Tier 2	PA
desmopressin acetate spray nasal solution 0.01 %	Tier 2	PA
Desmopressin Ace Spray Refrig (Minirin Nasal Solution 0.1 Mg/ML)	Tier 2	PA
desmopressin acetate oral tablet 0.1 mg	Tier 1	QL (4 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg	Tier 1	QL (5 EA per 1 day)
Estrogens		
*Estrogen & Progestin***		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
jevantique lo oral tablet 0.5-2.5 mg-mcg	Tier 1	MAIL; QL (1 EA per 1 day)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Norethindrone-Eth Estradiol (Jevantique Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Estrogens***		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (Esterified Estrogens)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 2	MAIL; QL (1 EA per 1 day)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Min 18 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	QL (8 EA per 23 days); AGE (Min 18 Years)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	QL (4 EA per 23 days); AGE (Min 18 Years)
Estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 1	QL (8 EA per 23 days); AGE (Min 18 Years)
Estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 1	QL (8 EA per 23 days); AGE (Min 18 Years)
*Estrogen-Selective Estrogen Receptor Modulator Comb***		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 3	QL (1 EA per 1 day)
Fluoroquinolones		
*Fluoroquinolones***		
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 3	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 3	
ofloxacin oral tablet 300 mg, 400 mg	Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
Gastrointestinal Agents - Misc.		
*Antiflatulents***		
gas relief oral tablet chewable 80 mg	Tier 1	OTC
simethicone drops infants oral liquid 20 mg/0.3ml	Tier 1	OTC
simethicone drops infants oral suspension 20 mg/0.3ml	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>simethicone extra strength oral capsule 125 mg</i>	Tier 1	OTC
<i>simethicone oral capsule 125 mg, 180 mg</i>	Tier 1	OTC
<i>simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml</i>	Tier 1	OTC
<i>simethicone oral tablet chewable 125 mg, 80 mg</i>	Tier 1	OTC
<i>simethicone ultra strength oral capsule 180 mg</i>	Tier 1	OTC
*Gallstone Solubilizing Agents***		
<i>ursodiol oral capsule 300 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ursodiol oral tablet 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>ursodiol oral tablet 500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Gastrointestinal Chloride Channel Activators***		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	PA
*Gastrointestinal Stimulants***		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	Tier 1	
<i>metoclopramide hcl oral solution 1 mg/ml, 10 mg/10ml, 5 mg/5ml</i>	Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 2	PA
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 2	PA
*Inflammatory Bowel Agents***		
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 3	
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	
<i>balsalazide disodium oral capsule 750 mg</i>	Tier 1	QL (9 EA per 1 day)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>	Tier 1	
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALazine (Sulfazine Ec Oral Tablet Delayed Release 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALazine (Sulfazine Oral Tablet 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
*Interleukin Antagonists***		
<i>ustekinumab-ttwe intravenous solution 130 mg/26ml</i>	Tier 4	PA
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 4	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 4	PA; Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 4	PA; QL (1.2 ML per 56 days); Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 4	PA; QL (2.4 ML per 56 days); Preferred Brand
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab)	Tier 4	PA; Preferred Brand
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-kfce (IV))	Tier 4	PA
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 3	PA
*Intestinal Acidifiers***		
<i>enulose oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>generlac oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	Tier 1	MAIL
*Peripheral Opioid Receptor Antagonists***		
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 4	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 3	PA
<i>alvimopan oral capsule 12 mg</i>	Tier 2	
*Phosphate Binder Agents***		
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 3	PA
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 2	ST
<i>sevelamer carbonate oral tablet 800 mg</i>	Tier 2	ST
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	MAIL; QL (12 EA per 1 day)
*Tumor Necrosis Factor Alpha Blockers***		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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Drug Name	Formulary Status	Requirements/Limits
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Genitourinary Agents - Miscellaneous		
*5-Alpha Reductase Inhibitors***		
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
*Alpha 1-Adrenoceptor Antagonists***		
<i>silodosin oral capsule 4 mg, 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
*Citrates***		
<i>citric acid-sodium citrate oral solution 334-500 mg/5ml</i>	Tier 1	
<i>cytra-2 oral solution 500-334 mg/5ml</i>	Tier 1	OTC
<i>cytra-k oral solution 1100-334 mg/5ml</i>	Tier 1	OTC
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	Tier 1	QL (3 EA per 1 day)
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	Tier 1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-2 oral solution 500-334 mg/5ml</i>	Tier 1	
<i>virtrate-k oral solution 1100-334 mg/5ml</i>	Tier 1	
Sod Citrate-Citric Acid (Liqui-Dualcitra Oral Solution 500-334 Mg/5MI)	Tier 1	
*Cystinosis Agents***		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 4	PA
*Genitourinary Irrigants***		
<i>acetic acid irrigation solution 0.25 %</i>	Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	
Sodium Chloride (GU Irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
Sodium Chloride (GU Irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
*Interstitial Cystitis Agents***		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*Prostatic Hypertrophy Agent Combinations***		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
*Urinary Analgesics***		
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	Tier 1	QL (3 EA per 1 day)
Phenazopyridine HCl (Phenazo Oral Tablet 200 Mg)	Tier 1	QL (3 EA per 1 day)
*Urinary Stone Agents***		
<i>tiopronin oral tablet 100 mg</i>	Tier 4	PA
Gout Agents		
*Gout Agent Combinations***		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
*Gout Agents***		
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	MAIL
<i>colchicine oral tablet 0.6 mg</i>	Tier 1	QL (30 EA per 90 days)
*Uricosurics***		
<i>probenecid oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
Hematological Agents - Misc.		
*Antihemophilic Products***		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 4	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Coagulation Factor IX (Recomb))	Tier 4	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 4	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 4	PA
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 4	PA
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (Coagulation Factor IX)	Tier 4	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 4	PA
REFACTO INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor (Recomb))	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
*Bradykinin B2 Receptor Antagonists***		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 4	PA
Icatibant Acetate (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3MI)	Tier 4	PA
*C1 Esterase Inhibitors***		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 4	PA
*Direct-Acting P2y12 Inhibitors***		
BRILINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 3	PA; QL (2 EA per 1 day)
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Tier 1	PA; QL (2 EA per 1 day)
*Hematorheologic Agents***		
<i>pentopak oral tablet extended release 400 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
Pentoxifylline (Pentoxil Oral Tablet Extended Release 400 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
*Phosphodiesterase Iii Inhibitors***		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL
*Platelet Aggregation Inhibitor Combinations***		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 2	PA
*Platelet Aggregation Inhibitors***		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL
*Protease-Activated Receptor-1 (Par-1) Antagonists***		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 3	PA; QL (1 EA per 1 day)
*Quinazoline Agents***		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	MAIL
*Spleen Tyrosine Kinase (Syk) Inhibitors***		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 4	PA; QL (2 EA per 1 Day)
*Thienopyridine Derivatives***		
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>ticlopidine hcl oral tablet 250 mg</i>	Tier 1	
Hematopoietic Agents		
*Agents For Gaucher Disease***		
<i>miglustat oral capsule 100 mg</i>	Tier 4	PA
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 4	PA
*Cobalamins***		
<i>b-12 oral tablet 100 mcg, 250 mcg</i>	Tier 1	OTC
<i>cobal-1000 injection solution 1000 mcg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	QL (10 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
vitamin b-12 er oral tablet extended release 1000 mcg	Tier 1	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Tier 1	OTC
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	Tier 1	OTC
Cyanocobalamin (Dodex Injection Solution 1000 Mcg/ML)	Tier 1	QL (10 ML per 25 days)
*Erythropoiesis-Stimulating Agents (Esas)***		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 4	PA
*Folic Acid/Folates***		
folic acid oral capsule 0.8 mg	Tier 1	MAIL; OTC; QL (1 EA per 1 day); Tier 5 for ages 55 and under planning to or who could become pregnant, otherwise Tier 1
folic acid oral tablet 1 mg	Tier 1	MAIL
folic acid oral tablet 400 mcg	Tier 1	OTC; QL (1 EA per 1 day); Tier 5 for ages 55 and under planning to or who could become pregnant, otherwise Tier 1
folic acid oral tablet 800 mcg	Tier 1	MAIL; OTC; QL (1 EA per 1 day); Tier 5 for ages 55 and under planning to or who could become pregnant, otherwise Tier 1
kp folic acid oral tablet 1 mg	Tier 1	MAIL; OTC
*Granulocyte Colony-Stimulating Factors (G-Csf)***		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-jmdb)	Tier 4	PA; QL (0.6 ML per 14 days)
*Iron Combinations***		
ferocon oral capsule	Tier 1	QL (2 EA per 1 day)
ferotrin oral capsule	Tier 1	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
ferottrinsic oral capsule	Tier 1	QL (2 EA per 1 day)
ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	OTC
foltrin oral capsule	Tier 1	QL (2 EA per 1 day)
martinic oral capsule	Tier 1	QL (2 EA per 1 day)
myferon 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	
tl icon oral capsule	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Conison Oral Capsule)	Tier 1	QL (2 EA per 1 day)
Iron Polysacch Cmplx-B12-FA (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	Tier 1	
Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule)	Tier 1	QL (2 EA per 1 day)
*Iron***		
ferrous fumarate oral tablet 324 mg, 325 (106 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Tier 1	OTC
ferrous sulfate cr oral tablet extended release 160 (50 fe) mg	Tier 1	OTC
ferrous sulfate er oral tablet extended release 50 mg	Tier 1	OTC
ferrous sulfate iron oral tablet 200 (65 fe) mg	Tier 1	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 1	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	OTC
ferrous sulfate oral tablet delayed release 324 mg, 325 (65 fe) mg	Tier 1	OTC
gnp iron oral tablet extended release 45 mg	Tier 1	OTC
iron (ferrous sulfate) oral tablet extended release 142 (45 fe) mg	Tier 1	OTC
iron chews pediatric oral tablet chewable 15 mg	Tier 1	OTC
iron high-potency oral tablet extended release 45 mg	Tier 1	OTC
iron oral tablet extended release 142 (45 fe) mg	Tier 1	OTC
polysaccharide iron complex oral capsule 150 mg	Tier 1	OTC
polysaccharide iron oral capsule 150 mg	Tier 1	
ra slow release iron oral tablet extended release 47.5 mg	Tier 1	OTC
slow release iron oral tablet extended release 45 mg	Tier 1	OTC
wee care oral suspension 15 mg/1.25ml	Tier 1	OTC
ferrous sulfate oral solution 300 (60 fe) mg/5ml	PREV	OTC
*Iron-B12-Folate***		
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG (Polysaccharide Iron-FA-B12)	Tier 1	OTC

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90

Drug Name	Formulary Status	Requirements/Limits
*Thrombopoietin (Tpo) Receptor Agonists***		
DOPTLET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 4	PA; QL (3 EA per 1 Day)
Hemostatics		
*Hemostatics - Systemic***		
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	Tier 1	QL (236.5 ML per 30 days); AGE (Max 12 Years)
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	Tier 1	PA
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
*Antihistamine Hypnotics***		
<i>diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg</i>	Tier 1	OTC
<i>nitetime sleep-aid oral tablet 25 mg</i>	Tier 1	OTC
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Tier 1	OTC
*Barbiturate Hypnotics***		
<i>phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral solution 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (3 EA per 1 day)
*Benzodiazepine Hypnotics***		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
*Hypnotics - Tricyclic Agents***		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 2	PA
*Non-Benzodiazepine - Gaba-Receptor Modulators***		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)

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*Orexin Receptor Antagonists***		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 3	PA
*Selective Melatonin Receptor Agonists***		
<i>tasimelteon oral capsule 20 mg</i>	Tier 4	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 2	PA
Laxatives		
*Bowel Evacuant Combinations***		
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 3	Tier 5 for ages 45-74, otherwise Tier 3
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 2	Tier 5 for ages 45-74, otherwise Tier 2
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Tier 2	Tier 5 for ages 45-74, otherwise Tier 2
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Tier 2	Tier 5 for ages 45-74, otherwise Tier 2
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	Tier 5 for ages 45-74, otherwise Tier 1
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	Tier 5 for ages 45-74, otherwise Tier 1
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	Tier 5 for ages 45-74, otherwise Tier 1
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	Tier 5 for ages 45-74, otherwise Tier 1
*Bulk Laxatives***		
<i>clear fiber powder oral powder</i>	Tier 1	OTC
<i>clear soluble fiber oral powder</i>	Tier 1	OTC
<i>cvs daily fiber oral packet 58.6 %</i>	Tier 1	OTC
<i>cvs natural fiber supplement oral packet 58.6 %</i>	Tier 1	OTC
<i>daily fiber oral capsule 400 mg</i>	Tier 1	OTC
<i>daily fiber oral powder 43 %</i>	Tier 1	OTC
<i>fiber laxative oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber oral powder 28.3 %, 48.57 %, 58.6 %</i>	Tier 1	OTC
<i>fiber oral tablet 625 mg</i>	Tier 1	OTC
<i>fiber therapy oral capsule 0.52 gm</i>	Tier 1	OTC
<i>fiber therapy oral tablet 500 mg</i>	Tier 1	OTC
<i>konsyl original daily fiber oral packet 100 %</i>	Tier 1	OTC
<i>natural vegetable fiber oral powder 48.57 %</i>	Tier 1	OTC

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<i>psyllium husk oral powder 100 %</i>	Tier 1	OTC
<i>psyllium oral powder 33 %</i>	Tier 1	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 1	OTC
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL PACKET 28 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
METAMUCIL SMOOTH TEXTURE ORAL PACKET 28 % (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
*Laxatives - Miscellaneous***		
<i>constulose oral solution 10 gm/15ml</i>	Tier 1	MAIL
<i>glycerin (adult) rectal suppository 80.7 %</i>	Tier 1	OTC
<i>glycerin (child) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin (infant) rectal suppository 80.7 %</i>	Tier 1	OTC
<i>glycerin (infants & children) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin (pediatric) rectal suppository 1.2 gm</i>	Tier 1	OTC
<i>glycerin adult rectal suppository 2 gm</i>	Tier 1	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	Tier 1	MAIL
<i>peg 3350 oral packet 17 gm</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>peg 3350 oral powder 17 gm/scoop</i>	Tier 1	OTC; QL (527 GM per 25 days)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Tier 1	QL (527 GM per 25 days)
<i>polyethylene glycol 3350-grx oral powder</i>	Tier 1	OTC; QL (527 GM per 25 days)
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
Polyethylene Glycol 3350 (Pegylax Oral Powder 17 Gm/Scoop)	Tier 1	QL (527 GM per 25 days)
*Laxatives & Dss***		
<i>senna plus oral capsule 50-8.6 mg</i>	Tier 1	OTC
<i>senna s oral tablet 8.6-50 mg</i>	Tier 1	OTC
DOK PLUS ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	OTC
*Lubricant Laxatives***		
<i>mineral oil heavy oral oil</i>	Tier 1	
<i>mineral oil oral oil</i>	Tier 1	OTC
<i>mineral oil rectal enema</i>	Tier 1	OTC
*Saline Laxative Mixtures***		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 3	PA
<i>enema disposable enema 19-7 gm/118ml</i>	Tier 1	OTC

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*Saline Laxatives***		
<i>magnesium citrate oral solution , 1.745 gm/30ml</i>	Tier 1	OTC
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	Tier 1	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	Tier 1	OTC
*Stimulant Laxatives***		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	Tier 1	
<i>bisacodyl laxative oral tablet delayed release 5 mg</i>	Tier 1	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Tier 1	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>senna laxative oral tablet 8.6 mg</i>	Tier 1	OTC
<i>senna maximum strength oral tablet 25 mg</i>	Tier 1	OTC
<i>senna oral liquid 8.8 mg/5ml</i>	Tier 1	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	Tier 1	
*Surfactant Laxatives***		
<i>docusate calcium oral capsule 240 mg</i>	Tier 1	OTC
<i>docusate sodium oral capsule 100 mg</i>	Tier 1	OTC
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	
<i>docusate sodium oral liquid 100 mg/10ml, 150 mg/15ml, 50 mg/5ml</i>	Tier 1	OTC
<i>docusate sodium oral syrup 60 mg/15ml</i>	Tier 1	OTC
<i>docusate sodium oral tablet 100 mg</i>	Tier 1	OTC
<i>stool softener oral capsule 250 mg</i>	Tier 1	OTC
COLACE ORAL CAPSULE 50 MG (Docusate Sodium)	Tier 1	OTC
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
DOK ORAL CAPSULE 250 MG (Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
Macrolides		
*Azithromycin***		
<i>azithromycin oral packet 1 gm</i>	Tier 1	QL (2 EA per 25 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 25 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day)
*Clarithromycin***		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
*Erythromycins***		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 2	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 2	
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (Erythromycin Stearate)	Tier 2	
*Fidaxomicin***		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 3	PA
Medical Devices And Supplies		
*Applicators,Cotton Balls,Etc***		
<i>alcohol pads pad 70 %</i>	Tier 1	OTC; QL (200 EA per 25 days)
<i>alcohol wipes pad</i>	Tier 1	QL (200 EA per 25 days)
ALCOH-GLOVE CONTOURED WIPE PAD (Alcohol Swabs)	Tier 1	QL (200 EA per 25 days)
*Cervical Caps***		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM (Cervical Caps)	PREV	
*Condoms - Female***		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
*Condoms - Male***		
<i>condoms</i>	PREV	OTC; QL (12 EA per 45 days)
<i>kimono micro thin</i>	PREV	OTC; QL (12 EA per 45 days)
<i>premium condoms lubricated</i>	PREV	OTC; QL (12 EA per 45 days)
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	OTC; QL (12 EA per 45 days)
*Diaphragms***		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
*Glucose Monitoring Test Supplies***		
<i>lancets</i>	DME	OTC
<i>lancets 28g</i>	DME	OTC
<i>lancets 30g</i>	DME	OTC
<i>lancets 33g</i>	DME	OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G6 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G6 TRANSMITTER (Continuous Glucose Transmitter)	DME	PA; QL (1 EA per 90 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 2 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 3 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 days); AGE (Min 2 Years and Max 18 Years)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days); AGE (Min 2 Years and Max 18 Years)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
*Nebulizers***		
<i>aura portaneb</i>	DME	
<i>bentley the bear ped nebulizer</i>	DME	
<i>captain eagle ped nebulizer</i>	DME	
<i>compressor nebulizer</i>	DME	
<i>compressor/nebulizer</i>	DME	OTC
<i>medneb neb-with dispo neb kit</i>	DME	
<i>neb-rite4</i>	DME	
<i>nebulizer</i>	DME	
<i>nebulizer compressor</i>	DME	
<i>nebulizer ped frog</i>	DME	
<i>nebulizer ped frog kit</i>	DME	
<i>nebulizer system all-in-one</i>	DME	
<i>nebulizer updraft-style</i>	DME	
<i>pediatric compressor nebulizer</i>	DME	
<i>soothe neb mesh nebulizer</i>	DME	
<i>sootheneb compressor nebulizer</i>	DME	
<i>sparky the dog ped nebulizer</i>	DME	
AEROECLIPSE II NEBULIZER (Nebulizers)	DME	
AERONEB GO COMPLETE SYSTEM (Nebulizers)	DME	
AERONEB GO CONVENIENCE UNIT (Nebulizers)	DME	
AERONEB GO HANDSET/CABLE (Nebulizers)	DME	

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Drug Name	Formulary Status	Requirements/Limits
AERONEB GO NEBULIZER HANDSET (Nebulizers)	DME	
AIRIAL COMPACT COMPRESSOR NEB (Nebulizers)	DME	
AIRIAL COMPACT MINI NEBULIZER (Nebulizers)	DME	
AIRIAL COMPRESS PED NEBULIZER (Nebulizers)	DME	
AIRIAL PEDIATRIC NEBULIZER (Nebulizers)	DME	
AIRIAL VOYAGER NEBULIZER (Nebulizers)	DME	
BESTMED COMPRESSOR NEBULIZER (Nebulizers)	DME	
BESTMED ULTRASONIC NEBULIZER (Nebulizers)	DME	
CLEVER CHOICE NEBULIZER (Nebulizers)	DME	
CLEVER CHOICE WHIS AIR PED NEB (Nebulizers)	DME	
CLEVER CHOICE WHISPER AIRE NEB (Nebulizers)	DME	
CLEVER CHOICE WHISPER AIRE PED (Nebulizers)	DME	
COMP AIR COMPRESSOR NEBULIZER (Nebulizers)	DME	
COMP AIR ELITE COMPACT NEB (Nebulizers)	DME	
COMP A-I-R NEBULIZER (Nebulizers)	DME	
COMP-AIR ELITE COMPACT NEB (Nebulizers)	DME	
COMPAIR NEBULIZER (Nebulizers)	DME	
COMPAIR XL NEBULIZER (Nebulizers)	DME	
COMPAIR XLT NEBULIZER (Nebulizers)	DME	
DEVILBISS PULMO-AIDE DEVICE (Nebulizers)	DME	
DEVILBISS TRAVELER NEBULIZER (Nebulizers)	DME	
EFLOW SCF ELECTRONIC NEBULIZER (Nebulizers)	DME	
EFLOW SCF NEBULIZER HANDSET (Nebulizers)	DME	
ELITE NEBULIZER SYSTEM (Nebulizers)	DME	
FLYP NEBULIZER (Nebulizers)	DME	
HEALTHY LIVING COMPRESSOR/NEB DEVICE (Nebulizers)	DME	
INNOSPIRE ELEGANCE NEBULIZER (Nebulizers)	DME	
INNOSPIRE ESSENCE NEBULIZER (Nebulizers)	DME	
INNOSPIRE MINI COMPRESSOR NEB (Nebulizers)	DME	
INSPIRATION ELITE COMPRESS/NEB (Nebulizers)	DME	
INSPIRATION ELITE NEBULIZER (Nebulizers)	DME	
INSPIRATION NEBULIZER SYSTEM (Nebulizers)	DME	
LEXAN POCKET NEBULIZER (Nebulizers)	DME	
LUMINEB II PISTON NEBULIZER (Nebulizers)	DME	
MABIS COSMOCOMP NEBULIZER (Nebulizers)	DME	
MICRO AIR NEBULIZER (Nebulizers)	DME	
MICRO PLUS NEBULIZER (Nebulizers)	DME	
MICROAIR VIBRATING MESH NEBUL (Nebulizers)	DME	
MICROELITE COMPRESSOR NEB SYS (Nebulizers)	DME	
MICRONEB (Nebulizers)	DME	

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Drug Name	Formulary Status	Requirements/Limits
MINI COMPRESSOR (Nebulizers)	DME	
MINI PLUS NEBULIZER (Nebulizers)	DME	
MINIELITE COMPRESSOR NEB SYS (Nebulizers)	DME	
MISTERNEB COMPRESSOR NEBULIZER (Nebulizers)	DME	
MY MDI PORTABLE NEBULISER (Nebulizers)	DME	
OPTIONHOME NEBULIZER SYSTEM (Nebulizers)	DME	
PARI ALTERA NEBULIZER SYSTEM (Nebulizers)	DME	
PARI BABY DEVICE (Nebulizers)	DME	
PARI BABY SIZE 1/PARI LC PLUS DEVICE (Nebulizers)	DME	
PARI ERAPID NEBULIZER SYSTEM (Nebulizers)	DME	
PARI LC D NEBULIZER (Nebulizers)	DME	
PARI LC PLUS (Nebulizers)	DME	
PARI LC PLUS NEB SET PED MASK (Nebulizers)	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	
PARI LC PLUS VIOS PRO NEB (Nebulizers)	DME	
PARI LC SPRINT NEBULIZER SET (Nebulizers)	DME	
PARI LC STAR (Nebulizers)	DME	
PARI LC STAR NEBULIZER (Nebulizers)	DME	
PARI PRONEB MAX LC PLUS (Nebulizers)	DME	
PARI PRONEB MAX LC SPRINT (Nebulizers)	DME	
PARI PRONEB ULTRA II (Nebulizers)	DME	
PARI SINUS AEROSOL SYSTEM (Nebulizers)	DME	
PARI TREK S COMPACT COMPRESSOR DEVICE (Nebulizers)	DME	
PARI TREK S W/12V DC ADAPTOR DEVICE (Nebulizers)	DME	
PARI VIOS PRO LC PLUS SYSTEM (Nebulizers)	DME	
PARI VIOS PRO LC SPRINT SYSTEM (Nebulizers)	DME	
PRONEB ULTRA II DELUXE/LC STAR (Nebulizers)	DME	
PRONEB ULTRA II DELUXE/LCD DEVICE (Nebulizers)	DME	
PRONEB ULTRA II DELX/LC SPRINT DEVICE (Nebulizers)	DME	
PRONEB ULTRA II PEDIATRIC DEVICE (Nebulizers)	DME	
PRONEB ULTRA II/LC PLUS DEVICE (Nebulizers)	DME	
PRONEB ULTRA II/LC SPRINT (Nebulizers)	DME	
PULMOMATE COMP/MICRO-MIST NEB (Nebulizers)	DME	
PULMONEB LT (Nebulizers)	DME	
SIDESTREAM NEBULIZER-DISP (Nebulizers)	DME	
SIDESTREAM NEBULIZER-REUSABLE (Nebulizers)	DME	
SIDESTREAM PLUS NEBULIZER (Nebulizers)	DME	
VENTSTREAM NEBULIZER (Nebulizers)	DME	
VIOS AEROSOL DELIVERY SYSTEM (Nebulizers)	DME	
VIOS LC PLUS (Nebulizers)	DME	

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Drug Name	Formulary Status	Requirements/Limits
VIOS LC PLUS DELUXE (Nebulizers)	DME	
VIOS LC PLUS PEDIATRIC (Nebulizers)	DME	
VIOS LC SPRINT (Nebulizers)	DME	
VIOS LC SPRINT DELUXE (Nebulizers)	DME	
VIOS LC SPRINT PEDIATRIC (Nebulizers)	DME	
VIXONE DISPOSABLE NEBULIZER (Nebulizers)	DME	
ZOEY INSPIRATION NEBULIZER SYS (Nebulizers)	DME	
*Needles & Syringes***		
<i>carepoint poly hub needle 18g x 1-1/2"</i>	DME	
<i>carepoint syringe luer lock 3 ml</i>	DME	
<i>hypodermic needle 18g x 1-1/2"</i>	DME	OTC
<i>syringe disposable 3 ml</i>	DME	OTC
<i>techlite insulin syringe 29g x 1/2" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 29g x 1/2" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 29g x 1/2" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 0.3 ml</i>	DME	OTC; QL (150 EA per 30 days)
<i>techlite insulin syringe 30g x 1/2" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 5/16" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 30g x 5/16" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 15/64" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.3 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 0.5 ml</i>	DME	OTC; QL (5 EA per 1 day)
<i>techlite insulin syringe 31g x 5/16" 1 ml</i>	DME	OTC; QL (5 EA per 1 day)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	DME	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	DME	
BD SYRINGE SLIP TIP 3 ML (Syringe (Disposable))	DME	
MONOJECT BLUNTIP SYR/CANNULA 3 ML (Syringe (Disposable))	DME	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" (Needle (Disp))	DME	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" (Needle (Disp))	DME	
MONOJECT PHARMACY TRAY 3 ML (Syringe (Disposable))	DME	
MONOJECT SAFETY SYRINGE/SHIELD 3 ML (Syringe (Disposable))	DME	
MONOJECT SYRINGE 3 ML (Syringe (Disposable))	DME	
MONOJECT SYRINGE REG LUER 3 ML (Syringe (Disposable))	DME	

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Drug Name	Formulary Status	Requirements/Limits
MONOJECT SYRINGE REGULAR TIP 3 ML (Syringe (Disposable))	DME	
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TERUMO SURGUARD2 SAFETY NEEDLE 18G X 1-1/2" (Needle (Disp))	DME	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
*Peak Flow Meters***		
peak flow meter device	DME	QL (1 EA per 365 days)
peak flow meter universal rang device	DME	OTC; QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	OTC; QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days)
*Respiratory Therapy Supplies***		
nebulizer mask adult	DME	QL (1 EA per 1 Year)
nebulizer mask child	DME	QL (1 EA per 1 Year)
*Spacer/Aerosol-Holding Chambers & Supplies***		
FLEXICHAMBER ADULT MASK/SMALL (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (Spacer/Aero-Hold Chamber Mask)	DME	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 1 Year)
MASK VORTEX (Spacer/Aero-Hold Chamber Mask)	DME	OTC; QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (Spacer/Aero-Hold Chamber Mask)	DME	OTC; QL (1 EA per 365 days)
Migraine Products		
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***		
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 3	PA; QL (16 EA per 25 days)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)

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Drug Name	Formulary Status	Requirements/Limits
*Ergot Combinations***		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	PA
*Migraine Products***		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 3	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 2	PA
*Selective Serotonin Agonists 5-Ht(1)***		
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
ZOMIG SOLUTION 2.5 MG NASAL (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	Tier 2	ST; QL (9 EA per 25 days)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Tier 2	ST; QL (9 EA per 25 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Tier 2	ST; QL (9 EA per 25 days)
<i>sumatriptan succinate refill subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (2 ML per 25 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	Tier 2	QL (2 ML per 25 days)
<i>zolmitriptan nasal solution 5 mg</i>	Tier 2	ST; QL (6 EA per 25 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	Tier 1	QL (12 EA per 25 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (9 EA per 25 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	Tier 1	ST; QL (6 EA per 25 days)
<i>zolmitriptan nasal solution 2.5 mg</i>	PREV	ST; QL (6 EA per 25 days)
*Selective Serotonin Agonists 5-Ht(1F)***		
REYVOW ORAL TABLET 100 MG, 50 MG (Lasmiditan Succinate)	Tier 3	PA; QL (8 EA per 25 days)
Minerals & Electrolytes		
*Calcium Combinations***		
<i>calcium + d3 oral tablet 250-3 mg-mcg, 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i>	Tier 1	OTC
<i>calcium 500 + d oral tablet 500-125 mg-unit, 500-200 mg-unit</i>	Tier 1	OTC
<i>calcium 500 + d3 oral tablet 500-15 mg-mcg</i>	Tier 1	OTC
<i>calcium 500 +d oral tablet 500-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg</i>	Tier 1	OTC
<i>calcium 600/vitamin d3 oral tablet 600-20 mg-mcg</i>	Tier 1	OTC
<i>calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Tier 1	OTC
calcium carbonate w/vitamin d oral tablet 600-400 mg-unit	Tier 1	OTC
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 1	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 1	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 1	OTC
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	Tier 1	OTC
calcium-vitamin d3 oral capsule 600-500 mg-unit	Tier 1	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg	Tier 1	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Tier 1	OTC
oyster calcium + d oral tablet 250-3.125 mg-mcg	Tier 1	OTC
oyster shell calcium 500 + d oral tablet 500-200 mg-unit	Tier 1	OTC
risacal-d oral tablet 105-81-120 mg-mg-unit	Tier 1	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 1	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
CALTRATE BONE HEALTH ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OYSCO 500+D ORAL TABLET CHEWABLE 500-15 MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
calcium oral tablet chewable 500-2.5 mg-mcg	PREV	OTC
*Calcium***		
calcium 600 oral tablet 600 mg	Tier 1	OTC
calcium carbonate oral tablet 1500 (600 ca) mg, 500 mg	Tier 1	OTC
calcium citrate oral tablet 200 mg, 950 (200 ca) mg	Tier 1	OTC
oyster shell calcium oral tablet 500 mg	Tier 1	OTC
*Electrolytes Oral***		
oral electrolytes oral solution	Tier 1	OTC
pediatric electrolyte oral solution	Tier 1	OTC
*Fluoride***		
floritab oral solution 0.275 (0.125 f) mg/drop	Tier 1	MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
floritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1

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Drug Name	Formulary Status	Requirements/Limits
fluoritab oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)
renaf oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1
renaf oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)
sodiphluor oral solution 1.1 (0.5 f) mg/ml	Tier 1	MAIL; QL (50 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride oral solution 0.5 mg/ml	Tier 1	MAIL; OTC; QL (50 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 1	MAIL; QL (50 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride oral tablet 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Epiflur Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1
Sodium Fluoride (Epiflur Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ethedent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1
Sodium Fluoride (Ethedent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Fluor-A-Day Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
Sodium Fluoride (Flura-Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
Sodium Fluoride (Karidium Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days); Tier 5 for less than 6 years old, otherwise Tier 1
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day); Tier 5 for less than 6 years old, otherwise Tier 1
Sodium Fluoride (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
*Magnesium***		
cvs magnesium oxide oral tablet 500 mg	Tier 1	OTC
magnesium 27 oral tablet 500 (27 mg) mg	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
magnesium gluconate oral tablet 27.5 mg	Tier 1	OTC
magnesium oral capsule 500 mg	Tier 1	OTC
magnesium oral tablet 250 mg	Tier 1	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Tier 1	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride)	Tier 1	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 1	OTC
*Phosphate***		
av-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
phosphorous oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
virt-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
vis-phos n oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
wes-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
K Phos Mono-Sod Phos Di & Mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
K Phos Mono-Sod Phos Di & Mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
*Potassium***		
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 2	
Potassium Chloride (K-Sol Oral Solution 20 Meq/15ML (10%), 40 Meq/15ML (20%))	Tier 2	
ed k+10 oral tablet extended release 10 meq	Tier 1	MAIL; QL (4 EA per 1 day)
k-effervescent oral tablet effervescent 25 meq	Tier 1	MAIL; QL (2 EA per 1 day)
k-vescent oral tablet effervescent 25 meq	Tier 1	MAIL; QL (2 EA per 1 day)
potassium bicarbonate oral tablet effervescent 25 meq	Tier 1	MAIL; QL (2 EA per 1 day)
potassium chloride crys er oral tablet extended release 10 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride crys er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
Potassium Bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
Potassium Chloride (Kaon-Cl-10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1	MAIL; QL (5 EA per 1 day)
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
Potassium Chloride (Klotrix Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
*Sodium***		
sodium chloride oral tablet 1 gm	Tier 1	OTC
*Zinc***		
zincate oral capsule 220 mg	Tier 1	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (Zinc Sulfate)	Tier 1	OTC
Miscellaneous Therapeutic Classes		
*Antileprotics***		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 4	PA; ONC; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 4	PA; ONC; QL (2 EA per 1 day)
*Chelating Agents***		
d-penamine oral tablet 125 mg	Tier 2	
penicillamine oral tablet 250 mg	Tier 1	
*Cyclosporine Analogs***		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 1	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/MI)	Tier 1	MAIL
*Immunomodulators For Myelodysplastic Syndromes***		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 4	PA; ONC; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Inosine Monophosphate Dehydrogenase Inhibitors***		
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Tier 2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	MAIL
*Irrigation Solutions***		
<i>sterile water for irrigation irrigation solution</i>	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	
Water For Irrigation, Sterile (Argyle Sterile Water Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	
*Macrolide Immunosuppressants***		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 4	PA
<i>sirolimus oral solution 1 mg/ml</i>	Tier 2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	MAIL
Tacrolimus (Hecoria Oral Capsule 0.5 Mg, 1 Mg, 5 Mg)	Tier 1	MAIL
*Potassium Removing Agents***		
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 3	
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 3	QL (3 EA per 1 day)
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60MI)	Tier 3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 3	
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60MI)	Tier 3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 3	QL (1 EA per 1 day)
<i>kalexate oral powder</i>	Tier 1	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Combination Suspension 15 Gm/60MI)	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Oral Powder)	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Oral Suspension 15 Gm/60MI)	Tier 1	
*Purine Analogs***		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Mouth/Throat/Dental Agents		
*Anesthetics Topical Oral***		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	
*Anti-Infectives - Throat***		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 3	PA
<i>clotrimazole mouth/throat lozenge 10 mg</i>	Tier 1	QL (70 EA per 10 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	Tier 1	QL (70 EA per 10 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
*Antiseptics - Mouth/Throat***		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Perisol Mouth/Throat Solution 0.12 %)	Tier 1	
*Fluoride Dental Products***		
<i>dentall 1100 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sf 5000 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sf dental gel 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride dental cream 1.1 %</i>	Tier 1	MAIL
<i>sodium fluoride dental gel 1.1 %</i>	Tier 1	MAIL
Sodium Fluoride (Cavarest Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Controlrx Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Denta 5000 Plus Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Dentagel Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Ethedent Dental Cream 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Ethedent Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Fluoridex Daily Defense Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Fluoridex Enhanced Whitening Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Just Right 5000 Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Karigel Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Karigel-N Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Neutragard Advanced Dental Gel 1.1 %)	Tier 1	MAIL
Sodium Fluoride (Phos-Flur Dental Gel 1.1 %)	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
*Saliva Stimulants***		
<i>cevimeline hcl oral capsule 30 mg</i>	Tier 2	PA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	MAIL
*Steroids - Mouth/Throat/Dental***		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	
Triamcinolone Acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
Multivitamins		
*B-Complex W/ C & Folic Acid***		
<i>b complex-c-folic acid oral tablet</i>	Tier 1	OTC
<i>b-plex oral tablet</i>	Tier 1	
<i>folbee plus oral tablet</i>	Tier 1	
<i>formula b oral tablet</i>	Tier 1	
<i>hylavite oral tablet</i>	Tier 1	
<i>mynephrocaps oral capsule 1 mg</i>	Tier 1	
<i>nephro vitamins oral tablet 0.8 mg</i>	Tier 1	OTC
<i>renal softgels oral capsule 1 mg</i>	Tier 1	
<i>renal vitamin oral tablet 0.8 mg</i>	Tier 1	OTC
<i>reno caps oral capsule 1 mg</i>	Tier 1	OTC
<i>therobec oral tablet</i>	Tier 1	
<i>triphrocaps oral capsule 1 mg</i>	Tier 1	
<i>virt-caps oral capsule 1 mg</i>	Tier 1	
<i>virt-vite plus oral tablet 5 mg</i>	Tier 1	
<i>wescaps oral capsule 1 mg</i>	Tier 1	
B Complex-C-Folic Acid (Dexfol Oral Tablet)	Tier 1	
B Complex-C-Folic Acid (Dexifol Oral Tablet 5 Mg)	Tier 1	
B Complex-C-Folic Acid (Mynephron Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renal Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renalpren Oral Capsule 1 Mg)	Tier 1	
B Complex-C-Folic Acid (Renaphro Oral Capsule 1 Mg)	Tier 1	
*Multiple Vitamins W/ Iron***		
<i>daily vitamin/iron oral tablet</i>	Tier 1	OTC
*Multiple Vitamins W/ Minerals***		
<i>biocel oral tablet</i>	Tier 1	
<i>b-plex plus oral tablet</i>	Tier 1	
<i>century oral tablet</i>	Tier 1	OTC
<i>choice-tabs oral tablet</i>	Tier 1	
<i>daily vitamin plus oral capsule</i>	Tier 1	OTC
<i>formula b plus oral tablet</i>	Tier 1	
<i>genesupp-500 oral capsule</i>	Tier 1	
<i>genetect plus oral capsule</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
genetical oral capsule	Tier 1	
multi vitamin/minerals oral tablet	Tier 1	OTC
multi-b-plus oral tablet	Tier 1	
multipro oral capsule	Tier 1	
multivit/multimineral adult oral liquid	Tier 1	OTC
therobec plus oral tablet	Tier 1	
v-c forte oral capsule	Tier 1	
vica forte oral capsule	Tier 1	
vicap forte oral capsule	Tier 1	
vit b3-azelac-turm-fa-b6-zn-cu oral tablet	Tier 1	
vitamin forte oral capsule	Tier 1	
vitamins/minerals oral tablet	Tier 1	OTC
Multiple Vitamins-Minerals (Corvite Free Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Lysiplex Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Megavite Rx Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Nutravance Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Nutrifac Zx Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Strovite Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Vic-Forte Oral Capsule)	Tier 1	
Multiple Vitamins-Minerals (Vita S Forte Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Vitacel Oral Tablet)	Tier 1	
*Multivitamins***		
daily vitamins oral tablet	Tier 1	OTC
folika-v oral tablet	Tier 1	
multivitamins oral capsule	Tier 1	OTC
novite oral capsule	Tier 1	
vitaxyme oral tablet	Tier 1	
AMLADEX ORAL TABLET (Multiple Vitamin)	Tier 1	
GENICIN VITA-Q ORAL TABLET (Multiple Vitamin)	Tier 1	
*Ped Multi Vitamins W/FI & Fe***		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	OTC; QL (50 ML per 25 days)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
phluorivit + fe oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
poly-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
polyvits/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
Ped Multivitamins-FI-Iron (Escavite Lq Oral Solution 0.25-10 Mg/ML)	Tier 1	QL (50 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Ped Multiple Vitamins W/ Minerals & C***		
<i>polyvitamin/iron oral tablet chewable</i>	Tier 1	OTC
*Ped Multiple Vitamins W/ Minerals***		
<i>complete multi-vitamin oral tablet chewable</i>	Tier 1	OTC
<i>multivit-min gummies childrens oral tablet chewable</i>	Tier 1	OTC
*Ped Mv W/ Fluoride***		
<i>multi vit/fl oral tablet chewable 0.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi vita-bets/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi vita-bets/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi vitamin/fluoride oral tablet chewable 0.25 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi vitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multiple vitamins/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multi-vit/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>multi-vitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multi-vitamin/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vitamins/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>multivitamins/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vitamins/fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>multi-vits/fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mult-vitamin/fluoride oral tablet chewable 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>phluorivit oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>polyvitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>poly-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>re multivit with fluoride oral tablet chewable 0.25 mg, 0.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>re multivit with fluoride oral tablet chewable 1 mg</i>	Tier 1	QL (2 EA per 1 day)
Pediatric Multivitamins-Fl (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg)	Tier 1	QL (1 EA per 1 day)
Pediatric Multivitamins-Fl (Mvc-Fluoride Oral Tablet Chewable 1 Mg)	Tier 1	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
*Ped Mv W/ Iron***		
<i>multivitamin infant & toddler oral solution 11 mg/ml</i>	Tier 2	OTC
<i>baby vitamin/iron oral solution</i>	Tier 1	OTC
<i>childrens animal shapes oral tablet chewable 18 mg</i>	Tier 1	OTC
<i>childrens multivitamin/iron oral tablet chewable 15 mg</i>	Tier 1	OTC
*Ped Vitamins Acd W/ Fluoride***		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin select/fluoride oral solution 0.25 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>triple-vitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
*Pediatric Multiple Vitamins W/ C***		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
*Pediatric Multiple Vitamins W/ Extra C & Fa***		
<i>childrens multivitamins oral tablet chewable w/extra c & fa</i>	Tier 1	OTC
*Pediatric Multiple Vitamins***		
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 1	OTC; QL (50 ML per 25 days)
LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 1	OTC
*Pediatric Vitamins A & D W/ C***		
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Tier 1	OTC
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 1	OTC
*Prenatal Mv & Min W/Fe-Fa***		
<i>jenliva prenatal/postnatal oral capsule 1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>m-natal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>mynatal plus oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>mynatal-z oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>neonatal complete oral tablet 27-1 mg, 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>neonatal prenatal oral tablet 27-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>nutri-tab ob oral tablet 32-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>one vite womens plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
<i>pnv fe fum/docusate/folic acid oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv folic acid + iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pnv prenatal plus multivitamin oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenacare oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenaplus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatabs fa oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatabs fa oral tablet 29-1 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal complete oral tablet 14-0.4 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal formula oral capsule 28-0.8-235 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal formula oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal forte oral tablet</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal low iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal multi +dha oral capsule 27-0.8-228 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal plus/iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamin and mineral oral tablet 28-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal vitamin oral tablet 27-0.8 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>prenatal vitamin plus low iron oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatal vitamins plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prenatvite rx oral tablet 0.8 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>preplus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>pretab oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>re prenatal multivitamin/iron oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>se-natal one oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>thrivite 19 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>tl folate oral tablet 27-0.5-0.5 mg</i>	Tier 1	
<i>triadvance oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal gt oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal rx 1 oral tablet 60-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>trinatal ultra oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>ultra natal oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>ultra tabs oral tablet</i>	Tier 1	
<i>ultra-natal oral tablet</i>	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
venatal-fa oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
vinate ultra oral tablet	Tier 1	QL (1 EA per 1 day)
virt-advance oral tablet 90-1 mg	Tier 1	QL (1 EA per 1 day)
virt-vite gt oral tablet 90-1 mg	Tier 1	QL (1 EA per 1 day)
vita-natal oral capsule	Tier 1	QL (1 EA per 1 day)
v-natal oral tablet 32-1 mg	Tier 1	QL (1 EA per 1 day)
vol-plus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
westab plus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Advanced Natalcare Oral Tablet 90-1 Mg)	Tier 1	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
CAVAN-FOLATE OB ORAL TABLET 65-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 1	OTC
INATAL ADVANCE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
INATAL ULTRA ORAL TABLET , 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
LACTOCAL-F ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
M-VIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
MYNATAL ADVANCE ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
MYNATAL ORAL CAPSULE (Prenatal Multivit-Min-Fe-FA)	Tier 1	QL (1 EA per 1 day)
MYNATAL ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
NATACHEW ORAL TABLET CHEWABLE 29-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Natalcare Glosstabs Oral Tablet 90-1 Mg)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 1	QL (1 EA per 1 day)
NATALVIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Iron Carbonyl-FA (Natatab Rx Oral Tablet 29-1 Mg)	Tier 1	QL (1 EA per 1 day)
NATELLE PREFER ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
NEONATAL PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
NEWGEN ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinat Oral Tablet Chewable)	Tier 1	QL (1 EA per 1 day)
O-CAL FA ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL AD ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Prenatal Advantage Oral Tablet)	Tier 1	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN-ULTRA ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRIX ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRYL ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	OTC; QL (1 EA per 1 day)
TRICARE ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ULTRA NATALCARE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
VINATE AZ EXTRA ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
VINATE GT ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	
VINATE II ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
VINATE ONE ORAL TABLET 60-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITAFOL-PN ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
completenate oral tablet chewable 29-1 mg	PREV	QL (1 EA per 1 day)
prenatal 19 oral tablet chewable , 29-1 mg	PREV	QL (1 EA per 1 day)
se-natal 19 oral tablet chewable 29-1 mg	PREV	QL (1 EA per 1 day)
*Prenatal Mv & Min W/Fe-Fa-Dha***		
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal+dha oral 28-0.975 & 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (Prenatal MV-Min-Fe Cbn-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (2 EA per 1 day)
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
*Prenatal Mv & Minerals W/Fa Without Iron***		
<i>prenatal + complete multi oral therapy pack 0.267 & 373 mg</i>	Tier 1	OTC
Musculoskeletal Therapy Agents		
*Central Muscle Relaxants***		
<i>metaxalone oral tablet 800 mg</i>	Tier 2	PA
Metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 2	PA
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>baclofen oral tablet 20 mg, 5 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>ed baclofen oral tablet 10 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 EA per 1 day); AGE (Max 64 Years)
Carisoprodol (Vanadom Oral Tablet 350 Mg)	Tier 1	QL (4 EA per 1 day)
*Direct Muscle Relaxants***		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
*Muscle Relaxant Combinations***		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	PA; QL (8 EA per 1 day)
*Viscosupplements***		
<i>sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml</i>	Tier 4	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)

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Drug Name	Formulary Status	Requirements/Limits
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
Nasal Agents - Systemic And Topical		
*Nasal Agents - Misc.***		
saline nasal spray nasal solution 0.65 %	Tier 1	OTC
*Nasal Anticholinergics***		
ipratropium bromide nasal solution 0.03 %	Tier 1	MAIL; QL (30 ML per 25 days)
ipratropium bromide nasal solution 0.06 %	Tier 1	MAIL; QL (15 ML per 25 days)
*Nasal Antihistamines***		
olopatadine hcl nasal solution 0.6 %	Tier 2	ST; QL (30.5 GM per 25 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	ST; QL (30 ML per 25 days)
*Nasal Mast Cell Stabilizers***		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 1	OTC; QL (52 ML per 25 days)
*Nasal Steroids***		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 3	PA
budesonide nasal suspension 32 mcg/act	Tier 1	OTC; QL (8.43 ML per 25 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	ST; QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
triamcinolone acetonide nasal aerosol 55 mcg/act	Tier 1	OTC; QL (16.9 ML per 25 days)
*Systemic Decongestants***		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
kp pseudoephedrine hcl oral tablet 60 mg	Tier 1	OTC
phenylephrine hcl oral tablet 10 mg	Tier 1	OTC
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Tier 1	OTC
pseudoephedrine hcl oral liquid 30 mg/5ml	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
<i>pseudoephedrine hcl oral syrup 30 mg/5ml</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 1	
*Topical Decongestants***		
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Tier 1	OTC
Neuromuscular Agents		
*Benzathiazoles***		
<i>riluzole oral tablet 50 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
Nutrients		
*Misc. Nutritional Substances***		
<i>dha oral capsule 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>fish oil extra strength oral capsule 1200 mg</i>	Tier 1	OTC
<i>fish oil omega-3 oral capsule 1000 mg</i>	Tier 1	OTC
<i>fish oil oral capsule 1000 mg, 300 mg, 500 mg</i>	Tier 1	OTC
<i>fish oil oral capsule delayed release 1000 mg, 1200 mg</i>	Tier 1	OTC
<i>omega-3 fish oil concentrate oral capsule delayed release 1000 mg</i>	Tier 1	OTC
<i>omega-3 fish oil oral capsule 500 mg</i>	Tier 1	OTC
<i>omega-3 oral capsule 300 mg</i>	Tier 1	OTC
<i>prenatal dha oral capsule 200 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
Ophthalmic Agents		
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brimonidine)	Tier 3	QL (8 ML per 25 days)
*Artificial Tear And Lubricant Combinations***		
<i>artificial eye ophthalmic ointment 83-15 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic ointment 83-15 %</i>	Tier 1	OTC
<i>artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %</i>	Tier 1	OTC
<i>artificial tears pf ophthalmic solution 0.1-0.3 %</i>	Tier 1	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Tier 1	OTC
*Artificial Tear Inserts***		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 3	PA
*Artificial Tear Solutions***		
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
*Artificial Tears And Lubricants***		
<i>artificial tears ophthalmic solution 1.4 %</i>	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 1	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 1	OTC
eye drops ophthalmic solution 0.5 %	Tier 1	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC
*Beta-Blockers - Ophthalmic Combinations***		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	QL (10 ML per 25 days)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	PREV	QL (60 ML per 30 days)
*Beta-Blockers - Ophthalmic***		
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 2	QL (5 ML per 25 days)
betaxolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL
carteolol hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
levobunolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL; QL (15 ML per 25 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
*Cycloplegic Mydriatics***		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 28 days)
atropine sulfate ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 28 days)
atropine-care ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 28 days)
cyclopentolate hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
cylate ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
mydral ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
Cyclopentolate HCl (Ak-Pentolate Ophthalmic Solution 1 %)	Tier 1	MAIL; QL (15 ML per 25 days)
*Miotics - Cholinesterase Inhibitors***		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
*Miotics - Direct Acting***		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 1	MAIL
piloptic-1 ophthalmic solution 1 %	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
<i>piloptic-2 ophthalmic solution 2 %</i>	Tier 1	MAIL
<i>piloptic-4 ophthalmic solution 4 %</i>	Tier 1	MAIL
*Ophthalmic Antiallergic***		
ALOCRIL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 3	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 3	PA
LASTACRAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 3	PA
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Tier 2	PA
<i>epinastine hcl ophthalmic solution 0.05 %</i>	Tier 2	QL (5 ML per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	Tier 1	QL (6 ML per 25 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	Tier 1	QL (10 ML per 25 days)
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Tier 1	OTC; QL (5 ML per 30 days)
<i>kp ketotifen fumarate ophthalmic solution 0.025 %</i>	Tier 1	OTC; QL (5 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 25 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	QL (2.5 ML per 25 days)
*Ophthalmic Antibiotics***		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 3	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	PA
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>gentasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>romycin ophthalmic ointment 5 mg/gm</i>	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>tobramycin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<i>tobrasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Genoptic Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Gentak Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Erythromycin (Ilotycin Ophthalmic Ointment 5 Mg/Gm)	Tier 1	
*Ophthalmic Antifungal***		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 3	PA

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Drug Name	Formulary Status	Requirements/Limits
*Ophthalmic Anti-Infective Combinations***		
<i>ak-poly-bac ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm, 500-100000 unit/gm</i>	Tier 1	
<i>neocin ophthalmic ointment 5-400-10000</i>	Tier 1	
<i>neocin-pg ophthalmic solution 0.025-2.5-10000</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 2.5-10000-0.025</i>	Tier 1	
<i>polycin b ophthalmic ointment 500-10000 unit/gm</i>	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	Tier 1	QL (10 ML per 25 days)
<i>triple antibiotic ophthalmic ointment 5-400-10000</i>	Tier 1	
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
*Ophthalmic Antivirals***		
ZIRGAN OPTHALMIC GEL 0.15 % (Ganciclovir)	Tier 3	PA
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)
*Ophthalmic Carbonic Anhydrase Inhibitors***		
<i>brinzolamide ophthalmic suspension 1 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
*Ophthalmic Hyperosmolar Products***		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	OTC
*Ophthalmic Immunomodulators***		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 2	PA
*Ophthalmic Local Anesthetics***		
<i>parcaine ophthalmic solution 0.5 %</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***		
NEVANAC OPTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 3	PA
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	Tier 2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	Tier 1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	Tier 1	QL (10 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Ophthalmic Selective Alpha Adrenergic Agonists***		
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	Tier 2	QL (15 ML per 25 days)
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
*Ophthalmic Steroid Combinations***		
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 3	QL (10 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 2	QL (3.5 GM per 25 days)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Tier 1	
<i>methadex ophthalmic suspension 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1</i>	Tier 1	
<i>poly-dex ophthalmic ointment 3.5-10000-0.1</i>	Tier 1	
<i>poly-dex ophthalmic suspension 3.5-10000-0.1</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	Tier 1	QL (10 ML per 25 days)
<i>triple antibiotic ophthalmic ointment 0.35-10000-0.1</i>	Tier 1	
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
*Ophthalmic Steroids***		
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 3	PA
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 2	PA
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 2	PA
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	Tier 2	PA
<i>dexasol ophthalmic solution 0.1 %</i>	Tier 1	QL (5 ML per 25 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	Tier 1	QL (15 ML per 25 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Tier 1	
Fluorometholone (Fluor-Op Ophthalmic Suspension 0.1 %)	Tier 1	QL (15 ML per 25 days)
*Ophthalmic Sulfonamides***		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	QL (15 ML per 25 days)
*Ophthalmics - Cystinosis Agents**		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 4	PA
*Prostaglandins - Ophthalmic***		
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 3	ST; QL (5 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
bimatoprost ophthalmic solution 0.03 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)
latanoprost ophthalmic solution 0.005 %	Tier 1	MAIL; QL (5 ML per 25 days)
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 1	ST; MAIL; QL (30 EA per 25 days)
travoprost (bak free) ophthalmic solution 0.004 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)
Otic Agents		
*Otic Agents - Miscellaneous***		
acetic acid otic solution 2 %	Tier 1	
carbamide ear drops otic solution 6.5 %	Tier 1	OTC
ear drops for swimmers otic liquid 95-5 %	Tier 1	OTC
instant ear-dry otic liquid 95-5 %	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
*Otic Anti-Infectives***		
ciprofloxacin hcl otic solution 0.2 %	Tier 1	QL (14 EA per 25 days)
ofloxacin otic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
*Otic Steroid-Anti-Infective Combinations***		
CIPRO HC OTIC SUSPENSION 0.2-1 % (Ciprofloxacin-Hydrocortisone)	Tier 3	PA
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 3	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 2	PA
antibiotic ear otic solution 3.5-10000-1	Tier 1	
cortomycin otic solution 3.5-10000-1	Tier 1	
cortomycin otic suspension 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
*Otic Steroids***		
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 1	
Hydrocortisone-Acetic Acid (Acetasol Hc Otic Solution 2-1 %)	Tier 1	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	
Oxytocics		
*Oxytocics***		
methylergonovine maleate oral tablet 0.2 mg	Tier 2	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Passive Immunizing And Treatment Agents		
*Antiviral Monoclonal Antibodies***		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (Palivizumab)	Tier 4	PA
*Immune Serums***		
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 4	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
FLEBOGAMMA INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 4	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 4	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 4	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
GAMUNEX INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 4	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 4	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 4	PA
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 4	PA
POLYGAM S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 4	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 4	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
*Passive Immunizing Agents - Combinations***		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 4	PA
Penicillins		
*Aminopenicillins***		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	AGE (Max 12 Years)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	
Amoxicillin (Amoxil Oral Capsule 500 Mg)	Tier 1	
Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/5ML)	Tier 1	AGE (Max 12 Years)
Amoxicillin (Trimox Oral Capsule 500 Mg)	Tier 1	
*Natural Penicillins***		
<i>penicillin v potassium oral solution reconstituted 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5ML)	Tier 1	AGE (Max 12 Years)
Penicillin V Potassium (Veetids Oral Tablet 250 Mg, 500 Mg)	Tier 1	
*Penicillin Combinations***		
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 3	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	Tier 2	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	Tier 2	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	Tier 1	AGE (Max 12 Years)
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	QL (20 EA per 10 days)
*Penicillinase-Resistant Penicillins***		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
Progestins		
*Progestins***		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>progesterone oral capsule 100 mg</i>	Tier 1	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
progesterone oral capsule 200 mg	Tier 1	QL (2 EA per 1 day)
Psychotherapeutic And Neurological Agents - Misc.		
*Alcohol Deterrents***		
acamprosate calcium oral tablet delayed release 333 mg	Tier 1	MAIL
disulfiram oral tablet 250 mg, 500 mg	Tier 1	MAIL; QL (1 EA per 1 day)
*Anti-Cataplectic Agents***		
sodium oxybate solution 500 mg/ml oral	Tier 4	PA; QL (540 ML per 30 Days)
*Benzodiazepines & Tricyclic Agents***		
chlorthalidone oral tablet 10-25 mg, 5-12.5 mg	Tier 2	AGE (Max 64 Years)
*Cholinomimetics - Ache Inhibitors***		
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 2	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 2	PA
donepezil hcl oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 10 mg	Tier 1	MAIL; QL (1 EA per 1 day)
donepezil hcl oral tablet dispersible 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 1	MAIL
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	MAIL
*Fibromyalgia Agent - Snris***		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (Milnacipran HCl)	Tier 3	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl)	Tier 3	PA
*Movement Disorder Drug Therapy***		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 4	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***		
teriflunomide oral tablet 14 mg, 7 mg	Tier 4	PA
*Multiple Sclerosis Agents - Interferons***		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (Interferon Beta-1b)	Tier 4	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 4	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 4	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 4	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 4	PA
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 1	PA; SP
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tier 1	PA; SP
*Multiple Sclerosis Agents - Potassium Channel Blockers***		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 4	PA
*Multiple Sclerosis Agents***		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Tier 4	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML, 40 Mg/ML)	Tier 4	PA
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	Tier 2	PA
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	Tier 1	QL (49 EA per 365 days)
*Phenothiazines & Tricyclic Agents***		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 2	PA; AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Psychotherapeutic And Neurological Agents - Misc.***		
<i>ergoloid mesylates oral tablet 1 mg</i>	Tier 2	PA
<i>pimozide oral tablet 1 mg</i>	Tier 1	MAIL; QL (10 EA per 1 day)
<i>pimozide oral tablet 2 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
*Smoking Deterrents***		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PREV	QL (2 EA per 1 day)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PREV	OTC; QL (56 EA per 25 days)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	PREV	OTC; QL (1 EA per 1 day)
<i>varenicline tartrate (starter) tablet therapy pack 0.5 mg x 11 & 1 mg x 42 oral</i>	PREV	QL (106 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day)
BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg)	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 4	PA
Respiratory Agents - Misc.		
*Alpha-Proteinase Inhibitor (Human)***		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 4	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML, 4 GM/200ML, 5 GM/250ML (Alpha1-Proteinase Inhibitor)	Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (Alpha1-Proteinase Inhibitor)	Tier 4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 4	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 4	PA
*Cftr Potentiators***		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 4	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 4	PA
*Hydrolytic Enzymes***		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML (Dornase Alfa)	Tier 4	PA; QL (75 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
*Pulmonary Fibrosis Agents - Kinase Inhibitors***		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 4	PA
*Pulmonary Fibrosis Agents***		
<i>pirfenidone oral capsule 267 mg</i>	Tier 4	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 4	PA
Sulfonamides		
*Sulfonamides***		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 3	
Tetracyclines		
*Tetracyclines***		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	Tier 2	
<i>avidoxy oral tablet 100 mg</i>	Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	Tier 1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	
Doxycycline Monohydrate (Mondoxylene NI Oral Capsule 100 Mg, 50 Mg)	Tier 1	
Doxycycline Monohydrate (Okebo Oral Capsule 100 Mg)	Tier 1	
Thyroid Agents		
*Antithyroid Agents***		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	MAIL
Methimazole (Northyx Oral Tablet 10 Mg, 5 Mg)	Tier 1	MAIL
*Thyroid Hormones***		
<i>thyroid oral tablet 120 mg, 130 mg, 15 mg, 30 mg, 32.5 mg, 60 mg, 65 mg, 90 mg</i>	Tier 2	MAIL
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 2	MAIL
WESTHROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
WESTHROID-P ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	MAIL
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levothroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Toxoids		
*Toxoid Combinations***		
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics		
*Antispasmodics***		
dicyclomine hcl oral capsule 10 mg	Tier 1	AGE (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	AGE (Max 64 Years)
dicyclomine hcl oral tablet 20 mg	Tier 1	AGE (Max 64 Years)
*Belladonna Alkaloids***		
colidrops oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
<i>ed-spaz oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyosyne oral elixir 0.125 mg/5ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>hyosyne oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin oral tablet 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin oral tablet dispersible 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin sr oral tablet extended release 12 hour 0.375 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax Oral Tablet 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Ft Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Spacol T/S Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax Fastabs Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
*H-2 Antagonists***		
<i>cimetidine 200 oral tablet 200 mg</i>	Tier 1	OTC
<i>cimetidine oral tablet 200 mg</i>	Tier 1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	MAIL
<i>famotidine maximum strength oral tablet 20 mg</i>	Tier 1	MAIL; OTC
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	Tier 1	MAIL; QL (5 ML per 1 day); AGE (Max 12 Years)
<i>famotidine oral tablet 10 mg</i>	Tier 1	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
nizatidine oral capsule 150 mg, 300 mg	Tier 1	MAIL
*Misc. Anti-Ulcer***		
sucralfate oral tablet 1 gm	Tier 1	MAIL; QL (4 EA per 1 day)
*Proton Pump Inhibitors***		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 2	ST; QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	Tier 2	ST; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg	Tier 1	MAIL; QL (2 EA per 1 day); OTC
lansoprazole oral capsule delayed release 15 mg	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 30 mg	Tier 1	QL (1 EA per 1 day)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Tier 1	OTC; QL (60 EA per 30 days)
omeprazole magnesium oral tablet delayed release 20 mg	Tier 1	OTC; QL (2 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
*Quaternary Anticholinergics***		
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 2	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Tier 3	QL (20 EA per 10 days)
*Ulcer Drugs - Prostaglandins***		
misoprostol oral tablet 100 mcg, 200 mcg	PREV	QL (4 EA per 1 day)
Urinary Antispasmodics		
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg	Tier 2	ST; QL (1 EA per 1 day)
darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg	Tier 2	ST; QL (2 EA per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 2	PA; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
oxybutynin transdermal patch twice weekly 3.9 mg/24hr	Tier 2	MAIL; QL (8 EA per 25 days)
solifenacin succinate oral tablet 10 mg	Tier 2	ST; QL (1 EA per 1 day)
solifenacin succinate oral tablet 5 mg	Tier 2	ST; QL (2 EA per 1 day)
tropium chloride er oral capsule extended release 24 hour 60 mg	Tier 2	ST; QL (1 EA per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; OTC; QL (8 EA per 25 days)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; QL (8 EA per 25 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	QL (600 ML per 30 days)
oxybutynin chloride oral tablet 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
tropium chloride oral tablet 20 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 3	PA; QL (1 EA per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists***		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
*Urinary Antispasmodics - Direct Muscle Relaxants***		
flavoxate hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Vaccines		
*Bacterial Vaccines***		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
*Viral Vaccine Combinations***		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)

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Drug Name	Formulary Status	Requirements/Limits
*Viral Vaccines***		
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	Tier 1	QL (3 injections per 1 lifetime)
janssen covid-19 vaccine intramuscular suspension 0.5 ml	PREV	
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	PREV	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (RSV Pre-Fusion F A&B Vac Rcmb)	PREV	
AFLURIA INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 injection per 1 lifetime); AGE (Min 50 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGRIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B Surf Ant Adj)	PREV	QL (1 ML per 365 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B SA Adj Quad)	PREV	QL (1 ML per 365 days)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recombinant HA)	PREV	QL (1 ML per 365 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recomb HA Quad)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Subunit Quad)	PREV	QL (1 ML per 365 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Subunit Quad)	PREV	QL (1 ML per 365 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUMIST NASAL LIQUID (Influenza Virus Vaccine Live)	PREV	QL (1 EA per 365 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (Influenza Virus Vac Live Quad)	PREV	QL (1 EA per 365 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split High-Dose)	PREV	QL (0.5 ML per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (Influenza Vac High-Dose Quad)	PREV	QL (0.7 ML per 180 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)

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Drug Name	Formulary Status	Requirements/Limits
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 injections per 1 lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
IPOL INJECTION INJECTABLE (Poliovirus Vaccine Inactivated)	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG, 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
Vaginal And Related Products		
*Imidazole-Related Antifungals***		
terconazole vaginal suppository 80 mg	Tier 2	
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	
Terconazole (Zazole Vaginal Suppository 80 Mg)	Tier 2	
clotrimazole 3 vaginal cream 2 %	Tier 1	OTC
clotrimazole vaginal cream 1 %	Tier 1	
clotrimazole vaginal cream 2 %	Tier 1	OTC
miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 vaginal cream 4 %	Tier 1	OTC
miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Tier 1	
miconazole 7 vaginal cream 2 %	Tier 1	OTC
miconazole nitrate vaginal suppository 100 mg	Tier 1	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
tioconazole-1 vaginal ointment 6.5 %	Tier 1	OTC
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (Tioconazole)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 1	OTC
Terconazole (Zazole Vaginal Cream 0.4 %, 0.8 %)	Tier 1	
*Spermicides***		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
GYNOL II EXTRA STRENGTH VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
GYNOL II VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
TODAY SPONGE VAGINAL 1000 MG (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
*Vaginal Anti-Infectives***		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	QL (40 GM per 25 days)
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 25 days)
Clindamycin Phosphate (Clindamax Vaginal Cream 2 %)	Tier 1	QL (40 GM per 25 days)
*Vaginal Estrogens***		
<i>estradiol vaginal tablet 10 mcg</i>	Tier 2	QL (2 EA per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 2	MAIL; QL (30 GM per 25 days)
Estradiol (YuvaFem Vaginal Tablet 10 Mcg)	Tier 2	QL (2 EA per 1 day)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	MAIL; QL (42.5 GM per 25 days)
*Vaginal Progestins***		
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY 100 MG (Progesterone)	Tier 3	PA
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY 200 MG (Progesterone)	Tier 3	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 3	PA
Vasopressors		
*Anaphylaxis Therapy Agents***		
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (2 EA per 30 days)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 4	PA
*Vasopressors***		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Vitamins		
*Vitamin B-1***		
b1 oral tablet 100 mg	Tier 1	OTC
b-1 oral tablet 100 mg	Tier 1	OTC
vitamin b-1 oral tablet 250 mg	Tier 1	OTC
vitamin b1 oral tablet 50 mg	Tier 1	OTC
*Vitamin B-2***		
b-2 oral tablet 100 mg	Tier 1	OTC
*Vitamin B-3***		
niacin er oral capsule extended release 250 mg, 500 mg	Tier 1	OTC
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	Tier 1	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Tier 1	OTC
niacinamide oral tablet 500 mg	Tier 1	OTC
*Vitamin B-6***		
b-6 oral tablet 100 mg, 50 mg	Tier 1	OTC
pyridoxine hcl oral tablet 25 mg	Tier 1	OTC
ra vitamin b-6 cr oral tablet extended release 200 mg	Tier 1	OTC
vitamin b-6 oral tablet 25 mg	Tier 1	OTC
*Vitamin C***		
ascorbic acid oral tablet 500 mg	Tier 1	OTC
vitamin c oral tablet 500 mg	Tier 1	OTC
*Vitamin D***		
d 1000 oral capsule 25 mcg (1000 ut)	Tier 1	OTC
d 1000 oral tablet 25 mcg (1000 ut)	Tier 1	OTC
d 1000 oral tablet chewable 25 mcg (1000 ut)	Tier 1	OTC
d 10000 oral capsule 250 mcg (10000 ut)	Tier 1	OTC
d 2000 oral tablet 50 mcg (2000 ut)	Tier 1	OTC
d 400 oral tablet 10 mcg (400 unit)	Tier 1	OTC
d 400 oral tablet chewable 10 mcg (400 unit)	Tier 1	OTC
d 5000 oral capsule 125 mcg (5000 ut)	Tier 1	OTC
d 5000 oral tablet 125 mcg (5000 ut)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
d2000 ultra strength oral capsule 50 mcg (2000 ut)	Tier 1	OTC
d3 2000 oral capsule 50 mcg (2000 ut)	Tier 1	OTC
d3 5000 oral capsule 125 mcg (5000 ut)	Tier 1	OTC
d3 high potency oral capsule 25 mcg (1000 ut)	Tier 1	OTC
d3 maximum strength oral liquid 5000 unit/ml	Tier 1	OTC
d3 vitamin oral liquid 10 mcg/ml	Tier 1	OTC
ergocalciferol oral capsule 1.25 mg (50000 ut)	Tier 1	
vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)	Tier 1	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Tier 1	
vitamin d oral tablet 1000 unit, 400 unit, 50 mcg (2000 ut)	Tier 1	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Tier 1	OTC
vitamin d3 oral liquid 400 unit/ml	Tier 1	OTC
vitamin d3 oral tablet 125 mcg (5000 ut)	Tier 1	OTC
vitamin d3 oral tablet chewable 25 mcg (1000 ut)	Tier 1	OTC
*Vitamin K***		
phytonadione oral tablet 5 mg	Tier 1	QL (5 EA per 1 day)

Index

abacavir sulfate	49	AIRIAL COMPACT COMPRESSOR NEB.....	98	aminocaproic acid	91
abacavir sulfate-lamivudine	47	AIRIAL COMPACT MINI NEBULIZER.....	98	amiodarone hcl	15
abacavir-lamivudine-zidovudine	47	AIRIAL COMPRESS PED NEBULIZER.....	98	amitriptyline hcl	24
abiraterone acetate	39	AIRIAL PEDIATRIC NEBULIZER.....	98	AMLACTIN.....	76
ABRYSVO.....	135	AIRIAL VOYAGER NEBULIZER..	98	AMLADEX.....	111
acamprosate calcium	127	AJOVY.....	102	amlodipine besy-benazepril hcl	34
acarbose	24	Ak-Pentolate.....	120	amlodipine besylate	52
Accutane.....	70	ak-poly-bac	122	amlodipine-olmesartan	35
acebutolol hcl	51	AKYNZEO.....	30	ammonium lactate	76
acetaminophen	8	ala-cort	75	Amnesteem.....	70
acetaminophen childrens	8	albendazole	13	amoxapine	24
acetaminophen er	8	albuterol sulfate	17	amoxicill-clarithro-lansopraz	133
acetaminophen extra strength	8	albuterol sulfate hfa	17	amoxicillin	126
acetaminophen junior strength	8	alclometasone dipropionate	75	amoxicillin-pot clavulanate	126
acetaminophen rapid tabs child	8	ALCOH-GLOVE CONTOURED WIPE.....	95	Amoxil.....	126
acetaminophen-codeine	9	alcohol pads	95	amphetamine er	1
acetaminophen-codeine #2 ..	9	alcohol wipes	95	amphetamine salt combo	1
acetaminophen-codeine #3 ..	9	ALECENSA.....	40	amphetamine-dextroamphet er	1
acetaminophen-codeine #4 ..	9	alendronate sodium	80	amphetamine-dextroamphetamine	1
Acetasol Hc.....	124	alfuzosin hcl er	86	ampicillin	126
acetazolamide	80	ALINIA.....	37	anagrelide hcl	88
acetazolamide er	80	aliskiren fumarate	36	anastrozole	42
acetic acid	86, 124	allergy relief childrens	31	ANNOVERA.....	62
acetylcysteine	68	allopurinol	87	ANORO ELLIPTA.....	15
acitretin	73	almotriptan malate	103	antacid	13
acne medication-5	70	ALOCRIIL.....	121	antacid extra strength	13
ACTEMRA.....	5	alogliptin benzoate	25	antacid plus	13
ACTEMRA ACTPEN.....	5	alogliptin-metformin hcl	25	antibiotic	71
Acticin.....	79	alogliptin-pioglitazone	25	antibiotic ear	124
ACTIMMUNE.....	42	ALOMIDE.....	121	anti-dandruff	73
acyclovir	50, 73	alosectron hcl	84	anti-diarrheal	29
ADACEL.....	131	ALPHANINE SD.....	87	antifungal	71, 77
adapalene treatment	70	alphatrex	75	antifungal (tolnaftate)	71
adc/f (0.5mg/ml)	113	alprazolam	14	antifungal foot	71
adefovir dipivoxil	50	ALTABAX.....	71	anti-nausea	30
ADEMPAS.....	54	Altavera.....	57	ANZEMET.....	30
ADTHYZA.....	130	alum & mag hydroxide-simeth	12	Apexicon.....	74
Advanced Natalcare.....	115	aluminum chloride	78	APEXICON E.....	74
AEROECLIPSE II NEBULIZER... 97		alvimopan	85	apomorphine hcl	44
AERONEB GO COMPLETE SYSTEM.....	97	alyacen 1/35	56	apo-varenicline	129
AERONEB GO CONVENIENCE UNIT.....	97	alyacen 7/7/7	65	apraclonidine hcl	123
AERONEB GO HANDSET/CABLE.....	97	Alyq.....	55	aprepitant	30
AERONEB GO NEBULIZER HANDSET.....	98	Amabelz.....	82	Apri.....	57
Afeditab Cr.....	53	amantadine hcl	44	APTOM.....	20
Afirmelle.....	57	ambrisentan	54	APTIVUS.....	48
AFLURIA.....	135	amcinonide	74	ARALAST NP.....	129
AFLURIA PRESERVATIVE FREE.....	135	Amethia.....	63	Aranelle.....	65
AFLURIA QUADRIVALENT.....	135	Amethia Lo.....	63	ARANESP (ALBUMIN FREE).....	89
		Amethyst.....	63	Arbinoxa.....	31
		amiloride hcl	80	ARCALYST.....	5
		amiloride-hydrochlorothiazide	80	AREXVY.....	135
				arformoterol tartrate	17
				Argyle Sterile Saline.....	86

Argyle Sterile Water.....	108	b1	139	bexarotene	43, 79
aripiprazole	46	b-1	139	bicalutamide	39
armodafinil	2	b-12	88	BIKTARVY.....	47
ARMOUR THYROID.....	130	b-2	139	bimatoprost	124
artificial eye	119	b-6	139	biocel	110
artificial tears	119	baby vitamin/iron	113	bisacodyl	94
artificial tears pf	119	Bac.....	8	bisacodyl ec	94
ascorbic acid	139	Bac (Butalbital-Acetamin-Caff) ..	8	bisacodyl laxative	94
asenapine maleate	46	bacitracin	71, 121	bismuth subsalicylate	29
Ashlyna.....	63	bacitracin zinc	71	bisoprolol fumarate	51
Asmalpred.....	67	bacitracin-polymyxin b 71, 122		bisoprolol-	
Asmalpred Plus.....	67	bacitra-neomycin-		hydrochlorothiazide	36
ASMANEX (120 METERED		polymyxin-hc	123	Blisovi 24 Fe.....	57
DOSES).....	18	baclofen	117	Blisovi Fe 1.5/30.....	57
ASMANEX (14 METERED		balsalazide disodium	84	Blisovi Fe 1/20.....	57
DOSES).....	18	Balziva.....	57	BOOSTRIX.....	131
ASMANEX (30 METERED		BAQSIMI ONE PACK.....	25	bosentan	54
DOSES).....	18	BAQSIMI TWO PACK.....	25	bp foaming wash	70
ASMANEX (60 METERED		BARACLUDE.....	50	bp gel	70
DOSES).....	18	BASAGLAR KWIKPEN.....	25	bp wash	70
ASMANEX HFA.....	18	BAXDELA.....	83	b-plex	110
aspirin	9	Baycadron.....	67	b-plex plus	110
aspirin 81	9	BAZA PROTECT.....	79	BPROTECTED PEDIA POLY-	
aspirin adult	9	BD INSULIN SYRINGE U-500.....	100	VITE.....	113
aspirin-dipyridamole er	88	BD SYRINGE LUER-LOK.....	100	BPROTECTED PEDIA TRI-VITE	113
ATABEX OB.....	115	BD SYRINGE SLIP TIP.....	100	BRAINSTRONG PRENATAL.....	116
atamet	44	Bekyree.....	56	BREO ELLIPTA.....	16
atazanavir sulfate	49	BELSOMRA.....	92	BREZTRI AEROSPHERE.....	16
atenolol	51	benazepril hcl	35	briellyn	56
atenolol-chlorthalidone	36	benazepril-		BRILINTA.....	88
atomoxetine hcl	1	hydrochlorothiazide	34	brimonidine tartrate	78, 123
atorvastatin calcium	33	bentley the bear ped		brimonidine tartrate-	
atovaquone	37	nebulizer	97	timolol	120
atovaquone-proguanil hcl ... 38		benznidazole	13	BRINTELLIX.....	23
atropine sulfate	120	benzonatate	67	brinzolamide	122
atropine-care	120	benzoyl peroxide	70	BROMALINE.....	68
ATROVENT HFA.....	17	benzoyl peroxide wash	70	Bromfed Dm.....	69
Aubra.....	57	benzoyl peroxide-		bromfenac sodium (once-	
Aubra Eq.....	57	erythromycin	69	daily)	122
AUGMENTIN.....	126	benztropine mesylate	43	bromocriptine mesylate	44
aura portaneb	97	bepotastine besilate	121	Budeprion Sr.....	22
Aurovela 1.5/30.....	57	BERINERT.....	88	Budeprion XI.....	22
Aurovela 1/20.....	57	BESIVANCE.....	121	budesonide	18, 66, 118
Aurovela 24 Fe.....	57	BESTMED COMPRESSOR		budesonide-formoterol	
Aurovela Fe 1.5/30.....	57	NEBULIZER.....	98	fumarate	15
Aurovela Fe 1/20.....	57	BESTMED ULTRASONIC		bumetanide	80
Aviane.....	57	NEBULIZER.....	98	buprenorphine	11
avidoxy	130	betaine	81	buprenorphine hcl	11
Avita.....	70	betamethasone		buprenorphine hcl-	
AVONEX PEN.....	127	dipropionate	75	naloxone hcl	11
AVONEX PREFILLED.....	127	betamethasone		Buproban.....	129
av-phos 250 neutral	106	dipropionate aug	75	bupropion hcl	22
Ayuna.....	57	betamethasone valerate	75	bupropion hcl er (smoking	
AZASITE.....	121	BETASEPT SURGICAL SCRUB... 47		det)	129
azathioprine	108	Beta-Val.....	76	bupropion hcl er (sr)	22
azelastine hcl	118, 121	betaxolol hcl	51, 120	bupropion hcl er (xl)	22
azithromycin	94	bethanechol chloride	134	buspirone hcl	14
Azurette.....	56	BEVESPI.....	16	butalbital compound/asa	8
b complex-c-folic acid	110	BEVESPI AEROSPHERE.....	15	butalbital-acetaminophen	8

butalbital-apap	8	captopril	35	childrens multivitamin/iron	
butalbital-apap-caff-cod	9	captopril-			113
butalbital-apap-caffeine	8	hydrochlorothiazide	34	childrens multivitamins	113
butalbital-asa-caffeine	8	carbamazepine	20, 21	childrens pepto	13
butalbital-aspirin-caffeine	8	carbamazepine er	20	chlordiazepoxide hcl	14
butenafine hcl	71	carbamoxide ear drops	124	chlordiazepoxide-	
butorphanol tartrate	11	carbidopa	44	amitriptyline	127
cabergoline	81	carbidopa-levodopa	44	chlorhexidine gluconate	
caffeine citrate	2	carbidopa-levodopa er	44		47, 109
CALADROX.....	78	carbidopa-levodopa-		chloroquine phosphate	38
calcipotriene	73	entacapone	44	chlorpheniramine maleate ..	31
calcipotriene-betameth		carbinoxamine maleate	31	chlorpheniramine maleate	
diprop	79	carboxymethylcellulose		er	31
calcitonin (salmon)	81	sod pf	120	chlorpromazine hcl	46
Calcitrene.....	73	carboxymethylcellulose		chlorthalidone	80
calcitriol	73, 81	sodium	120	chlorzoxazone	117
calcium	104	carepoint poly hub needle ..	100	chocolated laxative	94
calcium + d3	103	carepoint syringe luer lock ..	100	choice-tabs	110
calcium + vitamin d3	103	carisoprodol	117	cholestyramine	33
calcium 500 + d	103	carisoprodol-aspirin-		cholestyramine light	33
calcium 500 + d3	103	codeine	117	choline fenofibrate	33
calcium 500 +d	103	carteolol hcl	120	Ciclodan.....	72
calcium 600	104	Cartia Xt.....	53	ciclopirox	71
calcium 600/vitamin d	103	carvedilol	51	ciclopirox olamine	71
calcium 600/vitamin d3	103	Cataflam.....	7	cilostazol	88
calcium 600+d3 plus		CAVAN-FOLATE OB.....	115	CIMDUO.....	47
minerals	103	Cavarest.....	109	cimetidine	132
calcium acetate	85	CAYA.....	95	cimetidine 200	132
calcium acetate (phos		CAYSTON.....	38	CIMZIA.....	86
binder)	85	Caziant.....	65	CIMZIA (2 SYRINGE).....	85
calcium antacid ultra	13	cefaclor	55	CIMZIA PREFILLED.....	85
calcium carb-		cefadroxil	55	CIMZIA STARTER KIT.....	85
cholecalciferol	103, 104	cefdinir	55	CIMZIA-STARTER.....	86
calcium carbonate	13, 104	cefixime	55	cinacalcet hcl	81
calcium carbonate antacid ..	13	cefpodoxime proxetil	55	CIPRO HC.....	124
calcium carbonate		cefprozil	55	ciprofloxacin hcl ... 83, 121, 124	
w/vitamin d	104	ceftriaxone sodium	55	ciprofloxacin-	
calcium carbonate-vitamin		cefuroxime axetil	55	dexamethasone	124
d	104	celecoxib	5	citalopram hydrobromide	23
calcium citrate	104	CENTRUM SPECIALIST		citric acid-sodium citrate	86
calcium citrate + d3	104	PRENATAL.....	117	Claravis.....	70
calcium rich supreme		century	110	Claris Clarifying Wash.....	69
antacid	13	cephalexin	55	clarithromycin	94
calcium-magnesium-zinc ..	104	CERDELGA.....	88	clear fiber powder	92
calcium-vitamin d3	104	Cesia.....	65	clear soluble fiber	92
calcium-vitamin d-minerals		cetirizine hcl	32	Clearplex X.....	70
.....	104	cetirizine hcl allergy child ...	32	clemastine fumarate	31
CALTRATE 600+D.....	104	cetirizine hcl childrens		CLEVER CHOICE NEBULIZER... 98	
CALTRATE 600+D3 SOFT.....	104	alrgy	32	CLEVER CHOICE WHIS AIR	
CALTRATE BONE HEALTH.....	104	cetirizine-pseudoephedrine		PED NEB.....	98
Camila.....	64	er	68	CLEVER CHOICE WHISPER	
Camrese.....	63	cevimeline hcl	110	AIRE NEB.....	98
Camrese Lo.....	63	Charlotte 24 Fe.....	57	CLEVER CHOICE WHISPER	
candesartan cilexetil	35, 36	Chateal.....	57	AIRE PED.....	98
CAPASTAT SULFATE.....	39	Chateal Eq.....	57	Clindamax.....	69, 138
capecitabine	39	CHEMET.....	29	clindamycin hcl	37
CAPRELSA.....	41	childrens animal shapes	113	clindamycin palmitate hcl ...	37
capsaicin	77			clindamycin phos (once-	
captain eagle ped nebulizer 97				daily)	69

clindamycin phos (twice-daily)	69	Conison.....	90	d3 vitamin	140
clindamycin phos-benzoyl perox	69	constulose	93	daily fiber	92
clindamycin phosphate 69, 138		Controlrx.....	109	daily vitamin plus	110
clindamycin-tretinoin	69	CORDRAN.....	74	daily vitamin/iron	110
clobazam	20	CORLANOR.....	55	daily vitamins	111
clobetasol prop emollient base	74	Cormax.....	74	dalfampridine er	128
clobetasol propionate	74	Cormax Scalp Application.....	74	danazol	12
clobetasol propionate e	74	cortisone acetate	66	dantrolene sodium	117
clomipramine hcl	24	CORTISPORIN-TC.....	124	dapsone	37
clonazepam	20	CORTIZONE-10.....	76	darifenacin hydrobromide er	133
clonidine	36	cortomycin	124	darunavir	49
clonidine hcl	36	Corvite Free.....	111	dasatinib	40
clonidine hcl er	1	COSENTYX.....	72	Dasetta 1/35 (28).....	58
clopidogrel bisulfate	88	COSENTYX (300 MG DOSE).....	72	Dasetta 7/7/7.....	65
clorazepate dipotassium	14	COSENTYX SENSOREADY (300 MG).....	72	Daysee.....	63
clotrimazole 77, 109, 137		COSENTYX SENSOREADY PEN.....	72	Deblitane.....	64
clotrimazole 3	137	COSENTYX UNOREADY.....	72	DEBROX SWIMMERS EAR.....	124
clotrimazole af	77	covid-19 at home antigen test	79	Decadron.....	67
clotrimazole anti-fungal	77	CREON.....	79	Decon-Dm.....	69
clotrimazole athletes foot	77	cromolyn sodium .. 17, 118, 121		deferasirox	29
clotrimazole-		Cryselle-28.....	57	deferiprone	29
betamethasone	71	Curity Sterile Saline.....	86	del-aqua	70
clozapine	45, 46	CUVITRU.....	125	del-beta	75
COARTEM.....	38	cvs daily fiber	92	DELSTRIGO.....	47
cobal-1000	88	cvs ivermectin lice treatment	78	DELSYM NIGHT TIME	
codeine sulfate	10	cvs magnesium oxide	105	COUGH/COLD.....	68
COLACE.....	94	cvs natural fiber supplement	92	Deltasone.....	67
COLACE ADULT.....	93	cyanocobalamin	88	Delyla.....	58
colchicine	87	Cyclafem 1/35.....	58	demeclocycline hcl	130
colchicine-probenecid	87	Cyclafem 7/7/7.....	65	Denta 5000 Plus.....	109
colesevelam hcl	33	cyclobenzaprine hcl	117	Dentagel.....	109
colestipol hcl	33	cyclopentolate hcl	120	dentall 1100 plus	109
colidrops	131	cyclophosphamide	42	Depade.....	30
Colocort.....	12	cycloserine	39	DEPO-SUBQ PROVERA 104.....	64
COLY-MYCIN S.....	124	CYCLOSET.....	25	Depo-Testosterone.....	12
COMBIVENT RESPIMAT.....	16	cyclosporine 107, 122		DESCOVY.....	48
COMIRNATY.....	135	cyclosporine modified	107	desipramine hcl	24
COMP AIR COMPRESSOR		cylate	120	desloratadine	31
NEBULIZER.....	98	cyproheptadine hcl	32	desmopressin ace spray	
COMP AIR ELITE COMPACT		Cyred.....	58	refrig	82
NEB.....	98	Cyred Eq.....	58	desmopressin acetate	82
COMP A-I-R NEBULIZER.....	98	CYSTAGON.....	86	desmopressin acetate spray	82
COMP-AIR ELITE COMPACT		CYSTARAN.....	123	desogestrel-ethinyl	
NEB.....	98	cytra-2	86	estradiol	56
COMPAIR NEBULIZER.....	98	cytra-k	86	desonide	75
COMPAIR XL NEBULIZER.....	98	d 1000	139	desoximetasone	74
COMPAIR XLT NEBULIZER.....	98	d 10000	139	desvenlafaxine succinate er	23
Compazine.....	46	d 2000	139	DEVILBISS PULMO-AIDE.....	98
COMPLERA.....	47	d 400	139	DEVILBISS TRAVELER	
complete multi-vitamin	112	d 5000	139	NEBULIZER.....	98
completenate	116	d2000 ultra strength	140	dexamethasone	66
compressor nebulizer	97	d3 2000	140	dexamethasone sodium phosphate	66
compressor/nebulizer	97	d3 5000	140	dexasol	123
Compro.....	46	d3 high potency	140	dexchlorpheniramine maleate	31
CO-NATAL FA.....	115	d3 maximum strength	140		
condoms	95				

DEXCOM G6 RECEIVER.....	96	diphendryl	31	ed-spaz	132
DEXCOM G6 SENSOR.....	96	diphenhydramine hcl	31	EDURANT.....	49
DEXCOM G6 TRANSMITTER.....	96	diphenhydramine hcl		efavirenz	49
DEXCOM G7 RECEIVER.....	96	(sleep)	91	efavirenz-emtricitab-	
DEXCOM G7 SENSOR.....	96	diphenhydramine-		tenofo df	47
Dexedrine.....	2	phenylephrine	68	efavirenz-emtricitab-	
Dexfol.....	110	diphenhydramine-zinc		tenofovir	47
Dexifol.....	110	acetate	72	efavirenz-lamivudine-	
dexlansoprazole	133	diphenoxylate-atropine	29	tenofovir	47
dexmethylphenidate hcl	2	dipyridamole	88	Effer-K.....	106
dextroamphetamine		disopyramide phosphate	15	EFLOW SCF ELECTRONIC	
sulfate	1	disulfiram	127	NEBULIZER.....	98
dextroamphetamine		divalproex sodium	22	EFLOW SCF NEBULIZER	
sulfate er	1	divalproex sodium er	22	HANDSET.....	98
dextromethorphan-		docosanol	73	eletriptan hydrobromide ...	103
guaifenesin	67	docusate calcium	94	Elinest.....	58
Dextrostat.....	2	docusate sodium	94	ELIQUIS.....	19
dha	119	DOCUSOL PLUS MINI-ENEMA..	94	ELIQUIS DVT/PE STARTER	
DIABETIC TUSSIN ALLERGY....	31	Dodex.....	89	PACK.....	19
DIACOMIT.....	20	dofetilide	15	ELITE NEBULIZER SYSTEM.....	98
diazepam	14, 15, 20	DOK.....	94	Elixophyllin.....	19
Diazepam Intensol.....	15	DOK PLUS.....	93	ELLA.....	63
diazoxide	25	Dolishale.....	63	ELMIRON.....	86
dibucaine	12	donepezil hcl	127	Eluryng.....	62
diclofenac potassium	6	DOPTelet.....	91	EMCYT.....	42
diclofenac sodium	6, 122	dorzolamide hcl	122	EMGALITY.....	102
diclofenac sodium er	6	dorzolamide hcl-timolol		EMGALITY (300 MG DOSE)....	102
diclofenac-misoprostol	6	mal	120	Emoquette.....	58
dicloxacillin sodium	126	dorzolamide hcl-timolol		EMSAM.....	22
dicyclomine hcl	131	mal pf	120	emtricitabine	49
DIFFERIN.....	70	Dotti.....	83	emtricitabine-tenofovir df ...	48
DIFICID.....	95	DOVATO.....	47	EMTRIVA.....	49
diflorasone diacetate	74	doxazosin mesylate	36	enalapril maleate	35
diflunisal	9	doxepin hcl	24, 91	enalapril-	
difluprednate	123	doxercalciferol	81	hydrochlorothiazide	35
Digitek.....	54	doxycycline monohydrate ..	130	ENBREL.....	7
Digox.....	54	d-penamine	107	ENBREL MINI.....	7
digoxin	54	DRAMAMINE.....	30	ENBREL SURECLICK.....	7
dihydroergotamine		DRAMAMINE MOTION.....		ENCARE.....	138
mesylate	103	SICKNESS.....	30	Endocet.....	11
DILANTIN.....	21	dronabinol	30	enema disposable	93
dilt-cd	52	drospiren-eth estrad-		ENGERIX-B.....	135
diltiazem cd	52	levomefol	56	enoxaparin sodium	19, 20
diltiazem hcl	53	drospirenone-ethinyl		Enpresse-28.....	65
diltiazem hcl er	52, 53	estradiol	56	Enskyce.....	58
diltiazem hcl er beads	52	droxidopa	139	entacapone	44
diltiazem hcl er coated		dry skin	79	entecavir	50
beads	52	DRYSOL.....	78	ENTRESTO.....	54
dilt-xr	53	DUAVEE.....	83	enulose	85
diltzac	53	duloxetine hcl	23	Epiflur.....	105
DIMETANE DX.....	69	DUREX REALFEEL.....	95	epinastine hcl	121
dimethyl fumarate	128	dutasteride	86	epinephrine	139
dimethyl fumarate starter		dutasteride-tamsulosin hcl ..	87	EIPEN 2-PAK.....	138
pack	128	E.E.S. 400.....	95	EIPEN JR 2-PAK.....	138
DIPENTUM.....	84	ear drops for swimmers	124	Epitol.....	21
diphedryl	31	ec-naproxen	6	eplerenone	37
diphen	31	econazole nitrate	76	EPOGEN.....	89
di-phen	31	ed baclofen	117	eprosartan mesylate	36
diphenatol	29	ed k+10	106	ergocalciferol	140

ergoloid mesylates	129	FARXIGA.....	28	FLEXICHAMBER CHILD	
ERGOMAR.....	103	FARYDAK.....	41	MASK/LARGE.....	102
ergotamine-caffeine	103	Fayosim.....	63	FLEXICHAMBER CHILD	
ERIVEDGE.....	40	FC FEMALE CONDOM.....	95	MASK/SMALL.....	102
erlotinib hcl	40	febuxostat	87	FLUAD.....	135
Errin.....	64	felbamate	21	FLUAD QUADRIVALENT.....	135
ERTACZO.....	76	felodipine er	53	FLUARIX.....	135
Ery-Tab.....	95	FEMCAP.....	95	FLUARIX QUADRIVALENT.....	136
ERYTHROCIN STEARATE.....	95	FEMLYV.....	58	FLUBLOK.....	136
erythromycin	69, 95, 121	Femynor.....	58	FLUBLOK QUADRIVALENT.....	136
erythromycin base	95	fenofibrate	33	FLUCELVAX.....	136
erythromycin		fenofibrate micronized	33	FLUCELVAX QUADRIVALENT..	136
ethylsuccinate	95	fenofibric acid	33	fluconazole	31
erythromycin stearate	95	fenopropfen calcium	6	flucytosine	30
Escavite Lq.....	111	fentanyl	10	fludrocortisone acetate	67
escitalopram oxalate	23	ferocon	89	FLULAVAL.....	136
ESKATA.....	79	ferotrin	89	FLULAVAL QUADRIVALENT....	136
eslicarbazepine acetate	20	ferotinsic	90	FLUMIST.....	136
esomeprazole magnesium	133	ferrex 150 forte	90	FLUMIST QUADRIVALENT.....	136
Estarylla.....	58	FERREX 150 FORTE.....	90	flunisolide	118
estazolam	91	ferrous fumarate	90	fluocinolone acetonide	75, 124
estradiol	83, 138	ferrous gluconate	90	fluocinolone acetonide	
estradiol-norethindrone		ferrous sulfate	90	body	74
acet	82	ferrous sulfate cr	90	fluocinolone acetonide	
eszopiclone	91	ferrous sulfate er	90	scalp	74
ethacrynic acid	80	ferrous sulfate iron	90	fluocinonide	75
ethambutol hcl	39	fesoterodine fumarate er ..	133	fluocinonide emulsified	
Ethedent.....	105, 109	FETZIMA.....	23	base	75
Ethexderm Bpw-10.....	70	FETZIMA TITRATION.....	23	fluocinonide-e	75
Ethexderm Bpw-5.....	70	FEVERALL.....	8	Fluor-A-Day.....	105
ethosuximide	22	fexofenadine hcl	32	Fluoridex Daily Defense.....	109
ethynodiol diac-eth		FIASP.....	26	Fluoridex Enhanced Whitening	
estradiol	56	FIASP FLEXTOUCH.....	26		109
etidronate disodium	80	FIASP PENFILL.....	26	fluoritab	104, 105
etodolac	6, 7	fiber	92	fluorometholone	123
etonogestrel-ethinyl		fiber laxative	92	Fluor-Op.....	123
estradiol	62	fiber therapy	92	fluorouracil	72
etoposide	42	finasteride	86	fluoxetine hcl	23
etravirine	49	finolimid hcl	129	fluphenazine hcl	46
EUCRISA.....	78	Finzala.....	58	Flura-Drops.....	105
EUFLEXXA.....	117	first aid antibiotic	71	flurandrenolide	74
EULEXIN.....	39	FIRST-OMEPRAZOLE.....	133	flurazepam hcl	91
EURAX.....	78	FIRST-PROGESTERONE VGS..	138	flurbiprofen	6
Euthyrox.....	131	FIRST-PROGESTERONE VGS		flurbiprofen sodium	122
everolimus	41, 108	100.....	138	fluticasone propionate	75, 118
EVOTAZ.....	47	FIRST-PROGESTERONE VGS		fluticasone propionate hfa ..	18
exemestane	42	200.....	138	fluticasone-salmeterol	16
EXTAVIA.....	127	fish oil	119	fluvastatin sodium	33
eye drops	120	fish oil extra strength	119	fluvastatin sodium er	33
ezetimibe	34	fish oil omega-3	119	fluvoxamine maleate	23
ezetimibe-simvastatin	34	Flac.....	124	FLUZONE.....	136
FACTIVE.....	83	flavoxate hcl	134	FLUZONE HIGH-DOSE.....	136
Falmina.....	58	FLEBOGAMMA.....	125	FLUZONE HIGH-DOSE	
famciclovir	50	FLEBOGAMMA DIF.....	125	QUADRIVALENT.....	136
famotidine	132	flecainide acetate	15	FLUZONE QUADRIVALENT.....	136
famotidine maximum		FLEXICHAMBER.....	102	FLYP NEBULIZER.....	98
strength	132	FLEXICHAMBER ADULT		folbee plus	110
FANAPT.....	45	MASK/SMALL.....	102	folic acid	89
FANAPT TITRATION PACK.....	45			folika-v	111

foltrin	90	GENICIN VITA-Q.....	111	GYNOL II.....	138
fondaparinux sodium	20	Genoptic.....	121	GYNOL II EXTRA STRENGTH..	138
formula b	110	Gentak.....	121	HADLIMA.....	4
formula b plus	110	gentamicin sulfate	71, 121	HADLIMA PUSHTOUCH.....	4
fosamprenavir calcium	49	gentasol	121	Hailey 1.5/30.....	58
fosfomycin tromethamine ...	38	GENVISC 850.....	117	Hailey 24 Fe.....	58
fosinopril sodium	35	GENVOYA.....	47	Hailey Fe 1.5/30.....	59
fosinopril sodium-hctz	35	Gianvi.....	58	Hailey Fe 1/20.....	59
FRAGMIN.....	19	Gildagia.....	58	halcinonide	74
FREESTYLE LIBRE 14 DAY		Gildess 1.5/30.....	58	halobetasol propionate	74
READER.....	96	Gildess 1/20.....	58	Haloette.....	62
FREESTYLE LIBRE 14 DAY		Gildess 24 Fe.....	58	HALOG.....	74
SENSOR.....	96	Gildess Fe 1.5/30.....	58	haloperidol	45
FREESTYLE LIBRE 2 PLUS		Gildess Fe 1/20.....	58	haloperidol lactate	45
SENSOR.....	96	GILOTRIF.....	40	HAVRIX.....	136
FREESTYLE LIBRE 2 READER...	96	GLASSIA.....	129	HEALTHY LIVING	
FREESTYLE LIBRE 2 SENSOR...	97	glatiramer acetate	128	COMPRESSOR/NEB.....	98
FREESTYLE LIBRE 3 PLUS		Glatopa.....	128	HEALTHY MAMA BE WELL	
SENSOR.....	97	GLEOSTINE.....	42, 43	ROUNDED.....	115
FREESTYLE LIBRE 3 READER...	97	glimepiride	29	Heather.....	64
FREESTYLE LIBRE 3 SENSOR...	97	glipizide	29	Hecoria.....	108
FREESTYLE LIBRE READER.....	97	glipizide er	29	HELIXATE FS.....	87
frovatriptan succinate	103	glipizide xl	29	hemorrhoidal	12
FULPHILA.....	89	glipizide-metformin hcl	28	hemorrhoidal-hc	12
FUNGICURE		GLUCAGEN.....	25	heparin sodium (porcine) ...	19
INTENSIVE/NAILGUARD.....	77	GLUCAGEN HYPOKIT.....	25	heparin sodium (porcine)	
furosemide	80	glucagon emergency	25	pf	19
Fyavolv.....	82	glucose	25	HEPLISAV-B.....	137
FYCOMPA.....	20	glucose instant energy	25	HIZENTRA.....	125
gabapentin	20	glyburide	29	hm triple antibiotic	71
galantamine hydrobromide		glyburide micronized	29	HUMATIN.....	3
.....	127	glyburide-metformin	28	HUMIRA (1 PEN).....	4
galantamine hydrobromide		glycerin (adult)	93	HUMIRA (2 PEN).....	4
er	127	glycerin (child)	93	HUMIRA (2 SYRINGE).....	4
GAMASTAN.....	125	glycerin (infant)	93	HUMIRA-CD/UC/HS STARTER....	4
GAMMAGARD.....	125	glycerin (infants &		HUMIRA-PED<40KG CROHNS	
GAMMAGARD S/D.....	125	children)	93	STARTER.....	4
GAMMAGARD S/D LESS IGA..	125	glycerin (pediatric)	93	HUMIRA-PED>/=40KG	
GAMMAKED.....	125	glycerin adult	93	CROHNS START.....	4
GAMMAPLEX.....	125	glycopyrrolate	133	HUMIRA-PED>/=40KG UC	
GAMUNEX.....	125	glycron	29	STARTER.....	4
GAMUNEX-C.....	125	Glydo.....	77	HUMIRA-PS/UV/ADOL HS	
ganidin-nr	68	GLYXAMBI.....	28	STARTER.....	4
gani-tuss dm nr	67	gnp iron	90	HUMIRA-PSORIASIS/UEIT	
gani-tuss nr	67	goodsense anti-diarrheal	29	STARTER.....	4
GARDASIL 9.....	136	goodsense aspirin low dose ..	9	HUMULIN R U-500	
gas relief	83	goodsense nicotine	129	(CONCENTRATED).....	26
gatifloxacin	121	granisetron hcl	30	HUMULIN R U-500 KWIKPEN...	26
Gavilyte-G.....	92	griseofulvin microsize	30	HYALGAN.....	117
Gavilyte-N With Flavor Pack...	92	guaifenesin	68	hydralazine hcl	37
gavis-care	13	guaifenesin ac	67	hydrochlorothiazide	80
gemfibrozil	33	guaifenesin dm cough &		hydrocodone bitartrate er ...	10
Gemmily.....	58	chest	67	hydrocodone bit-homatrop	
genebrom dm	69	guaifenesin dm nr	67	mbr	67
generlac	85	guaifenesin er	68	hydrocodone/acetaminoph	
genesupp-500	110	guaifenesin nr	67, 68	en	9
genetect plus	110	guanfacine hcl	36	hydrocodone-	
genetical	111	guanfacine hcl er	1	acetaminophen	9
Gengraf.....	107	GYNAZOLE-1.....	137	hydrocodone-ibuprofen	9

hydrocortisone12, 66, 75	INCRELEX.....81	jenliva prenatal/postnatal 113
hydrocortisone (perianal) ... 12	INCRUSE ELLIPTA..... 17	Jevantique.....83
hydrocortisone acetate 75	indapamide80	jevantique lo82
hydrocortisone anti-itch 75	indomethacin 6	Jinteli.....83
Hydrocortisone In Absorbase... 76	INNOSPIRE ELEGANCE	Jolessa.....63
hydrocortisone intensive	NEBULIZER.....98	Jolivette.....64
heal 75	INNOSPIRE ESSENCE	Juleber.....59
hydrocortisone max st 76	NEBULIZER.....98	JULUCA.....47
hydrocortisone valerate 76	INNOSPIRE MINI	Junel 1.5/30.....59
hydrocortisone/aloe max	COMPRESSOR NEB.....98	Junel 1/20.....59
str 76	INSPIRATION ELITE	Junel Fe 1.5/30.....59
hydrocortisone-acetic acid 124	COMPRESS/NEB.....98	Junel Fe 1/20.....59
hydromet67	INSPIRATION ELITE	Junel Fe 24.....59
hydromorphone hcl10	NEBULIZER.....98	Just Right 5000.....109
hydromorphone hcl er10	INSPIRATION NEBULIZER	Kaitlib Fe.....59
hydroxychloroquine sulfate 38	SYSTEM.....98	kalexate108
hydroxyurea42	instant ear-dry124	Kalliga.....59
hydroxyzine hcl14	insulin degludec25	KALYDECO.....129
hydroxyzine pamoate14	insulin degludec flextouch .. 25	Kaon-CI-10.....106
hylavite110	INTELENCE.....49	KAOPECTATE.....29
Hyomax.....132	Introvale.....63	KAOPECTATE EXTRA
Hyomax-Ft.....132	INVERSINE.....36	STRENGTH.....29
Hyomax-Sl.....132	INVIRASE.....48	Karidium.....105
Hyomax-Sr.....132	IPOL.....137	Karigel.....109
hyoscyamine sulfate132	ipratropium bromide17, 118	Karigel-N.....109
hyoscyamine sulfate er132	ipratropium-albuterol16	Kariva.....56
hyoscyamine sulfate sl132	irbesartan36	k-effervescent106
hyosyne132	irbesartan-	Kelnor 1/35.....59
HYPERRHO S/D.....125	hydrochlorothiazide35	Kelnor 1/50.....59
hypodermic needle100	iron90	ketoconazole31, 77
HYQVIA.....126	iron (ferrous sulfate)90	ketoprofen6
HYRIMOZ.....4, 5	iron chews pediatric90	ketorolac tromethamine 7, 122
HYRIMOZ-CROHNS/UC	iron high-potency90	ketotifen fumarate121
STARTER.....5	ISENTRESS.....48	KEVZARA.....5, 6
HYRIMOZ-PLAQUE PSORIASIS	ISENTRESS HD.....48	Kimidess.....56
START.....5	Isibloom.....59	kimono micro thin95
ibandronate sodium80	isoniazid39	KINERET.....5
IBRANCE.....42	ISOPTO ATROPINE.....120	Kionex.....108
Ibu.....7	isosorbide dinitrate13	KLARITY-A.....121
ibuprofen6	isosorbide mononitrate13	Klor-Con.....107
ibuprofen 100 junior	isosorbide mononitrate er ...13	Klor-Con 10.....106
strength6	isotretinoin69	Klor-Con M10.....107
ibuprofen childrens6	isovate74	Klor-Con M20.....107
ibuprofen infants drops6	isradipine53	Klor-Con Sprinkle.....107
ibuprofen junior strength6	itraconazole31	Klor-Con/Ef.....107
icatibant acetate88	ivabradine hcl55	Klotrix.....107
Iclevia.....63	ivermectin13, 78	KOATE.....87
ICLUSIG.....40	IXINITY.....87	KOATE-DVI.....87
Iferex 150 Forte.....90	Jaimiess.....63	KOGENATE FS.....87
Ilotycin.....121	JAKAFI.....42	KOGENATE FS BIO-SET.....87
imatinib mesylate40	janssen covid-19 vaccine .. 135	KONSYL.....93
IMBRUVICA.....40	Jantoven.....19	konsyl original daily fiber ... 92
imipramine hcl24	JANUMET.....25	kp diphenhydramine hcl31
imiquimod77	JANUMET XR.....25	kp folic acid89
IMPLANON.....64	JANUVIA.....25	kp ketotifen fumarate121
INATAL ADVANCE.....115	JARDIANCE.....28	kp pseudoephedrine hcl 118
INATAL GT.....115	Jasmiel.....59	K-Prime.....107
INATAL ULTRA.....115	Javygtor.....82	K-Sol.....106
Incassia.....64	Jencycla.....64	Kuric.....77

Kurvelo.....	59	LEVEMIR FLEXTOUCH.....	26	lithium carbonate er	45
k-vescent	106	levetiracetam	21	LO LOESTRIN FE.....	56
KYLEENA.....	64	levetiracetam er	21	Loestrin 1.5/30 (21).....	60
labetalol hcl	51	levobunolol hcl	120	Loestrin 1/20 (21).....	60
LAC-HYDRIN FIVE.....	76	levocarnitine	81	Loestrin Fe 1.5/30.....	60
lacosamide	21	levocarnitine sf	81	Loestrin Fe 1/20.....	60
LACRISERT.....	119	levocetirizine		lofene	29
LACTOCAL-F.....	115	dihydrochloride	32	Lojaimiess.....	63
lactulose	93	levofloxacin	83, 121	LOKELMA.....	108
lactulose encephalopathy ...	85	Levonest.....	65	Lomedia 24 Fe.....	60
lamivudine	49, 50	levonorgest-eth est & eth		lomustine	42
lamivudine-zidovudine	48	est	63	Lonox.....	29
lamotrigine	21	levonorgest-eth estrad 91-		loperamide hcl	29
LANABIOTIC.....	71	day	63	lopinavir-ritonavir	48
lancets	96	levonorgest-eth estradiol-		Lopreeza.....	83
lancets 28g	96	iron	56	loratadine	32
lancets 30g	96	levonorgestrel	63	loratadine-d 12hr	68
lancets 33g	96	levonorgestrel-ethinyl		loratadine-	
LAND BEFORE TIME		estrad	56, 62	pseudoephedrine er	68
MULTIVITAMIN.....	113	levonorg-eth estrad		lorazepam	15
LANOXIN.....	54	triphasic	65	Lorazepam Intensol.....	15
lansoprazole	133	Levora 0.15/30 (28).....	60	Lorcet.....	9
lanthanum carbonate	85	Levo-T.....	131	Lorcet Hd.....	9
lapatinib ditosylate	41	Levothroid.....	131	Lorcet Plus.....	9
Larin 1.5/30.....	59	levothyroxine sodium	131	Lortab.....	10
Larin 1/20.....	59	Levoxyl.....	131	Loryna.....	60
Larin 24 Fe.....	59	LEXAN POCKET NEBULIZER.....	98	losartan potassium	36
Larin Fe 1.5/30.....	59	lice control	78	losartan potassium-hctz	35
Larin Fe 1/20.....	59	lice killing	78	LOTEMAX.....	123
Larissia.....	59	lice killing maximum		loteprednol etabonate	123
LASTACAPT.....	121	strength	78	lovastatin	34
latanoprost	124	lice solution	78	Low-Ogestrel.....	60
Layolis Fe.....	59	lice solution complete	78	loxapine succinate	46
ledipasvir-sofosbuvir	50	lice treatment	78	Lo-Zumandimine.....	60
Leena.....	65	lice treatment max st	78	lubiprostone	84
leflunomide	7	lidocaine	77	lubricant eye drops	119
lenalidomide	107	lidocaine hcl	77	Ludent.....	105
LENVIMA (10 MG DAILY		lidocaine hcl		luliconazole	76
DOSE).....	43	urethral/mucosal	77	LUMIGAN.....	123
LENVIMA (12 MG DAILY		lidocaine pain relief	77	LUMINEB II PISTON	
DOSE).....	43	lidocaine pain relieving	77	NEBULIZER.....	98
LENVIMA (14 MG DAILY		lidocaine viscous	109	lurasidone hcl	45
DOSE).....	43	lidocaine viscous hcl	109	Lutera.....	60
LENVIMA (18 MG DAILY		lidocaine-prilocaine	79	Lyleq.....	64
DOSE).....	43	lidopril	79	Lyllana.....	83
LENVIMA (20 MG DAILY		LILETTA (52 MG).....	64	LYNPARZA.....	43
DOSE).....	43	Lillow.....	60	Lysiplex Plus.....	111
LENVIMA (24 MG DAILY		lindane	78	LYSODREN.....	39
DOSE).....	43	linezolid	38	Lyza.....	64
LENVIMA (4 MG DAILY DOSE).	43	LINZESS.....	84	MAALOX TOTAL RELIEF MAX	
LENVIMA (8 MG DAILY DOSE).	43	liothyronine sodium	131	ST.....	29
Lessina.....	59	Liqui-Dualcitra.....	86	MABIS COSMOCOMP	
letrozole	42	liraglutide	27	NEBULIZER.....	98
leucovorin calcium	42	lisdexamfetamine		mafenide acetate	74
LEUKERAN.....	42	dimesylate	1	MAGDELAY.....	106
leuprolide acetate	42	lisinopril	35	magnesium	106
levalbuterol hcl	17	lisinopril-		magnesium 27	105
LEVEMIR.....	26	hydrochlorothiazide	35	magnesium citrate	94
LEVEMIR FLEXPEN.....	26	lithium carbonate	45	magnesium gluconate	106

magnesium oxide	13	methamphetamine hcl	1	milk of magnesia	94
magnesium oxide -mg supplement	106	methazolamide	80	milk of magnesia concentrate	94
MAGNESIUM-OXIDE.....	106	methenamine hippurate	38	Mimvey.....	83
malathion	78	Methergine.....	124	Mimvey Lo.....	83
maraviroc	48	methimazole	130	mineral oil	93
marlissa	56	methitest	12	mineral oil heavy	93
MARPLAN.....	22	methocarbamol	117	MINI COMPRESSOR.....	99
marten-tab	8	methotrexate	39	MINI PLUS NEBULIZER.....	99
martinic	90	methotrexate sodium	40	MINIELITE COMPRESSOR NEB	
MASK VORTEX.....	102	methotrexate sodium (pf) ...	39	SYS.....	99
MATULANE.....	42	methscopolamine bromide	133	Minirin.....	82
MCCARNITINE.....	81	methsuximide	22	Minitran.....	14
mebendazole	13	methyldopa	36	minocycline hcl	130
meclizine hcl	30	methylergonovine maleate	124	minoxidil	37
meclofenamate sodium	6	Methylin.....	3	mirabegron er	134
medneb neb-with dispo neb kit	97	Methylin Er.....	3	MIRENA (52 MG).....	64
medroxyprogesterone acetate	64, 126	methylphenidate hcl	2, 3	mirtazapine	22
mefenamic acid	6	methylphenidate hcl er	2	misoprostol	133
mefloquine hcl	38	methylphenidate hcl er (cd)	2	MISTERNEB COMPRESSOR	
Megavite Rx.....	111	methylphenidate hcl er (la) ..	2	NEBULIZER.....	99
megestrol acetate	43	methylphenidate hcl er (osm)	2	MIUDELLA INTRAUTERINE	
MEKINIST.....	41	methylprednisolone	66, 67	COPPER.....	63
melatonin	3	methyltestosterone	12	m-natal plus	113
melatonin er	3	metoclopramide hcl	84	modafinil	2
melatonin tr with vitamin b6	3	metolazone	80	moderna covid-19 bival booster	135
melatonin-pyridoxine	3	metoprolol succinate er	51	moderna covid-19 bivalent	135
melatonin-pyridoxine er	3	metoprolol tartrate	51	moderna covid-19 vaccine	135
melatonin-vitamin b-6	3	metoprolol-hydrochlorothiazide	36	moexipril hcl	35
Melodetta 24 Fe.....	60	metronidazole	37, 78, 138	mometasone furoate	76
meloxicam	7	mexiletine hcl	15	Mondoxyne NI.....	130
melphalan	42	Mibelas 24 Fe.....	60	MONISTAT 1-DAY.....	137
memantine hcl	128	miconazole 3	137	MONISTAT 7 COMBO PACK	
memantine hcl er	128	miconazole 3 combo pack	137	APP.....	138
MENEST.....	83	miconazole 3 combo pack app	137	MONISTAT 7 COMPLETE	
meperidine hcl	10	miconazole 3 combo-supp	137	THERAPY.....	138
meperitab	10	miconazole 7	137	MONOCLATE-P.....	87
meprobamate	14	miconazole nitrate	77, 137	MONOJECT BLUNTIP	
mercaptapurine	39	MICRO AIR NEBULIZER.....	98	SYR/CANNULA.....	100
Merzee.....	60	MICRO PLUS NEBULIZER.....	98	MONOJECT HYPODERMIC	
mesalamine	84	MICROAIR VIBRATING MESH		NEEDLE.....	100
mesalamine er	84	NEBUL.....	98	MONOJECT MAGELLAN SAFETY	
Metadate Er.....	3	MICROELITE COMPRESSOR		NDL.....	100
METAMUCIL.....	93	NEB SYS.....	98	MONOJECT PHARMACY TRAY	100
METAMUCIL 4 IN 1 FIBER.....	93	Microgestin 1.5/30.....	60	MONOJECT SAFETY	
METAMUCIL MULTIHEALTH		Microgestin 1/20.....	60	SYRINGE/SHIELD.....	100
FIBER.....	93	Microgestin 24 Fe.....	60	MONOJECT SYRINGE.....	100
METAMUCIL SMOOTH		Microgestin Fe 1.5/30.....	60	MONOJECT SYRINGE REG	
TEXTURE.....	93	Microgestin Fe 1/20.....	60	LUER.....	100
Metaxall.....	117	MICRONEB.....	98	MONOJECT SYRINGE	
metaxalone	117	micronized colestipol hcl	33	REGULAR TIP.....	101
metformin hcl	25	midodrine hcl	139	Mono-Linyah.....	60
metformin hcl er	24	mifepristone	80	Mononessa.....	60
methadex	123	miglitol	24	MONONINE.....	87
methadone hcl	10	miglustat	88	montelukast sodium	18
Methadose.....	11	Mili.....	60	morphine sulfate	10
				morphine sulfate (concentrate)	10

morphine sulfate er	10	nabumetone	7	Neuac.....	69
motion sickness relief	30	nadolol	51	NEUPRO.....	44
MOTOFEN.....	29	Nafrinse.....	105	Neutragard Advanced.....	109
MOVANTIK.....	85	naftifine hcl	71	NEVANAC.....	122
moxifloxacin hcl	83, 121	NAFTIN.....	71	nevirapine	49
moxifloxacin hcl (2x day) ..	121	naloxone hcl	30	nevirapine er	49
MRESVIA.....	137	naltrexone hcl	30	NEWGEN.....	116
mucus dm	68	naproxen	6, 7	NEXIUM 24HR.....	133
MULTAQ.....	15	naproxen dr	7	NEXIUM 24HR CLEAR MINIS..	133
multi vit/fl	112	naproxen kit	7	NEXLETOL.....	33
multi vita-bets/fluoride	112	naproxen sodium	7	NEXLIZET.....	32
multi vitamin/fluoride	112	naratriptan hcl	103	NEXPLANON.....	64
multi vitamin/minerals	111	NARCAN.....	30	NEXTSTELLIS.....	61
multi-b-plus	111	NARDIL.....	22	niacin	139
multiple vitamins/fluoride	112	NATACHEW.....	115	niacin (antihyperlipidemic) .	34
multipro	111	NATACYN.....	121	niacin er	139
multi-vit/fluoride	112	Natacare Glosstabs.....	115	niacin er	
multi-vit/fluoride/iron	111	Natacare Three.....	115	(antihyperlipidemic)	34
multivit/multimineral adult		NATALVIT.....	115	niacin flush free	54
.....	111	Natatab Fa.....	115	niacinamide	139
multivitamin infant &		Natatab Rx.....	115	nicardipine hcl	53
toddler	113	NATAZIA.....	64	nicotine	129
multivitamin		nateglinide	28	nicotine polacrilex	129
select/fluoride	113	NATELLE PREFER.....	115	NICOTROL.....	129
multivitamin/fluoride	112	natural vegetable fiber	92	NICOTROL NS.....	129
multi-vitamin/fluoride	112	NATURE-THROID.....	130	Nifediac Cc.....	53
multivitamin/fluoride/iron	111	nebivolol hcl	51	Nifedical XI.....	54
multi-		neb-rite4	97	nifedipine	53
vitamin/fluoride/iron	111	nebulizer	97	nifedipine er	53
multivitamins	111	nebulizer compressor	97	nifedipine er osmotic	
multivitamins/fluoride	112	nebulizer mask adult	102	release	53
multi-vitamins/fluoride	112	nebulizer mask child	102	Nikki.....	61
multivit-min gummies		nebulizer ped frog	97	nilotinib hcl	40
childrens	112	nebulizer ped frog kit	97	nilutamide	39
multi-vits/fluoride	112	nebulizer system all-in-one .	97	nimodipine	53
mult-vitamin/fluoride	112	nebulizer updraft-style	97	nisoldipine er	52
mupirocin	71	Nebusal.....	68	nitazoxanide	37
Mvc-Fluoride.....	112	Necon 0.5/35 (28).....	60	nitetime sleep-aid	91
M-VIT.....	115	Necon 1/35 (28).....	60	nitisinone	81
MY MDI PORTABLE		Necon 7/7/7.....	65	nitrofurantoin	38
NEBULISER.....	99	nefazodone hcl	23	nitrofurantoin macrocrystal	38
myci-gc	68	neocin	122	nitrofurantoin monohyd	
mycophenolate mofetil	108	neocin-pg	122	macro	38
mycophenolate sodium	108	neomycin sulfate	3	nitroglycerin	12, 13, 14
mycophenolic acid	108	neomycin-bacitracin zn-		Nitroquick.....	14
MYCOZYL AL.....	72	polymyx	122	NIVA-PLUS.....	116
mydral	120	neomycin-polymyxin-		nizatidine	133
myferon 150 forte	90	dexameth	123	Nolix.....	74
MYNATAL.....	115	neomycin-polymyxin-		Nora-Be.....	64
MYNATAL ADVANCE.....	115	gramicidin	122	norethin ace-eth estrad-fe ..	56
mynatal plus	113	neomycin-polymyxin-hc	124	norethindrone	64
mynatal-z	113	neonatal complete	113	norethindrone acetate	126
mynephrocaps	110	NEONATAL PLUS.....	115	norethindrone acet-ethinyl	
Mynephron.....	110	neonatal prenatal	113	est	56, 57
Myorisan.....	70	Neo-Polycin.....	122	norethindrone-eth	
mytussin ac	68	Neo-Polycin Hc.....	123	estradiol	82
Myzilra.....	65	NEORAL.....	107	norethindron-ethinyl	
na sulfate-k sulfate-mg		nephro vitamins	110	estrad-fe	65
sulf	92	NESTABS.....	115	norethin-eth estradiol-fe	57

norgestimate-eth estradiol	OFEV.....130	OXYCONTIN.....10
.....57, 65	ofloxacin83, 121, 124	oxymetazoline hcl119
norgestim-eth estrad	Okebo.....130	oxymorphone hcl10
triphasic65	olanzapine46	oxymorphone hcl er10
norgestrel-ethinyl estradiol 57	olmesartan medoxomil36	OXYTROL.....134
Norlyda.....64	olmesartan medoxomil-	OXYTROL FOR WOMEN.....134
Norlyroc.....64	hctz35	OYSCO 500+D.....104
Northyx.....130	olopatadine hcl118, 121	oyster calcium + d104
Nortrel 0.5/35 (28).....61	omega-3119	oyster shell calcium104
Nortrel 1/35 (21).....61	omega-3 fish oil119	oyster shell calcium 500 +
Nortrel 1/35 (28).....61	omega-3 fish oil	d104
Nortrel 7/7/7.....65	concentrate119	OZEMPIC (0.25 OR 0.5
nortriptyline hcl24	omega-3-acid ethyl esters ..33	MG/DOSE).....27
novite111	omeprazole133	OZEMPIC (1 MG/DOSE).....27
NOVOLIN 70/30.....26	omeprazole magnesium133	OZEMPIC (2 MG/DOSE).....27
NOVOLIN 70/30 FLEXPEN.....26	OMEPRAZOLE+SYRSPEND SF	Pacerone.....15
NOVOLIN 70/30 FLEXPEN	ALKA.....133	paliperidone er45
RELION.....26	OMNARIS.....118	PANRETIN.....72
NOVOLIN N.....26	OMNIFLEX DIAPHRAGM.....95	pantoprazole sodium133
NOVOLIN N FLEXPEN.....26	OMNITROPE.....81	PARAGARD INTRAUTERINE
NOVOLIN N FLEXPEN RELION..26	ondansetron30	COPPER.....63
NOVOLIN R.....26	ondansetron hcl30	parcaine122
NOVOLIN R FLEXPEN.....26, 27	one vite womens plus113	PARI ALTERA NEBULIZER
NOVOLOG.....27	ONE-A-DAY WOMENS	SYSTEM.....99
NOVOLOG 70/30 FLEXPEN	PRENATAL.....116	PARI BABY.....99
RELION.....26	OPILL.....64	PARI BABY SIZE 1/PARI LC
NOVOLOG FLEXPEN.....27	OPSUMIT.....54	PLUS.....99
NOVOLOG FLEXPEN RELION	OPTIONHOME NEBULIZER	PARI ERAPID NEBULIZER
.....26, 27	SYSTEM.....99	SYSTEM.....99
NOVOLOG MIX 70/30.....27	OPTIONS GYNOL II	PARI LC D NEBULIZER.....99
NOVOLOG MIX 70/30	CONTRACEPTIVE.....138	PARI LC PLUS.....99
FLEXPEN.....27	oral electrolytes104	PARI LC PLUS NEB SET PED
NOVOLOG MIX 70/30 RELION..27	Oralene.....110	MASK.....99
NOVOLOG PENFILL.....27	ORAVIG.....109	PARI LC PLUS NEBULIZER.....99
NOVOLOG RELION.....27	ORAZINC.....107	PARI LC PLUS VIOS PRO NEB..99
NP THYROID.....130	ORENCIA.....7	PARI LC SPRINT NEBULIZER
NUCALA.....18	ORENCIA CLICKJECT.....7	SET.....99
NUCYNTA.....10	ORENITRAM.....54	PARI LC STAR.....99
NUCYNTA ER.....10	Organidin Nr.....68	PARI LC STAR NEBULIZER.....99
Nulev.....132	orphenadrine citrate er117	PARI PRONEB MAX LC PLUS....99
Nutravance.....111	Orsythia.....61	PARI PRONEB MAX LC SPRINT.99
Nutrifac Zx.....111	oscimin132	PARI PRONEB ULTRA II.....99
Nutrinat.....116	oscimin sr132	PARI SINUS AEROSOL
nutri-tab ob113	oseltamivir phosphate51	SYSTEM.....99
Nuzole.....77	OSMOPREP.....93	PARI TREK S COMPACT
Nyamyc.....72	OSPHERA.....82	COMPRESSOR.....99
Nyata.....72	OTEZLA.....7	PARI TREK S W/12V DC
Nylia 1/35.....61	oxandrolone11	ADAPTOR.....99
Nylia 7/7/7.....65	oxaprozin6	PARI VIOS PRO LC PLUS
Nymyo.....61	oxazepam15	SYSTEM.....99
nystatin31, 71, 72, 109	oxcarbazepine21	PARI VIOS PRO LC SPRINT
nystatin-triamcinolone71	oxiconazole nitrate77	SYSTEM.....99
Nystop.....72	OXISTAT.....76	paricalcitol81
O-CAL FA.....116	oxybutynin134	Paroex.....109
Ocella.....61	oxybutynin chloride134	paroxetine hcl23
OCTAGAM.....125	oxybutynin chloride er134	PASER.....38
octreotide acetate82	oxycodone hcl10, 11	PAXLOVID.....50
ODEFSEY.....47	oxycodone hcl er10	PAXLOVID (150/100).....50
ODOMZO.....41	oxycodone-acetaminophen .11	PAXLOVID (300/100).....50

pazopanib hcl	41	Phenytoin Infatabs.....	22	polyvits/fluoride/iron	111
peak flow meter	102	phenytoin sodium		POMALYST.....	41
peak flow meter universal		extended	22	Portia-28.....	61
rang	102	Philith.....	61	potassium bicarbonate	106
PEDIA-LAX.....	94	phluorivit	112	potassium chloride	106
pediatric compressor		phluorivit + fe	111	potassium chloride crys er	106
nebulizer	97	Phos-Flur.....	109	potassium chloride er	106
pediatric electrolyte	104	Phospha 250 Neutral.....	106	potassium citrate er	86
PEDIATRIC PANDA MASK.....	102	PHOSPHOLINE IODIDE.....	120	potassium citrate-citric	
pedi-dri	72	phosphorous	106	acid	86
peg 3350	93	Phospho-Trin 250 Neutral....	106	pramipexole	
peg 3350/electrolytes	92	Phrenilin W/Caffeine-Codeine....	9	dihydrochloride	44
peg 3350-kcl-na bicarb-		Physiolyte.....	108	prasugrel hcl	88
nacl	92	Physiosol Irrigation.....	108	pravastatin sodium	34
peg-3350/electrolytes	92	phytonadione	140	praziquantel	13
peg-		PIFELTRO.....	49	prazosin hcl	36
3350/electrolytes/ascorba		pilocarpine hcl	110, 120	prednicarbate	76
t	92	piloptic-1	120	prednisolone	67
PEGASYS.....	50	piloptic-2	121	prednisolone acetate	123
PEGASYS PROCLICK.....	50	piloptic-4	121	prednisolone sodium	
peg-kcl-nacl-nasulf-na asc-		pimecrolimus	77	phosphate	67
c	92	pimozide	129	prednisone	67
Pegylax.....	93	Pimtrea.....	56	pregabalin	20, 21
penciclovir	73	pindolol	52	PREMARIN.....	83, 138
penicillamine	107	pinworm medicine	13	premium condoms	
penicillin v potassium	126	pioglitazone hcl	29	lubricated	95
pentamidine isethionate	37	pirfenidone	130	PREMPHASE.....	82
pentopak	88	Pirmella 1/35.....	61	PREMPRO.....	82
pentoxifylline er	88	Pirmella 7/7/7.....	65	prenacare	114
Pentoxil.....	88	piroxicam	7	prenaplast	114
perindopril erbumine	35	PLEGRIDY.....	127, 128	prenatabs fa	114
Periogard.....	109	PLEGRIDY STARTER PACK		prenatal	114
Perisol.....	109		127, 128	prenatal + complete multi	117
permethrin	78, 79	PNEUMOVAX 23.....	134	prenatal 19	114, 116
permethrin lice treatment ...	79	pnv fe fum/docusate/folic		PRENATAL AD.....	116
perphenazine	46	acid	114	Prenatal Advantage.....	116
perphenazine-amitriptyline		pnv folic acid + iron	114	prenatal complete	114
.....	128	pnv prenatal plus		prenatal dha	119
petrolatum & lanolin	76	multivitamin	114	prenatal formula	114
pfizer covid-19 vac bival 5-		POCKET PEAK FLOW METER..	102	prenatal forte	114
11	135	podofilox	77	prenatal low iron	114
pfizer covid-19 vac bivalent		Polycin.....	122	prenatal multi + dha	114
.....	135	polycin b	122	PRENATAL MULTIVITAMIN +	
pfizer-biont covid-19 vac-		poly-dex	123	DHA.....	117
tris	135	polyethylene glycol 3350	93	prenatal multivitamin plus	
pfizer-biontech covid-19		polyethylene glycol 3350-		dha	116
vacc	135	grx	93	PRENATAL MULTIVITAMIN-	
Phenadoz.....	32	POLYGAM S/D.....	125	ULTRA.....	116
Phenazo.....	87	poly-iron 150 forte	90	prenatal plus	114
phenazopyridine hcl	87	polymyxin b-trimethoprim	122	prenatal plus	
phenelzine sulfate	22	polysaccharide iron	90	vitamin/mineral	114
Phenergan.....	32	polysaccharide iron		prenatal plus/iron	114
phenobarbital	91	complex	90	prenatal vitamin	114
phenoxylbenzamine hcl	35	polysaccharide iron forte	90	prenatal vitamin and	
phenyleph-promethazine-		POLY-VI-SOL.....	113	mineral	114
cod	69	polyvitamin/fluoride	112	prenatal vitamin plus low	
phenylephrine hcl	118	poly-vitamin/fluoride	112	iron	114
Phenytek.....	21	poly-vitamin/fluoride/iron	111	prenatal vitamins plus	114
phenytoin	21, 22	polyvitamin/iron	112	PRENATAL/FOLIC ACID.....	116

prenatal+dha	116	psyllium	93	renal vitamin	110
PRENATRIX.....	116	psyllium husk	93	Renalpren.....	110
PRENATRYL.....	116	pulexn dm	68	Renaphro.....	110
prenatvite rx	114	PULMICORT FLEXHALER.....	18	reno caps	110
PRENTIF CAVITY-RIM CERV		PULMOMATE COMP/MICRO-		repaglinide	28
CAP.....	95	MIST NEB.....	99	repan	8
PREPARATION H.....	12	PULMONEB LT.....	99	REPATHA.....	34
preplus	114	Pulmosal.....	68	REPATHA PUSHTRONEX	
PREPOPIK.....	92	PULMOZYME.....	129	SYSTEM.....	34
pretab	114	PURE & GENTLE LUBRICANT..	120	REPATHA SURECLICK.....	34
Prevalite.....	33	pyrazinamide	39	Reprexain.....	9, 10
Previfem.....	61	pyridostigmine bromide	38	RETACRIT.....	89
PREVNAR 13.....	134	pyridoxine hcl	139	REXULTI.....	46
PREVNAR 20.....	134	pyrimethamine-leucovorin ..	38	REYVOW.....	103
PREZCOBIX.....	47	PYZCHIVA.....	72, 84	RHOGAM ULTRA-FILTERED	
PREZISTA.....	48	Quasense.....	63	PLUS.....	125
PRIFTIN.....	39	quetiapine fumarate	46	ribavirin	50
primaquine phosphate	38	quetiapine fumarate er	46	RIDAURA.....	5
primidone	21	quinapril hcl	35	rifabutin	39
PRIVIGEN.....	125	quinaretic	35	rifampin	39
probenecid	87	quinidine sulfate	15	riluzole	119
prochlorperazine	46	quinine sulfate	38	rimantadine hcl	51
prochlorperazine maleate ...	46	QVAR REDIHALER.....	18	RINVOQ.....	3
PROCRIT.....	89	ra slow release iron	90	risacal-d	104
Proctocare-Hc.....	12	ra vitamin b-6 cr	139	risedronate sodium	80
Proctocream Hc.....	12	rabeprazole sodium	133	risperidone	45
Procto-Kit.....	12, 76	Rajani.....	61	Risperidone M-Tab.....	45
Procto-Med Hc.....	12	raloxifene hcl	82	ritonavir	49
Proctosol Hc.....	12	ramelteon	92	rivaroxaban	19
Proctozone-Hc.....	12	ramipril	35	rivastigmine	127
Profeno.....	6	ranolazine er	13	rivastigmine tartrate	127
progesterone	126, 127	rasagiline mesylate	44	Rivelsa.....	63
PROLASTIN-C.....	129	re multivit with fluoride	112	rizatriptan benzoate	103
promethazine hcl	32	re prenatal		robafen ac	68
promethazine vc plain	68	multivitamin/iron	114	ROBITUSSIN CHILDRENS	
promethazine-codeine	69	REBIF.....	128	COUGH LA.....	67
promethazine-dm	69	REBIF REBIDOSE.....	128	roflumilast	18
promethazine-pe-codeine ...	69	REBIF REBIDOSE TITRATION		Romilar Ac.....	68
Promethegan.....	32	PACK.....	128	romycin	121
PRONEB ULTRA II DELUXE/LC		REBIF TITRATION PACK.....	128	ropinirole hcl	44
STAR.....	99	Reclipsen.....	61	Rosadan.....	78
PRONEB ULTRA II		RECOMBIMATE.....	87	rosuvastatin calcium	33
DELUXE/LCD.....	99	RECOMBIVAX HB.....	137	Roweepra.....	21
PRONEB ULTRA II DELX/LC		REFACTO.....	87	Roweepra Xr.....	21
SPRINT.....	99	REGENECARE HA.....	77	Roxicet.....	11
PRONEB ULTRA II PEDIATRIC..	99	REGRANEX.....	79	RUBRACA.....	43
PRONEB ULTRA II/LC PLUS.....	99	Relador Pak.....	79	rufinamide	20
PRONEB ULTRA II/LC SPRINT..	99	Relafen.....	7	RUKOBIA.....	48
propafenone hcl	15	RELENZA DISKHALER.....	51	RYBELSUS.....	27
proparacaine hcl	122	RELION KETONE.....	79	RYBELSUS (FORMULATION	
propranolol hcl	52	RELION KETONE TEST.....	79	R2).....	28
propranolol hcl er	51	RELION TRUE MET AIR GLUC		Sajazir.....	88
propylthiouracil	130	METER.....	97	Salflex.....	9
protriptyline hcl	24	RELION TRUE METRIX TEST		saline nasal spray	118
pseudoeph-bromphen-dm ...69		STRIPS.....	79	salsalate	9
pseudoephedrine hcl ..118, 119		RELISTOR.....	85	SANDIMMUNE.....	107
pseudoephedrine hcl er118		renaf	105	SANTYL.....	76
pseudoephedrine-		Renal.....	110	sapropterin	
guaifenesin er	68	renal softgels	110	dihydrochloride	81, 82

SAVELLA.....	127	sodium fluoride 5000 plus	109	sucralfate	133
SAVELLA TITRATION PACK....	127	sodium fluoride 5000 ppm	109	SUDAFED CHILDRENS.....	118
sb lice treatment	78	sodium hyaluronate		SUDAFED PE CHILDRENS.....	119
scopolamine	30	(viscosup)	117	SUDOGEST.....	119
selegiline hcl	44	sodium oxybate	127	sulconazole nitrate	76, 77
selenium sulfide	73	sodium phenylbutyrate	82	sulfacetamide sodium ..	69, 123
SELZENTRY.....	48	sodium polystyrene		sulfacetamide sodium	
se-natal 19	114, 116	sulfonate	108	(acne)	69
se-natal one	114	sodium sulfacetamide	69	sulfacetamide-	
senna	94	sofosbuvir-velpatasvir	50	prednisolone	123
senna laxative	94	Solia.....	61	sulfacetamide-sulfur wash ..	69
senna maximum strength ...	94	solifenacin succinate	134	sulfadiazine	130
senna plus	93	SOLQUA.....	28	sulfamethoxazole-tmp ds	37
senna s	93	Soluclenz Rx.....	70	sulfamethoxazole-	
sertraline hcl	23	SOMAVERT.....	81	trimethoprim	37
Setlakin.....	64	soothe neb mesh nebulizer ..	97	SULFAMYLON.....	73
sevelamer carbonate	85	sootheneb compressor		sulfasalazine	84
sf	109	nebulizer	97	sulfatrim	37
sf 5000 plus	109	sorafenib tosylate	41	Sulfatrim Pediatric.....	37
Sharobel.....	64	Sorine.....	52	Sulfazine.....	84
SHINGRIX.....	137	sotalol hcl	52	Sulfazine Ec.....	84
SHUR-SEAL CONTRACEPTIVE	138	sotalol hcl (af)	52	sulindac	7
SIDESTREAM NEBULIZER-		sotalol hcl af	52	sumatriptan succinate	103
DISP.....	99	sotalol hydrochloride	52	sumatriptan succinate refill	
SIDESTREAM NEBULIZER-		Sotret.....	70		103
REUSABLE.....	99	SOVALDI.....	50	sunitinib malate	41
SIDESTREAM PLUS		Spacol T/S.....	132	SUPARTZ.....	118
NEBULIZER.....	99	sparky the dog ped		SUPARTZ FX.....	118
sildenafil citrate	54	nebulizer	97	Syeda.....	61
silodosin	86	SPIKEVAX.....	137	Symax Fastabs.....	132
silver sulfadiazine	74	SPIKEVAX COVID-19 VACCINE		Symax-SI.....	132
SIMBRINZA.....	119		137	Symax-Sr.....	132
simethicone	84	spinosad	78	SYMJEPI.....	139
simethicone drops infants ...	83	SPIRIVA RESPIMAT.....	17	SYMLINPEN 120.....	24
simethicone extra strength ..	84	spironolactone	80	SYMLINPEN 60.....	24
simethicone ultra strength ..	84	spironolactone-hctz	80	SYMPROIC.....	85
SIMLANDI (1 PEN).....	5	Sprintec 28.....	61	SYMTUZA.....	47
SIMLANDI (2 PEN).....	5	SPRYCEL.....	40	SYNAGIS.....	125
Simliya.....	56	Sps.....	108	SYNAREL.....	81
Simpeisse.....	64	Sps (Sodium Polystyrene Sulf)		SYNJARDY.....	28
SIMPONI.....	5		108	SYNJARDY XR.....	28
simvastatin	34	SPS (SODIUM POLYSTYRENE		SYNOJOYNT.....	118
sirolimus	108	SULF).....	108	SYNTHROID.....	130
SIRTURO.....	38	Sronyx.....	61	syringe disposable	100
SKYLA.....	64	Ssd.....	74	TABLOID.....	39
SKYRIZI.....	73, 84, 85	Ssd (Silver Sulfadiazine).....	74	tacrolimus	77, 108
SKYRIZI (150 MG DOSE).....	73	Ssd Af.....	74	tadalafil (pah)	55
SKYRIZI PEN.....	73	stavudine	49	TAFINLAR.....	40
sleep aid (doxylamine)	91	STELARA.....	73, 85	tafluprost (pf)	124
slow release iron	90	sterile water for irrigation ..	108	TAGRISSO.....	40
SLYND.....	65	STIMATE.....	82	tamoxifen citrate	39
smz-tmp ds	37	STIOLTO RESPIMAT.....	16	tamsulosin hcl	86
sod citrate-citric acid	86	STIVARGA.....	41	Tarina 24 Fe.....	61
sodiphlor	105	stool softener	94	Tarina Fe 1/20.....	61
sodium bicarbonate	13	STRIBILD.....	47	Tarina Fe 1/20 Eq.....	61
sodium chloride	68, 86, 107	STRIVERDI RESPIMAT.....	17	TASIGNA.....	40
sodium chloride		Strovite Plus.....	111	tasimelteon	92
(hypertonic)	122	SUBLOCADE.....	11	tavaborole	78
sodium fluoride	105, 109	Subvenite.....	21	TAVALISSE.....	88

Taysofy.....	61	tobramycin pak	3	Tri-Lo-Mili.....	66
tazarotene	73	tobramycin sulfate	121	Tri-Lo-Sprintec.....	66
Taztia Xt.....	54	tobramycin-		TRILURON.....	118
TDVAX.....	131	dexamethasone	123	Trilyte.....	92
techlite insulin syringe	100	tobrasol	121	trimethobenzamide hcl	30
TECHLITE PEN NEEDLES.....	101	tolazamide	29	trimethoprim	37
telmisartan	36	tolbutamide	29	Tri-Mili.....	66
temazepam	91	tolcapone	44	trimipramine maleate	24
TEMIXYS.....	47	tolnaftate	72	Trimox.....	126
temozolomide	42	tolterodine tartrate	134	trinatal gt	114
TENIVAC.....	131	tolvaptan	82	trinatal rx 1	114
tenofovir disoproxil		Topiragen.....	21	trinatal ultra	114
fumarate	49	topiramate	21	Trinessa (28).....	66
terazosin hcl	36	toremifene citrate	39	Trinessa Lo.....	66
terbinafine hcl	31, 72	torsemide	80	TRINTELLIX.....	23
terbutaline sulfate	17	TOUJEO MAX SOLOSTAR.....	27	Tri-Nymyo.....	66
terconazole	137	TOUJEO SOLOSTAR.....	27	triphrocaps	110
teriflunomide	127	TRACLEER.....	54	triple antibiotic	122, 123
teriparatide	81	tramadol hcl	11	triple antibiotic pain relief ..	71
TERUMO SURGUARD2 SAFETY		tramadol hcl (er biphasic) ...	11	triple antibiotic plus	71
NEEDLE.....	101	tramadol hcl er	11	triple antibiotic plus max st	71
testosterone cypionate	12	tramadol-acetaminophen	11	TRIPLE PASTE AF.....	77
testosterone enanthate	12	trandolapril	35	triple-vitamin/fluoride	113
tetanus-diphtheria toxoids		tranexamic acid	91	Tri-Previfem.....	66
td	131	tranylcypromine sulfate	22	Tri-Sprintec.....	66
tetrabenazine	127	travoprost (bak free)	124	TRIUMEQ.....	47
tetracycline hcl	130	trazodone hcl	23	triumeq pd	47
THALOMID.....	107	TRECTOR.....	38	TRIVISC.....	118
Theochron.....	19	TRELEGY ELLIPTA.....	16	tri-vit/fluoride	113
theophylline	19	TREMFYA.....	73, 85	tri-vitamin/fluoride	113
theophylline er	18, 19	TREMFYA CROHNS		tri-vite/fluoride	113
THERANATAL CORE		INDUCTION.....	85	Trivora (28).....	66
NUTRITION.....	116	TREMFYA ONE-PRESS.....	73	Tri-Vylibra.....	66
THERANATAL PLUS.....	117	TREMFYA PEN.....	85	Tri-Vylibra Lo.....	66
Thermazene.....	74	treprostinil	54	TRIZIVIR.....	47
therobec	110	TRESIBA.....	27	tropicamide	120
therobec plus	111	TRESIBA FLEXTOUCH.....	27	trospium chloride	134
thioridazine hcl	46	tretinoin	43, 70	trospium chloride er	134
thiothixene	46	Tri Femynor.....	65	TRUE METRIX AIR GLUCOSE	
thrivite 19	114	triadvance	114	METER.....	97
thyroid	130	triamcinolone acetonide		TRUE METRIX BLOOD	
Tiadyt Er.....	54	76, 110, 118		GLUCOSE TEST.....	79
tiagabine hcl	21	triamterene	80	TRUE METRIX METER.....	97
ticagrelor	88	triamterene-hctz	80	TRUEPLUS 5-BEVEL PEN	
ticlopidine hcl	88	triazolam	91	NEEDLES.....	101
Tilia Fe.....	65	TRICARE.....	116	TRUEPLUS INSULIN SYRINGE	
timolol maleate	52, 120	Tricon.....	90	101, 102	
tinidazole	37	Triderm.....	76	TRULICITY.....	27
tioconazole-1	137	Tri-Estarylla.....	65	TRUZONE PEAK FLOW METER	102
tiopronin	87	trifluoperazine hcl	46	Tulana.....	65
tiotropium bromide		trifluridine	122	TWINRIX.....	134
monohydrate	17	trihexyphenidyl hcl	43	TWIRLA.....	62
TIVICAY.....	48	TRIJDARDY XR.....	28	TYBLUME.....	61
TIVICAY PD.....	48	triklo	33	TYBOST.....	49
tizanidine hcl	117	Tri-Legest Fe.....	66	Tydemy.....	62
tl folate	114	Tri-Linyah.....	66	TYMLOS.....	81
tl icon	90	Tri-Lo-Estarylla.....	66	UBRELVY.....	102
TOBRADEX.....	123	Tri-Lo-Marzia.....	66	ultra natal	114
tobramycin	3, 121			ULTRA NATALCARE.....	116

ultra tabs	114	viorele	56	wescaps	110
ultra-natal	114	VIOS AEROSOL DELIVERY		wes-phos 250 neutral	106
UNIFIBER.....	93	SYSTEM.....	99	westab plus	115
Unithroid.....	131	VIOS LC PLUS.....	99	WESTHROID.....	130
Unithroid Direct.....	131	VIOS LC PLUS DELUXE.....	100	WESTHROID-P.....	130
UPTRAVI.....	55	VIOS LC PLUS PEDIATRIC.....	100	WIDE-SEAL DIAPHRAGM 60....	96
UPTRAVI TITRATION.....	55	VIOS LC SPRINT.....	100	WIDE-SEAL DIAPHRAGM 65....	96
ursodiol	84	VIOS LC SPRINT DELUXE.....	100	WIDE-SEAL DIAPHRAGM 70....	96
ustekinumab-ttwe	72, 84	VIOS LC SPRINT PEDIATRIC..	100	WIDE-SEAL DIAPHRAGM 75....	96
valacyclovir hcl	50	VIRACEPT.....	48	WIDE-SEAL DIAPHRAGM 80....	96
valganciclovir hcl	50	virt-advance	115	WIDE-SEAL DIAPHRAGM 85....	96
valproic acid	22	virt-caps	110	WIDE-SEAL DIAPHRAGM 90....	96
valsartan	36	virt-phos 250 neutral	106	WIDE-SEAL DIAPHRAGM 95....	96
valsartan-		virtrate-2	86	Wixela Inhub.....	16
hydrochlorothiazide	35	virtrate-k	86	WP THYROID.....	131
VALTOCO 10 MG DOSE.....	20	virt-vite gt	115	Wymzya Fe.....	62
VALTOCO 15 MG DOSE.....	20	virt-vite plus	110	XALKORI.....	40
VALTOCO 20 MG DOSE.....	20	VISCO-3.....	118	XARELTO.....	19
VALTOCO 5 MG DOSE.....	20	vis-phos n	106	XARELTO STARTER PACK.....	19
Vanadom.....	117	vit b3-azelac-turm-fa-b6-		XELJANZ.....	4
vancomycin hcl	37	zn-cu	111	XELJANZ XR.....	4
vandetanib	41	Vita S Forte.....	111	XIFAXAN.....	37
VAQTA.....	137	Vitacel.....	111	XIGDUO XR.....	28
varenicline tartrate	129	VITAFOL-OB.....	116	XOFLUZA (40 MG DOSE).....	51
varenicline tartrate		VITAFOL-PN.....	116	XOFLUZA (80 MG DOSE).....	51
(starter)	129	vitamin a-c-d infant	113	XOLAIR.....	16
VARIVAX.....	137	vitamin b1	139	XTANDI.....	39
VAXNEUVANCE.....	134	vitamin b-1	139	Xulane.....	62
v-c forte	111	vitamin b-12	89	XULTOPHY.....	28
VCF VAGINAL		vitamin b-12 er	89	Xylon.....	9
CONTRACEPTIVE.....	138	vitamin b-6	139	YESINTEK.....	73, 85
VECAMEYL.....	36	vitamin c	139	Yuvaferm.....	138
Veetids.....	126	vitamin d	140	Zafemy.....	62
VELIVET.....	66	vitamin d (cholecalciferol)	140	zafirlukast	18
VELPHORO.....	85	vitamin d (ergocalciferol)	140	zaleplon	91
VELTASSA.....	108	vitamin d3	140	Zarah.....	62
VEMLIDY.....	50	vitamin forte	111	Zazole.....	137, 138
venatal-fa	115	vitamins acd-fluoride	113	ZEJULA.....	43
venlafaxine hcl	24	vitamins/minerals	111	ZEMAIRA.....	129
venlafaxine hcl er	23	vita-natal	115	Zenatane.....	70
VENTAVIS.....	54	VITATHELY WITH GINGER.....	116	Zenchent.....	62
VENTSTREAM NEBULIZER.....	99	vitaxyme	111	Zenchent Fe.....	62
verapamil hcl	53	Vitazol.....	78	ZENPEP.....	79
verapamil hcl er	52, 53	VIXONE DISPOSABLE		Zenzedi.....	2
VEREGEN.....	71	NEBULIZER.....	100	Zeosa.....	62
VERZENIO.....	42	v-natal	115	ZEPATIER.....	50
Vestura.....	62	Volnea.....	56	zidovudine	49
vica forte	111	vol-plus	115	zileuton er	15
vicap forte	111	VOLTAREN.....	72	zincate	107
Vic-Forte.....	111	VOLTAREN ARTHRITIS PAIN....	72	ziprasidone hcl	45
Vienna.....	62	voriconazole	31	ZIRGAN.....	122
vigabatrin	21	VOSEVI.....	50	ZOEY INSPIRATION	
Vigadrone.....	21	VRAYLAR.....	45	NEBULIZER SYS.....	100
vilazodone hcl	23	Vyfemla.....	62	ZOLINZA.....	41
VINATE AZ EXTRA.....	116	Vylibra.....	62	zolmitriptan	103
VINATE GT.....	116	warfarin sodium	19	zolpidem tartrate	91
VINATE II.....	116	water for irrigation, sterile	108	ZOMIG.....	103
VINATE ONE.....	116	wee care	90	zonisamide	21
vinate ultra	115	Wera.....	62	ZONTIVITY.....	88

Zovia 1/35 (28).....	62
Zovia 1/35E (28).....	62
Zovia 1/50E (28).....	62
Zumandimine.....	62
ZYDELIG.....	43
ZYKADIA.....	40
ZYLET.....	123