

# 2024 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

## Molina Healthcare of New Mexico, Inc Marketplace

### Notice:

The information in this document is current as of April 1, 2024.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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](https://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 Drug Look-Up tool.

### Aviso:

La información de este documento está vigente a partir del 1 de abril de 2024.

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](https://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 Verificar Costo de Medicamentos.

# Contents

Contents .....	i
Welcome! .....	ii
Drug Formulary (List of Drugs) .....	ii
Using the Drug Formulary as your prescription drug coverage guide .....	iii
Birth Control Benefits Summary .....	v
Finding a pharmacy to fill a prescription .....	vi
Pharmacy Network.....	vi
Specialty Pharmacy .....	vi
Mail Order Pharmacy .....	vi
Out-of-Network Pharmacy.....	vii
Prescription Claims Processor .....	vii
Urgent and After-Hours Medication Policy.....	vii
Refill Timing, Synchronization, and Proration.....	vii
Prior authorization and exception request procedure .....	vii
Prior authorization .....	vii
Requesting an Exception.....	viii
Complaints and Appeals .....	ix
Notice .....	ix
Legend.....	x

# Welcome!

## 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 in 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 that was not previously in place

Unless a generic version of the prescription drug is available, Molina will not make any of these changes within 120 days of a previous update for that given drug:

- Moving a drug to a higher drug list tier, moving a drug from preferred to non-preferred status, or other changes we make to the drug list that result in higher member cost-sharing for a 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 that was not previously in place

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](http://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. You may also call us and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- What is 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?

Call toll-free **1-888-295-7651**, Monday through Friday, **8:00 AM – 5:00 PM MST**. 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 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 prescriber 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.

# Using the Drug Formulary as your prescription drug coverage 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).

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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

## 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, how much support may be needed to use them, and how much they cost compared to similar treatments. Non-preferred drugs will cost you more than preferred drugs.

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

<b>Drug Tier</b>	<b>Description</b>
<b>Preventive</b>	PREV – Preventative and family planning drugs and devices (ie, contraception) with \$0 cost sharing
<b>Preferred Generic</b>	Tier 1 – Preferred generic drugs
<b>Preferred Brand and Non-Preferred Generic</b>	Tier 2 – Preferred brand name drugs and some generic drugs that are non-preferred
<b>Preferred Specialty</b>	Tier 3 – All preferred specialty drugs (brand name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements; Depending on state rules, Molina may require Members to use a network specialty pharmacy; Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen (“Limited Distribution”)
<b>Non-Preferred Brand</b>	Tier 4 – Non-preferred brand name drugs
<b>Non-Preferred Specialty</b>	Tier 5 – All non-preferred specialty drugs (brand name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements; Higher cost sharing than preferred specialty drugs used to treat the same conditions, if available; Depending on state rules, Molina may require Members to use a network specialty pharmacy; Some specialty drugs are only sold by certain pharmacies the drug company has chosen (“Limited Distribution”)

## **Durable Medical Equipment**

DME – Non-drug items such as monitoring equipment and supplies covered under the pharmacy benefit; Cost sharing follows the medical benefit cost sharing for Durable Medical Equipment for non-drug items on the drug list

---

When coverage of non-formulary drugs is approved on formulary exception, enrollees pay the Non-Preferred Brand tier cost sharing for non-specialty drugs or the Non-Preferred Specialty tier cost sharing for Specialty drugs. Please see your plan Agreement for more details on cost sharing for formulary exceptions.

In accordance with the Affordable Care Act, your plan covers nationally recognized preventative service drugs and dosage forms (PREV) with \$0 cost sharing when prescribed for you to use in line with those recommendations.

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 is required.

- There are limits on your cost sharing for anticancer drugs taken by mouth. You will pay the lower of two rates: the applicable formulary tier cost sharing OR the chemotherapy and provider-administered drug cost sharing specified under your plan's medical benefit.
- There are limits on your cost sharing for insulin. The limit (\$25) applies per insulin drug, per 30-day supply. The limit does not apply to products that contain other drugs besides insulin.
- You have no cost sharing for drugs prescribed to treat mental health or substance use disorders.
- You have no cost sharing for prescription and over-the-counter birth control.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.
- You have no cost sharing for anti-infection drugs when prescribed to treat a sexually transmitted infection.

### **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. If you create an account with Caremark.com before using the tool, your plan design information will also be used to more closely estimate actual prices you pay at the pharmacy.

### **How do I find if there are lower cost drug options that are right for me?**

Rx Savings Solutions® can help you find the lowest price and in-network pharmacy for medications you take. To register for savings alerts, log into the My Molina portal or call Rx Savings Solutions® at 1 (800) 492-1051.

## **Birth Control Benefits Summary**

Your plan covers a range of 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 with a doctor's prescription or over-the-counter when billed by a network pharmacy. We will cover up to a 6-month supply of prescribed birth control at one time. For non-prescribed OTC products, you do not need a prescription and we cover a 1-month supply at a time. Here are some examples of covered products:

Barrier products (condoms, caps, and diaphragms), birth control pills, patches, vaginal rings, intrauterine devices, injections and injected devices, and emergency birth control or "morning after" pills (prescription and OTC).

There are no requirements to try other drugs first or to get prior authorization from Molina for birth control products that are on the formulary. If you have a medical reason for why you must use a non-formulary product, your prescriber can send us a formulary exception request using the prior authorization process. Instructions are in this drug list guide.

Under state rules, qualified pharmacists may be able to dispense certain prescription or over-the-counter birth control products to you using your pharmacy benefit without a doctor's prescription. You can also buy OTC birth control listed on the formulary and mail a refund request with your receipt using a "Prescription Reimbursement Claim Form". This form is on MolinaMarketplace.com under Members "Forms and Documents". Please note, if purchasing OTC birth control products or using an out-of-network pharmacy, Molina will reimburse you up to the allowed amount we pay network pharmacies for the same product, if on the formulary.

## Finding a pharmacy to fill a prescription

### Pharmacy Network

Your plan 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.

### Specialty Pharmacy

Your plan has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on either the Preferred Specialty or Non-Preferred Specialty tiers. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies.

Your plan'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 us 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 or visiting CVSSpecialty.com

Your plan's network also has a specialty pharmacy that is not connected to the Pharmacy Benefit Manager:

- You can contact BioPlus® Specialty Pharmacy at 1 (888) 292-0744 or visit BioPlusRx.com
- You can contact Noble Health Services at 1 (866) 420-4041 or visit NobleHealthServices.com

### 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 has a mail order pharmacy that is not connected to the Pharmacy Benefit Manager (Kroger®/PPS® Mail Order Pharmacy). You can contact PPS at 1 (800) 552-6694 or visit ppsrx.com.

Enrollment forms for all network mail order pharmacies can be found at MolinaMarketplace.com in the Member "Forms and Documents" section.

## Out-of-Network Pharmacy

If the in-network pharmacies do not meet your 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

We have selected CVS Caremark® as the Pharmacy Benefit Manager (“PBM”) to manage the prescription benefit for your plan. 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 our Customer Support Center at **1 (888) 295-7651**. Member Services is available **Monday through Friday 8:00 AM – 5:00 PM MST**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1 (855) 322-4078**.

## 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 has been reviewed (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. We will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions.

Pharmacies may call us at **1-855-322-4078** 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. 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 us at **1-866-472-4578**. The clinical policies and forms may be obtained at our website [MolinaMarketplace.com](http://MolinaMarketplace.com). Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.



If your prescription requires a Prior Authorization or Formulary Exception, your provider can ask for the request to be reviewed as an Urgent Circumstance.

- A request is considered urgent if it is for treating a health condition that may seriously jeopardize your life, health, or ability to regain maximum function. Situations where you are in severe uncontrolled pain, or the urgency of your care requires a rapid coverage decision can also be indicated as urgent on requests. Supporting information is required to justify the urgency of the request.
- Any request that is not for an Urgent Circumstance is considered a Standard Exception request.

We will reach a decision no later than:

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

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.

## 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?**

We have 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. A formulary exception would be needed in the following scenarios:

- Your prescriber 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 and you cannot switch
- The formulary drug requires step therapy, and you tried the step drugs in the past, or have clinical factors that make those step drugs not right for you
- You may have a medical need for a compounded version of a drug such as a liquid that is not commercially available

Your prescriber can send us a formulary exception request using the Prior Authorization process and form described in the previous section.

Exceptions may be considered when formulary options cannot be used and/or other requirements are met. The drug must be safe and effective for your medical condition. Your doctor must write your prescription for the usual amount of the drug for you. We may consider an exception under the following conditions:

- There is documentation of a specific need in your medical record
- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past
- Your doctor has certified the options have caused you harm or are reasonably expected by the prescriber to cause you harm, or to be ineffective because of the clinical features of your condition

If the request is approved, we will send a letter to your prescriber. If the request is not approved, we will send a letter 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.

Review timeframes and conditions are found in the "Prior Authorization" section of this guide.

## **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 (policy) titled “Non-Covered Drugs” and “Exclusions”.

## **Complaints and Appeals**

You may file a grievance or complaint by contacting the Customer Support Center at **1-888-295-7651**. If we do not approve 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](http://MolinaMarketplace.com).

## **Notice**

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. All rights are reserved. This document contains references to brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Partner names and services such as CVS Caremark®, CVS Specialty®, and Caremark.com are proprietary to and operated by CVS Health® Corporation. BioPlus®, Noble Health Services, Rx Savings Solutions®, CoverMyMeds®, Kroger®, PPS® and Surescripts® are registered trademarks of third parties belonging to their respective companies.

# 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:

<b>Requirements/Limits</b>	<b>Description</b>
<b>AGE</b>	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.
<b>BH</b>	When a drug is marked "BH" on the formulary, and it is prescribed to treat a Behavioral Health condition you have, it is eligible for \$0 cost sharing under New Mexico rules. There are certain drugs marked "BH" that are mainly used to treat Medical Health conditions such as high blood pressure. Tell your prescriber to specify in your prescription directions if you are taking one of these Medical Health drugs to treat a Behavioral Health condition.
<b>INF</b>	When a drug is marked "INF" on the formulary, and it is prescribed to treat a Sexually Transmitted Infection (STI), it is eligible for \$0 cost sharing under New Mexico rules. For drugs that treat human immunodeficiency virus (HIV), \$0 cost sharing is automatic. Other drugs marked "INF" may treat many types of infections. The prescription claim must indicate it is for an STI for systems to recognize \$0 cost sharing rules apply. Pharmacies will receive a message during claims submission and must send a code to privately indicate a drug is being used to treat an STI versus another type of infection for which \$0 cost sharing rules do not apply.
<b>MED</b>	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.
<b>OTC</b>	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
<b>PA</b>	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
<b>QL</b>	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
<b>ST</b>	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 Non-Preferred Specialty drugs may have a comment in the "Requirements/Limits" column that reads "Medical Necessity PA". If there is a Preferred Specialty drug in the same drug category, the Preferred Specialty drug will be marked "Preferred Brand" in the "Requirements/Limits" column. We require that the Preferred Brand in the category be used first or instead of the Non-Preferred Specialty drug.

The drug list will also indicate if a drug is eligible for Mail Order (**MAIL**) programs in the Requirements/Limits column. It is your choice if you want to use Mail Order programs. You may have lower cost sharing using Mail Order on some drugs.

2024

# Guía del formulario

(Lista de medicamentos cubiertos)

Molina Marketplace – New Mexico

[MolinaMarketplace.com](https://MolinaMarketplace.com)



# Contenido

Contenido .....	i
¡Bienvenido! .....	ii
Formulario de medicamentos (Lista de medicamentos) .....	ii
Uso del Formulario de medicamentos como su guía de cobertura de medicamentos recetados .....	iii
Resumen de Beneficios de Anticoncepción .....	vi
Encontrar una farmacia para surtir una receta.....	vii
Red de Farmacias.....	vii
Farmacia de especialidad.....	vii
Farmacia de pedido por correo .....	vii
Farmacia fuera de la red.....	viii
Procesador de reclamaciones de recetas .....	viii
Política de medicamentos urgentes y fuera del horario de atención .....	viii
Plazos de resurtido, sincronización y prorrateo.....	viii
Procedimiento de solicitud de autorización previa y excepción.....	viii
Autorización previa.....	viii
Cómo solicitar una excepción .....	ix
Quejas y apelaciones .....	x
Aviso .....	x
Leyenda .....	xi

# ¡Bienvenido!

## Formulario de medicamentos (Lista de medicamentos)

Su plan tiene una lista de medicamentos que están cubiertos. La lista se conoce como Formulario de medicamentos. El formulario cambia de un año del plan a otro. También se realizan actualizaciones menores cada 3 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 están en el formulario. Revisan los nuevos medicamentos y los cambios en la atención de salud. Tratan de encontrar los medicamentos más eficaces para diferentes condiciones. Se hacen cambios en el Formulario de medicamentos por diferentes razones. Las razones pueden incluir:

- Cambios en la práctica médica.
- Disponibilidad de nuevos medicamentos.
- Disponibilidad de nuevos medicamentos genéricos y reemplazo de 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 proporcionará un aviso con al menos 60 días de anticipación sobre estos tipos de actualizaciones del formulario:

- Pasar el medicamento a un nivel más alto de la lista de medicamentos, pasar el medicamento del estado preferido al no preferido, u otros cambios que hagamos en la lista de medicamentos que resulten en un costo compartido más alto para el miembro para el medicamento del formulario.
- Eliminación del medicamento del formulario.
- Incorporación de un requisito de autorización previa al medicamento del formulario.
- Incorporación o actualización del límite de cantidad del medicamento.
- Incorporación de un requisito de terapia progresiva al medicamento que antes no existía.

A menos que esté disponible una versión genérica del medicamento recetado, Molina no realizará ninguno de estos cambios dentro de los 120 días de una actualización anterior para ese medicamento en particular:

- Pasar un medicamento a un nivel más alto de la lista de medicamentos, pasar un medicamento del estado preferido al no preferido, u otros cambios que hagamos en la lista de medicamentos que resulten en un costo compartido más alto para el miembro para el medicamento del formulario.
- Eliminación del medicamento del formulario.
- Incorporación de un requisito de autorización previa al medicamento del formulario.
- Incorporación o actualización del límite de cantidad del medicamento.
- Incorporación de un requisito de terapia progresiva al medicamento que antes no existía.

Si la Administración Federal de Alimentos y Medicamentos (Food and Drug Administration, FDA) de EE. UU. determina que el medicamento no es seguro o si se retira del mercado por otras razones, podemos eliminarlo de la lista de medicamentos rápidamente y sin previo aviso. La lista de medicamentos más actualizada de su plan se encuentra en nuestro sitio web [MolinaMarketplace.com](http://MolinaMarketplace.com). Se incluye un aviso de todos los cambios en el documento de la lista de medicamentos con cada actualización.

### **¿Incluye la lista de medicamentos inyectables con los que un proveedor me brinda tratamiento en una clínica u otro lugar?**

En general, los medicamentos de la lista de medicamentos son fármacos que su proveedor le receta para que usted los obtenga en una farmacia y se los administre usted mismo. La mayoría de los medicamentos inyectables donde usted

necesite la ayuda de un proveedor para su administración se cubren bajo el beneficio médico en lugar del beneficio de medicamentos recetados (“farmacia”). Su proveedor tiene instrucciones nuestras sobre la manera de obtener una aprobación para los medicamentos que compran y ayudan a entregarle. Es posible obtener aprobación para adquirir algunos medicamentos inyectables en una farmacia mediante el beneficio de medicamentos recetados.

## **Tengo preguntas sobre de qué manera mi plan cubre los medicamentos.**

Esta guía contiene muchos detalles para preguntas frecuentes. También puede llamarnos y hacer preguntas específicas de cobertura sobre un medicamento:

- ¿Puedo adquirir mi medicamento en una farmacia minorista?
- ¿Cuál es el monto en dólares del costo compartido para mi receta?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización Previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia progresiva?
- ¿Está cubierto mi medicamento por el beneficio de medicamentos recetados o por el beneficio médico?

Llámenos gratis al **1-888-295-7651**, de lunes a viernes, **de 8 a .m a 5 p. m., hora estándar de la montaña**. Si usted es sordo o tiene problemas de audición, marque el 711 para 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 para obtener información sobre cobertura de anticonceptivos, exclusiones de beneficios, servicios de cuidados paliativos y más.

## **Si un medicamento está incluido en el formulario, ¿se me recetará ese medicamento?**

Un medicamento incluido en el formulario no garantiza que su médico se lo vaya a recetar a usted. Esta guía les permite a usted y a su médico saber qué medicamentos recetados están cubiertos por su plan. Es posible que su plan no cubra los medicamentos que no están en esta lista y que el costo sea mayor. Puede pedir que se cubran medicamentos que están fuera del formulario. Las solicitudes de medicamentos que están fuera del formulario se considerarán para un uso médicamente aceptado cuando no se puedan usar las opciones incluidas en el formulario o se cumplan otros requisitos de cobertura. Los detalles están incluidos en esta guía.

# **Uso del Formulario de medicamentos como su guía de cobertura de medicamentos recetados**

## **¿Cómo ubico un medicamento que está incluido en la lista de medicamentos?**

La lista de medicamentos está organizada alfabéticamente por categoría y clase terapéutica utilizando la clasificación del American Hospital Formulary Service (AHFS). Dentro de la categoría y la clase, los nombres de los medicamentos también se organizan por orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, hay dos formas de buscar el medicamento por nombre.

- Si está usando una versión electrónica de la lista de medicamentos, puede usar la función de búsqueda de PDF al presionar Ctrl + F en el teclado de su computadora. Escriba el nombre del medicamento que está buscando 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 al final de esta guía.

Las entradas de medicamentos en la lista contienen el Nombre del medicamento, Categoría del medicamento y otros detalles de cobertura para 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 diferir de este ejemplo).

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

### ¿Qué nombres de medicamentos se utilizan en la lista?

La lista de medicamentos utiliza marcas registradas y nombres comunes o “genéricos” para mostrar la forma del medicamento que está cubierta. También hay marcas registradas utilizadas por ciertos medicamentos genéricos. La forma en que se muestra el nombre de un medicamento en la lista de medicamentos le indicará si está cubierta la forma de marca, la forma genérica o la forma genérica de marca registrada. El ejemplo anterior muestra la forma de marca, genérica y genérica de marca registrada del medicamento “warfarin sodium”.

Cuando la forma de marca de un medicamento está cubierta, el nombre del medicamento aparecerá en letras MAYÚSCULAS como su NOMBRE DE MARCA. El nombre no de propiedad exclusiva o “**nombre genérico**” para el medicamento de marca seguirá entre paréntesis y en letras totalmente en **negrita y minúsculas cursivas**. Cuando la forma genérica del medicamento está cubierta, aparece por separado por sus **nombres genéricos** en letras totalmente en **negrita y minúsculas cursivas**. Un medicamento genérico que está cubierto como la forma genérica de marca registrada aparecerá por separado por su **nombre genérico** seguido del nombre de la 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 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 ***warfarin sodium*** se enumeran por separado para mostrar que tanto la forma de marca como la forma genérica están cubiertas en el formulario. En este ejemplo, también se muestra una forma genérica de marca registrada (Jantoven). Es posible que se apliquen diferentes Categorías de medicamentos y Requisitos/Límites para la forma de marca registrada en comparación con una forma genérica de un medicamento si figuran varias formas de medicamentos como cubiertas en la lista de medicamentos real.

### ¿Qué son las Categorías de medicamentos y cómo afectan mi parte del costo del medicamento?

Clasificamos los medicamentos en diferentes niveles, llamados categorías, en función de qué tan bien mejoran la salud, cuánto apoyo se puede necesitar para usarlos y cuánto cuestan en comparación con tratamientos similares. Los medicamentos no preferidos le costarán más que los medicamentos preferidos.

A continuación, encontrará más detalles sobre los medicamentos que se encuentran en cada categoría.

<b>Categoría de medicamento</b>	<b>Descripción</b>
<b>Medicamentos preventivos</b>	PREV: medicamentos y dispositivos preventivos y de planificación familiar (es decir, anticonceptivos) con un costo compartido de \$0



<b>Medicamentos genéricos preferidos</b>	Tier 1: medicamentos genéricos preferidos
<b>Medicamentos genéricos no preferidos y de marca preferidos</b>	Tier 2: medicamentos de marca preferidos y algunos medicamentos genéricos que no son preferidos
<b>Medicamentos especializados preferidos</b>	Tier 3: todos los medicamentos especializados preferidos (de marca y genéricos); medicamentos que requieren manejo especial, asesoramiento o control complejo, distribución limitada u otros requisitos especiales de farmacia; según las normas del estado, Molina puede exigir a los miembros que usen una farmacia especializada de la red; algunos Medicamentos especializados solo los venden ciertas farmacias que la compañía farmacéutica ha elegido (“Distribución limitada”).
<b>Medicamentos de marca no preferidos</b>	Tier 4: medicamentos de marca no preferidos
<b>Medicamentos especializados no preferidos</b>	Tier 5: todos los medicamentos especializados no preferidos (de marca y genéricos); medicamentos que requieren manejo especial, asesoramiento o control complejo, distribución limitada u otros requisitos especiales de farmacia; costo compartido más alto que los medicamentos especializados preferidos que se usan para tratar las mismas afecciones, si están disponibles; según las normas del estado, Molina puede exigir a los miembros que usen una farmacia especializada de la red; algunos medicamentos especializados solo los venden ciertas farmacias que la compañía farmacéutica ha elegido (“Distribución limitada”).
<b>Equipo médico duradero</b>	DME: artículos que no son medicamentos, como equipos de control y suministros cubiertos por el beneficio de farmacia; el costo compartido sigue el costo compartido de beneficios médicos para el equipo médico duradero para artículos que no son medicamentos en la lista de medicamentos

Cuando se aprueba la cobertura de medicamentos fuera del formulario por excepción del formulario, los afiliados pagan el costo compartido de la categoría de Medicamento de marca no preferido para los medicamentos no especializados o el costo compartido de la categoría de Medicamentos especializados no preferidos para los medicamentos especializados. Consulte el acuerdo de su plan para obtener más detalles sobre los costos compartidos para las excepciones al formulario.

De acuerdo con la Ley del Cuidado de Salud a Bajo Precio, su plan cubre medicamentos y formas farmacéuticas de servicios preventivos reconocidos a nivel nacional (PREV) con un costo compartido de \$0 cuando se le recetan para que los use de acuerdo con esas recomendaciones.

Ciertos tipos de medicamentos cubiertos por su plan tienen límites de costos compartidos cada vez que los surta. Si su estado tiene límites específicos, el costo compartido será el menor entre los costos compartidos del diseño de su plan y cualquier límite que se requiera.

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se toman por vía oral. Usted pagará la menor de dos tarifas: el costo compartido correspondiente a la categoría del formulario O el costo compartido de quimioterapia y medicamentos administrados por el proveedor especificado en el beneficio médico de su plan.
- Hay límites en el costo compartido de la insulina. El límite (\$25) se aplica por medicamento de insulina, por suministro de 30 días. El límite no se aplica a los productos que contienen otros medicamentos además de la insulina.

- Usted no tiene costos compartidos por medicamentos recetados para tratar trastornos de salud mental o consumo de sustancias.
- Usted no tiene costo compartido para el control de la natalidad recetado y de venta libre.
- Usted no tiene costos compartidos para mifepristone y misoprostol cuando se recetan para interrumpir un embarazo en etapa temprana.
- Usted no tiene costos compartidos por medicamentos para infecciones cuando se recetan para tratar una infección de transmisión sexual.

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

Puede encontrar información sobre los costos compartidos de los medicamentos recetados en nuestro folleto Descripción general de beneficios, o ingresando la información de la receta en la herramienta “Search Drugs” (“Buscar medicamentos”) en MolinaMarketplace.com. Esta herramienta le proporcionará una estimación del costo de los medicamentos del formulario. Si crea una cuenta en Caremark.com antes de usar la herramienta, la información del diseño de su plan también se usará para estimar mejor los precios reales que paga en la farmacia.

### **¿Cómo averiguo si hay opciones de medicamentos de menor costo que sean adecuadas para mí?**

Rx Savings Solutions® puede ayudarle a encontrar el precio más bajo y una farmacia dentro de la red para los medicamentos que toma. Para registrarse para recibir alertas de ahorro, inicie sesión en el portal My Molina o llame a Rx Savings Solutions® al 1 (800) 492-1051.

## **Resumen de Beneficios de Anticoncepción**

Su plan cubre una variedad de servicios de anticoncepción, así como medicamentos recetados y productos de venta libre (over-the-counter, OTC) con un costo compartido de \$0 para el miembro. Se aplican las reglas de la red de farmacias del plan y del formulario.

La lista de medicamentos muestra qué productos anticonceptivos están cubiertos con receta médica o de venta libre cuando los factura una farmacia de la red. Cubriremos un suministro de hasta 6 meses de anticonceptivos con receta médica de una sola vez. Para los productos de venta libre sin receta, no necesita una receta y cubrimos un suministro de 1 mes a la vez. Estos son algunos ejemplos de productos cubiertos:

Productos de barrera (preservativos, capuchones cervicales y diafragmas), píldoras anticonceptivas, parches, anillos vaginales, dispositivos intrauterinos, inyecciones y dispositivos inyectados, y píldoras anticonceptivas de emergencia o del día después (con receta y de venta libre).

No hay requisitos sobre probar otros medicamentos antes ni obtener autorización previa de Molina para los productos anticonceptivos que se encuentran en el formulario. Si existe algún motivo médico por el cual debe utilizar un producto que no se encuentre en el formulario, la persona que le receta puede enviarnos una solicitud de excepción de formulario mediante nuestro proceso de autorización previa. Las instrucciones se encuentran en esta guía de lista de medicamentos.

Según las normas estatales, los farmacéuticos aprobados pueden entregarle ciertos productos anticonceptivos de venta libre o con receta médica mediante su beneficio de farmacia sin la receta de un doctor. También puede adquirir anticonceptivos de venta libre que figuren en el formulario y enviar una solicitud de reembolso junto con su recibo mediante un “Formulario de reclamación de reembolso de receta”. Este formulario se encuentra en MolinaMarketplace.com en la sección “Formularios y documentos” para miembros. Tenga en cuenta que si compra productos anticonceptivos de venta libre o usa una farmacia fuera de la red, Molina le reembolsará hasta el monto permitido que pagamos a las farmacias de la red por el mismo producto si está en el formulario.

# Encontrar una farmacia para surtir una receta

## Red de Farmacias

Su plan tiene redes de farmacias minoristas, de pedido por correo y especializadas que pueden procesar y entregar medicamentos mediante uso de su cobertura. Para ubicar 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 o los servicios ofrecidos.

## Farmacia de especialidad

Su plan tiene una red de farmacias de especialidad que pueden procesar y entregar medicamentos especializados. Los medicamentos especializados se colocan en las categorías de Medicamentos especializados no preferidos o Medicamentos especializados preferidos. Algunos medicamentos tienen distribución limitada. La distribución limitada significa que el medicamento solo se vende en ciertas farmacias.

El administrador de beneficios de farmacia de su plan, CVS Caremark®, tiene una farmacia de especialidad 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 tener cobertura. La persona que le receta puede enviarnos solicitudes de autorización previa directamente a nosotros 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 retirar.

- Puede comunicarse con el Servicio de Asistencia de CVS Pharmacy al 1 (888) 407-6425 o visite CVSSpecialty.com

La red de su plan también tiene una farmacia de especialidad que no está conectada al Administrador de Beneficios de Farmacia:

- Puede comunicarse con BioPlus® Specialty Pharmacy al 1 (888) 292-0744 o visitar BioPlusRx.com
- Puede comunicarse con Noble Health Services al 1 (866) 420-4041 o visitar NobleHealthServices.com

## Farmacia de pedido por correo

Su plan tiene una red de farmacias de pedidos por correo que pueden procesar y entregar un suministro de hasta 90 días de medicamentos elegibles. Los medicamentos elegibles están marcados como “MAIL” en el formulario.

El administrador de beneficios de farmacia de su plan tiene una farmacia de pedido por correo. Para surtir recetas a través de su servicio, el proveedor o afiliado puede llamar al número gratuito de FastStart® al 1 (800) 875-0867 de lunes a viernes, de 7 a. m. a 7 p. m. o visite Caremark.com.

La red de su plan también tiene una farmacia de pedido por correo que no está conectada con el Administrador de Beneficios de Farmacia (Farmacia de Pedido por Correo Kroger®/PPS®). Puede comunicarse con PPS al 1 (800) 552-6694 o visitar ppsrx.com.

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

## Farmacia fuera de la red

Si las farmacias de la red no satisfacen sus necesidades, se puede solicitar una excepción para obtener autorización para usar una farmacia fuera de la red. Se revisará la necesidad médica de las excepciones caso por caso.

## Procesador de reclamaciones de recetas

Hemos seleccionado a CVS Caremark® como el Administrador de Beneficios de Farmacia (“PBM”) para administrar el beneficio de recetas para su plan. Las preguntas sobre el procesamiento de reclamaciones, el estado del formulario o las reclamaciones rechazadas pueden dirigirse al servicio de asistencia de CVS Caremark al 1 (888) 407-6425.

Las inquietudes sobre membresía, costos compartidos, beneficios de medicamentos recetados y elegibilidad pueden abordarse llamando a nuestro Centro de Atención al Cliente al **1-888-295-7651**. El Departamento de Servicios para Miembros está disponible **de lunes a viernes, de 8 a. m. a 5 p. m., hora estándar de la montaña**.

Las personas que recetan y las farmacias pueden comunicarse con nuestro Servicio de Asistencia para Proveedores al **1 (855) 322-4078**.

## Política de medicamentos urgentes y fuera del horario de atención

Para evitar que la condición de un afiliado empeore en una situación urgente, puede ser necesario entregar un suministro de 72 horas de un medicamento agudo antes de que se haya revisado la autorización previa (p. ej., un afiliado es dado de alta de un hospital después del horario de atención habitual con una receta de antibióticos).

Las farmacias deberán ejercer su criterio profesional. Reembolsaremos a las farmacias por un suministro de 72 horas de un medicamento agudo a las tarifas contratadas para estas recetas.

Las farmacias pueden llamarnos al **1-855-322-4078** al siguiente día hábil para obtener la autorización que permita tramitar en línea la receta urgente o fuera de horario. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se entregaron medicamentos en estas circunstancias urgentes.

## Plazos de resurtido, sincronización y prorrateo

En general, los suministros de medicamentos para 30 días se pueden resurtir cuando ya transcurrieron el 85 % de los días de uso previstos desde la fecha del resurtido anterior. Consulte la sección “Prorrateo y sincronización” de su acuerdo del plan para conocer los medicamentos que tienen un plazo de resurtido especial. Su farmacia o proveedor pueden solicitar que se anulen los plazos límite de resurtido para sincronizar las fechas de surtido de sus medicamentos comunicándose con el Servicio de Asistencia de CVS Caremark® al 1 (888) 407-6425. Si se despachan suministros para más o menos días para sincronizar sus medicamentos, su costo compartido en esos suministros será prorrateado.

# Procedimiento de solicitud de autorización previa y excepción

## Autorización previa

Los medicamentos que requieren aprobación anticipada para la cobertura se revisan según las reglas estándar para determinar la necesidad médica. Los proveedores deben demostrar que tiene un uso médicamente aceptado para el medicamento y que otros tratamientos no han funcionado para usted o no son apropiados desde el punto de vista clínico. Es posible que se apliquen otros requisitos según el medicamento. Es posible que necesitemos ciertos resultados de pruebas para demostrar que un medicamento es adecuado para usted. La respuesta de un afiliado a las muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como una razón para eludir las reglas estándar de cobertura.

Su proveedor puede enviarnos por fax un formulario de autorización previa de medicamentos completo al **1-866-472-4578**. Las políticas y formularios clínicos se pueden obtener en nuestro sitio web [MolinaMarketplace.com](http://MolinaMarketplace.com). Su proveedor también puede usar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente.

Si su receta requiere una autorización previa o una excepción del formulario, su proveedor puede solicitar que se revise la solicitud como una circunstancia urgente.

- Una solicitud se considera urgente si es para el tratamiento de una afección de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar su función máxima. Situaciones en las que tiene un dolor intenso no controlado o donde la urgencia de su atención requiere una decisión de cobertura rápida también se pueden indicar como urgentes en las solicitudes. Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Cualquier solicitud que no sea para una circunstancia urgente se considerará como solicitud de excepción estándar.

Llegaremos a una decisión a más tardar:

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

Si se aprueba la solicitud, le enviaremos una carta a la persona que le receta. Incluiremos por cuánto tiempo se aprueba la solicitud antes de que se requiera la renovación de la autorización. Si la solicitud no es aprobada, le enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos para el seguimiento.

## **Cómo solicitar una excepción**

### **¿Puedo tener cobertura de un medicamento si no está en el formulario o no sigue los requisitos del plan, como la terapia progresiva?**

Tenemos 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. Se necesitaría una excepción al formulario en los siguientes escenarios:

- La persona que le receta puede solicitar un medicamento que no está en el formulario de medicamentos que él crea que es el mejor para usted.
- Es posible que esté tomando un medicamento que ya no se encuentra en la lista de medicamentos del nuevo año del plan y no puede cambiarlo.
- El medicamento del formulario requiere una terapia progresiva, y usted probó previamente los medicamentos de la terapia progresiva, o tiene factores clínicos que hacen que esos medicamentos progresivos no sean adecuados para usted.
- Es posible que tenga una necesidad médica de una versión compuesta de un medicamento, como un líquido que no está disponible comercialmente.

La persona que le receta puede enviarnos una solicitud de excepción del formulario mediante el proceso y el formulario de autorización previa descritos en la sección anterior.

Se pueden considerar excepciones cuando no se pueden usar las opciones del formulario o se cumplen otros requisitos. El medicamento debe ser seguro y efectivo para su condición médica. Su médico debe emitir su receta para la cantidad usual de medicamento para usted. Podemos considerar una excepción bajo las siguientes condiciones:

- Existe documentación de una necesidad específica en su historia clínica.
- Su médico ha certificado que probó los medicamentos del formulario y que no le ayudaron en el pasado.

- Su médico ha certificado que las opciones le han causado daño o la persona que le receta razonablemente prevé que le causarán daño, o que son ineficaces debido a las características clínicas de su afección.

Si se aprueba la solicitud, le enviaremos una carta a la persona que le receta. Si la solicitud no es aprobada, 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 de la denegación, puede apelar la decisión. Su médico puede solicitar una revisión de excepción externa.

Los plazos de revisión y las condiciones se encuentran en la sección “Autorización previa” de esta guía.

### **¿Existen medicamentos u otros productos que no estén cubiertos en absoluto?**

Los medicamentos no cubiertos u otros productos, como las exclusiones de beneficios, no están cubiertos en absoluto. No se puede aprobar su cobertura por excepción al formulario. Su plan no cubre ciertos tipos de medicamentos que se enumeran como exclusiones de beneficios en la póliza del plan. Para obtener más información, consulte las secciones de su Acuerdo (póliza) tituladas “Medicamentos no cubiertos” y “Exclusiones”.

## **Quejas y apelaciones**

Puede presentar una queja o reclamo comunicándose con el Centro de Atención al Cliente al **1-888-295-7651**. Si no aprobamos su solicitud de medicamentos, se incluirá un aviso de derechos a apelar la decisión en el aviso de acción. Para obtener más información, consulte la sección de su Acuerdo (póliza) que cubre “Quejas y apelaciones”. Puede encontrar una copia del Acuerdo, también llamada Evidencia de Cobertura, en [MolinaMarketplace.com](http://MolinaMarketplace.com).

## **Aviso**

La información contenida en este documento es de propiedad exclusiva. La información no se puede copiar de manera parcial ni total sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos. Los nombres y servicios de los socios, como CVS Caremark®, CVS Specialty® y Caremark.com, son propiedad de CVS Health® Corporation y están operados por ella. BioPlus®, Noble Health Services, Rx Savings Solutions®, CoverMyMeds®, Kroger®, PPS® y Surescripts® son marcas registradas de terceros que pertenecen a sus respectivas empresas.

# Leyenda

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

Se pueden establecer requisitos y límites para ciertos medicamentos. Los medicamentos pueden tener los siguientes requisitos y limitaciones:

<b>Requisitos/Límites</b>	<b>Descripción</b>
<b>AGE</b>	Se aplican límites de edad. Solo pagamos este medicamento o forma farmacéutica para determinados grupos de edad según la información sobre la seguridad, la eficacia y el costo del medicamento.
<b>BH</b>	Cuando un medicamento está marcado como “BH” en el formulario y se receta para tratar una afección de salud del comportamiento que usted tiene, es elegible para un costo compartido de \$0 según las reglas de New Mexico. Hay ciertos medicamentos marcados como “BH” que se usan principalmente para tratar afecciones médicas de salud como la presión arterial alta. Dígale a su médico que especifique en las instrucciones de su receta si está tomando uno de estos medicamentos de salud médica para tratar una afección de Salud del comportamiento.
<b>INF</b>	Cuando un medicamento está marcado como “INF” en el formulario y se receta para tratar una infección de transmisión sexual (STI), es elegible para un costo compartido de \$0 según las reglas de New Mexico. Para los medicamentos que tratan el virus de la inmunodeficiencia humana (HIV), el costo compartido de \$0 es automático. Otros medicamentos marcados con “INF” pueden tratar muchos tipos de infecciones. La reclamación de receta debe indicar que es para una STI para que los sistemas reconozcan que se aplican las reglas de costos compartidos de \$0. Las farmacias recibirán un mensaje durante la presentación de reclamaciones y deben enviar un código para indicar de forma privada que un medicamento se usa para tratar una STI y no otro tipo de infección para la cual no se aplican las reglas de costos compartidos de \$0.
<b>MED</b>	Se aplican límites de dosis equivalente de morfina (Morphine Equivalent Dose, MED). Las cantidades de este medicamento están limitadas al equivalente (“EQ”) de 90 miligramos de morfina por día de suministro surtido.
<b>OTC</b>	Las formas farmacéuticas de venta libre (Over-The-Counter, OTC) están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
<b>PA</b>	Se requiere Autorización previa (Prior Authorization, PA). Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen. Si se requiere autorización previa para un medicamento o forma farmacéutica, los proveedores deben demostrar que tiene un uso médicamente aceptado para el medicamento y otros tratamientos no han funcionado o no son apropiados. Es posible que se apliquen otros requisitos según el medicamento.
<b>QL</b>	Se aplican Límites de cantidad (Quantity Limits, QL). Pagaremos una cantidad diaria máxima según la información sobre el uso y el costo médicamente aceptados del medicamento.
<b>ST</b>	Se requiere terapia progresiva (Step Therapy, ST). Si hemos pagado para que usted tenga los medicamentos requeridos para la terapia progresiva en el pasado, este medicamento se pagará en la farmacia sin necesidad de una autorización previa o una

solicitud de excepción de terapia progresiva. La lista de medicamentos le mostrará qué medicamentos necesita primero y por cuánto tiempo.

---

Algunos medicamentos especializados no preferidos pueden tener un comentario en la columna “Requisitos/Límites” que dice “PA de necesidad médica”. Si hay un medicamento especializado preferido en la misma categoría de medicamentos, el medicamento especializado preferido se marcará como “Medicamento de marca preferido” en la columna “Requisitos/Límites”. Requerimos que el Medicamento de marca preferido en la categoría se use primero o en lugar del medicamento especializado no preferido.

La lista de medicamentos también indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Es su elección si desea utilizar los programas de pedido por correo. Es posible que tenga un costo compartido más bajo con el pedido por correo en algunos medicamentos.



## New Mexico Marketplace

### No Behavioral Health Cost-Sharing – Prescription Drugs

Your plan's formulary covers many drugs for Behavioral Health conditions. The term "Behavioral Health" applies to a mental illness, substance use disorder, or psychological trauma. "BH" on the formulary is short for "Behavioral Health". When a drug is marked "BH" on the formulary, and it is prescribed to treat a Behavioral Health condition you have, it is eligible for \$0 cost-sharing under New Mexico rules. There are certain drugs marked "BH" that are mainly used to treat Medical Health conditions such as high blood pressure. These drugs are sometimes prescribed by Behavioral Health professionals to treat diagnosed Behavioral Health conditions. Tell your prescriber to specify in your prescription directions if you are taking one of these Medical Health drugs to treat a Behavioral Health condition.

New Mexico state rules say which drugs and drug categories \$0 cost-sharing applies to when prescribed to treat a Behavioral Health condition. There are several systems for categorizing drugs. New Mexico rules use one system and your plan's drug list uses another. Below is a table that shows the New Mexico categories with categories used in your plan's formulary. The table below may mention drugs that are not covered on your plan's formulary list. Please check your plan's formulary drug list for which drugs are covered by your plan and if any coverage requirements apply.

## Marketplace de New Mexico

### Sin Costos Compartidos para Salud Conductual: Medicamentos Recetados

En el formulario de su plan, se incluyen varios medicamentos para afecciones de Salud Conductual. El término "Salud Conductual" se aplica a una enfermedad mental, trastorno por consumo de sustancias o trauma psicológico. La abreviatura "BH" que aparece en el formulario corresponde a "Salud Conductual". Cuando un medicamento está marcado como "BH" en el formulario y se receta para tratar una afección de Salud Conductual que usted padece, dicho medicamento es elegible para obtener \$0 de costos compartidos de acuerdo con las reglas de New Mexico. Existen ciertos medicamentos marcados como "BH" que se utilizan principalmente para tratar afecciones médicas como la presión arterial alta. En ciertas ocasiones, estos medicamentos son recetados por especialistas de salud conductual para tratar afecciones de salud conductual diagnosticadas. Indíquelo a su recetador que especifique en las instrucciones de su receta médica si usted toma uno de estos medicamentos para tratar una afección de salud conductual.

Las reglas del estado de New Mexico establecen los medicamentos y las categorías de medicamento a los que se aplican los costos compartidos de \$0 cuando se recetan para tratar una afección de salud conductual. Existen varios sistemas para categorizar los medicamentos. Las reglas de New Mexico utilizan un sistema y la lista de medicamentos de su plan utiliza otro. A continuación, se presenta una tabla en la que se indican las categorías de New Mexico con las categorías utilizadas en el formulario de su plan. Es posible que en la tabla siguiente se mencionen medicamentos en la lista del formulario de su plan que no tienen cobertura. Consulte la lista de medicamentos del formulario de su plan para conocer los medicamentos que cubre su plan y si se aplican requisitos de cobertura.

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Acamprosate Calcium	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency
Alprazolam	Anxiolytics	Benzodiazepines	ANTI-ANXIETY AGENTS	Benzodiazepines
Amitriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Amoxapine	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Amphetamine	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Aripiprazole	Antidepressants	Antidepressants, Other	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Quinolinone Derivatives
Aripiprazole	Antipsychotics	2nd Generation/Atypical2	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Quinolinone Derivatives
Aripiprazole	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Quinolinone Derivatives
Asenapine	Antipsychotics	2nd Generation/Atypical2	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Dibenzapines
Asenapine	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Dibenzapines
Atomoxetine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Benzotropine Mesylate	Antiparkinson Agents	Anticholinergics	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Anticholinergics
Brexipiprazole	Antipsychotics	2nd Generation/Atypical2	ANTIPSYCHOTICS/ANTIMANIC AGENTS	Quinolinone Derivatives
Buprenorphine	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANALGESICS - OPIOID	Opioid Partial Agonists
Buprenorphine/ Naloxone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANALGESICS - OPIOID	Opioid Partial Agonists
Bupropion Hydrobromide	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Bupropion Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	ANTIDEPRESSANTS	Antidepressants - Misc.
Bupropion Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.
Bupropion Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTI-ANXIETY AGENTS	Anti-anxiety Agents - Misc.
Carbamazepine	Anticonvulsants	Sodium Channel Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Carbamazepine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Cariprazine Hydrochloride	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Chlordiazepoxide	Anxiolytics	Benzodiazepines	ANTI-ANXIETY AGENTS	Benzodiazepines
Chlordiazepoxide/Am itriptyline Hydrochloride	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Chlorpromazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Citalopram Hydrobromide	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Clomipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Clonazepam	Anxiolytics	Benzodiazepines	ANTICONVULSANTS	Anticonvulsants - Benzodiazepines
Clonidine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Clorazepate Dipotassium	Anxiolytics	Benzodiazepines	ANTI-ANXIETY AGENTS	Benzodiazepines

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Clozapine	Antipsychotics	Treatment-Resistant	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Desipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Desvenlafaxine	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Deutetrabenazine	Central Nervous System Agents	Central Nervous System Agents, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Movement Disorder Drug Therapy
Dexmethylphenidate Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Stimulants - Misc.
Dextroamphetamine Saccharate/ Amphetamine Aspartate/ Dextroamphetamine Sulfate/ Amphetamine Sulfate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Dextroamphetamine Sulfate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	Amphetamines
Diazepam	Anxiolytics	Benzodiazepines	ANTI-ANXIETY AGENTS	Benzodiazepines
Diphenhydramine Hydrochloride	Antiparkinson Agents	Anticholinergics	ANTI-HISTAMINES	Antihistamines - Ethanolamines
Disulfiram	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Divalproex sodium	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Valproic Acid
Divalproex Sodium	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Valproic Acid
Doxepin Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Doxepin Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIDEPRESSANTS	Tricyclic Agents
Duloxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Duloxetine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Escitalopram Oxalate	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)	New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico	New Mexico Class/ Clase de New Mexico	Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario	Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario
Escitalopram Oxalate	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Esketamine Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists
Eszolam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Eszopiclone	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Fluoxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Fluphenazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Flurazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Fluvoxamine Maleate	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Gabapentin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Guanfacine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Haloperidol	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Butyrophenones
Hydroxyzine Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIANSIETY AGENTS	Antianxiety Agents - Misc.
Hydroxyzine Pamoate	Anxiolytics	Anxiolytics, Other	ANTIANSIETY AGENTS	Antianxiety Agents - Misc.
Iloperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Imipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Imipramine Pamoate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Isocarboxazid	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Lamotrigine	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Lamotrigine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Liothyronine (for augmentation in severe depression)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	Not applicable – no class assigned by USP	THYROID AGENTS	Thyroid Hormones
Lisdexamfetamine Dimesylate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Lithium Carbonate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Lithium Citrate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents
Lofexidine	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Agents for Chemical Dependency
Lorazepam	Anxiolytics	Benzodiazepines	ANTI-ANXIETY AGENTS	Benzodiazepines
Loxapine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Lurasidone	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Lurasidone Hydrochloride	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Maprotiline Hydrochloride	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Antidepressants - Misc.
Meprobamate	Anxiolytics	Anxiolytics, Other	ANTI-ANXIETY AGENTS	Anti-anxiety Agents - Misc.
Methamphetamine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Methylphenidate Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Stimulants - Misc.
Midazolam	Anxiolytics	Benzodiazepines	ANTI-ANXIETY AGENTS	Benzodiazepines
Mirtazapine	Antidepressants	Antidepressants, Other	ANTIDEPRESSANTS	Alpha-2 Receptor Antagonists (Tetracyclics)
Naloxone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone	Anti-addiction/ Substance Abuse Treatment Agents	Opioid Dependence	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists
Naltrexone Hydrochloride	Anti-addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	ANTIDOTES AND SPECIFIC ANTAGONISTS	Opioid Antagonists



<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Nefazodone Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin Modulators
Nicotine Polacrilex	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Smoking Deterrents
Nortriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Olanzapine	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine Pamoate	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Olanzapine/ Fluoxetine	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Oxazepam	Anxiolytics	Benzodiazepines	ANTI ANXIETY AGENTS	Benzodiazepines
Oxcarbazepine	Anticonvulsants	Sodium Channel Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Paliperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Paroxetine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Paroxetine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Perphenazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Perphenazine/ Amitriptyline Hydrochloride	Antidepressants	Antidepressants, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Combination Psychotherapeutics
Phenelzine Sulfate	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Pimavanserin Tartrate	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Pimozide	Antipsychotics	1st Generation/ Typical1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Psychotherapeutic and Neurological Agents - Misc.
Pramipexole Dihydrochloride (for augmentation in severe depression)	Antiparkinson Agents	Dopamine Agonists	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Dopaminergics
Prazosin Hydrochloride (for treatment of PTSD)	Cardiovascular Agents	Alpha-adrenergic Blocking Agents	ANTIHYPERTENSIVES	Antiadrenergic Antihypertensives
Pregabalin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Prochlorperazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Protriptyline Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Quazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Quetiapine Fumarate	Antidepressants	Antidepressants, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Quetiapine Fumarate	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Quetiapine Fumarate	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Dibenzapines
Risperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Risperidone	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Selegiline	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Sertraline Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Sertraline Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Selective Serotonin Reuptake Inhibitors (SSRIs)
Suvorexant	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Orexin Receptor Antagonists
Temazepam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Thioridazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Phenothiazines
Thiothixene	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Thioxanthenes

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Topiramate	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Tranlycypromine Sulfate	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Trazodone Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin Modulators
Triazolam	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Trifluoperazine	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ANTIM ANIC AGENTS	Phenothiazines
Trihexyphenidyl Hydrochloride	Antiparkinson Agents	Anticholinergics	ANTIPARKINSON AND RELATED THERAPY AGENTS	Antiparkinson Anticholinergics
Trimipramine Maleate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Valbenazine	Central Nervous System Agents	Central Nervous System Agents, Other	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Movement Disorder Drug Therapy
Valproic Acid	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Valproic Acid
Varenicline Tartrate	Anti-addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	Smoking Deterrents
Venlafaxine Hydrochloride	Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

<b>Drug Name Example (non-proprietary name)/ Ejemplo de Nombre del Medicamento (denominación común)</b>	<b>New Mexico Therapeutic Category/ Grupo Terapéutico de New Mexico</b>	<b>New Mexico Class/ Clase de New Mexico</b>	<b>Group Name Used on Formulary/ Nombre del Grupo Utilizado en el Formulario</b>	<b>Class Name Used on Formulary/ Nombre de la Clase Utilizado en el Formulario</b>
Venlafaxine Hydrochloride	Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	ANTIDEPRESSANTS	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
Zaleplon	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics
Ziprasidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Ziprasidone Hydrochloride	Bipolar Agents	Bipolar Agents, Other	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antipsychotics - Misc.
Zolpidem	Sleep Disorder Agents	Sleep Promoting Agents	HYPNOTICS/SEDATIVES/ SLEEP DISORDER AGENTS	Non-Barbiturate Hypnotics



## Molina Healthcare Marketplace

### 2024 Formulary Changes Effective April 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
FREESTYLE LIBRE 3 READER DEVICE	Add to formulary, Durable Medical Equipment (DME) Cost Sharing, with PA and QL	
FREESTYLE LIBRE 3 SENSOR	Add to formulary, Durable Medical Equipment (DME) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
NARCAN NASAL LIQUID 4 MG/0.1ML OTC	Add to formulary, Generic Tier (1) Cost Sharing	

Drug Name	Description of Formulary Change	Notes/Alternatives
OXANDROLONE ORAL TABLET 2.5 MG	Remove from formulary, FDA removed from market	Please contact your doctor
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	

**PA** = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy **INF** = \$0 Cost sharing when prescribed for certain infections **BH** - \$0 Cost sharing when prescribed for mental or behavioral health



## Molina Healthcare Marketplace

### 2024 Formulary Changes Effective January 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
*ALCOHOL SWABS***	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
*RESPIRATORY THERAPY SUPPLIES - DEVICES**	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
ABACA/LAMIVU TAB 600-300	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ABACAVIR SOL 20MG/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ABACAVIR TAB 300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABREVA CRE 10%	Remove Brand Version from Formulary	Generic Covered
Acetaminophen Suppos 325 MG	Add to formulary, preferred generic tier	
ACYCLOVIR CAP 200MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ACYCLOVIR TAB 400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	



Drug Name	Description of Formulary Change	Notes/Alternatives
ACYCLOVIR TAB 800MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ADEFOV DIPIV TAB 10MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ADULT MASK MIS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Advair Diskus AEPB 100-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair Diskus AEPB 250-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair Diskus AEPB 500-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 115-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 230-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 45-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
AMOXICILLIN CAP 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN CAP 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN CHW 125MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN CHW 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN SUS 125/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN SUS 200/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
AMOXICILLIN SUS 250/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN SUS 400/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMOXICILLIN TAB 875MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AMPICILLIN CAP 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
APOKYN INJ 10MG/ML	Remove Brand Version from Formulary	Generic Covered
APTIVUS CAP 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ARISTADA INJ 1064MG	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 441MG/1.	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 662MG/2	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 882MG/3	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ INITIO	Remove provider-administered drug from prescription drug list	Covered under medical
ATAZANAVIR CAP 150MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ATAZANAVIR CAP 200MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ATAZANAVIR CAP 300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AUBAGIO TAB 14MG	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
AUBAGIO TAB 7MG	Remove Brand Version from Formulary	Generic Covered
AVSOLA INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
AZASITE SOL 1%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN POW 1GM PAK	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN SUS 100/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN SUS 200/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
AZITHROMYCIN TAB 600MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
BARACLUDE SOL	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
BEDDING SPRA AER 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Benadryl Allergy Con Ultratabs TABS 25-10MG	Add to formulary, preferred brand tier	Over-the-Counter covered with prescription
BESIVANCE SUS 0.6%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Biktarvy TABS 30-120-15MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
BIKTARVY TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
BOTOX INJ 100UNIT	Remove provider-administered drug from prescription drug list	Covered under medical
BOTOX INJ 200UNIT	Remove provider-administered drug from prescription drug list	Covered under medical
BROVANA NEB 15MCG	Remove Brand Version from Formulary	Generic Covered
Brukinsa CAPS 80MG	Remove from formulary	
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit	
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit	
Butenafine HCl CREA 1%	Add to formulary, preferred generic tier	Over-the-counter product covered with prescription
Cabometyx TABS 20MG	Remove from formulary	
Cabometyx TABS 40MG	Remove from formulary	
Cabometyx TABS 60MG	Remove from formulary	
CEFIXIME CAP 400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CEFIXIME SUS 100/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CEFIXIME SUS 200/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CEFTRIAXONE INJ 1GM	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CHANTIX PAK 0.5& 1MG	Remove Brand Version from Formulary	Generic Covered
CHANTIX PAK 1MG	Remove Brand Version from Formulary	Generic Covered
CHANTIX TAB 0.5MG	Remove Brand Version from Formulary	Generic Covered
CHEMSTRIP K TEST STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with

Drug Name	Description of Formulary Change	Notes/Alternatives
		"Durable Medical Equipment" cost-sharing rate under plan
CIMDUO TAB 300-300	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CINACALCET TAB 30MG	Tier change from specialty to non-preferred drug (generic) tier	
CINACALCET TAB 60MG	Tier change from specialty to non-preferred drug (generic) tier	
CINACALCET TAB 90MG	Tier change from specialty to non-preferred drug (generic) tier	
CIPROFLOXACN SOL 0.3% OP	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CIPROFLOXACN TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CIPROFLOXACN TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CIPROFLOXACN TAB 750MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CLARITHROMYC SUS 125/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CLARITHROMYC SUS 250/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CLARITHROMYC TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CLARITHROMYC TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CLINDAMYCIN CRE 2% VAG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
CLOTRIMAZOLE CRE 1% VAG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
CLOTRIMAZOLE CRE 2%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
COMETRIQ KIT 100MG	Remove from formulary	
COMETRIQ KIT 140MG	Remove from formulary	
COMETRIQ KIT 60MG	Remove from formulary	
COMPLERA TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
COMPLETE KIT LICE	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
COPAXONE 20 MG	Remove Brand Version from Formulary	Generic Covered; Please note COPAXONE 40 MG remains on formulary for 2024
CRIXIVAN CAP 200MG	Remove Brand Version from Formulary	Generic Covered
CRIXIVAN CAP 400MG	Remove Brand Version from Formulary	Generic Covered
CYSTADANE POW	Remove Brand Version from Formulary	Generic Covered
DALIRESP TAB 250MCG	Remove Brand Version from Formulary	Generic Covered
DALIRESP TAB 500MCG	Remove Brand Version from Formulary	Generic Covered
DELSTRIGO TAB 100-300-300	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
DENA VIR CRE 1%	Remove Brand Version from Formulary	Generic Covered
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with

Drug Name	Description of Formulary Change	Notes/Alternatives
		"Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS TRANSMIT	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS TRANSMIT	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DOVATO TAB 50-300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
DOXYCYC MONO CAP 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
DOXYCYC MONO TAB 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Dupixent SOSY 100MG/0.67ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 200/1.14ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 200MG	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 300/2ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 300/2ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
EDURANT TAB 25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EFAVIRENZ CAP 200MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EFAVIRENZ CAP 50MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EFAVIRENZ TAB 600MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 100-150	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 133-200	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 167-250	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EMTR/TENOFOV TAB 200-300	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EMTRICITABINE CAPS 200 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
EMTRIVA SOL 10MG/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ENTECAVIR TAB 0.5MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	



Drug Name	Description of Formulary Change	Notes/Alternatives
ENTECAVIR TAB 1MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERY-TAB TAB 250MG EC	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERY-TAB TAB 333MG EC	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERY-TAB TAB 500MG EC	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROCIN TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROM ETH SUS 200/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROM ETH SUS 400/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROM ETH TAB 400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROMYCIN OIN OP	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROMYCIN TAB 250MG BS	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ERYTHROMYCIN TAB 500MG BS	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ESBRIET CAP 267MG	Remove Brand Version from Formulary	Generic Covered
ESBRIET TAB 267MG	Remove Brand Version from Formulary	Generic Covered
ESBRIET TAB 801MG	Remove Brand Version from Formulary	Generic Covered
ETRAVIRINE TAB 100 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
ETRAVIRINE TAB 200 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Eucrisa OINT 2%	Add to formulary, non-preferred brand tier, Prior Authorization Required, Quantity Limit	100 gm per 30 days
EVOTAZ TAB 300-150	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
FAMCICLOVIR TAB 125MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
FAMCICLOVIR TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
FAMCICLOVIR TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Fasenra SOSY 30MG/ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
Fasenra Pen SOAJ 30MG/ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
FIBRICOR TAB 35MG	Remove from formulary	Generic fenofibrate covered
FLUCONAZOLE TAB 150MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
FLUPHENAZ DE INJ 25MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit	
FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	

Drug Name	Description of Formulary Change	Notes/Alternatives
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Add generic (ADV AIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	Add generic (ADV AIR HFA), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	Add generic (ADV AIR HFA), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	Add generic (ADV AIR HFA), preferred generic tier, Quantity Limit	
FORTEO SOL 600/2.4	Remove Brand Version from Formulary	Generic Covered
FOSAMPRENAVI TAB 700MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
FREESTY LIBR KIT 2 SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTY LIBR MIS 2 READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FreeStyle Libre 3 Sensor MISC	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE MIS READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan

Drug Name	Description of Formulary Change	Notes/Alternatives
FREESTYLE MIS READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FUZEON INJ 90MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
GATIFLOXACIN SOL 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
GENTAMICIN SOL 0.3% OP	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
GENVOYA TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
GILENYA CAP 0.5MG	Remove Brand Version from Formulary	Generic Covered
GLATIRAMER 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier	
GLATOPA 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier	
GYNAZOLE-1 CRE 2%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
HALOPER DEC INJ 100MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
HALOPER DEC INJ 50MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
Hepatitis treatment drugs	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Herzuma SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Herzuma SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
HETLIOZ CAP 20MG	Remove Brand Version from Formulary	Generic Covered
HIV ANTIRETROVIRALS	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
Humira Pediatric Crohns Start PSKT 80 MG/0.8ML &40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 40MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 80MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 10MG/0.1ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 10MG/0.2ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 20MG/0.2ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 20MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 40MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
HYDROXY CAPR INJ 1.25/5ML	Remove provider-administered drug from prescription drug list	Covered under medical
HYDROXYPROG INJ 250MG/ML	Remove from formulary; no longer FDA-approved	
IMIQUIMOD CRE 5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
INFLECTRA INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
INTELENCE TAB 25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
INVEGA SUST INJ 117/0.75	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 156MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 234/1.5	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 39/0.25	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
INVEGA SUST INJ 78/0.5ML	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 273MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 410MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 546MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 819MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVIRASE TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ISENTRESS CHW 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ISENTRESS CHW 25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ISENTRESS HD TAB 600MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ISENTRESS POW 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ISENTRESS TAB 400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Ivermectin LOTN 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
JULUCA TAB 50-25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
KALETRA TAB 100-25MG	Remove Brand Version from Formulary	Generic Covered
KALETRA TAB 200-50MG	Remove Brand Version from Formulary	Generic Covered
Kanjinti SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Kanjinti SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
KISQALI TAB 200DOSE	Remove from formulary	
KISQALI TAB 400DOSE	Remove from formulary	
KISQALI TAB 600DOSE	Remove from formulary	
KISQALI 200 PAK FEMARA	Remove from formulary	
KISQALI 400 PAK FEMARA	Remove from formulary	
KISQALI 600 PAK FEMARA	Remove from formulary	
Kuvan PACK 100MG	Remove Brand Version from Formulary	Generic Covered
LAMIVUD/ZIDO TAB 150-300	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LAMIVUDINE SOL 10MG/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LAMIVUDINE TAB 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LAMIVUDINE TAB 150MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LAMIVUDINE TAB 300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LATUDA TAB 120MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 20MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 40MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 60MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 80MG	Remove Brand Version from Formulary	Generic Covered
LEDIP-SOFOSB TAB 90-400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
LEVOFLOXACIN SOL 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN SOL 25MG/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LEVOFLOXACIN TAB 750MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LICE KILLING SHA	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LICE TREATMT LOT 1%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LICE TRTMNT LIQ	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LICE TRTMNT LIQ 1%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LINDANE SHA 1%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LONSURF TAB 15-6.14	Remove from formulary	
LONSURF TAB 20-8.19	Remove from formulary	
LOPIN/RITON TAB 100-25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LOPIN/RITON TAB 200-50MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
LOPIN/RITON SOL 80-20/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	



Drug Name	Description of Formulary Change	Notes/Alternatives
LOTEMAX GEL 0.5%	Remove Brand Version from Formulary	Generic Covered
LUPANETA KIT 11.25-5	Remove provider-administered drug from prescription drug list	Covered under medical
LUPANETA KIT 3.75-5	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 15MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 3M 30MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 7.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 22.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 3.75MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 7.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
MAG64 TAB 64MG	Remove Brand Version from Formulary	Generic Covered
Magdelay TBEC 70MG	Remove Brand Version from Formulary	Generic Covered
MALATHION LOT 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MARAVIROC TAB 150 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MARAVIROC TAB 300 MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MAYZENT TAB 0.25MG	Remove from formulary	Fingolimod Covered
MAYZENT TAB 2MG	Remove from formulary	Fingolimod Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
METRONIDAZOL TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
metroNIDAZOLE GEL 0.75%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MICONAZOLE 3 CRE 4%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MICONAZOLE 3 KIT COMBO	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MICONAZOLE 3 KIT COMBO PK	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MICONAZOLE 7 CRE 2%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MICONAZOLE 7 SUP 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MIRVASO GEL 0.33%	Remove Brand Version from Formulary	Generic Covered
Monistat 7 Complete Therapy KIT 100-2MG-%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MONISTAT 7 KIT COMBO PK	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MOXIFLOXACIN INJ 400/250	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MOXIFLOXACIN SOL HCL 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
MOXIFLOXACIN TAB 400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Naftin GEL 1%	Add to formulary, non-preferred brand tier	
NARCAN SPR	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
NEVIRAPINE SUS 50MG/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
NEVIRAPINE TAB 100MG ER	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
NEVIRAPINE TAB 200MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
NEVIRAPINE TAB 400MG ER	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
NEXAVAR TAB 200MG	Remove Brand Version from Formulary	Generic Covered
NP THYROID TAB 120MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TAB 15MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 30MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 60MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 90MG	No longer generic; Tier change from generic to preferred brand tier	
ODEFSEY TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
OFLOXACIN DRO 0.3% OP	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Ogivri SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ogivri SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ontruzant SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
Ontruzant SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
ORFADIN CAP 20MG	Remove Brand Version from Formulary	Generic Covered
PAXLOVID TAB 300-100	Change tier to PREV tier	
PAXLOVID PACK	Change tier to PREV tier	
PEGASYS INJ 180MCG/M	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PEGASYS INJ	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PEGASYS INJ 180MCG/M	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PEGASYS INJ PROCLICK	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PENICILLN VK TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PENICILLN VK TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PERMETHRIN CRE 5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PIFELTRO TAB 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Pimecrolimus CREA 1%	Add to formulary, non-preferred generic tier, Quantity Limit	100 gm per 30 days
PODOFILOX SOL 0.5%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PREZCOBIX TAB 800-150	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PREZISTA SUS 100MG/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
PREZISTA TAB 150MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PREZISTA TAB 600MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PREZISTA TAB 75MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PREZISTA TAB 800MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
PROLIA SOL 60MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
Regenecare HA Spray GEL 2%	Add to formulary, preferred generic tier	
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
RENFLEXIS INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
RIBAVIRIN CAP 200MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
RIBAVIRIN TAB 200MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
RID LICE KIL SHA 0.33-4%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
RIFATER TAB	Remove Brand Version from Formulary	Generic Covered
Rinvoq TB24 15MG	Remove from Formulary	
Rinvoq TB24 30MG	Remove from Formulary	
Rinvoq TB24 45MG	Remove from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
RISPERDAL INJ 12.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 25MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 37.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 50MG	Remove provider-administered drug from prescription drug list	Covered under medical
RITONAVIR TAB 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
RUKOBIA TAB 600MG ER	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Ruxience SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list	Covered under medical
Ruxience SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list	Covered under medical
SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE (BASE EQUIV)	Add pending generic (SEREVENT), preferred generic tier, Quantity Limit	
SANDOSTATIN KIT LAR 10MG	Remove provider-administered drug from prescription drug list	Covered under medical
SANDOSTATIN KIT LAR 20MG	Remove provider-administered drug from prescription drug list	Covered under medical
SANDOSTATIN KIT LAR 30MG	Remove provider-administered drug from prescription drug list	Covered under medical
SAPROPTERIN POW 500MG	Add generic to formulary, specialty tier, Prior Authorization Required	
SELZENTRY SOL 20MG/ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
SELZENTRY TAB 25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
SELZENTRY TAB 75MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
SEREVENT DIS AER 50MCG	Remove Brand Version from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
SIDESTREAM MIS PED MASK	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML	Remove from Formulary	
Skyrizi Pen SOAJ 150MG/ML	Remove from Formulary	
Skyrizi SOCT 180MG/1.2ML	Remove from Formulary	
Skyrizi SOCT 360MG/2.4ML	Remove from Formulary	
Skyrizi SOLN 600MG/10ML	Remove from Formulary	
Skyrizi SOSY 150MG/ML	Remove from Formulary	
SOFOS/VELPAT TAB 400-100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
SOVALDI TAB 400MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
SPINOSAD SUS 0.9%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
SPIRIVA HANDIHALER	Remove Brand Version from Formulary	
Spiriva Respimat AERS 1.25MCG/ACT	Change tier to non-preferred brand tier, add prior authorization	Incruse Ellipta, Trelegly Ellipta (3-combo), and Breztri (3-combo) covered
Spiriva Respimat AERS 2.5MCG/ACT	Change tier to non-preferred brand tier, add prior authorization	Incruse Ellipta, Trelegly Ellipta (3-combo), and Breztri (3-combo) covered
STAVUDINE CAP 15MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
STAVUDINE CAP 20MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
STAVUDINE CAP 30MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
STAVUDINE CAP 40MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
STRIBILD TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Sudafed Childrens LIQD 15MG/5ML	Add to formulary, preferred brand tier	Over-the-Counter covered with prescription
SUPREP BOWEL SOL PREP KIT	Remove Brand Version from Formulary	Generic Covered
SYMBICORT AER 160-4.5	Remove Brand Version from Formulary	Generic Covered
SYMBICORT AER 80-4.5	Remove Brand Version from Formulary	Generic Covered
SYM TUZA TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TARGRETIN GEL 1%	Remove Brand Version from Formulary	Generic Covered
Tavaborole SOLN 5%	Add to formulary, non-preferred generic tier, Quantity Limit	10 mL per 30 days
TAZORAC CRE 0.05%	Remove Brand Version from Formulary	Generic Covered
TAZORAC GEL 0.05%	Remove Brand Version from Formulary	Generic Covered
TAZORAC GEL 0.1%	Remove Brand Version from Formulary	Generic Covered
TENOFVIR TAB 300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TERCONAZOLE CRE 0.4%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TERCONAZOLE CRE 0.8%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TERCONAZOLE SUP 80MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TETRACYCLINE CAP 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	



Drug Name	Description of Formulary Change	Notes/Alternatives
THYROGEN INJ 1.1MG	Remove provider-administered drug from prescription drug list	Covered under medical
TINIDAZOLE TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TINIDAZOLE TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TIOCONAZOLE OIN 6.5% VAG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	Add pending generic (SPIRIVA HANDIHALER), preferred generic tier, Quantity Limit	
Tivicay PD TBSO 5MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TIVICAY TAB 10MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TIVICAY TAB 25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TIVICAY TAB 50MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TOBRAMYCIN SOL 0.3% OP	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TOVIAZ TAB 4MG	Remove Brand Version from Formulary	Generic Covered
TOVIAZ TAB 8MG	Remove Brand Version from Formulary	Generic Covered
Trazimera SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Trazimera SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
TRELSTAR MIX INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
TRELSTAR MIX INJ 3.75MG	Remove provider-administered drug from prescription drug list	Covered under medical

Drug Name	Description of Formulary Change	Notes/Alternatives
Triumeq PD TBSO 60-5-30MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TRIUMEQ TAB 600-500-300	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
Trizivir TABS 300-150-300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Truxima SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list	Covered under medical
Truxima SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list	Covered under medical
TYBOST TAB 150MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
TYSABRI INJ 300/15ML	Remove provider-administered drug from prescription drug list	Covered under medical
VALACYCLOVIR TAB 1GM	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VALACYCLOVIR TAB 500MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VELTIN GEL	Remove Brand Version from Formulary	Generic Covered
VEMLIDY TAB 25MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VEREGEN OIN 15%	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
VIEKIRA PAK TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VIMPAT SOL 10MG/ML	Remove Brand Version from Formulary	Generic Covered
VIRACEPT TAB 250MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VIRACEPT TAB 625MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VIVITROL INJ 380MG	Remove provider-administered drug from prescription drug list	Covered under medical
VOSEVI TAB	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
VRAYLAR CAP 1.5MG	Remove from formulary	
VRAYLAR CAP 3MG	Remove from formulary	
VRAYLAR CAP 4.5MG	Remove from formulary	
VRAYLAR CAP 6MG	Remove from formulary	
Vumerity CPDR 231MG	Remove from formulary	Dimethyl Fumarate Covered
Vumerity (Starter) CPDR 231MG	Remove from formulary	Dimethyl Fumarate Covered
XGEVA INJ	Remove provider-administered drug from prescription drug list	Covered under medical
XYREM SOL 500MG/ML	Remove Brand Version from Formulary	Generic Covered
ZEPATIER TAB 50-100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ZIDOVUDINE CAP 100MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ZIDOVUDINE SYP 50MG/5ML	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	
ZIDOVUDINE TAB 300MG	Add new indicator "INF" on formulary - \$0 Cost-Sharing when prescribed for STI	

Drug Name	Description of Formulary Change	Notes/Alternatives
ZIOPTAN DRO 0.0015%	Remove Brand Version from Formulary	Generic Covered
ZOLADEX IMP 10.8MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZOLADEX IMP 3.6MG	Remove provider-administered drug from prescription drug list	Covered under medical
Zomig SOLN 2.5MG	Add to formulary, non-preferred brand tier, Step Therapy, Quantity Limit	Prior use of TWO: naratriptan, rizatriptan, sumatriptan
ZYPREXA RELP INJ 210MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZYPREXA RELP INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZYPREXA RELP INJ 405MG	Remove provider-administered drug from prescription drug list	Covered under medical

**PA** = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy **INF** = \$0 Cost sharing when prescribed for certain infections **BH** - \$0 Cost sharing when prescribed for mental or behavioral health

Drug Name	Formulary Status	Requirements/Limits
<b>*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* - Drugs For The Nervous System</b>		
<b>*Adhd Agent - Selective Alpha Adrenergic Agonists*** - Drugs For Attention Deficit Disorder</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	Tier 2	PA; QL (4 EA per 1 day); BH (BH)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH (BH)
<b>*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor*** - Drugs For Attention Deficit Disorder</b>		
<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); BH (BH)
<b>*Amphetamine Mixtures*** - Drugs For Attention Deficit Disorder</b>		
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 3 Years and Max 18 Years); BH (BH)
<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); BH (BH)
<b>*Amphetamines*** - Drugs For Attention Deficit Disorder</b>		
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Tier 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
<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); BH (BH)
<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); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>methamphetamine hcl oral tablet 5 mg</i>	Tier 2	PA; AGE (Min 6 Years and Max 18 Years); BH (BH)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (Lisdexamfetamine Dimesylate)	Tier 2	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH (BH)
<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); BH (BH)
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); BH (BH)
Dextroamphetamine Sulfate (Dextrostat Oral Tablet 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years); BH (BH)
Dextroamphetamine Sulfate (Zenedi Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years); BH (BH)
<b>*Analeptics*** - Drugs For The Nervous System</b>		
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	Tier 1	QL (120 ML per 999 days); AGE (Max 1 Years)
<b>*Anorexiant Non-Amphetamine*** - Drugs For The Nervous System</b>		
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>phentermine hcl oral capsule 15 mg</i>	Tier 1	QL (2 EA per 1 day)
<i>phentermine hcl oral capsule 30 mg, 37.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>phentermine hcl oral tablet 37.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*Stimulants - Misc.*** - Drugs For Attention Deficit Disorder</b>		
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
<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); BH (BH)
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); BH (BH)
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); BH (BH)
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); BH (BH)
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); BH (BH)
<b>*Alternative Medicines* - Vitamins And Minerals</b>		
<b>*Alternative Medicine - Me's*** - Vitamins And Minerals</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Alternative Medicine Combinations - Two Ingredients*** - Vitamins And Minerals</b>		
<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
<b>*Aminoglycosides* - Drugs For Infections</b>		
<b>*Aminoglycosides*** - Antibiotics</b>		
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 4	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 3	PA
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	Tier 3	PA
<i>neomycin sulfate oral tablet 500 mg</i>	Tier 1	
<b>*Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever</b>		
<b>*Antirheumatic - Janus Kinase (Jak) Inhibitors*** - Arthritis And Pain Drugs</b>		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 3	PA; QL (1 EA per 1 day); Preferred Brand
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 3	PA; Preferred Brand
<b>*Anti-Tnf-Alpha - Monoclonal Antibodies*** - Arthritis And Pain Drugs</b>		
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 3	PA; QL (0.072 ML per 1 day); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Adalimumab-bwwd)	Tier 3	PA; QL (4 EA per 28 days); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (Adalimumab-bwwd)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (3 EA per 365 days); Preferred Brand

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 3	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	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 3	PA; QL (2 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 3	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 3	PA; QL (3 EA per 365 days); Preferred Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	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 3	PA; QL (3 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors*** - Arthritis And Pain Drugs</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>celecoxib oral capsule 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<b>*Gold Compounds*** - Arthritis And Pain Drugs</b>		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 4	PA
<b>*Interleukin-1 Blockers*** - Arthritis And Pain Drugs</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 3	PA
<b>*Interleukin-1 Receptor Antagonist (IL-1Ra)*** - Arthritis And Pain Drugs</b>		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>*Interleukin-6 Receptor Inhibitors*** - Arthritis And Pain Drugs</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 5	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 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations*** - Arthritis And Pain Drugs</b>		
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Tier 2	QL (2 EA per 1 day)
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** - Arthritis And Pain Drugs</b>		
<i>fenoprofen calcium oral tablet 600 mg</i>	Tier 2	PA; QL (4 EA per 1 day)
<i>ketoprofen oral capsule 50 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)
<i>tolmetin sodium oral capsule 400 mg</i>	Tier 2	
<i>tolmetin sodium oral tablet 600 mg</i>	Tier 2	
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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</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)
<i>ketorolac tromethamine oral tablet 10 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
<i>meloxicam oral tablet 15 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>meloxicam oral tablet 7.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>naproxen dr oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen kit oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>naproxen sodium oral tablet 220 mg</i>	Tier 1	OTC; QL (3 EA per 1 day)
<i>piroxicam oral capsule 10 mg</i>	Tier 1	PA; MAIL; QL (4 EA per 1 day)
<i>piroxicam oral capsule 20 mg</i>	Tier 1	PA; MAIL; QL (2 EA per 1 day)
<i>sulindac oral tablet 150 mg, 200 mg</i>	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
<b>*Phosphodiesterase 4 (Pde4) Inhibitors*** - Arthritis And Pain Drugs</b>		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 3	PA; Preferred Brand
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 3	PA; Preferred Brand
<b>*Pyrimidine Synthesis Inhibitors*** - Arthritis And Pain Drugs</b>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Selective Costimulation Modulators*** - Arthritis And Pain Drugs</b>		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 5	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 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>*Soluble Tumor Necrosis Factor Receptor Agents*** - Arthritis And Pain Drugs</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days); Preferred Brand
<b>*Analgesics - Nonnarcotic* - Drugs For Pain And Fever</b>		
<b>*Analgesics Other*** - Arthritis And Pain Drugs</b>		
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	Tier 1	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Tier 1	OTC
<i>acetaminophen extra strength oral liquid 500 mg/15ml</i>	Tier 1	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Tier 1	OTC
<i>acetaminophen junior strength oral tablet dispersible 160 mg</i>	Tier 1	OTC
<i>acetaminophen oral capsule 500 mg</i>	Tier 1	OTC
<i>acetaminophen oral elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen oral solution 160 mg/5ml</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>acetaminophen oral suspension 80 mg/0.8ml</i>	Tier 1	OTC
<i>acetaminophen oral tablet 325 mg</i>	Tier 1	OTC
<i>acetaminophen oral tablet chewable 80 mg</i>	Tier 1	OTC
<i>acetaminophen rapid tabs child oral tablet dispersible 80 mg</i>	Tier 1	OTC
<i>acetaminophen rectal suppository 120 mg, 325 mg, 650 mg</i>	Tier 1	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC
<b>*Analgesics-Sedatives*** - Arthritis And Pain Drugs</b>		
<i>butalbital compound/asa oral capsule 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day)
<i>butalbital-asa-caffeine oral capsule 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
<i>marten-tab oral tablet 50-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
<i>repan oral tablet 50-325-40 mg</i>	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)
<b>*Salicylates*** - Arthritis And Pain Drugs</b>		
<i>adult aspirin regimen oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)
<i>aspirin 81 oral tablet chewable 81 mg</i>	Tier 1	OTC; QL (100 EA per 30 days)
<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>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)
<b>*Analgesics - Opioid* - Drugs For Pain And Fever</b>		
<b>*Codeine Combinations*** - Arthritis And Pain Drugs</b>		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	Tier 1	AGE (Min 12 Years); MED (MED)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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 (MED)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	QL (8 EA per 1 day); MED (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 (MED)
<b>*Hydrocodone Combinations*** - Arthritis And Pain Drugs</b>		
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 10-200 Mg)	Tier 2	PA; QL (6 EA per 1 day); MED (MED)
Hydrocodone-Ibuprofen (Xylon Oral Tablet 10-200 Mg)	Tier 2	PA; QL (6 EA per 1 day); MED (MED)
<i>hydrocodone/acetaminophen oral tablet 10-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	MED (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 (MED)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lortab Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 7.5-200 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
<b>*Opioid Agonists*** - Arthritis And Pain Drugs</b>		
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 4	PA; MED (MED)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (Tapentadol HCl)	Tier 4	PA; MED (MED)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (Tapentadol HCl)	Tier 4	PA; MED (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 4	PA; MED (MED)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	PA; MED (MED)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	Tier 2	PA; MED (MED)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; QL (120 EA per 25 days); MED (MED)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	Tier 2	PA; MED (MED)
<i>codeine sulfate oral tablet 30 mg</i>	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED (MED)
<i>codeine sulfate oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	PA; QL (10 EA per 25 days); MED (MED)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	QL (12 EA per 1 day); MED (MED)
<i>meperidine hcl oral solution 50 mg/5ml</i>	Tier 1	AGE (Max 64 Years); MED (MED)
<i>meperidine hcl oral tablet 50 mg</i>	Tier 1	AGE (Max 64 Years); MED (MED)
<i>meperitab oral tablet 50 mg</i>	Tier 1	AGE (Max 64 Years); MED (MED)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); MED (MED)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (360 EA per 25 days); MED (MED)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	Tier 1	QL (15 EA per 1 day); MED (MED)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	Tier 1	QL (15 ML per 1 day); MED (MED)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	Tier 1	ST; QL (3 EA per 1 day); MED (MED)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	Tier 1	QL (15 ML per 1 day); MED (MED)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	Tier 1	MED (MED)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 EA per 1 day); MED (MED)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	PA; QL (1 EA per 1 day); MED (MED)
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED (MED)
Methadone HCl (Methadose Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (360 EA per 25 days); MED (MED)
<b>*Opioid Combinations*** - Arthritis And Pain Drugs</b>		
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	Tier 1	QL (6 EA per 1 day); MED (MED)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	Tier 1	QL (8 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Roxicet Oral Tablet 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED (MED)
<b>*Opioid Partial Agonists*** - Arthritis And Pain Drugs</b>		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Tier 2	PA; MED (MED); BH (BH)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	Tier 1	BH (BH)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Tier 1	BH (BH)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	Tier 1	BH (BH)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	Tier 1	PA; QL (15 ML per 25 days); MED (MED)
<b>*Tramadol Combinations*** - Arthritis And Pain Drugs</b>		
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years); MED (MED)
<b>*Androgens-Anabolic* - Hormones</b>		
<b>*Androgens*** - Drugs For Men</b>		
<i>methitest oral tablet 10 mg</i>	Tier 3	PA
<i>methyltestosterone oral capsule 10 mg</i>	Tier 3	PA
<i>danazol oral capsule 100 mg, 200 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>danazol oral capsule 50 mg</i>	Tier 2	QL (2 EA per 1 day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	QL (10 ML per 25 days)
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	QL (10 ML per 25 days)
Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/ML, 200 Mg/ML)	Tier 1	QL (10 ML per 25 days)
<b>*Anorectal And Related Products* - Rectal Preparations</b>		
<b>*Intrarectal Steroids*** - Rectal Preparations</b>		
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Tier 2	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60ML)	Tier 2	QL (1680 ML per 25 days)
<b>*Nitrate Vasodilating Agents*** - Rectal Preparations</b>		
RECTIV RECTAL OINTMENT 0.4 % (Nitroglycerin)	Tier 4	
<b>*Rectal Anesthetic Combinations*** - Rectal Preparations</b>		
<i>hemorrhoidal external cream 1-0.25-14.4-15 %</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Rectal Local Anesthetics*** - Rectal Preparations</b>		
<i>dibucaine rectal ointment 1 %</i>	Tier 1	OTC
<b>*Rectal Steroids*** - Rectal Preparations</b>		
<i>hemorrhoidal-hc rectal cream 2.5 %</i>	Tier 1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	
<i>hydrocortisone rectal cream 2.5 %</i>	Tier 1	
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	
<b>*Antacids* - Drugs For The Stomach</b>		
<b>*Antacid &amp; Simethicone*** - Drugs For Ulcers And Stomach Acid</b>		
<i>alum &amp; mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	Tier 1	OTC
<i>antacid plus oral tablet chewable 200-200-25 mg</i>	Tier 1	OTC
<b>*Antacid Combinations*** - Drugs For Ulcers And Stomach Acid</b>		
<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
<b>*Antacids - Bicarbonate*** - Drugs For Ulcers And Stomach Acid</b>		
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	Tier 1	OTC
<b>*Antacids - Calcium Salts*** - Drugs For Ulcers And Stomach Acid</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antacids - Magnesium Salts*** - Drugs For Ulcers And Stomach Acid</b>		
<i>magnesium oxide oral tablet 250 mg, 420 mg</i>	Tier 1	OTC
<b>*Anthelmintics* - Drugs For Infections</b>		
<b>*Anthelmintics*** - Drugs For Parasites</b>		
<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
<b>*Antianginal Agents* - Drugs For The Heart</b>		
<b>*Antianginals-Other*** - Drugs For Angina</b>		
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<b>*Nitrates*** - Drugs For Angina</b>		
<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
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	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
<b>*Antianxiety Agents* - Drugs For The Nervous System</b>		
<b>*Antianxiety Agents - Misc.*** - Drugs For Anxiety</b>		
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 2	QL (3 EA per 1 day); BH (BH)
<i>bupirone hcl oral tablet 10 mg</i>	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>bupirone hcl oral tablet 15 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>bupirone hcl oral tablet 30 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>bupirone hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>hydroxyzine hcl oral solution 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years); BH (BH)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>hydroxyzine pamoate oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years); BH (BH)
<b>*Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years); BH (BH)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years); BH (BH)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years); BH (BH)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years); BH (BH)
<i>diazepam oral concentrate 5 mg/ml</i>	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years); BH (BH)
<i>diazepam oral solution 1 mg/ml</i>	Tier 1	QL (120 EA per 25 days); AGE (Max 64 Years); BH (BH)
<i>diazepam oral solution 5 mg/5ml</i>	Tier 1	QL (120 ML per 25 days); AGE (Max 64 Years); BH (BH)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>lorazepam oral concentrate 1 mg/0.5ml</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years); BH (BH)
<i>lorazepam oral concentrate 2 mg/ml</i>	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years); BH (BH)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years); BH (BH)
<i>oxazepam oral capsule 10 mg, 15 mg</i>	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>oxazepam oral capsule 30 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years); BH (BH)
Diazepam (Diazepam Intensol Oral Concentrate 5 Mg/ML)	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
LORazepam (Lorazepam Intensol Oral Concentrate 2 Mg/ML)	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years); BH (BH)
<b>*Antiarrhythmics* - Drugs For The Heart</b>		
<b>*Antiarrhythmics Type I-A*** - Drugs For Abnormal Heart Rhythms</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	MAIL
<b>*Antiarrhythmics Type I-B*** - Drugs For Abnormal Heart Rhythms</b>		
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	MAIL
<b>*Antiarrhythmics Type I-C*** - Drugs For Abnormal Heart Rhythms</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	MAIL
<b>*Antiarrhythmics Type Iii*** - Drugs For Abnormal Heart Rhythms</b>		
MULTAQ ORAL TABLET 400 MG (Dronedaron HCl)	Tier 4	PA
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tier 2	
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	MAIL
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 1	MAIL
<b>*Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs</b>		
<b>*5-Lipoxygenase Inhibitors*** - Drugs For Asthma/Copd</b>		
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	Tier 2	PA
<b>*Adrenergic Combinations*** - Drugs For Asthma/Copd</b>		
<i>budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation</i>	Tier 4	
<i>budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation</i>	Tier 4	QL (20.4 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT, 62.5-25 MCG/INH (Umeclidinium-Vilanterol)	Tier 2	MAIL; 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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Tier 1	MAIL; QL (1 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose</i>	Tier 1	MAIL; QL (1 EA per 25 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	Tier 1	MAIL; QL (360 ML per 25 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 100-50 Mcg/Dose, 250-50 Mcg/Act, 250-50 Mcg/Dose, 500-50 Mcg/Act, 500-50 Mcg/Dose)	Tier 1	MAIL; QL (1 EA per 25 days)
<b>*Anti-Ige Monoclonal Antibodies*** - Drugs For Asthma/Copd</b>		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 3	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (Omalizumab)	Tier 3	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 3	PA; QL (5 EA per 24 days)
<b>*Anti-Inflammatory Agents*** - Drugs For Asthma/Copd</b>		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	Tier 2	
<b>*Beta Adrenergics*** - Drugs For Asthma/Copd</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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	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)
<b>*Bronchodilators - Anticholinergics*** - Drugs For Asthma/Copd</b>		
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	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)
<b>*Interleukin-5 Antagonists (Igg1 Kappa)*** - Drugs For Asthma/Copd</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 3	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 3	PA; QL (3 EA per 23 days)
<b>*Leukotriene Receptor Antagonists*** - Drugs For Asthma/Copd</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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)
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors*** - Drugs For Asthma/Copd</b>		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Tier 2	PA
<b>*Steroid Inhalants*** - Drugs For Asthma/Copd</b>		
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation</i>	Tier 4	MAIL; QL (12 GM per 30 days); AGE (Max 11 Years)
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation</i>	Tier 4	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 REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)
<b>*Xanthines*** - Drugs For Asthma/Copd</b>		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	Tier 1	MAIL
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Anticoagulants* - Drugs For The Blood</b>		
<b>*Coumarin Anticoagulants*** - Drugs To Prevent Blood Clots</b>		
<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
<b>*Direct Factor Xa Inhibitors*** - Drugs To Prevent Blood Clots</b>		
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)
<b>*Heparins And Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots</b>		
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	Tier 1	PA
<b>*Low Molecular Weight Heparins*** - Drugs To Prevent Blood Clots</b>		
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 4	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)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	Tier 2	QL (1.2 ML per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy  
20



Drug Name	Formulary Status	Requirements/Limits
<b>*Synthetic Heparinoid-Like Agents*** - Drugs To Prevent Blood Clots</b>		
<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
<b>*Anticonvulsants* - Drugs For The Nervous System</b>		
<b>*Ampa Glutamate Receptor Antagonists*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 4	
<b>*Anticonvulsants - Benzodiazepines*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
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 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 (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); BH (BH)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	Tier 1	QL (2 EA per 25 days)
<b>*Anticonvulsants - Misc.*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 4	MAIL
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 4	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 4	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	Tier 2	PA; QL (3 EA per 1 day); BH (BH)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	Tier 2	PA; QL (2 EA per 1 day); BH (BH)
<i>rufinamide oral suspension 40 mg/ml</i>	Tier 2	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Tier 2	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL; BH (BH)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	Tier 1	MAIL; BH (BH)
<i>carbamazepine oral suspension 100 mg/5ml</i>	Tier 1	MAIL; BH (BH)
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	MAIL; BH (BH)
<i>carbamazepine oral tablet chewable 100 mg</i>	Tier 1	MAIL; BH (BH)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	MAIL; BH (BH)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Tier 1	MAIL; BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	MAIL; BH (BH)
<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; BH (BH)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	Tier 1	MAIL; BH (BH)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL
<i>levetiracetam oral solution 100 mg/ml</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; BH (BH)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL; BH (BH)
<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; BH (BH)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; BH (BH)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
CarBAMazepine (Eitol Oral Tablet 200 Mg)	Tier 1	MAIL; BH (BH)
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; BH (BH)
Topiramate (Topiragen Oral Tablet 100 Mg, 200 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL; BH (BH)
<b>*Carbamates*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>felbamate oral suspension 600 mg/5ml</i>	Tier 2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 2	
<b>*Gaba Modulators*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>vigabatrin oral packet 500 mg</i>	Tier 3	QL (6 EA per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	Tier 3	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 3	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 3	QL (6 EA per 1 day)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	Tier 2	
<b>*Hydantoins*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 2	MAIL
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Tier 1	MAIL
<i>phenytoin oral tablet chewable 50 mg</i>	Tier 1	MAIL

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 1	MAIL
Phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Tier 1	MAIL
<b>*Succinimides*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
CELONTIN ORAL CAPSULE 300 MG (Methsuximide)	Tier 4	MAIL
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	MAIL
<i>ethosuximide oral solution 250 mg/5ml</i>	Tier 1	MAIL
<b>*Valproic Acid*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>divalproex sodium er oral tablet delayed release 500 mg</i>	Tier 1	MAIL; BH (BH)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Tier 1	MAIL; BH (BH)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Tier 1	MAIL; BH (BH)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Tier 1	MAIL; BH (BH)
<i>valproic acid oral capsule 250 mg</i>	Tier 1	MAIL; BH (BH)
<i>valproic acid oral solution 250 mg/5ml</i>	Tier 1	MAIL; BH (BH)
<b>*Antidepressants* - Drugs For The Nervous System</b>		
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)*** - Drugs For Depression</b>		
<i>mirtazapine oral tablet 15 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); BH (BH)
<b>*Antidepressants - Misc.*** - Drugs For Depression</b>		
<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); BH (BH)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
<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); BH (BH)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); BH (BH)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 100 Mg)	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 150 Mg)	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
BuPROPion HCl (Budeprion XI Oral Tablet Extended Release 24 Hour 150 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Monoamine Oxidase Inhibitors (Maois)*** - Drugs For Depression</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 4	PA; BH (BH)
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 4	PA; BH (BH)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Tier 2	QL (8 EA per 1 day); BH (BH)
<i>phenelzine sulfate oral tablet 15 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); BH (BH)
NARDIL ORAL TABLET 15 MG (Phenelzine Sulfate)	Tier 1	MAIL; QL (6 EA per 1 day); BH (BH)
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)*** - Drugs For Depression</b>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	Tier 1	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years); BH (BH)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); BH (BH)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years); BH (BH)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day); BH (BH)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); BH (BH)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); BH (BH)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	Tier 1	MAIL; AGE (Max 12 Years); BH (BH)
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Tier 1	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years); BH (BH)
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>sertraline hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); BH (BH)
<b>*Serotonin Modulators*** - Drugs For Depression</b>		
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 4	PA; BH (BH)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 4	PA; BH (BH)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 2	PA; BH (BH)
<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); BH (BH)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<b>*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)*** - Drugs For Depression</b>		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 4	PA; BH (BH)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 4	PA; BH (BH)
<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); BH (BH)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<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); BH (BH)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
<b>*Tricyclic Agents*** - Drugs For Depression</b>		
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 2	QL (6 EA per 1 day); BH (BH)
<i>protriptyline hcl oral tablet 10 mg</i>	Tier 2	QL (6 EA per 1 day); BH (BH)
<i>protriptyline hcl oral tablet 5 mg</i>	Tier 2	QL (4 EA per 1 day); BH (BH)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 2	BH (BH)
<i>amitriptyline hcl oral tablet 10 mg, 25 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>amitriptyline hcl oral tablet 100 mg, 150 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>amitriptyline hcl oral tablet 50 mg, 75 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; BH (BH)
<i>desipramine hcl oral tablet 10 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); BH (BH)
<i>desipramine hcl oral tablet 100 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); BH (BH)
<i>desipramine hcl oral tablet 150 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<i>desipramine hcl oral tablet 25 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); BH (BH)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>doxepin hcl oral capsule 150 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Max 64 Years); BH (BH)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years); BH (BH)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); BH (BH)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); BH (BH)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); BH (BH)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<b>*Antidiabetics* - Hormones</b>		
<b>*Alpha-Glucosidase Inhibitors*** - Drugs For Diabetes</b>		
<i>miglitol oral tablet 100 mg</i>	Tier 2	QL (3 EA per 1 day)
<i>miglitol oral tablet 25 mg</i>	Tier 2	QL (12 EA per 1 day)
<i>miglitol oral tablet 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>acarbose oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>acarbose oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<b>*Antidiabetic - Amylin Analogs*** - Drugs For Diabetes</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 4	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 4	PA; MAIL
<b>*Biguanides*** - Drugs For Diabetes</b>		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Diabetic Other - Combinations*** - Drugs For Diabetes</b>		
<i>glucose instant energy oral tablet chewable 4-6 gm-mg</i>	Tier 1	OTC
<b>*Diabetic Other*** - Drugs For Diabetes</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	Tier 2	
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)
<i>glucagon emergency kit 1 mg injection</i>	Tier 1	QL (2 EA per 30 days)
<i>glucose oral tablet chewable 4 gm</i>	Tier 1	OTC
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** - Drugs For Diabetes</b>		
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	Tier 2	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)
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** - Drugs For Diabetes</b>		
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>	Tier 2	QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SitaGLIPTin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SitaGLIPTin-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-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
<b>*Dopamine Receptor Agonists - Ergot Derivatives*** - Drugs For Diabetes</b>		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations*** - Drugs For Diabetes</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>alogliptin-pioglitazone oral tablet 12.5-45 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<b>*Human Insulin*** - Drugs For Diabetes</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (Insulin Regular Human)	Tier 4	MAIL
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>insulin aspart injection solution 100 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Tier 2	MAIL; QL (30 ML per 25 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 2	MAIL; QL (18 ML per 25 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 2	MAIL; 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)
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** - Drugs For Diabetes</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
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; MAIL; QL (2 ML per 24 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (Liraglutide)	Tier 2	ST; MAIL; QL (9 ML per 25 days)
<b>*Insulin-Incretin Mimetic Combinations*** - Drugs For Diabetes</b>		
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)
<b>*Meglitinide Analogues*** - Drugs For Diabetes</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb*** - Drugs For Diabetes</b>		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linagliptin-Metformin)	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-Linagliptin-Metformin)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
<b>*Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations*** - Drugs For Diabetes</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
<b>*Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors*** - Drugs For Diabetes</b>		
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)
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** - Drugs For Diabetes</b>		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin PropmetFORMIN)	Tier 2	ST; MAIL; QL (1 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
<b>*Sulfonylurea-Biguanide Combinations*** - Drugs For Diabetes</b>		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<b>*Sulfonylureas*** - Drugs For Diabetes</b>		
<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	
<b>*Thiazolidinediones*** - Drugs For Diabetes</b>		
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Antidiarrheal/Probiotic Agents* - Drugs For The Stomach</b>		
<b>*Antidiarrheal/Probiotic Agents - Misc.*** - Drugs For Diarrhea</b>		
<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
<b>*Antiperistaltic Agents*** - Drugs For Diarrhea</b>		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 4	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>lofene oral tablet 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl oral capsule 2 mg</i>	Tier 1	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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	
<b>*Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning</b>		
<b>*Antidotes - Chelating Agents*** - Drugs For Overdose Or Poisoning</b>		
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 4	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Tier 3	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Tier 3	PA
<b>*Opioid Antagonists*** - Drugs For Overdose Or Poisoning</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	Tier 1	QL (4 ML per 25 days); BH (BH)
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	Tier 1	BH (BH)
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	Tier 1	BH (BH)
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Tier 1	BH (BH)
<i>naltrexone hcl oral tablet 50 mg</i>	Tier 1	QL (2 EA per 1 day); BH (BH)
Naltrexone HCl (Depade Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day); BH (BH)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 1	
<b>*Antiemetics* - Drugs For The Stomach</b>		
<b>*5-Ht3 Receptor Antagonists*** - Drugs For Vomiting And Nausea</b>		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 4	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)
<b>*Antiemetic Combinations*** - Drugs For Vomiting And Nausea</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 4	PA
<i>anti-nausea oral solution 1.87-1.87-21.5</i>	Tier 1	OTC
<b>*Antiemetics - Anticholinergic*** - Drugs For Vomiting And Nausea</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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)
<b>*Antiemetics - Miscellaneous*** - Drugs For Vomiting And Nausea</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 2	PA
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** - Drugs For Vomiting And Nausea</b>		
<i>aprepitant oral 80 &amp; 125 mg</i>	Tier 2	PA
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	Tier 2	PA
<b>*Antifungals* - Drugs For Infections</b>		
<b>*Antifungals*** - Drugs For Fungus</b>		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 2	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	Tier 1	
<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)
<b>*Imidazoles*** - Drugs For Fungus</b>		
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*Triazoles*** - Drugs For Fungus</b>		
<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); INF (INF)
<i>itraconazole oral capsule 100 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*Antihistamines* - Drugs For The Lungs</b>		
<b>*Antihistamines - Alkylamines*** - Drugs For Allergies</b>		
<i>dexchlorpheniramine maleate oral solution 2 mg/5ml</i>	Tier 4	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
<b>*Antihistamines - Ethanolamines*** - Drugs For Allergies</b>		
<i>allergy relief childrens oral tablet dispersible 12.5 mg</i>	Tier 1	OTC; BH (BH)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	
<i>clemastine fumarate oral tablet 1.34 mg</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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); BH (BH)
<i>diphenhydramine oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years); BH (BH)
<i>di-phen oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years); BH (BH)
<i>di-phen oral liquid 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years); BH (BH)
<i>diphenhydramine oral capsule 25 mg</i>	Tier 1	OTC; BH (BH)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	BH (BH)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	Tier 1	BH (BH)
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	Tier 1	AGE (Max 12 Years); BH (BH)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 1	OTC; AGE (Max 12 Years); BH (BH)
<i>diphenhydramine hcl oral tablet 25 mg</i>	Tier 1	OTC
<i>diphenhydramine hcl oral tablet 50 mg</i>	Tier 1	OTC; BH (BH)
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	Tier 1	OTC; AGE (Max 12 Years); BH (BH)
<i>kp diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	OTC; BH (BH)
Carbinoxamine Maleate (Arbinox Oral Solution 4 Mg/5ML)	Tier 1	
Carbinoxamine Maleate (Arbinox Oral Tablet 4 Mg)	Tier 1	
<b>*Antihistamines - Non-Sedating*** - Drugs For Allergies</b>		
<i>desloratadine oral tablet 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	Tier 1	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>loratadine oral tablet dispersible 10 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<b>*Antihistamines - Phenothiazines*** - Drugs For Allergies</b>		
<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)
<b>*Antihistamines - Piperidines*** - Drugs For Allergies</b>		
<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)
<b>*Antihyperlipidemics* - Drugs For The Heart</b>		
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb*** - Drugs For Cholesterol</b>		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 4	PA
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors*** - Drugs For Cholesterol</b>		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 4	PA
<b>*Antihyperlipidemics - Misc.*** - Drugs For Cholesterol</b>		
<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)
<b>*Bile Acid Sequestrants*** - Drugs For Cholesterol</b>		
<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 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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 1	MAIL; QL (240 GM per 25 days)
<b>*Fibric Acid Derivatives*** - Drugs For Cholesterol</b>		
<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)
<b>*Hmg Coa Reductase Inhibitors*** - Drugs For Cholesterol</b>		
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 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, 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)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>lovastatin oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; QL (1.5 EA per 1 day)
<i>simvastatin oral tablet 40 mg, 80 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb*** - Drugs For Cholesterol</b>		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Tier 2	PA
<b>*Intestinal Cholesterol Absorption Inhibitors*** - Drugs For Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<b>*Nicotinic Acid Derivatives*** - Drugs For Cholesterol</b>		
<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)
<b>*Pcsk9 Inhibitors*** - Drugs For Cholesterol</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 3	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 3	PA
<b>*Antihypertensives* - Drugs For The Heart</b>		
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations*** - Drugs For High Blood Pressure</b>		
<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)
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure</b>		
<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)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Ace Inhibitors*** - Drugs For High Blood Pressure</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>benazepril hcl oral tablet 40 mg, 5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>captopril oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day)
<i>enalapril maleate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>enalapril maleate oral tablet 2.5 mg, 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>lisinopril oral tablet 20 mg, 30 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>perindopril erbumine oral tablet 8 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>quinapril hcl oral tablet 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Agents For Pheochromocytoma*** - Drugs For High Blood Pressure</b>		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Tier 3	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Angiotensin II Receptor Antag &amp; Ca Channel Blocker Comb*** - Drugs For High Blood Pressure</b>		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Tier 2	QL (1 EA per 1 day)
<b>*Angiotensin II Receptor Antag &amp; Thiazide/Thiazide-Like*** - Drugs For High Blood Pressure</b>		
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Angiotensin II Receptor Antagonists*** - Drugs For High Blood Pressure</b>		
EDARBI ORAL TABLET 40 MG, 80 MG (Azilsartan Medoxomil)	Tier 4	ST; QL (1 EA per 1 day)
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	Tier 2	ST; 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)
<b>*Antiadrenergics - Centrally Acting*** - Drugs For High Blood Pressure</b>		
<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); BH (BH)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	MAIL; QL (6 EA per 1 day); BH (BH)
<i>clonidine hcl oral tablet 0.3 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); BH (BH)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); BH (BH)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); BH (BH)
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antiadrenergics - Peripherally Acting*** - Drugs For High Blood Pressure</b>		
<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); BH (BH)
<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)
<b>*Antihypertensives - Misc.*** - Drugs For High Blood Pressure</b>		
INVERSINE ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	
<b>*Beta Blocker &amp; Diuretic Combinations*** - Drugs For High Blood Pressure</b>		
<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)
<b>*Direct Renin Inhibitors*** - Drugs For High Blood Pressure</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<b>*Selective Aldosterone Receptor Antagonists (Saras)*** - Drugs For High Blood Pressure</b>		
<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)
<b>*Vasodilators*** - Drugs For High Blood Pressure</b>		
<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
<b>*Anti-Infective Agents - Misc.* - Drugs For Infections</b>		
<b>*Anti-Infective Agents - Misc.*** - Drugs For Infections</b>		
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 3	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); INF (INF)
<i>tinidazole oral tablet 500 mg</i>	Tier 2	QL (4 EA per 1 day); INF (INF)
<i>metronidazole oral tablet 250 mg</i>	Tier 1	
<i>metronidazole oral tablet 500 mg</i>	Tier 1	INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>trimethoprim oral tablet 100 mg</i>	Tier 1	
<b>*Anti-Infective Misc. - Combinations*** - Antibiotics</b>		
<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/5MI)	Tier 1	AGE (Max 12 Years)
<b>*Antiprotozoal Agents*** - Drugs For Parasites</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 4	PA
<i>atovaquone oral suspension 750 mg/5ml</i>	Tier 2	PA
<i>nitazoxanide oral tablet 500 mg</i>	Tier 2	PA
<b>*Glycopeptides*** - Antibiotics</b>		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (Vancomycin HCl)	Tier 2	
<b>*Leprostics*** - Antibiotics</b>		
<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)
<b>*Lincosamides*** - Antibiotics</b>		
<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)
<b>*Monobactams*** - Antibiotics</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 3	PA
<b>*Oxazolidinones*** - Antibiotics</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Tier 2	PA
<i>linezolid oral tablet 600 mg</i>	Tier 2	PA
<b>*Urinary Anti-Infectives*** - Antibiotics</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antimalarials* - Drugs For Infections</b>		
<b>*Antimalarial Combinations*** - Drugs For Parasites</b>		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	PA; 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)
<b>*Antimalarials*** - Drugs For Parasites</b>		
<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)
<b>*Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles</b>		
<b>*Antimyasthenic/Cholinergic Agents*** - Drugs For Nerves And Muscles</b>		
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	QL (6 EA per 1 day)
<b>*Antimycobacterial Agents* - Drugs For Infections</b>		
<b>*Antimycobacterial Agents*** - Antibiotics</b>		
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 4	
TRECTOR ORAL TABLET 250 MG (Ethionamide)	Tier 4	
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	
<i>rifabutin oral capsule 150 mg</i>	Tier 2	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 2	PA
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 2	QL (32 EA per 25 days)
<i>cycloserine oral capsule 250 mg</i>	Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	
<b>*Antineoplastics And Adjunctive Therapies* - Drugs For Cancer</b>		
<b>*Androgen Biosynthesis Inhibitors*** - Drugs For Cancer</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	Tier 3	PA; QL (4 EA per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	Tier 3	PA; QL (2 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antiadrenals*** - Drugs For Cancer</b>		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 3	PA
<b>*Antiandrogens*** - Drugs For Cancer</b>		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 3	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 3	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 3	PA; QL (2 EA per 1 day)
EULEXIN ORAL CAPSULE 125 MG (Flutamide)	Tier 2	
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	QL (3 EA per 1 day)
<i>nilutamide oral tablet 150 mg</i>	Tier 1	PA
<b>*Antiestrogens*** - Drugs For Cancer</b>		
<i>toremifene citrate oral tablet 60 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	Tier 1	MAIL
<b>*Antimetabolites*** - Drugs For Cancer</b>		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Tier 3	PA
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 3	PA
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	
<i>methotrexate oral tablet 2.5 mg</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	Tier 1	QL (10 ML per 25 days)
<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	
<b>*Antineoplastic - Alk Inhibitors*** - Drugs For Cancer</b>		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 3	PA; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 3	PA; QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 3	PA; QL (3 EA per 1 day)
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors*** - Drugs For Cancer</b>		
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 3	PA; QL (3 EA per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 3	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (Dasatinib)	Tier 3	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (Dasatinib)	Tier 3	PA; QL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (Nilotinib HCl)	Tier 3	PA; QL (4 EA per 1 day)
<b>*Antineoplastic - Braf Kinase Inhibitors*** - Drugs For Cancer</b>		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 3	PA; QL (4 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antineoplastic - Btk Inhibitors*** - Drugs For Cancer</b>		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 3	PA; QL (3 EA per 1 day)
<b>*Antineoplastic - Egfr Inhibitors*** - Drugs For Cancer</b>		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 3	PA; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 3	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 3	PA; QL (1 EA per 1 day)
<b>*Antineoplastic - Hedgehog Pathway Inhibitors*** - Drugs For Cancer</b>		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 3	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 3	PA; QL (1 EA per 1 day)
<b>*Antineoplastic - Histone Deacetylase Inhibitors*** - Drugs For Cancer</b>		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 3	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 3	PA; QL (4 EA per 1 day)
<b>*Antineoplastic - Immunomodulators*** - Drugs For Cancer</b>		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 3	PA; QL (1 EA per 1 day)
<b>*Antineoplastic - Mek Inhibitors*** - Drugs For Cancer</b>		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 3	PA; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 3	PA; QL (1 EA per 1 day)
<b>*Antineoplastic - Mtor Kinase Inhibitors*** - Drugs For Cancer</b>		
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble 2 mg, 5 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
<i>everolimus oral tablet soluble 3 mg</i>	Tier 3	PA; QL (3 EA per 1 day)
<b>*Antineoplastic - Multikinase Inhibitors*** - Drugs For Cancer</b>		
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tier 3	PA; QL (6 EA per 1 day)
<i>sorafenib tosylate oral tablet 200 mg</i>	Tier 3	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg</i>	Tier 3	PA; QL (4 EA per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>vandetanib oral tablet 100 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
<i>vandetanib oral tablet 300 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 3	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 3	PA; QL (1 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 3	PA; QL (3 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
VOTRIENT ORAL TABLET 200 MG (PAZOPanib HCl)	Tier 3	PA; QL (4 EA per 1 day)
<b>*Antineoplastics Misc.*** - Drugs For Cancer</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (Interferon Gamma-1B)	Tier 3	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 3	PA
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	
<b>*Aromatase Inhibitors*** - Drugs For Cancer</b>		
<i>exemestane oral tablet 25 mg</i>	Tier 2	
<i>anastrozole oral tablet 1 mg</i>	Tier 1	MAIL
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	QL (1 EA per 1 day)
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors*** - Drugs For Cancer</b>		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 3	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 3	PA; QL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Estrogens-Antineoplastic*** - Drugs For Cancer</b>		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 3	PA
<b>*Folic Acid Antagonists Rescue Agents*** - Drugs For Cancer</b>		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Tier 1	
<b>*Imidazotetrazines*** - Drugs For Cancer</b>		
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Tier 3	PA
<b>*Janus Associated Kinase (Jak) Inhibitors*** - Drugs For Cancer</b>		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Lhrh Analogs*** - Drugs For Cancer</b>		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 3	PA
<b>*Mitotic Inhibitors*** - Drugs For Cancer</b>		
<i>etoposide oral capsule 50 mg</i>	Tier 3	PA
<b>*Nitrogen Mustards And Related Analogues*** - Drugs For Cancer</b>		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 3	PA
<i>melphalan oral tablet 2 mg</i>	Tier 3	PA
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 3	PA
<b>*Nitrosoureas*** - Drugs For Cancer</b>		
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Tier 3	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Lomustine)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors*** - Drugs For Cancer</b>		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors*** - Drugs For Cancer</b>		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 3	PA; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 3	PA; QL (4 EA per 1 day)
ZEJULA ORAL CAPSULE 100 MG (Niraparib Tosylate)	Tier 3	PA; QL (3 EA per 1 day)
<b>*Progestins-Antineoplastic*** - Drugs For Cancer</b>		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	Tier 1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	Tier 1	
<b>*Retinoids*** - Drugs For Cancer</b>		
<i>tretinoin oral capsule 10 mg</i>	Tier 3	PA
<b>*Selective Retinoid X Receptor Agonists*** - Drugs For Cancer</b>		
<i>bexarotene oral capsule 75 mg</i>	Tier 3	PA
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors*** - Drugs For Cancer</b>		
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System</b>		
<b>*Antiparkinson Anticholinergics*** - Drugs For Parkinson</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Max 64 Years)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antiparkinson Dopaminergics*** - Drugs For Parkinson</b>		
<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)
<b>*Antiparkinson Monoamine Oxidase Inhibitors*** - Drugs For Parkinson</b>		
<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)
<b>*Central/Peripheral Comt Inhibitors*** - Drugs For Parkinson</b>		
<i>tolcapone oral tablet 100 mg</i>	Tier 2	PA
<b>*Decarboxylase Inhibitors*** - Drugs For Parkinson</b>		
<i>carbidopa oral tablet 25 mg</i>	Tier 2	
<b>*Levodopa Combinations*** - Drugs For Parkinson</b>		
<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
<b>*Nonergoline Dopamine Receptor Agonists*** - Drugs For Parkinson</b>		
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 4	PA; MAIL
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Tier 3	PA
<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; BH (BH)
<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
<b>*Peripheral Comt Inhibitors*** - Drugs For Parkinson</b>		
<i>entacapone oral tablet 200 mg</i>	Tier 2	QL (8 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antipsychotics/Antimanic Agents* - Drugs For The Nervous System</b>		
<b>*Antimanic Agents*** - Drugs For Severe Mental Disorders</b>		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<b>*Antipsychotics - Misc.*** - Drugs For Severe Mental Disorders</b>		
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 2	PA; BH (BH)
<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); BH (BH)
<b>*Benzisoxazoles*** - Drugs For Severe Mental Disorders</b>		
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Iloperidone)	Tier 4	PA; BH (BH)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (Iloperidone)	Tier 4	PA; BH (BH)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 2	PA; BH (BH)
<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); BH (BH)
<i>risperidone oral tablet dispersible 4 mg</i>	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years); BH (BH)
RisperiD ONE (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); BH (BH)
RisperiD ONE (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years); BH (BH)
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	MAIL; QL (16 ML per 1 day); AGE (Min 5 Years); BH (BH)
<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); BH (BH)
<i>risperidone oral tablet 4 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years); BH (BH)
<b>*Butyrophenones*** - Drugs For Severe Mental Disorders</b>		
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	AGE (Min 6 Years); BH (BH)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<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); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Dibenzodiazepines*** - Drugs For Severe Mental Disorders</b>		
<i>clozapine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>clozapine oral tablet 200 mg</i>	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years); BH (BH)
<b>*Dibenzo-Oxepino Pyrroles*** - Drugs For Severe Mental Disorders</b>		
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Tier 1	PA; MAIL; BH (BH)
<b>*Dibenzothiazepines*** - Drugs For Severe Mental Disorders</b>		
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years); BH (BH)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years); BH (BH)
<b>*Dibenzoxazepines*** - Drugs For Severe Mental Disorders</b>		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<b>*Phenothiazines*** - Drugs For Severe Mental Disorders</b>		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 2	AGE (Min 6 Years); BH (BH)
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 2	AGE (Min 6 Years); BH (BH)
Prochlorperazine (Compazine Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years); BH (BH)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 2	AGE (Min 6 Years); BH (BH)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years); BH (BH)
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years); BH (BH)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<b>*Quinolinone Derivatives*** - Drugs For Severe Mental Disorders</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	AGE (Max 11 Years); BH (BH)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	Tier 2	PA; QL (1 EA per 1 day); BH (BH)
<b>*Thienbenzodiazepines*** - Drugs For Severe Mental Disorders</b>		
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years); BH (BH)
<b>*Thioxanthenes*** - Drugs For Severe Mental Disorders</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	MAIL; AGE (Min 6 Years); BH (BH)
<b>*Antiseptics &amp; Disinfectants* - Antiseptics And Disinfectants</b>		
<b>*Chlorine Antiseptics*** - Antiseptics And Disinfectants</b>		
<i>chlorhexidine gluconate external liquid 4 %</i>	Tier 1	OTC
<b>*Antivirals* - Drugs For Infections</b>		
<b>*Antiretroviral Combinations*** - Drugs For Viral Infections</b>		
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 2	QL (2 EA per 1 day); INF (INF)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofof)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years); INF (INF)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofof)	Tier 2	QL (1 EA per 1 day); INF (INF)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day); INF (INF)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 2	QL (1 EA per 1 day); INF (INF)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 2	QL (1 EA per 1 day); INF (INF)
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day); INF (INF)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 2	QL (1 EA per 1 day); INF (INF)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day); INF (INF)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 2	QL (1 EA per 1 day); INF (INF)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 2	QL (1 EA per 1 day); INF (INF)
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day); INF (INF)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 2	QL (1 EA per 1 day); INF (INF)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day); INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day); INF (INF)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (1 EA per 1 day); INF (INF)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (6 EA per 1 day); INF (INF)
TRIZIVIR ORAL TABLET 300-150-300 MG (Abacavir-Lamivudine-Zidovudine)	Tier 2	QL (2 EA per 1 day); INF (INF)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Tier 1	QL (1 ML per 1 day); INF (INF)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Tier 1	QL (12 EA per 1 day); INF (INF)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Tier 1	QL (6 EA per 1 day); INF (INF)
<b>*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** - Drugs For Viral Infections</b>		
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 2	QL (900 ML per 30 days); INF (INF)
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 2	QL (4 EA per 1 day); INF (INF)
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 2	QL (2 EA per 1 day); INF (INF)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<b>*Antiretrovirals - Fusion Inhibitors*** - Drugs For Viral Infections</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (Enfuvirtide)	Tier 3	PA; INF (INF)
<b>*Antiretrovirals - Gp120-Directed Attachment Inhibitor*** - Drugs For Viral Infections</b>		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 2	QL (2 EA per 1 day); INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antiretrovirals - Integrase Inhibitors*** - Drugs For Viral Infections</b>		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF (INF)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF (INF)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF (INF)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF (INF)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 2	QL (1 EA per 1 day); INF (INF)
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 2	QL (2 EA per 1 day); INF (INF)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 2	QL (180 EA per 30 days); INF (INF)
<b>*Antiretrovirals - Protease Inhibitors*** - Drugs For Viral Infections</b>		
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 4	QL (16 ML per 1 day); INF (INF)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 4	QL (8 EA per 1 day); INF (INF)
PREZISTA ORAL TABLET 600 MG (Darunavir)	Tier 4	QL (2 EA per 1 day); INF (INF)
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 4	QL (16 EA per 1 day); INF (INF)
PREZISTA ORAL TABLET 800 MG (Darunavir)	Tier 4	QL (1 EA per 1 day); INF (INF)
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 2	QL (4 EA per 1 day); INF (INF)
INVIRASE ORAL TABLET 500 MG (Saquinavir Mesylate)	Tier 2	QL (10 EA per 1 day); INF (INF)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 2	QL (10 EA per 1 day); INF (INF)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 2	QL (4 EA per 1 day); INF (INF)
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<i>atazanavir sulfate oral capsule 300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>fosamprenavir calcium oral tablet 700 mg</i>	Tier 1	QL (4 EA per 1 day); INF (INF)
<i>ritonavir oral tablet 100 mg</i>	Tier 1	QL (12 EA per 1 day); INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antiretrovirals - Rti-Non-Nucleoside Analogues*** - Drugs For Viral Infections</b>		
EDURANT ORAL TABLET 25 MG (Rilpivirine HCl)	Tier 2	QL (1 EA per 1 day); INF (INF)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day); INF (INF)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day); INF (INF)
<i>efavirenz oral capsule 200 mg</i>	Tier 1	QL (3 EA per 1 day); INF (INF)
<i>efavirenz oral capsule 50 mg</i>	Tier 1	QL (12 EA per 1 day); INF (INF)
<i>efavirenz oral tablet 600 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>etravirine oral tablet 100 mg</i>	Tier 1	QL (4 EA per 1 day); INF (INF)
<i>etravirine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (4 EA per 1 day); INF (INF)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>nevirapine oral suspension 50 mg/5ml</i>	Tier 1	QL (40 ML per 1 day); INF (INF)
<i>nevirapine oral tablet 200 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Purines*** - Drugs For Viral Infections</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	Tier 1	QL (30 ML per 1 day); INF (INF)
<i>abacavir sulfate oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** - Drugs For Viral Infections</b>		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day); INF (INF)
<i>emtricitabine oral capsule 200 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	QL (30 ML per 1 day); INF (INF)
<i>lamivudine oral tablet 150 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<i>lamivudine oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** - Drugs For Viral Infections</b>		
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<i>zidovudine oral capsule 100 mg</i>	Tier 1	QL (6 EA per 1 day); INF (INF)
<i>zidovudine oral syrup 50 mg/5ml</i>	Tier 1	QL (60 ML per 1 day); INF (INF)
<i>zidovudine oral tablet 300 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<b>*Antiretrovirals - Rti-Nucleotide Analogues*** - Drugs For Viral Infections</b>		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Tier 1	QL (1 EA per 1 day); INF (INF)
<b>*Antiretrovirals Adjuvants*** - Drugs For Viral Infections</b>		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day); INF (INF)
<b>*Antiviral Combinations*** - Drugs For Infections</b>		
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)
<b>*Cmv Agents*** - Drugs For Viral Infections</b>		
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Tier 3	PA
<i>valganciclovir hcl oral tablet 450 mg</i>	Tier 3	PA
<b>*Hepatitis B Agents*** - Drugs For Viral Infections</b>		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 4	PA; INF (INF)
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 4	PA; INF (INF)
<i>adefovir dipivoxil oral tablet 10 mg</i>	Tier 2	QL (1 EA per 1 day); INF (INF)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 2	QL (1 EA per 1 day); INF (INF)
<i>lamivudine oral tablet 100 mg</i>	Tier 1	QL (3 EA per 1 day); INF (INF)
<b>*Hepatitis C Agent - Combinations*** - Drugs For Viral Infections</b>		
<i>ledipasvir-sofosbuvir tablet 90-400 mg oral</i>	Tier 3	PA; QL (1 EA per 1 day); INF (INF)
<i>sofosbuvir-velpatasvir tablet 400-100 mg oral</i>	Tier 3	PA; QL (1 EA per 1 day); INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 3	PA; QL (1 EA per 1 day); INF (INF)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 3	PA; QL (1 EA per 1 day); INF (INF)
<b>*Hepatitis C Agents*** - Drugs For Viral Infections</b>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 3	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 3	PA; INF (INF)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 3	PA; INF (INF)
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 3	PA; QL (1 EA per 1 day); INF (INF)
<i>ribavirin oral capsule 200 mg</i>	Tier 1	INF (INF)
<i>ribavirin oral tablet 200 mg</i>	Tier 1	INF (INF)
<b>*Herpes Agents - Purine Analogues*** - Drugs For Viral Infections</b>		
<i>acyclovir oral capsule 200 mg</i>	Tier 1	QL (5 EA per 1 day); INF (INF)
<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); INF (INF)
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Tier 1	QL (8 EA per 1 day); INF (INF)
<b>*Herpes Agents - Thymidine Analogues*** - Drugs For Viral Infections</b>		
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	QL (3 EA per 1 day); INF (INF)
<b>*Influenza Agents*** - Drugs For Viral Infections</b>		
<i>rimantadine hcl oral tablet 100 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*Neuraminidase Inhibitors*** - Drugs For Viral Infections</b>		
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)
<b>*Pa Endonuclease Inhibitors*** - Drugs For Viral Infections</b>		
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (Baloxavir Marboxil)	Tier 2	QL (2 EA per 25 days)
<b>*Beta Blockers* - Drugs For The Heart</b>		
<b>*Alpha-Beta Blockers*** - Drugs For High Blood Pressure</b>		
<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)
<b>*Beta Blockers Cardio-Selective*** - Drugs For High Blood Pressure</b>		
<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)
<b>*Beta Blockers Non-Selective*** - Drugs For High Blood Pressure</b>		
<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
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	MAIL
<b>*Calcium Channel Blockers* - Drugs For The Heart</b>		
<b>*Calcium Channel Blockers*** - Drugs For High Blood Pressure</b>		
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Tier 2	PA
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>	Tier 2	
<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 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 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<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 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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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)
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)
<b>*Cardiotonics* - Drugs For The Heart</b>		
<b>*Cardiac Glycosides*** - Drugs For The Heart</b>		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 2	MAIL; QL (1 EA per 1 day)
<i>digoxin oral solution 0.05 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Cardiovascular Agents - Misc.* - Drugs For The Heart</b>		
<b>*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** - Drugs For High Blood Pressure</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL
<b>*Peripheral Vasodilators*** - Drugs For High Blood Pressure</b>		
<i>niacin flush free oral capsule 500 mg</i>	Tier 1	MAIL; OTC
<b>*Prostaglandin Vasodilators*** - Drugs For High Blood Pressure</b>		
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Tier 3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 3	PA; QL (3 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 3	PA
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)*** - Drugs For High Blood Pressure</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 3	PA; QL (3 EA per 1 day)
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists*** - Drugs For High Blood Pressure</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 3	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (Bosentan)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors*** - Drugs For High Blood Pressure</b>		
<i>sildenafil citrate oral tablet 20 mg</i>	Tier 3	PA; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	Tier 3	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist*** - Drugs For High Blood Pressure</b>		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Sinus Node Inhibitors** - Drugs For High Blood Pressure</b>		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA; MAIL
CORLANOR ORAL TABLET 5 MG, 7.5 MG (Ivabradine HCl)	Tier 2	PA; MAIL

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Cephalosporins* - Drugs For Infections</b>		
<b>*Cephalosporins - 1St Generation*** - Antibiotics</b>		
<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)
<b>*Cephalosporins - 2Nd Generation*** - Antibiotics</b>		
<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)
<b>*Cephalosporins - 3Rd Generation*** - Antibiotics</b>		
<i>cefixime oral capsule 400 mg</i>	Tier 2	INF (INF)
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 2	AGE (Max 12 Years); INF (INF)
<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	INF (INF)
<b>*Contraceptives* - Drugs For Women</b>		
<b>*Biphasic Contraceptives - Oral*** - Birth Control Pills</b>		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Desogestrel-Ethinyl Estradiol (Pimtreea 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)
<b>*Combination Contraceptives - Oral*** - Birth Control Pills</b>		
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (Levonorgestrel-Ethinyl Estrad-Fe Bisg)	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)
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 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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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 (Gemmiy 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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
<b>*Combination Contraceptives - Transdermal*** - Birth Control Pills</b>		
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
<b>*Combination Contraceptives - Vaginal*** - Birth Control Pills</b>		
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PREV	MAIL; QL (0.05 EA per 1 day)
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)
<b>*Continuous Contraceptives - Oral*** - Birth Control Pills</b>		
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
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)
<b>*Copper Contraceptives - Iud*** - Birth Control Pills</b>		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 EA per 999 days)
<b>*Emergency Contraceptives*** - Birth Control Pills</b>		
<i>levonorgestrel oral tablet 1.5 mg</i>	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
<b>*Extended-Cycle Contraceptives - Oral*** - Birth Control Pills</b>		
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	PREV	MAIL; QL (1 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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)
<b>*Four Phase Contraceptives - Oral*** - Birth Control Pills</b>		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	MAIL; QL (1 EA per 1 day)
<b>*Progestin Contraceptives - Implants*** - Birth Control Pills</b>		
IMPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 EA per 999 days)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 EA per 999 days)
<b>*Progestin Contraceptives - Injectable*** - Birth Control Pills</b>		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	PREV	QL (1 ML per 75 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	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)
<b>*Progestin Contraceptives - Iud*** - Birth Control Pills</b>		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY (Levonorgestrel)	PREV	QL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 EA per 999 days)
<b>*Progestin Contraceptives - Oral*** - Birth Control Pills</b>		
<i>norethindrone oral tablet 0.35 mg</i>	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)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Tulana Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
<b>*Triphasic Contraceptives - Oral*** - Birth Control Pills</b>		
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PREV	MAIL; QL (1 EA per 1 day)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
<b>*Corticosteroids* - Hormones</b>		
<b>*Glucocorticosteroids*** - Drugs For Inflammation</b>		
<i>cortisone acetate oral tablet 25 mg</i>	Tier 4	
<i>budesonide oral capsule delayed release particles 3 mg</i>	Tier 2	PA
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	
<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, 6.7 (5 base) 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/5MI)	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Plus Oral Solution 15 Mg/5MI)	Tier 1	
Dexamethasone (Baycadron Oral Elixir 0.5 Mg/5MI)	Tier 1	
Dexamethasone (Decadron Oral Elixir 0.5 Mg/5MI)	Tier 1	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
PredniSONE (Deltasone Oral Tablet 20 Mg)	Tier 1	
<b>*Mineralocorticoids*** - Drugs For Inflammation</b>		
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	Tier 1	MAIL
<b>*Cough/Cold/Allergy* - Drugs For The Lungs</b>		
<b>*Antitussive - Nonnarcotic*** - Drugs For Allergies</b>		
<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
<b>*Antitussive - Opioid*** - Drugs For Cough And Cold</b>		
<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	
<b>*Antitussive-Expectorant*** - Drugs For Cough And Cold</b>		
<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 &amp; 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)
<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/5ML)	Tier 1	QL (240 ML per 25 days)
<b>*Decongestant &amp; Antihistamine*** - Drugs For Cough And Cold</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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)
<b>*Decongestant W/ Expectorant*** - Drugs For Cough And Cold</b>		
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg</i>	Tier 1	OTC
<b>*Expectorants*** - Drugs For Cough And Cold</b>		
<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	
<b>*Misc. Respiratory Inhalants*** - Drugs For Allergies</b>		
<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	
<b>*Mucolytics*** - Drugs For The Lungs</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	Tier 1	
<b>*Non-Narc Antitussive-Antihistamine*** - Drugs For Cough And Cold</b>		
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	Tier 1	QL (240 ML per 25 days)
<b>*Non-Narc Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Opioid Antitussive-Antihistamine*** - Drugs For Cough And Cold</b>		
<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)
<b>*Opioid Antitussive-Decongestant-Antihistamine*** - Drugs For Cough And Cold</b>		
<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)
<b>*Dermatologicals* - Drugs For The Skin</b>		
<b>*Acne Antibiotics*** - Drugs For The Skin</b>		
<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	
<b>*Acne Combinations*** - Drugs For The Skin</b>		
<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	
<b>*Acne Products*** - Drugs For The Skin</b>		
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 2	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 2	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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
<i>acne medication-5 external gel 5 %</i>	Tier 1	
<i>adapalene treatment external gel 0.1 %</i>	Tier 1	OTC
<i>benzoyl peroxide external gel 10 %</i>	Tier 1	
<i>benzoyl peroxide external gel 5 %</i>	Tier 1	OTC
<i>benzoyl peroxide external liquid 10 %</i>	Tier 1	OTC; QL (240 EA per 25 days)
<i>benzoyl peroxide external liquid 5 %</i>	Tier 1	QL (240 EA per 25 days)
<i>benzoyl peroxide external lotion 10 %, 5 %</i>	Tier 1	OTC
<i>benzoyl peroxide wash external liquid 10 %</i>	Tier 1	QL (240 GM per 25 days)
<i>benzoyl peroxide wash external liquid 5 %</i>	Tier 1	OTC; QL (240 GM per 25 days)
<i>bp foaming wash external liquid 10 %</i>	Tier 1	QL (240 GM per 25 days)
<i>bp gel external gel 10 %</i>	Tier 1	OTC
<i>bp wash external liquid 10 %</i>	Tier 1	OTC; QL (240 GM per 25 days)
<i>del-aqua external gel 5 %</i>	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	
<b>*Agents For External Genital And Perianal Warts*** - Drugs For The Skin</b>		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 4	PA; INF (INF)
<b>*Antibiotic Mixtures Topical*** - Drugs For The Skin</b>		
<i>bacitracin-polymyxin b external ointment 500-10000 unit/gm</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
<b>*Antibiotics - Topical*** - Drugs For The Skin</b>		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 4	PA
<i>antibiotic external ointment 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin external ointment 500 unit/gm</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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)
<b>*Antifungals - Topical Combinations*** - Drugs For The Skin</b>		
<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)
<b>*Antifungals - Topical*** - Drugs For The Skin</b>		
<i>naftifine hcl external gel 1 %</i>	Tier 4	PA
NAFTIN EXTERNAL GEL 1 % (Naftifine HCl)	Tier 4	PA
NAFTIN EXTERNAL GEL 2 % (Naftifine HCl)	Tier 4	
<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)
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antihistamine-Topical Combinations*** - Drugs For The Skin</b>		
<i>diphenhydramine-zinc acetate external cream 2-0.1 %</i>	Tier 1	OTC
<b>*Anti-Inflammatory Agents - Topical*** - Drugs For The Skin</b>		
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)
<b>*Antineoplastic Antimetabolites - Topical*** - Drugs For The Skin</b>		
<i>fluorouracil external cream 5 %</i>	Tier 2	
<b>*Antineoplastic Retinoids - Topical*** - Drugs For The Skin</b>		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 3	PA
<b>*Antipsoriatics - Systemic*** - Drugs For The Skin</b>		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 3	PA; QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 Days); Preferred Brand
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab)	Tier 3	PA; QL (0.5 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab)	Tier 3	PA; QL (1 ML per 56 days); Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 3	PA; Preferred Brand
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 2	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Antipsoriatics*** - Drugs For The Skin</b>		
<i>tazarotene external gel 0.1 %</i>	Tier 4	PA
<i>calcipotriene external ointment 0.005 %</i>	Tier 2	PA
<i>calcipotriene external solution 0.005 %</i>	Tier 2	PA
<i>calcitriol external ointment 3 mcg/gm</i>	Tier 2	PA; QL (100 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	Tier 2	PA; QL (60 GM per 25 days)
<i>tazarotene external gel 0.05 %</i>	Tier 2	PA; QL (100 GM per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 2	PA
<b>*Antiseborrheic Products*** - Drugs For The Skin</b>		
<i>anti-dandruff external shampoo 1 %</i>	Tier 1	OTC
<i>selenium sulfide external lotion 2.5 %</i>	Tier 1	
<b>*Antivirals - Topical*** - Drugs For The Skin</b>		
<i>acyclovir external ointment 5 %</i>	Tier 2	PA
<i>docosanol external cream 10 %</i>	Tier 1	OTC; QL (2 GM per 25 days)
<i>penciclovir external cream 1 %</i>	Tier 1	PA
<b>*Burn Products*** - Drugs For The Skin</b>		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 4	QL (454 GM per 25 days)
<i>mafenide acetate external packet 5 %</i>	Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	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)
<b>*Corticosteroids - Topical*** - Drugs For The Skin</b>		
APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 4	PA; QL (60 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 4	PA
HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide)	Tier 4	PA; QL (60 GM per 25 days)
<i>amcinonide external lotion 0.1 %</i>	Tier 2	QL (60 ML per 25 days)
<i>amcinonide external ointment 0.1 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol prop emollient base external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate e external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external cream 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external gel 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>clobetasol propionate external solution 0.05 %</i>	Tier 2	QL (50 ML per 25 days)
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	Tier 2	QL (60 GM per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>desoximetasone external gel 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Tier 2	QL (60 GM per 25 days)
<i>diflorasone diacetate external cream 0.05 %</i>	Tier 2	PA; QL (60 GM per 25 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	Tier 2	QL (60 GM per 25 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	Tier 2	QL (120 ML per 25 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Tier 2	QL (120 ML per 25 days)
<i>flurandrenolide external cream 0.05 %</i>	Tier 2	QL (30 GM per 25 days)
<i>flurandrenolide external lotion 0.05 %</i>	Tier 2	QL (120 ML per 25 days)
<i>halcinonide external cream 0.1 %</i>	Tier 2	PA; QL (60 GM per 25 days)
<i>halobetasol propionate external cream 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>halobetasol propionate external ointment 0.05 %</i>	Tier 2	QL (50 GM per 25 days)
<i>isovate external cream 0.05 %</i>	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)
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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)
<i>hydrocortisone max st external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone max st external ointment 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>hydrocortisone valerate external cream 0.2 %</i>	Tier 1	QL (60 GM per 25 days)
<i>hydrocortisone/aloe max str external cream 1 %</i>	Tier 1	OTC; QL (60 GM per 25 days)
<i>mometasone furoate external cream 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mometasone furoate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 25 days)
<i>mometasone furoate external solution 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>prednicarbate external ointment 0.1 %</i>	Tier 1	QL (60 GM per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>triamcinolone acetonide external cream 0.5 %</i>	Tier 1	QL (15 GM per 25 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	Tier 1	QL (60 ML per 25 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 GM per 25 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Hydrocortisone (Hydrocortisone In Absorbbase 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)
<b>*Emollients*** - Drugs For The Skin</b>		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
<i>ammonium lactate external cream 12 %</i>	Tier 1	QL (280 GM per 25 days)
<i>ammonium lactate external lotion 12 %</i>	Tier 1	QL (225 GM per 25 days)
<i>petrolatum &amp; lanolin external ointment</i>	Tier 1	OTC
AMLACTIN EXTERNAL CREAM 12 % (Ammonium Lactate)	Tier 1	OTC; QL (280 GM per 25 days)
<b>*Enzymes - Topical*** - Drugs For The Skin</b>		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 4	PA; QL (60 GM per 25 days)
<b>*Imidazole-Related Antifungals - Topical*** - Drugs For The Skin</b>		
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 4	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 4	PA
<i>econazole nitrate external cream 1 %</i>	Tier 2	PA
<i>luliconazole external cream 1 %</i>	Tier 2	PA
<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>sulconazole nitrate solution 1 % external</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	
<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	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
<b>*Immunomodulators Imidazoquinolinamines - Topical*** - Drugs For The Skin</b>		
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (24 EA per 25 days); INF (INF)
<b>*Keratolytic/Antimitotic Agents*** - Drugs For The Skin</b>		
<i>podofilox external solution 0.5 %</i>	Tier 1	QL (7 ML per 180 days); INF (INF)
<b>*Local Anesthetics - Topical*** - Drugs For The Skin</b>		
<i>lidocaine external patch 5 %</i>	Tier 2	PA; QL (90 EA per 25 days)
Lidocaine (Lidocan External Patch 5 %)	Tier 2	
<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
<b>*Macrolide Immunosuppressants - Topical*** - Drugs For The Skin</b>		
<i>pimecrolimus external cream 1 %</i>	Tier 2	PA; QL (100 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	Tier 2	PA; QL (30 GM per 25 days)
<b>*Misc. Topical Combinations*** - Drugs For The Skin</b>		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 1	OTC
<b>*Misc. Topical*** - Drugs For The Skin</b>		
<i>aluminum chloride external solution 20 %</i>	Tier 1	QL (60 EA per 25 days)
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
<b>*Oxaborole-Related Antifungals - Topical*** - Drugs For The Skin</b>		
<i>tavaborole external solution 5 %</i>	Tier 2	
<b>*Phosphodiesterase 4 (Pde4) Inhibitors - Topical*** - Drugs For The Skin</b>		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 4	PA; QL (100 GM per 30 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Rosacea Agents*** - Drugs For The Skin</b>		
<i>brimonidine tartrate external gel 0.33 %</i>	Tier 2	PA
<i>metronidazole external cream 0.75 %</i>	Tier 1	QL (45 GM per 25 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 GM per 25 days)
<i>metronidazole external lotion 0.75 %</i>	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)
<b>*Scabicide Combinations*** - Drugs For The Skin</b>		
<i>lice killing external shampoo 0.33-4 %</i>	Tier 1	OTC; INF (INF)
<i>lice killing maximum strength external liquid 0.33-4 %</i>	Tier 1	OTC; INF (INF)
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Tier 1	OTC; INF (INF)
<i>lice solution combination kit 0.33-4-0.5 %</i>	Tier 1	OTC; INF (INF)
<i>lice solution complete combination kit 0.33-4-0.5 %</i>	Tier 1	OTC; INF (INF)
<i>lice treatment external liquid 0.33-4 %</i>	Tier 1	OTC; INF (INF)
<i>lice treatment max st combination kit 0.33-4-0.5 %</i>	Tier 1	OTC; INF (INF)
<i>sb lice treatment external liquid 0.3-3 %</i>	Tier 1	OTC; INF (INF)
<b>*Scabicides &amp; Pediculicides*** - Drugs For The Skin</b>		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 4	PA; ST
<i>cvs ivermectin lice treatment external lotion 0.5 %</i>	Tier 2	PA; OTC; QL (117 GM per 25 days); INF (INF)
<i>ivermectin external lotion 0.5 %</i>	Tier 2	PA; QL (117 GM per 25 days); INF (INF)
<i>spinosad external suspension 0.9 %</i>	Tier 2	QL (120 ML per 25 days); INF (INF)
<i>lice control aerosol† 0.5 %</i>	Tier 1	OTC; INF (INF)
<i>lice treatment external liquid 1 %</i>	Tier 1	OTC; INF (INF)
<i>lindane external shampoo 1 %</i>	Tier 1	QL (60 ML per 25 days); INF (INF)
<i>malathion external lotion 0.5 %</i>	Tier 1	QL (59 ML per 25 days); INF (INF)
<i>permethrin external cream 5 %</i>	Tier 1	QL (120 GM per 25 days); INF (INF)
<i>permethrin external liquid 1 %</i>	Tier 1	OTC; INF (INF)
<i>permethrin external lotion 1 %</i>	Tier 1	OTC; INF (INF)
<i>permethrin lice treatment external lotion 1 %</i>	Tier 1	OTC; INF (INF)
Permethrin (Acticin External Cream 5 %)	Tier 1	QL (120 GM per 25 days); INF (INF)
<b>*Seborrheic Keratosis Products** - Drugs For The Skin</b>		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 4	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Skin Protectants*** - Drugs For The Skin</b>		
<i>dry skin external cream</i>	Tier 1	OTC
BAZA PROTECT EXTERNAL CREAM (Skin Protectants, Misc.)	Tier 1	OTC
<b>*Topical Anesthetic Combinations*** - Drugs For The Skin</b>		
<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)
<b>*Topical Selective Retinoid X Receptor Agonists*** - Drugs For The Skin</b>		
<i>bexarotene external gel 1 %</i>	Tier 3	PA
<b>*Topical Steroid Combinations*** - Drugs For The Skin</b>		
<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)
<b>*Wound Care - Growth Factor Agents*** - Drugs For The Skin</b>		
REGGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 4	PA; QL (15 GM per 25 days)
<b>*Diagnostic Products*</b>		
<b>*Diagnostic Tests***</b>		
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)
<b>*Infection Tests***</b>		
<i>covid-19 at home antigen test in vitro kit</i>	DME	OTC; QL (2 EA per 30 days)
<b>*Digestive Aids* - Drugs For The Stomach</b>		
<b>*Digestive Enzymes*** - Drugs For The Stomach</b>		
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; QL (6 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Diuretics* - Drugs For The Heart</b>		
<b>*Carbonic Anhydrase Inhibitors*** - Drugs For High Blood Pressure</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	Tier 2	QL (4 EA per 1 day)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 2	QL (6 EA per 1 day)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<b>*Diuretic Combinations*** - Drugs For High Blood Pressure</b>		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone-hctz oral tablet 25-25 mg</i>	Tier 1	MAIL
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	MAIL
<b>*Loop Diuretics*** - Drugs For High Blood Pressure</b>		
<i>ethacrynic acid oral tablet 25 mg</i>	Tier 2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	MAIL
<i>furosemide oral solution 10 mg/ml, 40 mg/4ml, 8 mg/ml</i>	Tier 1	MAIL; AGE (Max 12 Years)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	MAIL
<i>torseamide oral tablet 10 mg, 100 mg, 5 mg</i>	Tier 1	MAIL
<i>torseamide oral tablet 20 mg</i>	Tier 1	PA; MAIL
<b>*Potassium Sparing Diuretics*** - Drugs For High Blood Pressure</b>		
<i>triamterene oral capsule 100 mg, 50 mg</i>	Tier 2	PA
<i>amiloride hcl oral tablet 5 mg</i>	Tier 1	MAIL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	PA; MAIL
<b>*Thiazides And Thiazide-Like Diuretics*** - Drugs For High Blood Pressure</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	MAIL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	MAIL
<b>*Endocrine And Metabolic Agents - Misc.* - Hormones</b>		
<b>*Abortifacient - Progesterone Receptor Antagonists*** - Drugs For Women</b>		
<i>mifepristone oral tablet 200 mg</i>	PREV	QL (1 EA per 1 day)
<b>*Bisphosphonates*** - Drugs For Menopause And Bone Loss</b>		
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	QL (0.036 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 2	QL (1 EA per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 2	QL (0.143 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	MAIL; QL (0.143 EA per 1 day)
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	
<i>ibandronate sodium oral tablet 150 mg</i>	Tier 1	QL (0.036 EA per 1 day)
<b>*Calcimimetic Agents*** - Drugs For Menopause And Bone Loss</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 2	PA
<b>*Calcitonins*** - Drugs For Menopause And Bone Loss</b>		
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	Tier 1	QL (1 ML per 1 day)
<b>*Carnitine Replenisher - Agents*** - Drugs For Menopause And Bone Loss</b>		
<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
<b>*Dopamine Receptor Agonists*** - Drugs For Women</b>		
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	
<b>*Growth Hormone Receptor Antagonists*** - Drugs For Growth</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (Pegvisomant)	Tier 3	PA
<b>*Growth Hormones*** - Drugs For Growth</b>		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 3	PA
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 3	PA
<b>*Homocystinuria Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
<i>betaine oral powder</i>	Tier 3	PA
<b>*Hyperparathyroid Treatment - Vitamin D Analogs*** - Drugs For Menopause And Bone Loss</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Insulin-Like Growth Factors (Somatomedins)*** - Hormones</b>		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 3	PA
<b>*Lhrh/Gnrh Agonist Analog Pituitary Suppressants*** - Drugs For Women</b>		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 3	PA
<b>*Parathyroid Hormone And Derivatives*** - Drugs For Menopause And Bone Loss</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	Tier 3	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML (Teriparatide (Recombinant))	Tier 3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 3	PA
<b>*Phenylketonuria Treatment - Agents*** - Drugs For Menopause And Bone Loss</b>		
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Tier 3	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Tier 3	PA
Sapropterin Dihydrochloride (Javygtor Oral Packet 100 Mg)	Tier 3	PA
Sapropterin Dihydrochloride (Javygtor Oral Tablet 100 Mg)	Tier 3	PA
<b>*Selective Estrogen Receptor Modulators (Serms)*** - Drugs For Menopause And Bone Loss</b>		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 4	PA; QL (1 EA per 1 day)
<i>raloxifene hcl oral tablet 60 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<b>*Selective Vasopressin V2-Receptor Antagonists*** - Hormones</b>		
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Tier 3	PA
<b>*Somatostatic Agents*** - Drugs For Growth</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 3	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Tier 3	PA
<b>*Urea Cycle Disorder - Agents*** - Drugs For Menopause And Bone Loss</b>		
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Tier 3	PA
<b>*Vasopressin*** - Hormones</b>		
<i>desmopressin acetate nasal solution 1.5 mg/ml</i>	Tier 3	PA
STIMATE NASAL SOLUTION 1.5 MG/ML (Desmopressin Acetate)	Tier 3	PA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	Tier 2	PA
<i>desmopressin acetate spray nasal solution 0.01 %</i>	Tier 2	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Desmopressin Ace Spray Refrig (Minirin Nasal Solution 0.1 Mg/MI)	Tier 2	PA
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (4 EA per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (5 EA per 1 day)
<b>*Estrogens* - Hormones</b>		
<b>*Estrogen &amp; Progestin*** - Drugs For Women</b>		
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)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	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)
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)
<b>*Estrogens*** - Drugs For Women</b>		
<i>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</i>	Tier 2	QL (8 EA per 23 days)
<i>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</i>	Tier 2	QL (4 EA per 23 days)
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 2	QL (8 EA per 23 days)
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 2	QL (8 EA per 23 days)
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)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	PA; MAIL

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Estrogen-Selective Estrogen Receptor Modulator Comb*** - Drugs For Women</b>		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 4	QL (1 EA per 1 day)
<b>*Fluoroquinolones* - Drugs For Infections</b>		
<b>*Fluoroquinolones*** - Antibiotics</b>		
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 4	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 4	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	Tier 2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	INF (INF)
<i>levofloxacin oral solution 25 mg/ml</i>	Tier 1	AGE (Max 12 Years); INF (INF)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	INF (INF)
<i>moxifloxacin hcl oral tablet 400 mg</i>	Tier 1	INF (INF)
<b>*Gastrointestinal Agents - Misc.* - Drugs For The Stomach</b>		
<b>*Antiflatulents*** - Drugs For The Stomach</b>		
<i>simethicone drops infants oral liquid 20 mg/0.3ml</i>	Tier 1	OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Tier 1	OTC
<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
<b>*Gallstone Solubilizing Agents*** - Drugs For The Stomach</b>		
<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)
<b>*Gastrointestinal Chloride Channel Activators*** - Drugs For Irritable Bowel Syndrome</b>		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Tier 2	PA
<b>*Gastrointestinal Stimulants*** - Drugs For The Stomach</b>		
<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)
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** - Drugs For Constipation</b>		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 2	PA; MAIL

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists*** - Drugs For Irritable Bowel Syndrome</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Tier 2	PA
<b>*Inflammatory Bowel Agents*** - Drugs For Inflammatory Bowel Disease</b>		
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 4	
<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)
<b>*Interleukin Antagonists*** - Drugs For Inflammatory Bowel Disease</b>		
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 3	PA; Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 3	PA; QL (1.2 ML per 56 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 3	PA; QL (2.4 ML per 56 days); Preferred Brand
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab)	Tier 3	PA; Preferred Brand
<b>*Intestinal Acidifiers*** - Drugs For The Stomach</b>		
<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
<b>*Peripheral Opioid Receptor Antagonists*** - Drugs For The Stomach</b>		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 4	PA
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 3	PA
<b>*Phosphate Binder Agents*** - Drugs For The Stomach</b>		
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 4	PA
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Tier 2	ST
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Tier 2	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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)
<b>*Tumor Necrosis Factor Alpha Blockers*** - Drugs For Inflammatory Bowel Disease</b>		
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 5	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 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>*Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System</b>		
<b>*5-Alpha Reductase Inhibitors*** - Drugs For The Prostate</b>		
<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)
<b>*Alpha 1-Adrenoceptor Antagonists*** - Drugs For The Prostate</b>		
<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)
<b>*Citrates*** - Drugs For Infections</b>		
<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/5ML)	Tier 1	
<b>*Cystinosis Agents*** - Drugs For The Urinary System</b>		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Genitourinary Irrigants*** - Drugs For The Urinary System</b>		
<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	
<b>*Interstitial Cystitis Agents*** - Drugs For The Urinary System</b>		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 4	PA
<b>*Prostatic Hypertrophy Agent Combinations*** - Drugs For The Prostate</b>		
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<b>*Urinary Analgesics*** - Drugs For Infections</b>		
<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)
<b>*Gout Agents* - Drugs For Pain And Fever</b>		
<b>*Gout Agent Combinations*** - Gout Drugs</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<b>*Gout Agents*** - Gout Drugs</b>		
<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)
<b>*Uricosurics*** - Gout Drugs</b>		
<i>probenecid oral tablet 500 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<b>*Hematological Agents - Misc.* - Drugs For The Blood</b>		
<b>*Antihemophilic Products*** - Drugs To Prevent Bleeding</b>		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 3	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (Coagulation Factor IX)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
REFACTO INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor (Recomb))	Tier 3	PA
<b>*Bradykinin B2 Receptor Antagonists*** - Drugs For The Blood</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Tier 3	PA
Icatibant Acetate (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3MI)	Tier 3	PA
<b>*C1 Esterase Inhibitors*** - Drugs For The Blood</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 3	PA
<b>*Direct-Acting P2y12 Inhibitors*** - Drugs For The Blood</b>		
BRILINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 4	PA; QL (2 EA per 1 day)
<b>*Hematorheologic Agents*** - Drugs For The Blood</b>		
<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)
<b>*Phosphodiesterase Iii Inhibitors*** - Drugs For The Blood</b>		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	MAIL
<b>*Platelet Aggregation Inhibitor Combinations*** - Drugs For The Blood</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	Tier 2	PA
<b>*Platelet Aggregation Inhibitors*** - Drugs For The Blood</b>		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	MAIL
<b>*Protease-Activated Receptor-1 (Par-1) Antagonists*** - Drugs For The Blood</b>		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 4	PA; QL (1 EA per 1 day)
<b>*Quinazoline Agents*** - Drugs For The Blood</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	Tier 1	MAIL
<b>*Thienopyridine Derivatives*** - Drugs For The Blood</b>		
<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)
<b>*Hematopoietic Agents* - Drugs For Nutrition</b>		
<b>*Agents For Gaucher Disease*** - Drugs For Nutrition</b>		
<i>miglustat oral capsule 100 mg</i>	Tier 3	PA
CERDELGA ORAL CAPSULE 84 MG (Eliuglstat Tartrate)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Cobalamins*** - Drugs For Nutrition</b>		
<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)
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i>	Tier 1	OTC
<i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg</i>	Tier 1	OTC
<i>vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg</i>	Tier 1	OTC
Cyanocobalamin (Dodex Injection Solution 1000 Mcg/ML)	Tier 1	QL (10 ML per 25 days)
<b>*Erythropoiesis-Stimulating Agents (Esas)*** - Drugs For Nutrition</b>		
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 3	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 3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 3	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 3	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 3	PA
<b>*Folic Acid/Folates*** - Drugs For Nutrition</b>		
<i>folic acid oral capsule 0.8 mg</i>	Tier 1	MAIL; OTC; QL (1 EA per 1 day)
<i>folic acid oral tablet 1 mg</i>	Tier 1	MAIL
<i>folic acid oral tablet 400 mcg</i>	Tier 1	OTC; QL (1 EA per 1 day)
<i>folic acid oral tablet 800 mcg</i>	Tier 1	MAIL; OTC; QL (1 EA per 1 day)
<i>kp folic acid oral tablet 1 mg</i>	Tier 1	MAIL; OTC
<b>*Granulocyte Colony-Stimulating Factors (G-Csf)*** - Drugs For Nutrition</b>		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 3	PA; QL (7 ML per 12 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 3	PA; QL (11.2 ML per 12 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-bmez)	Tier 3	PA; QL (0.6 ML per 11 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Iron Combinations*** - Drugs For Nutrition</b>		
<i>ferocon oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferotrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferotrinsic oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>foltrin oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>martinic oral capsule</i>	Tier 1	QL (2 EA per 1 day)
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	Tier 1	QL (2 EA per 1 day)
<i>tl icon oral capsule</i>	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 (Iferec 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule)	Tier 1	QL (2 EA per 1 day)
<b>*Iron*** - Drugs For Nutrition</b>		
<i>ferrous fumarate oral tablet 324 mg, 325 (106 fe) mg</i>	Tier 1	OTC
<i>ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate cr oral tablet extended release 160 (50 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate er oral tablet extended release 50 mg</i>	Tier 1	OTC
<i>ferrous sulfate iron oral tablet 200 (65 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate oral elixir 220 (44 fe) mg/5ml</i>	Tier 1	OTC
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>	Tier 1	OTC
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	Tier 1	OTC
<i>iron (ferrous sulfate) oral tablet extended release 142 (45 fe) mg</i>	Tier 1	OTC
<i>iron chews pediatric oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>iron oral tablet extended release 142 (45 fe) mg</i>	Tier 1	OTC
<i>polysaccharide iron complex oral capsule 150 mg</i>	Tier 1	OTC
<i>polysaccharide iron oral capsule 150 mg</i>	Tier 1	
<i>ra slow release iron oral tablet extended release 47.5 mg</i>	Tier 1	OTC
<i>slow release iron oral tablet extended release 45 mg</i>	Tier 1	OTC
<i>wee care oral suspension 15 mg/1.25ml</i>	Tier 1	OTC
<b>*Iron-B12-Folate*** - Drugs For Nutrition</b>		
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG (Polysaccharide Iron-FA-B12)	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Thrombopoietin (Tpo) Receptor Agonists*** - Drugs For Nutrition</b>		
PROMACTA ORAL TABLET 12.5 MG (Eltrombopag Olamine)	Tier 3	PA; QL (1 EA per 1 day)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG (Eltrombopag Olamine)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Hemostatics* - Drugs For The Blood</b>		
<b>*Hemostatics - Systemic*** - Drugs To Prevent Bleeding</b>		
<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	
<b>*Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System</b>		
<b>*Antihistamine Hypnotics*** - Drugs For Insomnia</b>		
<i>diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg</i>	Tier 1	OTC; BH (BH)
<i>nitetime sleep-aid oral tablet 25 mg</i>	Tier 1	OTC; BH (BH)
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	Tier 1	OTC; BH (BH)
<b>*Barbiturate Hypnotics*** - Drugs For Insomnia</b>		
<i>phenobarbital oral elixir 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years); BH (BH)
<i>phenobarbital oral solution 20 mg/5ml</i>	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years); BH (BH)
<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); BH (BH)
<i>phenobarbital oral tablet 64.8 mg</i>	Tier 1	QL (3 EA per 1 day); BH (BH)
<b>*Benzodiazepine Hypnotics*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years); BH (BH)
<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); BH (BH)
<i>temazepam oral capsule 15 mg, 30 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years); BH (BH)
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years); BH (BH)
<i>triazolam oral tablet 0.25 mg</i>	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years); BH (BH)
<b>*Hypnotics - Tricyclic Agents*** - Drugs For Insomnia</b>		
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Tier 2	PA; BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Non-Benzodiazepine - Gaba-Receptor Modulators*** - Drugs For Insomnia</b>		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years); BH (BH)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years); BH (BH)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years); BH (BH)
<b>*Orexin Receptor Antagonists*** - Drugs For Insomnia</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 4	PA; BH (BH)
<b>*Selective Melatonin Receptor Agonists*** - Drugs For Insomnia</b>		
<i>tasimelteon oral capsule 20 mg</i>	Tier 3	PA
<i>ramelteon oral tablet 8 mg</i>	Tier 2	PA
<b>*Laxatives* - Drugs For The Stomach</b>		
<b>*Bowel Evacuant Combinations*** - Drugs To Prevent Constipation</b>		
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 4	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Tier 2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	Tier 2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	Tier 2	
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	Tier 1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	Tier 1	
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	
<b>*Bulk Laxatives*** - Drugs To Prevent Constipation</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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
<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
<b>*Laxatives - Miscellaneous*** - Drugs To Prevent Constipation</b>		
<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 &amp; 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	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)
<b>*Laxatives &amp; Dss*** - Drugs To Prevent Constipation</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
DOK PLUS ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	OTC
<b>*Lubricant Laxatives*** - Drugs To Prevent Constipation</b>		
<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
<b>*Saline Laxative Mixtures*** - Drugs To Prevent Constipation</b>		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 4	PA
<i>enema disposable enema 19-7 gm/118ml</i>	Tier 1	OTC
<b>*Saline Laxatives*** - Drugs To Prevent Constipation</b>		
<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
<b>*Stimulant Laxatives*** - Drugs To Prevent Constipation</b>		
<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	
<b>*Surfactant Laxatives*** - Drugs To Prevent Constipation</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Macrolides* - Drugs For Infections</b>		
<b>*Azithromycin*** - Antibiotics</b>		
<i>azithromycin oral packet 1 gm</i>	Tier 1	QL (2 EA per 25 days); INF (INF)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Tier 1	AGE (Max 12 Years); INF (INF)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (12 EA per 25 days); INF (INF)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (6 EA per 25 days); INF (INF)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (2 EA per 1 day); INF (INF)
<b>*Clarithromycin*** - Antibiotics</b>		
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	Tier 1	AGE (Max 12 Years); INF (INF)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	INF (INF)
<b>*Erythromycins*** - Antibiotics</b>		
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	Tier 2	INF (INF)
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	INF (INF)
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	Tier 2	AGE (Max 12 Years); INF (INF)
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 2	INF (INF)
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Tier 2	INF (INF)
<i>erythromycin stearate oral tablet 250 mg</i>	Tier 2	INF (INF)
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 2	INF (INF)
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 2	INF (INF)
ERYTHROCIN STEARATE ORAL TABLET 250 MG (Erythromycin Stearate)	Tier 2	INF (INF)
<b>*Fidaxomicin*** - Antibiotics</b>		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 4	PA
<b>*Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment</b>		
<b>*Applicators,Cotton Balls,Etc*** - Medical Supplies And Durable Medical Equipment</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Cervical Caps*** - Medical Supplies And Durable Medical Equipment</b>		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM (Cervical Caps)	PREV	
<b>*Condoms - Female*** - Medical Supplies And Durable Medical Equipment</b>		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
<b>*Condoms - Male*** - Medical Supplies And Durable Medical Equipment</b>		
<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)
<b>*Diaphragms*** - Medical Supplies And Durable Medical Equipment</b>		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
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	
<b>*Glucose Monitoring Test Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
<i>lancets</i>	DME	OTC
<i>lancets 28g</i>	DME	OTC
<i>lancets 30g</i>	DME	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>lancets 33g</i>	DME	OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Blood Gluc Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR (Continuous Blood Gluc Sensor)	DME	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (Continuous Blood Gluc Transmit)	DME	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE (Continuous Blood Gluc Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Blood Gluc Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Blood Gluc Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Blood Gluc Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Blood Gluc Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Blood Gluc Sensor)	DME	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Blood Gluc Receiver)	DME	PA; QL (1 EA per 365 Days)
FREESTYLE LIBRE 3 SENSOR (Continuous Blood Gluc Sensor)	DME	PA; QL (2 EA per 24 Days)
FREESTYLE LIBRE READER DEVICE (Continuous Blood Gluc Receiver)	DME	PA; QL (1 EA per 365 days)
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 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)
<b>*Nebulizers*** - Medical Supplies And Durable Medical Equipment</b>		
<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	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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	
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	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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	
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	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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	
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	
<b>*Needles &amp; Syringes*** - Medical Supplies And Durable Medical Equipment</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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	
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 30 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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
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)
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)
<b>*Peak Flow Meters*** - Medical Supplies And Durable Medical Equipment</b>		
<i>peak flow meter device</i>	DME	QL (1 EA per 365 days)
<i>peak flow meter universal rang device</i>	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)
<b>*Respiratory Therapy Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
<i>adult aerosol mask</i>	DME	OTC; QL (1 EA per 365 days)
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies*** - Medical Supplies And Durable Medical Equipment</b>		
<i>breathe ease large device</i>	DME	QL (1 EA per 365 days)
<i>breathe ease medium device</i>	DME	QL (1 EA per 365 days)
<i>breathe ease small device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static l device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static m device</i>	DME	QL (1 EA per 365 days)
<i>eq space chamber anti-static s device</i>	DME	QL (1 EA per 365 days)
<i>prochamber vhc device</i>	DME	QL (1 EA per 365 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>valved holding chamber device</i>	DME	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK MEDIUM (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER MV (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AEROVENT PLUS DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
AIRIAL CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	OTC; QL (1 EA per 365 days)
BREATHERITE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
BREATHERITE COLL SPACER ADULT (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE COLL SPACER CHILD (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE COLL SPACER INFANT (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE RIGID SPACER/MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE SPACER NEONATE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE SPACER SMALL CHILD (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE/LARGE MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE/MEDIUM MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
BREATHERITE/SMALL MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
EASIVENT (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
EASIVENT MASK LARGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
EASIVENT MASK SMALL (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
E-Z SPACER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
E-Z SPACER THE BODY GUARDS PK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
E-Z SPACER/MASK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
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 365 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
INSPIRACHAMBER/LARGE DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
INSPIRACHAMBER/MEDIUM DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
INSPIRACHAMBER/SMALL DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
INSPIREASE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
LITEAIRE DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
MASK VORTEX (Spacer/Aero-Hold Chamber Mask)	DME	OTC; QL (1 EA per 365 days)
MICROCHAMBER (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
MICROCHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
MICROSPACER (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTIHALER (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
OPTIHALER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (Spacer/Aero-Hold Chamber Mask)	DME	OTC; QL (1 EA per 365 days)
POCKET CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
POCKET SPACER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
PRIMEAIRE HOLDING CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
RITEFLO DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
VORTEX HOLDING CHAMBER/MASK DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
WATCHHALER DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
ZOEY OPTICHAMBER ADVANTAGE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
<b>*Migraine Products* - Drugs For The Nervous System</b>		
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)*** - Drugs For Migraine Headaches</b>		
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 4	PA; QL (16 EA per 25 days)
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies*** - Drugs For Migraine Headaches</b>		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 4	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 4	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (2 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 4	PA; QL (2 ML per 24 days)
<b>*Ergot Combinations*** - Drugs For Migraine Headaches</b>		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Tier 2	PA
<b>*Migraine Products*** - Drugs For Migraine Headaches</b>		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 4	PA
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	Tier 2	PA
<b>*Selective Serotonin Agonists 5-Ht(1)*** - Drugs For Migraine Headaches</b>		
<i>zolmitriptan nasal solution 2.5 mg</i>	Tier 4	ST; QL (6 EA per 25 days)
ZOMIG SOLUTION 2.5 MG NASAL (ZOLMitriptan)	Tier 4	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)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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)
<b>*Selective Serotonin Agonists 5-Ht(1F)*** - Drugs For Migraine Headaches</b>		
REYVOW ORAL TABLET 100 MG, 50 MG (Lasmiditan Succinate)	Tier 4	PA; QL (8 EA per 25 days)
<b>*Minerals &amp; Electrolytes* - Drugs For Nutrition</b>		
<b>*Calcium Combinations*** - Drugs For Nutrition</b>		
<i>calcium + d3 oral tablet 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 chewable 500-10 mg-mcg</i>	Tier 1	OTC
<i>calcium carbonate w/vitamin d oral tablet 600-400 mg-unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d oral capsule 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium carbonate-vitamin d oral tablet 600-200 mg-unit</i>	Tier 1	OTC
<i>calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg</i>	Tier 1	OTC
<i>calcium oral tablet chewable 500-2.5 mg-mcg</i>	Tier 1	OTC
<i>calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral capsule 600-500 mg-unit</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg</i>	Tier 1	OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit</i>	Tier 1	OTC
<i>oyster calcium + d oral tablet 250-3.125 mg-mcg</i>	Tier 1	OTC
<i>oyster shell calcium 500 + d oral tablet 500-200 mg-unit</i>	Tier 1	OTC
<i>risacal-d oral tablet 105-81-120 mg-mg-unit</i>	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
OYSCO 500+D ORAL TABLET CHEWABLE 500-15 MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Calcium*** - Drugs For Nutrition</b>		
<i>calcium 600 oral tablet 600 mg</i>	Tier 1	OTC
<i>calcium carbonate oral tablet 1500 (600 ca) mg, 500 mg</i>	Tier 1	OTC
<i>calcium citrate oral tablet 200 mg, 950 (200 ca) mg</i>	Tier 1	OTC
<i>oyster shell calcium oral tablet 500 mg</i>	Tier 1	OTC
<b>*Electrolytes Oral*** - Drugs For Nutrition</b>		
<i>oral electrolytes oral solution</i>	Tier 1	OTC
<i>pediatric electrolyte oral solution</i>	Tier 1	OTC
<b>*Fluoride*** - Drugs For Nutrition</b>		
<i>floritab oral solution 0.275 (0.125 f) mg/drop</i>	Tier 1	MAIL; QL (30 ML per 25 days)
<i>floritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>renaf oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>sodiphlor oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days)
<i>sodium fluoride oral solution 0.5 mg/ml</i>	Tier 1	MAIL; OTC; QL (50 ML per 25 days)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	Tier 1	MAIL; QL (50 ML per 25 days)
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	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, 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, 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Flur-A-Day Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days)
Sodium Fluoride (Flura-Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days)
Sodium Fluoride (Karidium Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 1	MAIL; QL (30 ML per 25 days)
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 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)
<b>*Magnesium*** - Drugs For Nutrition</b>		
<i>cvs magnesium oxide oral tablet 500 mg</i>	Tier 1	OTC
<i>magnesium 27 oral tablet 500 (27 mg) mg</i>	Tier 1	OTC
<i>magnesium chloride oral tablet delayed release 64 mg</i>	Tier 1	OTC
<i>magnesium gluconate oral tablet 27.5 mg</i>	Tier 1	OTC
<i>magnesium oral capsule 500 mg</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>magnesium oral tablet 250 mg</i>	Tier 1	OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg</i>	Tier 1	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 1	OTC
<b>*Phosphate*** - Drugs For Nutrition</b>		
<i>av-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>phosphorous oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>virt-phos 250 neutral oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>vis-phos n oral tablet 155-852-130 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	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)
<b>*Potassium*** - Drugs For Nutrition</b>		
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	Tier 2	
Potassium Chloride (K-Sol Oral Solution 20 Meq/15MI (10%), 40 Meq/15MI (20%))	Tier 2	
<i>ed k+10 oral tablet extended release 10 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>k-effervescent oral tablet effervescent 25 meq</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>k-vescent oral tablet effervescent 25 meq</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>potassium bicarbonate oral tablet effervescent 25 meq</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Tier 1	MAIL; QL (5 EA per 1 day)
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 10 meq, 8 meq</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<i>potassium chloride er oral tablet extended release 20 meq</i>	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)
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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
<b>*Sodium*** - Drugs For Nutrition</b>		
<i>sodium chloride oral tablet 1 gm</i>	Tier 1	OTC
<b>*Zinc*** - Drugs For Nutrition</b>		
<i>zincate oral capsule 220 mg</i>	Tier 1	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (Zinc Sulfate)	Tier 1	OTC
<b>*Miscellaneous Therapeutic Classes* - Vitamins And Minerals</b>		
<b>*Antileptotics*** - Vitamins And Minerals</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 3	PA; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 3	PA; QL (2 EA per 1 day)
<b>*Chelating Agents*** - Vitamins And Minerals</b>		
<i>d-penamine oral tablet 125 mg</i>	Tier 2	
<i>penicillamine oral tablet 250 mg</i>	Tier 1	
<b>*Cyclosporine Analogs*** - Vitamins And Minerals</b>		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	MAIL
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/ML)	Tier 1	MAIL
<b>*Immunomodulators For Myelodysplastic Syndromes*** - Vitamins And Minerals</b>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Tier 3	PA; QL (1 EA per 1 day)
<b>*Inosine Monophosphate Dehydrogenase Inhibitors*** - Vitamins And Minerals</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Irrigation Solutions*** - Vitamins And Minerals</b>		
<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	
<b>*Macrolide Immunosuppressants*** - Vitamins And Minerals</b>		
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Tier 3	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
<b>*Potassium Removing Agents*** - Vitamins And Minerals</b>		
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	Tier 4	
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 4	QL (3 EA per 1 day)
SPS ORAL SUSPENSION 15 GM/60ML (Sodium Polystyrene Sulfonate)	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 4	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 Oral Powder)	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Oral Suspension 15 Gm/60MI)	Tier 1	
<b>*Purine Analogs*** - Vitamins And Minerals</b>		
<i>azathioprine oral tablet 50 mg</i>	Tier 1	QL (8 EA per 1 day)
<b>*Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat</b>		
<b>*Anesthetics Topical Oral*** - Drugs For The Mouth And Throat</b>		
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	Tier 1	
<i>lidocaine viscous mouth/throat solution 2 %</i>	Tier 1	
<b>*Anti-Infectives - Throat*** - Drugs For The Mouth And Throat</b>		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 4	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>nystatin mouth/throat suspension 100000 unit/ml</i>	Tier 1	
<b>*Antiseptics - Mouth/Throat*** - Drugs For The Mouth And Throat</b>		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Tier 1	
Chlorhexidine Gluconate (Pareox 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	
<b>*Fluoride Dental Products*** - Drugs For The Mouth And Throat</b>		
<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
<b>*Saliva Stimulants*** - Drugs For The Mouth And Throat</b>		
<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
<b>*Steroids - Mouth/Throat/Dental*** - Drugs For The Mouth And Throat</b>		
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Tier 1	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Triamcinolone Acetonide (Oralene Mouth/Throat Paste 0.1 %)	Tier 1	
<b>*Multivitamins* - Drugs For Nutrition</b>		
<b>*B-Complex W/ C &amp; Folic Acid*** - Drugs For Nutrition</b>		
<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	
<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	
<b>*Multiple Vitamins W/ Iron*** - Drugs For Nutrition</b>		
<i>daily vitamin/iron oral tablet</i>	Tier 1	OTC
<b>*Multiple Vitamins W/ Minerals*** - Drugs For Nutrition</b>		
<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	
<i>genetical oral capsule</i>	Tier 1	
<i>multi vitamin/minerals oral tablet</i>	Tier 1	OTC
<i>multi-b-plus oral tablet</i>	Tier 1	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>multipro oral capsule</i>	Tier 1	
<i>multivit/multimineral adult oral liquid</i>	Tier 1	OTC
<i>therobec plus oral tablet</i>	Tier 1	
<i>v-c forte oral capsule</i>	Tier 1	
<i>vica forte oral capsule</i>	Tier 1	
<i>vicap forte oral capsule</i>	Tier 1	
<i>vit b3-azelac-turm-fa-b6-zn-cu oral tablet</i>	Tier 1	
<i>vitamin forte oral capsule</i>	Tier 1	
<i>vitamins/minerals oral tablet</i>	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	
<b>*Multivitamins*** - Drugs For Nutrition</b>		
<i>daily vitamins oral tablet</i>	Tier 1	OTC
<i>folika-v oral tablet</i>	Tier 1	
<i>multivitamins oral capsule</i>	Tier 1	OTC
<i>novite oral capsule</i>	Tier 1	
<i>vitaxyme oral tablet</i>	Tier 1	
AMLADEX ORAL TABLET (Multiple Vitamin)	Tier 1	
GENICIN VITA-Q ORAL TABLET (Multiple Vitamin)	Tier 1	
<b>*Ped Multi Vitamins W/Fl &amp; Fe*** - Drugs For Nutrition</b>		
<i>multi-vit/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>multivitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	OTC; QL (50 ML per 25 days)
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>phluorivit + fe oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>poly-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
<i>polyvits/fluoride/iron oral solution 0.25-10 mg/ml</i>	Tier 1	QL (50 ML per 25 days)
Ped Multivitamins-Fl-Iron (Escavite Lq Oral Solution 0.25-10 Mg/ML)	Tier 1	QL (50 ML per 25 days)
<b>*Ped Multiple Vitamins W/ Minerals &amp; C*** - Drugs For Nutrition</b>		
<i>polyvitamin/iron oral tablet chewable</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Ped Multiple Vitamins W/ Minerals*** - Drugs For Nutrition</b>		
<i>complete multi-vitamin oral tablet chewable</i>	Tier 1	OTC
<i>multivit-min gummies childrens oral tablet chewable</i>	Tier 1	OTC
<b>*Ped Mv W/ Fluoride*** - Drugs For Nutrition</b>		
<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, 0.5 mg/ml</i>	Tier 1	OTC; 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>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-FI (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg)	Tier 1	QL (1 EA per 1 day)
Pediatric Multivitamins-FI (Mvc-Fluoride Oral Tablet Chewable 1 Mg)	Tier 1	QL (2 EA per 1 day)
<b>*Ped Mv W/ Iron*** - Drugs For Nutrition</b>		
<i>multivitamin infant &amp; toddler oral solution 11 mg/ml</i>	Tier 2	OTC
<i>baby vitamin/iron oral solution</i>	Tier 1	OTC
<i>childrens multivitamin/iron oral tablet chewable 15 mg</i>	Tier 1	OTC
<i>multivitamins plus iron child oral tablet chewable 18 mg</i>	Tier 1	OTC
<b>*Ped Vitamins Acid W/ Fluoride*** - Drugs For Nutrition</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	Tier 1	QL (50 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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</i>	Tier 1	QL (50 ML per 25 days)
<b>*Pediatric Multiple Vitamins W/ C*** - Drugs For Nutrition</b>		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
<b>*Pediatric Multiple Vitamins W/ Extra C &amp; Fa*** - Drugs For Nutrition</b>		
<i>childrens multivitamins oral tablet chewable w/extra c &amp; fa</i>	Tier 1	OTC
<b>*Pediatric Multiple Vitamins*** - Drugs For Nutrition</b>		
<i>multivitamin infant &amp; toddler oral solution</i>	Tier 2	OTC; QL (50 ML per 25 days)
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
<b>*Pediatric Vitamins A &amp; D W/ C*** - Drugs For Nutrition</b>		
<i>vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml</i>	Tier 2	OTC; QL (50 ML per 25 days)
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 1	OTC
<b>*Prenatal Mv &amp; Min W/Fe-Fa*** - Drugs For Nutrition</b>		
<i>completenate oral tablet chewable 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<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>natal-v rx oral tablet 29-1 mg</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)
<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>pnv tabs 29-1 oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>prencare 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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<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 19 oral tablet chewable , 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 iron oral tablet 29-1 mg</i>	Tier 1	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>re-nata 29 ob oral tablet 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 19 oral tablet chewable 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>thrivite rx 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	QL (30 EA per 30 days)
<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	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>venatal-fa oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vil-rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vinate ultra oral tablet</i>	Tier 1	QL (1 EA per 1 day)
<i>virt-advance oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>virt-vite gt oral tablet 90-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vita-natal oral capsule</i>	Tier 1	QL (1 EA per 1 day)
<i>v-natal oral tablet 32-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vol-plus oral tablet 27-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>vol-tab rx oral tablet 29-1 mg</i>	Tier 1	QL (1 EA per 1 day)
<i>westab plus oral tablet 27-1 mg</i>	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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
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)
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 (Nutrinate 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)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	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)
<b>*Prenatal Mv &amp; Min W/Fe-Fa-Dha*** - Drugs For Nutrition</b>		
<i>prenatal multivitamin plus dha oral capsule 27-0.8-250 mg</i>	Tier 1	OTC; QL (1 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>prenatal+dha oral 28-0.975 &amp; 200 mg</i>	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)
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)
<b>*Prenatal Mv &amp; Minerals W/Fa Without Iron*** - Drugs For Nutrition</b>		
<i>prenatal + complete multi oral therapy pack 0.267 &amp; 373 mg</i>	Tier 1	OTC
<b>*Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<b>*Central Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<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)
<b>*Direct Muscle Relaxants*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	
<b>*Muscle Relaxant Combinations*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	Tier 2	PA; QL (8 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Viscosupplements*** - Drugs For Muscles, Ligaments, Tendons, And Bones</b>		
<i>sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml</i>	Tier 3	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
<b>*Nasal Agents - Systemic And Topical* - Drugs For The Nose</b>		
<b>*Nasal Agents - Misc.*** - Allergy</b>		
<i>saline nasal spray nasal solution 0.65 %</i>	Tier 1	OTC
<b>*Nasal Anticholinergics*** - Allergy</b>		
<i>ipratropium bromide nasal solution 0.03 %</i>	Tier 1	MAIL; QL (30 ML per 25 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<b>*Nasal Antihistamines*** - Allergy</b>		
<i>olopatadine hcl nasal solution 0.6 %</i>	Tier 2	ST; QL (30.5 GM per 25 days)
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	Tier 1	ST; QL (30 ML per 25 days)
<b>*Nasal Mast Cell Stabilizers*** - Allergy</b>		
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	Tier 1	OTC; QL (52 ML per 25 days)
<b>*Nasal Steroids*** - Allergy</b>		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 4	PA
<i>budesonide nasal suspension 32 mcg/act</i>	Tier 1	OTC; QL (8.43 ML per 25 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	Tier 1	ST; QL (25 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>fluticasone propionate nasal suspension 50 mcg/act</i>	Tier 1	QL (16 GM per 25 days); AGE (Min 4 Years)
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	Tier 1	OTC; QL (16.9 ML per 25 days)
<b>*Systemic Decongestants*** - Allergy</b>		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral liquid 30 mg/5ml</i>	Tier 1	OTC
<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	
<b>*Topical Decongestants*** - Allergy</b>		
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Tier 1	OTC
<b>*Neuromuscular Agents* - Drugs For Nerves And Muscles</b>		
<b>*Benzothiazoles*** - Drugs For Nerves And Muscles</b>		
<i>riluzole oral tablet 50 mg</i>	Tier 2	PA; QL (2 EA per 1 day)
<b>*Nutrients* - Drugs For Nutrition</b>		
<b>*Misc. Nutritional Substances*** - Drugs For Nutrition</b>		
<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</i>	Tier 1	
<i>fish oil oral capsule 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)
<b>*Ophthalmic Agents* - Drugs For The Eye</b>		
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb*** - Drugs For Glaucoma</b>		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 4	QL (8 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Artificial Tear And Lubricant Combinations*** - Drugs For The Eye</b>		
<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
<b>*Artificial Tear Inserts*** - Drugs For The Eye</b>		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 4	PA
<b>*Artificial Tear Solutions*** - Drugs For The Eye</b>		
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
<b>*Artificial Tears And Lubricants*** - Drugs For The Eye</b>		
<i>artificial tears ophthalmic solution 1.4 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Tier 1	OTC
<i>eye drops ophthalmic solution 0.5 %</i>	Tier 1	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC
<b>*Beta-Blockers - Ophthalmic Combinations*** - Drugs For Glaucoma</b>		
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<b>*Beta-Blockers - Ophthalmic*** - Drugs For Glaucoma</b>		
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 2	QL (5 ML per 25 days)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MAIL
<i>carteolol hcl ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	Tier 1	MAIL; QL (10 ML per 25 days)
<b>*Cycloplegic Mydriatics*** - Drugs For The Eye</b>		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 25 days)
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>atropine-care ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>cylate ophthalmic solution 1 %</i>	Tier 1	MAIL; QL (15 ML per 25 days)
<i>mydral ophthalmic solution 0.5 %, 1 %</i>	Tier 1	MAIL
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	Tier 1	MAIL
Cyclopentolate HCl (Ak-Pentolate Ophthalmic Solution 1 %)	Tier 1	MAIL; QL (15 ML per 25 days)
<b>*Miotics - Cholinesterase Inhibitors*** - Drugs For Glaucoma</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
<b>*Miotics - Direct Acting*** - Drugs For Glaucoma</b>		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	Tier 1	MAIL
<i>piloptic-1 ophthalmic solution 1 %</i>	Tier 1	MAIL
<i>piloptic-2 ophthalmic solution 2 %</i>	Tier 1	MAIL
<i>piloptic-4 ophthalmic solution 4 %</i>	Tier 1	MAIL
<b>*Ophthalmic Antiallergic*** - Drugs For Itchy Eye</b>		
ALOCRIAL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 4	PA
LASTACRAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 4	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)
PATADAY SOLUTION 0.1 % OPHTHALMIC (Olopatadine HCl)	Tier 1	OTC; QL (5 ML per 30 days)
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC) (Olopatadine HCl)	Tier 1	OTC; QL (2.5 ML per 30 days)
<b>*Ophthalmic Antibiotics*** - Anti-Infective/Anti-Inflammatories</b>		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA; INF (INF)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 4	PA; INF (INF)
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA; INF (INF)
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	Tier 1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	Tier 1	INF (INF)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	Tier 1	INF (INF)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	Tier 1	PA; INF (INF)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days); INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>gantasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days); INF (INF)
<i>levofloxacin ophthalmic solution 0.5 %</i>	Tier 1	INF (INF)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Tier 1	QL (3 ML per 25 days); INF (INF)
<i>ofloxacin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days); INF (INF)
<i>romycin ophthalmic ointment 5 mg/gm</i>	Tier 1	INF (INF)
<i>tobramycin ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days); INF (INF)
<i>tobramycin sulfate ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days); INF (INF)
<i>tobrasol ophthalmic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days); INF (INF)
Gentamicin Sulfate (Genoptic Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days); INF (INF)
Gentamicin Sulfate (Gentak Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days); INF (INF)
Erythromycin (Ilotycin Ophthalmic Ointment 5 Mg/Gm)	Tier 1	INF (INF)
<b>*Ophthalmic Antifungal*** - Drugs For The Eye</b>		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 4	PA
<b>*Ophthalmic Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
<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	
<b>*Ophthalmic Antivirals*** - Anti-Infective/Anti-Inflammatories</b>		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 4	PA
<i>trifluridine ophthalmic solution 1 %</i>	Tier 1	QL (7.5 ML per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Ophthalmic Carbonic Anhydrase Inhibitors*** - Drugs For Glaucoma</b>		
<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)
<b>*Ophthalmic Hyperosmolar Products*** - Drugs For The Eye</b>		
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Tier 1	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Tier 1	OTC
<b>*Ophthalmic Immunomodulators*** - Anti-Infective/Anti-Inflammatories</b>		
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Tier 2	PA
<b>*Ophthalmic Local Anesthetics*** - Drugs For The Eye</b>		
<i>parcaine ophthalmic solution 0.5 %</i>	Tier 1	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Tier 1	
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** - Anti-Infective/Anti-Inflammatories</b>		
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 4	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)
<b>*Ophthalmic Selective Alpha Adrenergic Agonists*** - Drugs For Glaucoma</b>		
<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)
<b>*Ophthalmic Steroid Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 4	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	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>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	
<b>*Ophthalmic Steroids*** - Anti-Infective/Anti-Inflammatories</b>		
ALREX OPHTHALMIC SUSPENSION 0.2 % (Loteprednol Etabonate)	Tier 4	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 4	PA
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Tier 2	PA
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Tier 2	
<i>loteprednol etabonate ophthalmic suspension 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)
<b>*Ophthalmic Sulfonamides*** - Anti-Infective/Anti-Inflammatories</b>		
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	Tier 1	QL (15 ML per 25 days)
<b>*Ophthalmics - Cystinosis Agents** - Drugs For The Eye</b>		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 3	PA
<b>*Prostaglandins - Ophthalmic*** - Drugs For Glaucoma</b>		
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 4	ST; QL (5 ML per 25 days)
<i>bimatoprost ophthalmic solution 0.03 %</i>	Tier 1	ST; MAIL; QL (5 ML per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	Tier 1	MAIL; QL (5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Tier 1	ST; MAIL; QL (30 EA per 25 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Tier 1	ST; MAIL; QL (5 ML per 25 days)
<b>*Otic Agents* - Drugs For The Ear</b>		
<b>*Otic Agents - Miscellaneous*** - Wax Removal</b>		
<i>acetic acid otic solution 2 %</i>	Tier 1	
<i>carbamide ear drops otic solution 6.5 %</i>	Tier 1	OTC
<i>ear drops for swimmers otic liquid 95-5 %</i>	Tier 1	OTC
<i>instant ear-dry otic liquid 95-5 %</i>	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
<b>*Otic Anti-Infectives*** - Antibiotics</b>		
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Tier 1	QL (14 EA per 25 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>ofloxacin otic solution 0.3 %</i>	Tier 1	QL (5 ML per 25 days)
<b>*Otic Steroid-Anti-Infective Combinations*** - Anti-Infective/Anti-Inflammatories</b>		
CIPRO HC OTIC SUSPENSION 0.2-1 % (Ciprofloxacin-Hydrocortisone)	Tier 4	PA
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 4	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	Tier 2	PA
<i>antibiotic ear otic solution 3.5-10000-1</i>	Tier 1	
<i>cortomycin otic solution 3.5-10000-1</i>	Tier 1	
<i>cortomycin otic suspension 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	Tier 1	
<b>*Otic Steroids*** - Anti-Infective/Anti-Inflammatories</b>		
<i>fluocinolone acetonide otic oil 0.01 %</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	Tier 1	
Hydrocortisone-Acetic Acid (Acetasol Hc Otic Solution 2-1 %)	Tier 1	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	
<b>*Oxytocics* - Hormones</b>		
<b>*Oxytocics*** - Drugs For Women</b>		
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Tier 2	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 2	
<b>*Passive Immunizing And Treatment Agents* - Biological Agents</b>		
<b>*Antiviral Monoclonal Antibodies*** - Biological Agents</b>		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (Palivizumab)	Tier 3	PA
<b>*Immune Serums*** - Biological Agents</b>		
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
GAMUNEX INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 3	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
POLYGAM S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 3	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	
<b>*Passive Immunizing Agents - Combinations*** - Biological Agents</b>		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 3	PA
<b>*Penicillins* - Drugs For Infections</b>		
<b>*Aminopenicillins*** - Antibiotics</b>		
<i>amoxicillin oral tablet 500 mg</i>	Tier 2	INF (INF)
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	INF (INF)
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	Tier 1	AGE (Max 12 Years); INF (INF)
<i>amoxicillin oral tablet 875 mg</i>	Tier 1	INF (INF)
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	Tier 1	AGE (Max 12 Years); INF (INF)
<i>ampicillin oral capsule 500 mg</i>	Tier 1	INF (INF)
Amoxicillin (Amoxil Oral Capsule 500 Mg)	Tier 1	INF (INF)
Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/5MI)	Tier 1	AGE (Max 12 Years); INF (INF)
Amoxicillin (Trimox Oral Capsule 500 Mg)	Tier 1	INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Natural Penicillins*** - Antibiotics</b>		
<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	INF (INF)
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5MI)	Tier 1	AGE (Max 12 Years)
Penicillin V Potassium (Veetids Oral Tablet 250 Mg, 500 Mg)	Tier 1	INF (INF)
<b>*Penicillin Combinations*** - Antibiotics</b>		
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 4	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)
<b>*Penicillinase-Resistant Penicillins*** - Antibiotics</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	Tier 1	
<b>*Progestins* - Hormones</b>		
<b>*Progestins*** - Drugs For Women</b>		
<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	PA; QL (1 EA per 1 day)
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (2 EA per 1 day)
<b>*Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System</b>		
<b>*Alcohol Deterrents*** - Drugs For The Nervous System</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	Tier 1	MAIL; BH (BH)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day); BH (BH)
<b>*Anti-Cataplectic Agents*** - Drugs For Sleep Disorder</b>		
<i>sodium oxybate solution 500 mg/ml oral</i>	Tier 3	PA; QL (540 ML per 30 Days)
<b>*Benzodiazepines &amp; Tricyclic Agents*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 2	AGE (Max 64 Years); BH (BH)
<b>*Cholinomimetics - Ache Inhibitors*** - Drugs For Alzheimer's Disease</b>		
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 2	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Tier 2	PA
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	MAIL
<b>*Fibromyalgia Agent - Snris*** - Drugs For Seizures /Personality Disorder/Nerve Pain</b>		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (Milnacipran HCl)	Tier 4	PA
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl)	Tier 4	PA
<b>*Movement Disorder Drug Therapy*** - Drugs For The Nervous System</b>		
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 3	PA; BH (BH)
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors*** - Drugs For Multiple Sclerosis</b>		
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Tier 3	PA
<b>*Multiple Sclerosis Agents - Interferons*** - Drugs For Multiple Sclerosis</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (Interferon Beta-1b)	Tier 3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 3	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators*** - Drugs For Multiple Sclerosis</b>		
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tier 3	PA
<i>dimethyl fumarate starter pack oral 120 &amp; 240 mg</i>	Tier 3	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Tier 3	
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers*** - Drugs For Multiple Sclerosis</b>		
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Tier 3	PA
<b>*Multiple Sclerosis Agents*** - Drugs For Multiple Sclerosis</b>		
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 3	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (Glatiramer Acetate)	Tier 3	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/ML)	Tier 3	PA
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** - Drugs For Alzheimer's Disease</b>		
<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 &amp; 21 x 10 mg</i>	Tier 1	QL (49 EA per 365 days)
<b>*Phenothiazines &amp; Tricyclic Agents*** - Drugs For Depression</b>		
<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); BH (BH)
<b>*Psychotherapeutic And Neurological Agents - Misc.*** - Drugs For Severe Mental Disorders</b>		
<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); BH (BH)
<i>pimozide oral tablet 2 mg</i>	Tier 1	MAIL; QL (5 EA per 1 day); BH (BH)
<b>*Smoking Deterrents*** - Drugs For Depression</b>		
<i>apo-varenicline oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day); BH (BH)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PREV	QL (2 EA per 1 day); BH (BH)
<i>goodsense nicotine mouth/throat gum 2 mg</i>	PREV	OTC; QL (8 EA per 1 day); BH (BH)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day); BH (BH)
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PREV	OTC; QL (8 EA per 1 day); BH (BH)
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PREV	OTC; QL (56 EA per 25 days); BH (BH)
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr</i>	PREV	OTC; QL (1 EA per 1 day); BH (BH)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PREV	QL (2 EA per 1 day); BH (BH)
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	PREV	QL (106 EA per 365 days); BH (BH)
BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg)	PREV	QL (2 EA per 1 day); BH (BH)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day); BH (BH)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days); BH (BH)
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators*** - Drugs For Multiple Sclerosis</b>		
<i>fingolimod hcl oral capsule 0.5 mg</i>	Tier 3	PA
<b>*Respiratory Agents - Misc.* - Drugs For The Lungs</b>		
<b>*Alpha-Proteinase Inhibitor (Human)*** - Drugs For Asthma/Copd</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (Alpha1-Proteinase Inhibitor)	Tier 3	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (Alpha1-Proteinase Inhibitor)	Tier 3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
<b>*Cftr Potentiators*** - Drugs For Cystic Fibrosis</b>		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 3	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 3	PA
<b>*Hydrolytic Enzymes*** - Drugs For The Lungs</b>		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML (Dornase Alfa)	Tier 3	PA; QL (75 ML per 25 days)
<b>*Pulmonary Fibrosis Agents - Kinase Inhibitors*** - Drugs For The Lungs</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 3	PA

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
<b>*Pulmonary Fibrosis Agents*** - Drugs For The Lungs</b>		
<i>pirfenidone oral capsule 267 mg</i>	Tier 3	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Tier 3	PA
<b>*Sulfonamides* - Drugs For Infections</b>		
<b>*Sulfonamides*** - Antibiotics</b>		
<i>sulfadiazine oral tablet 500 mg</i>	Tier 2	
<b>*Tetracyclines* - Drugs For Infections</b>		
<b>*Tetracyclines*** - Antibiotics</b>		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	Tier 2	
<i>tetracycline hcl oral capsule 250 mg</i>	Tier 2	
<i>tetracycline hcl oral capsule 500 mg</i>	Tier 2	INF (INF)
<i>avidoxy oral tablet 100 mg</i>	Tier 1	INF (INF)
<i>doxycycline monohydrate oral capsule 100 mg</i>	Tier 1	INF (INF)
<i>doxycycline monohydrate oral capsule 50 mg</i>	Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg</i>	Tier 1	INF (INF)
<i>doxycycline monohydrate oral tablet 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)	Tier 1	INF (INF)
Doxycycline Monohydrate (Mondoxylene NI Oral Capsule 50 Mg)	Tier 1	
Doxycycline Monohydrate (Okebo Oral Capsule 100 Mg)	Tier 1	INF (INF)
<b>*Thyroid Agents* - Hormones</b>		
<b>*Antithyroid Agents*** - Drugs For Thyroid</b>		
<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
<b>*Thyroid Hormones*** - Drugs For Thyroid</b>		
<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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
WESTHROID-P ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
<i>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</i>	Tier 1	MAIL
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	MAIL; BH (BH)
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
<b>*Toxoids* - Biological Agents</b>		
<b>*Toxoid Combinations*** - Vaccines</b>		
<i>tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml</i>	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)
<b>*Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach</b>		
<b>*Antispasmodics*** - Drugs For Stomach Cramps</b>		
<i>dicyclomine hcl oral capsule 10 mg</i>	Tier 1	AGE (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	Tier 1	AGE (Max 64 Years)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>dicyclomine hcl oral tablet 20 mg</i>	Tier 1	AGE (Max 64 Years)
<b>*Belladonna Alkaloids*** - Drugs For Stomach Cramps</b>		
<i>colidrops oral solution 0.125 mg/ml</i>	Tier 1	MAIL; AGE (Max 64 Years)
<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-SI 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-SI 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)
<b>*H-2 Antagonists*** - Drugs For Ulcers And Stomach Acid</b>		
<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)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy



<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>famotidine oral tablet 10 mg</i>	Tier 1	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	MAIL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	MAIL
<b>*Misc. Anti-Ulcer*** - Drugs For Ulcers And Stomach Acid</b>		
<i>sucralfate oral tablet 1 gm</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<b>*Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid</b>		
<i>cvs lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>eq lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>eql lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>ft acid reducer oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC
<i>gnp lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>goodsense lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>heartburn treatment 24 hour oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC
<i>hm lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>kls lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>qc lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>ra lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	Tier 2	ST; OTC; QL (2 EA per 1 day)
HEARTBURN RELIEF 24 HOUR ORAL CAPSULE DELAYED RELEASE 15 MG (Lansoprazole)	Tier 2	ST; OTC
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>	Tier 1	OTC; QL (60 EA per 30 days)
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	Tier 1	OTC; QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	Tier 1	MAIL; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>pantoprazole sodium oral tablet delayed release 40 mg</i>	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)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; 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)
<b>*Quaternary Anticholinergics*** - Drugs For Stomach Cramps</b>		
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors*** - Drugs For Ulcers And Stomach Acid</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	Tier 2	QL (20 EA per 10 days)
<b>*Ulcer Drugs - Prostaglandins*** - Drugs For Ulcers And Stomach Acid</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PREV	QL (4 EA per 1 day)
<b>*Urinary Antispasmodics* - Drugs For The Urinary System</b>		
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** - Drugs For The Bladder</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Tier 2	PA; QL (1 EA per 1 day)
<i>oxybutynin transdermal patch twice weekly 3.9 mg/24hr</i>	Tier 2	MAIL; QL (8 EA per 25 days)
<i>solifenacin succinate oral tablet 10 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
<i>solifenacin succinate oral tablet 5 mg</i>	Tier 2	ST; QL (2 EA per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	Tier 2	ST; QL (1 EA per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	ST; 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)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	MAIL; QL (1 EA per 1 day)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	Tier 1	QL (600 ML per 30 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	Tier 1	MAIL; QL (20 ML per 1 day)
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	MAIL; QL (3 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	Tier 1	ST; MAIL; QL (2 EA per 1 day)
<b>*Urinary Antispasmodics - Beta-3 Adrenergic Agonists*** - Drugs For The Bladder</b>		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (Mirabegron)	Tier 4	PA; QL (1 EA per 1 day)
<b>*Urinary Antispasmodics - Cholinergic Agonists*** - Drugs For The Bladder</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	QL (4 EA per 1 day)
<b>*Urinary Antispasmodics - Direct Muscle Relaxants*** - Drugs For The Bladder</b>		
<i>flavoxate hcl oral tablet 100 mg</i>	Tier 1	MAIL; QL (4 EA per 1 day)
<b>*Vaccines* - Biological Agents</b>		
<b>*Bacterial Vaccines*** - Vaccines</b>		
PNEUMOVAX 23 INJECTION INJECTABLE 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 ML per 999 days)
<b>*Viral Vaccine Combinations*** - Vaccines</b>		
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)
<b>*Viral Vaccines*** - Vaccines</b>		
<i>janssen covid-19 vaccine intramuscular suspension 0.5 ml</i>	PREV	
<i>moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml</i>	PREV	
<i>moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml</i>	PREV	
<i>moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml</i>	PREV	
<i>pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml</i>	PREV	
<i>pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml</i>	PREV	
<i>pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml</i>	PREV	

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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>pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml</i>	PREV	
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 EA per 999 days); AGE (Min 60 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	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 999 days)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 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 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 QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recomb HA Quad)	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 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 QUADRIVALENT NASAL SUSPENSION (Influenza Virus Vac Live Quad)	PREV	QL (1 EA per 365 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 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 (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (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)
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 999 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
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	AGE (Min 6 Months)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
<b>*Vaginal And Related Products* - Drugs For Women</b>		
<b>*Imidazole-Related Antifungals*** - Drugs For Infections</b>		
<i>terconazole vaginal suppository 80 mg</i>	Tier 2	INF (INF)
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	INF (INF)
Terconazole (Zazole Vaginal Suppository 80 Mg)	Tier 2	INF (INF)
<i>clotrimazole 3 vaginal cream 2 %</i>	Tier 1	OTC; INF (INF)
<i>clotrimazole vaginal cream 1 %</i>	Tier 1	OTC; INF (INF)
<i>clotrimazole vaginal cream 2 %</i>	Tier 1	INF (INF)
<i>miconazole 3 combo pack app vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 1	OTC; INF (INF)
<i>miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 1	OTC; INF (INF)
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 1	OTC; INF (INF)
<i>miconazole 3 vaginal cream 4 %</i>	Tier 1	OTC; INF (INF)
<i>miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Tier 1	INF (INF)
<i>miconazole 7 vaginal cream 2 %</i>	Tier 1	OTC; INF (INF)
<i>miconazole nitrate vaginal suppository 100 mg</i>	Tier 1	OTC; INF (INF)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	INF (INF)
<i>tioconazole-1 vaginal ointment 6.5 %</i>	Tier 1	OTC; INF (INF)
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (Tioconazole)	Tier 1	OTC; INF (INF)
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC; INF (INF)
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 1	OTC; INF (INF)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
Terconazole (Zazole Vaginal Cream 0.4 %, 0.8 %)	Tier 1	INF (INF)
<b>*Spermicides*** - Birth Control Pills</b>		
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
<b>*Vaginal Anti-Infectives*** - Drugs For Infections</b>		
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	QL (40 GM per 25 days); INF (INF)
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	QL (70 GM per 25 days); INF (INF)
Clindamycin Phosphate (Clindamax Vaginal Cream 2 %)	Tier 1	QL (40 GM per 25 days); INF (INF)
<b>*Vaginal Estrogens*** - Drugs For Women</b>		
<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)
<b>*Vaginal Progestins*** - Drugs For Women</b>		
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY 100 MG (Progesterone)	Tier 4	PA
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY 200 MG (Progesterone)	Tier 4	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 2	PA
<b>*Vasopressors* - Drugs For The Heart</b>		
<b>*Anaphylaxis Therapy Agents*** - Drugs For Serious Allergic Reaction</b>		
<i>epinephrine injection solution prefilled syringe 0.3 mg/0.3ml</i>	Tier 2	QL (2 EA per 25 days)
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **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
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
<b>*Neurogenic Orthostatic Hypotension (Noh) - Agents*** - Drugs For Serious Allergic Reaction</b>		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 3	PA
<b>*Vasopressors*** - Drugs For Serious Allergic Reaction</b>		
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<b>*Vitamins* - Drugs For Nutrition</b>		
<b>*Vitamin B-1*** - Drugs For Nutrition</b>		
<i>b1 oral tablet 100 mg</i>	Tier 1	OTC
<i>b-1 oral tablet 100 mg</i>	Tier 1	OTC
<i>vitamin b-1 oral tablet 250 mg</i>	Tier 1	OTC
<i>vitamin b1 oral tablet 50 mg</i>	Tier 1	OTC
<b>*Vitamin B-2*** - Drugs For Nutrition</b>		
<i>b-2 oral tablet 100 mg</i>	Tier 1	OTC
<b>*Vitamin B-3*** - Drugs For Nutrition</b>		
<i>niacin er oral capsule extended release 250 mg, 500 mg</i>	Tier 1	OTC
<i>niacin er oral tablet extended release 250 mg, 500 mg, 750 mg</i>	Tier 1	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	Tier 1	OTC
<i>niacinamide oral tablet 500 mg</i>	Tier 1	OTC
<b>*Vitamin B-6*** - Drugs For Nutrition</b>		
<i>b-6 oral tablet 100 mg, 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl oral tablet 25 mg</i>	Tier 1	OTC
<i>ra vitamin b-6 cr oral tablet extended release 200 mg</i>	Tier 1	OTC
<i>vitamin b-6 oral tablet 25 mg</i>	Tier 1	OTC
<b>*Vitamin C*** - Drugs For Nutrition</b>		
<i>ascorbic acid oral tablet 500 mg</i>	Tier 1	OTC
<i>vitamin c oral tablet 500 mg</i>	Tier 1	OTC
<b>*Vitamin D*** - Drugs For Nutrition</b>		
<i>d 1000 oral capsule 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d 1000 oral tablet 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d 1000 oral tablet chewable 25 mcg (1000 ut)</i>	Tier 1	OTC
<i>d 10000 oral capsule 250 mcg (10000 ut)</i>	Tier 1	OTC
<i>d 2000 oral tablet 50 mcg (2000 ut)</i>	Tier 1	OTC
<i>d 400 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC
<i>d 400 oral tablet chewable 10 mcg (400 unit)</i>	Tier 1	OTC
<i>d 5000 oral capsule 125 mcg (5000 ut)</i>	Tier 1	OTC

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

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

**AGE** - Age Limit **BH** - \$0 cost-sharing when prescribed for mental or behavioral health **INF** - \$0 Cost sharing when prescribed for certain infections **MAIL** - Available at mail-order **MED** - Max 90 mg Morphine EQ Dose per day **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy



## Index

<i>abacavir sulfate</i> .....	52	AEROCHAMBER PLUS FLO-VU W/MASK.....	107	ALECENSA.....	42
<i>abacavir sulfate-lamivudine</i> .....	50	AEROCHAMBER PLUS FLOW VU.....	107	<i>alendronate sodium</i> .....	85
<i>abacavir-lamivudine- zidovudine</i> .....	49	AEROCHAMBER PLUS W/MASK .....	107	<i>alfuzosin hcl er</i> .....	90
<i>abiraterone acetate</i> .....	41	AEROCHAMBER PLUS W/MASK LARGE.....	107	ALINIA.....	40
<i>acamprosate calcium</i> .....	134	AEROCHAMBER PLUS W/MASK SMALL.....	107	<i>aliskiren fumarate</i> .....	39
<i>acarbose</i> .....	26	AEROCHAMBER W/FLOWSIGNAL.....	107	<i>allergy relief childrens</i> .....	33
Accutane.....	73	AEROCHAMBER Z-STAT PLUS AEROCHAMBER Z-STAT PLUS CHAMBR.....	107	<i>allopurinol</i> .....	91
<i>acebutolol hcl</i> .....	55	AEROCHAMBER Z-STAT PLUS/LARGE.....	107	<i>almotriptan malate</i> .....	110
<i>acetaminophen</i> .....	8, 9	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	107	ALOCRIL.....	128
<i>acetaminophen childrens</i> .....	8	AEROCHAMBER Z-STAT PLUS/SMALL.....	107	<i>alogliptin benzoate</i> .....	27
<i>acetaminophen er</i> .....	8	AEROECLIPSE II NEBULIZER..	102	<i>alogliptin-metformin hcl</i> .....	27
<i>acetaminophen extra strength</i> ..	8	AERONEB GO COMPLETE SYSTEM.....	102	<i>alogliptin-pioglitazone</i> .....	27
<i>acetaminophen junior strength</i> ..	8	AERONEB GO CONVENIENCE UNIT.....	102	ALOMIDE.....	128
<i>acetaminophen rapid tabs child</i> .....	9	AERONEB GO HANDSET/CABLE.....	102	<i>alosetron hcl</i> .....	89
<i>acetaminophen-codeine</i> .....	9, 10	AERONEB GO NEBULIZER HANDSET.....	102	ALPHANINE SD.....	91
<i>acetaminophen-codeine #2</i> .....	9	AEROVENT PLUS.....	107	<i>alphatrex</i> .....	78
<i>acetaminophen-codeine #3</i> .....	9	Afeditab Cr.....	57	<i>alprazolam</i> .....	15
<i>acetaminophen-codeine #4</i> .....	9	Afirmelle.....	60	ALREX.....	131
Acetasol Hc.....	132	AFLURIA QUADRIVALENT.....	144	ALTABAX.....	74
<i>acetazolamide</i> .....	84	AFREZZA.....	27	Altavera.....	60
<i>acetazolamide er</i> .....	84	AIRIAL CHAMBER.....	107	<i>alum &amp; mag hydroxide-simeth</i> ..	13
<i>acetic acid</i> .....	91, 131	AIRIAL COMPACT COMPRESSOR NEB.....	102	<i>aluminum chloride</i> .....	81
<i>acetylcysteine</i> .....	72	AIRIAL COMPACT MINI NEBULIZER.....	102	<i>alyacen 1/35</i> .....	60
<i>acitretin</i> .....	76	AIRIAL COMPRESS PED NEBULIZER.....	102	<i>alyacen 7/7/7</i> .....	68
<i>acne medication-5</i> .....	74	AIRIAL PEDIATRIC NEBULIZER .....	102	Alyq.....	58
ACTEMRA.....	6	AIRIAL VOYAGER NEBULIZER .....	102	Amabelz.....	87
ACTEMRA ACTPEN.....	6	AJOVY.....	110	<i>amantadine hcl</i> .....	46
Acticin.....	82	Ak-Pentolate.....	128	<i>ambrisentan</i> .....	58
ACTIMMUNE.....	44	<i>ak-poly-bac</i> .....	129	<i>amcinonide</i> .....	77
<i>acyclovir</i> .....	54, 77	AKYNZEO.....	32	Amethia.....	67
ADACEL.....	139	<i>ala-cort</i> .....	78	Amethia Lo.....	67
<i>adapalene treatment</i> .....	74	<i>albendazole</i> .....	14	Amethyst.....	66
<i>adc/f (0.5mg/ml)</i> .....	119	<i>albuterol sulfate</i> .....	17, 18	<i>amiloride hcl</i> .....	84
<i>adefovir dipivoxil</i> .....	53	<i>albuterol sulfate hfa</i> .....	18	<i>amiloride-hydrochlorothiazide</i> ..	84
ADEMPAS.....	58	<i>alclometasone dipropionate</i> .....	78	<i>aminocaproic acid</i> .....	95
ADTHYZA.....	138	ALCOH-GLOVE CONTOURED WIPE.....	99	<i>amiodarone hcl</i> .....	16
<i>adult aerosol mask</i> .....	106	<i>alcohol pads</i> .....	99	<i>amitriptyline hcl</i> .....	25
<i>adult aspirin regimen</i> .....	9	<i>alcohol wipes</i> .....	99	AMLACTIN.....	80
Advanced Natalcare.....	122			AMLADEX.....	118
AEROCHAMBER MAX W/MASK LARGE.....	107			<i>amlodipine besy-benazepril hcl</i> .....	37
AEROCHAMBER MAX W/MASK MEDIUM.....	107			<i>amlodipine besylate</i> .....	56
AEROCHAMBER MAX W/MASK SMALL.....	107			<i>amlodipine-olmesartan</i> .....	38
AEROCHAMBER MINI CHAMBER.....	107			<i>ammonium lactate</i> .....	80
AEROCHAMBER MV.....	107			Amnesteem.....	73
AEROCHAMBER PLUS.....	107			<i>amoxapine</i> .....	26
AEROCHAMBER PLUS FLO-VU AEROCHAMBER PLUS FLO-VU LARGE.....	107			<i>amoxicill-clarithro-lansopraz</i> ..	142
AEROCHAMBER PLUS FLO-VU MEDIUM.....	107			<i>amoxicillin</i> .....	133
AEROCHAMBER PLUS FLO-VU SMALL.....	107			<i>amoxicillin-pot clavulanate</i> ....	134

<i>anastrozole</i> .....	44	<i>atenolol</i> .....	55	<i>benazepril hcl</i> .....	37
ANORO ELLIPTA.....	16	<i>atenolol-chlorthalidone</i> .....	39	<i>benazepril-hydrochlorothiazide</i>	37
<i>antacid</i> .....	13	<i>atomoxetine hcl</i> .....	1	<i>bentley the bear ped nebulizer</i>	101
<i>antacid extra strength</i> .....	13	<i>atorvastatin calcium</i> .....	36	<i>benznidazole</i> .....	14
<i>antacid plus</i> .....	13	<i>atovaquone</i> .....	40	<i>benzonatate</i> .....	71
<i>antibiotic</i> .....	74	<i>atovaquone-proguanil hcl</i> .....	41	<i>benzoyl peroxide</i> .....	74
<i>antibiotic ear</i> .....	132	<i>atropine sulfate</i> .....	127	<i>benzoyl peroxide wash</i> .....	74
<i>anti-dandruff</i> .....	77	<i>atropine-care</i> .....	127	<i>benzoyl peroxide-</i>	
<i>anti-diarrheal</i> .....	31	ATROVENT HFA.....	18	<i>erythromycin</i> .....	73
<i>antifungal</i> .....	75, 80	Aubra.....	60	<i>benztropine mesylate</i> .....	45
<i>antifungal (tolnaftate)</i> .....	75	Aubra Eq.....	60	<i>bepotastine besilate</i> .....	128
<i>antifungal foot</i> .....	75	AUGMENTIN.....	134	BERINERT.....	92
<i>anti-nausea</i> .....	32	<i>aura portaneb</i> .....	101	BESIVANCE.....	128
ANZEMET.....	32	Aurovela 1.5/30.....	61	BESTMED COMPRESSOR	
Apexicon.....	78	Aurovela 1/20.....	61	NEBULIZER.....	102
APEXICON E.....	77	Aurovela 24 Fe.....	61	BESTMED ULTRASONIC	
<i>apomorphine hcl</i> .....	46	Aurovela Fe 1.5/30.....	61	NEBULIZER.....	102
<i>apo-varenicline</i> .....	136	Aurovela Fe 1/20.....	61	<i>betaine</i> .....	85
<i>apraclonidine hcl</i> .....	130	Aviane.....	61	<i>betamethasone dipropionate</i> ...	78
<i>aprepitant</i> .....	33	<i>avidoxy</i> .....	138	<i>betamethasone dipropionate</i>	
Apri.....	60	Avita.....	73	<i>aug</i> .....	78
APTIOM.....	21	AVONEX PEN.....	135	<i>betamethasone valerate</i> .....	78
APTIVUS.....	51	AVONEX PREFILLED.....	135	Beta-Val.....	79
ARALAST NP.....	137	<i>av-phos 250 neutral</i> .....	113	<i>betaxolol hcl</i> .....	55, 127
Aranelle.....	68	Ayuna.....	61	<i>bethanechol chloride</i> .....	143
ARANESP (ALBUMIN FREE).....	93	AZASITE.....	128	BEVESPI.....	16
Arbinoxa.....	34	<i>azathioprine</i> .....	115	BEVESPI AEROSPHERE.....	16
ARCALYST.....	6	<i>azelastine hcl</i> .....	125, 128	<i>bexarotene</i> .....	45, 83
AREXVY.....	144	<i>azithromycin</i> .....	99	<i>bicalutamide</i> .....	42
<i>arformoterol tartrate</i> .....	17	Azurette.....	59	BIKTARVY.....	49
Argyle Sterile Saline.....	91	<i>b complex-c-folic acid</i> .....	117	<i>bimatoprost</i> .....	131
Argyle Sterile Water.....	115	<i>b1</i> .....	147	<i>biocel</i> .....	117
<i>aripiprazole</i> .....	48, 49	<i>b-1</i> .....	147	<i>bisacodyl</i> .....	98
<i>armodafinil</i> .....	2	<i>b-12</i> .....	93	<i>bisacodyl ec</i> .....	98
ARMOUR THYROID.....	138	<i>b-2</i> .....	147	<i>bisacodyl laxative</i> .....	98
<i>artificial eye</i> .....	127	<i>b-6</i> .....	147	<i>bismuth subsalicylate</i> .....	31
<i>artificial tears</i> .....	127	<i>baby vitamin/iron</i> .....	119	<i>bisoprolol fumarate</i> .....	55
<i>artificial tears pf</i> .....	127	Bac.....	9	<i>bisoprolol-hydrochlorothiazide</i> .	39
<i>ascorbic acid</i> .....	147	<i>bacitracin</i> .....	74, 128	Blisovi 24 Fe.....	61
<i>asenapine maleate</i> .....	48	<i>bacitracin zinc</i> .....	75	Blisovi Fe 1.5/30.....	61
Ashlyna.....	67	<i>bacitracin-polymyxin b</i> ....	74, 129	Blisovi Fe 1/20.....	61
Asmalpred.....	70	<i>bacitra-neomycin-polymyxin-</i>		BOOSTRIX.....	139
Asmalpred Plus.....	70	<i>hc</i> .....	130	<i>bosentan</i> .....	58
ASMANEX (120 METERED		<i>baclofen</i> .....	124	<i>bp foaming wash</i> .....	74
DOSES).....	19	BALCOLTRA.....	61	<i>bp gel</i> .....	74
ASMANEX (14 METERED		<i>balsalazide disodium</i> .....	89	<i>bp wash</i> .....	74
DOSES).....	19	Balziva.....	61	<i>b-plex</i> .....	117
ASMANEX (30 METERED		BAQSIMI ONE PACK.....	27	<i>b-plex plus</i> .....	117
DOSES).....	19	BAQSIMI TWO PACK.....	27	BPROTECTED PEDIA TRI-VITE	120
ASMANEX (60 METERED		BARACLUDE.....	53	BRAINSTRONG PRENATAL.....	124
DOSES).....	19	BASAGLAR KWIKPEN.....	28	<i>breathe ease large</i> .....	106
ASMANEX HFA.....	19	BAXDELA.....	88	<i>breathe ease medium</i> .....	106
<i>aspirin</i> .....	9	Baycadron.....	70	<i>breathe ease small</i> .....	106
<i>aspirin 81</i> .....	9	BAZA PROTECT.....	83	BREATHERITE.....	107
<i>aspirin adult</i> .....	9	BD INSULIN SYRINGE U-500.	105	BREATHERITE COLL SPACER	
<i>aspirin-dipyridamole er</i> .....	92	BD SYRINGE LUER-LOK.....	105	ADULT.....	108
ATABEX OB.....	122	BD SYRINGE SLIP TIP.....	105	BREATHERITE COLL SPACER	
<i>atamet</i> .....	46	Bekyree.....	59	CHILD.....	108
<i>atazanavir sulfate</i> .....	51	BELSOMRA.....	96		

BREATHERITE COLL SPACER INFANT.....108	<i>calcitriol</i> ..... 77, 85	CAVAN-FOLATE OB.....122
BREATHERITE RIGID SPACER/MASK..... 108	<i>calcium</i> .....111	Cavarest..... 116
BREATHERITE SPACER NEONATE.....108	<i>calcium + d3</i> ..... 111	CAYA.....100
BREATHERITE SPACER SMALL CHILD..... 108	<i>calcium + vitamin d3</i> .....111	CAYSTON..... 40
BREATHERITE VALVED MDI CHAMBER..... 108	<i>calcium 500 + d</i> ..... 111	Caziant..... 69
BREATHERITE/LARGE MASK.. 108	<i>calcium 500 + d3</i> .....111	<i>cefaclor</i> ..... 59
BREATHERITE/MEDIUM MASK 108	<i>calcium 500 +d</i> ..... 111	<i>cefadroxil</i> ..... 59
BREATHERITE/SMALL MASK.. 108	<i>calcium 600</i> ..... 112	<i>cefdinir</i> .....59
BREO ELLIPTA..... 16	<i>calcium 600/vitamin d</i> ..... 111	<i>cefixime</i> ..... 59
BREZTRI AEROSPHERE..... 16	<i>calcium 600/vitamin d3</i> ..... 111	<i>cefpodoxime proxetil</i> ..... 59
<i>brillyn</i> .....60	<i>calcium 600+d3 plus minerals</i> 111	<i>cefprozil</i> ..... 59
BRILINTA..... 92	<i>calcium acetate</i> ..... 90	<i>ceftriaxone sodium</i> ..... 59
<i>brimonidine tartrate</i> ..... 82, 130	<i>calcium acetate (phos binder)</i> . 90	<i>cefuroxime axetil</i> ..... 59
<i>brimonidine tartrate-timolol</i> ...127	<i>calcium antacid ultra</i> ..... 13	<i>celecoxib</i> ..... 5, 6
BRINTELLIX..... 25	<i>calcium carb-cholecalciferol</i> ... 111	CELONTIN..... 23
<i>brinzolamide</i> ..... 130	<i>calcium carbonate</i> ..... 13, 112	CENTRUM SPECIALIST
BROMALINE..... 72	<i>calcium carbonate antacid</i> .....13	PRENATAL.....124
Bromfed Dm..... 72	<i>calcium carbonate w/vitamin d</i> ..... 111	century.....117
<i>bromfenac sodium (once-</i> <i>daily)</i> ..... 130	<i>calcium carbonate-vitamin d</i> ..111	<i>cephalexin</i> ..... 59
<i>bromocriptine mesylate</i> ..... 46	<i>calcium citrate</i> .....112	CERDELGA..... 92
Budeprion Sr.....23	<i>calcium citrate + d3</i> ..... 111	Cesia..... 69
Budeprion Xl..... 23	<i>calcium rich supreme antacid</i> .. 13	<i>cetirizine hcl</i> ..... 34
<i>budesonide</i> ..... 19, 70, 125	<i>calcium-magnesium-zinc</i> .....111	<i>cetirizine hcl allergy child</i> ..... 34
<i>budesonide-formoterol</i> <i>fumarate</i> ..... 16	<i>calcium-vitamin d3</i> .....111	<i>cetirizine hcl childrens alrgy</i> .... 34
<i>bumetanide</i> ..... 84	<i>calcium-vitamin d-minerals</i> ... 111	<i>cetirizine-pseudoephedrine er</i> ..71
<i>buprenorphine</i> .....12	CALTRATE 600+D..... 111	<i>cevimeline hcl</i> ..... 116
<i>buprenorphine hcl</i> .....12	CALTRATE 600+D3 SOFT..... 111	Charlotte 24 Fe..... 61
<i>buprenorphine hcl-naloxone</i> <i>hcl</i> ..... 12	Camila..... 68	Chateal..... 61
Buproban.....137	Camrese.....67	Chateal Eq..... 61
<i>bupropion hcl</i> ..... 23	Camrese Lo..... 67	CHEMET..... 32
<i>bupropion hcl er (smoking</i> <i>det)</i> ..... 136	<i>candesartan cilexetil</i> ..... 38	<i>childrens multivitamin/iron</i> .... 119
<i>bupropion hcl er (sr)</i> ..... 23	CAPASTAT SULFATE..... 41	<i>childrens multivitamins</i> ..... 120
<i>bupropion hcl er (xl)</i> ..... 23	<i>capecitabine</i> .....42	<i>childrens pepto</i> .....13
<i>buspironone hcl</i> ..... 14	CAPRELSA..... 43	<i>chlordiazepoxide hcl</i> ..... 15
<i>butalbital compound/asa</i> ..... 9	<i>capsaicin</i> ..... 81	<i>chlordiazepoxide-amitriptyline</i> 134
<i>butalbital-acetaminophen</i> ..... 9	<i>captain eagle ped nebulizer</i> ... 101	<i>chlorhexidine gluconate</i> ... 49, 116
<i>butalbital-apap</i> .....9	<i>captopril</i> .....37	<i>chloroquine phosphate</i> ..... 41
<i>butalbital-apap-caff-cod</i> .....10	<i>captopril-hydrochlorothiazide</i> .. 37	<i>chlorpheniramine maleate</i> .....33
<i>butalbital-apap-caffeine</i> .....9	<i>carbamazepine</i> .....21	<i>chlorpheniramine maleate er</i> ... 33
<i>butalbital-asa-caffeine</i> .....9	<i>carbamazepine er</i> ..... 21	<i>chlorpromazine hcl</i> .....48
<i>butalbital-aspirin-caffeine</i> ..... 9	<i>carbamoxide ear drops</i> ..... 131	<i>chlorthalidone</i> ..... 84
<i>butenafine hcl</i> ..... 75	<i>carbidopa</i> ..... 46	<i>chlorzoxazone</i> ..... 124
<i>butorphanol tartrate</i> .....12	<i>carbidopa-levodopa</i> .....46	<i>chocolated laxative</i> ..... 98
<i>cabergoline</i> .....85	<i>carbidopa-levodopa er</i> .....46	<i>choice-tabs</i> ..... 117
<i>caffeine citrate</i> ..... 2	<i>carbidopa-levodopa-</i> <i>entacapone</i> .....46	<i>cholestyramine</i> .....35
CALADROX..... 81	<i>carbinoxamine maleate</i> ..... 33	<i>cholestyramine light</i> .....35
<i>calcipotriene</i> ..... 77	<i>carboxymethylcellulose sod pf</i> 127	<i>choline fenofibrate</i> ..... 36
<i>calcipotriene-betameth diprop</i> . 83	<i>carboxymethylcellulose</i> <i>sodium</i> ..... 127	Ciclodan..... 75
<i>calcitonin (salmon)</i> ..... 85	<i>carepoint poly hub needle</i> .... 104	<i>ciclopirox</i> ..... 75
Calcitrene..... 77	<i>carepoint syringe luer lock</i> .... 104	<i>ciclopirox olamine</i> ..... 75
	<i>carisoprodol</i> ..... 124	<i>cilostazol</i> ..... 92
	<i>carisoprodol-aspirin-codeine</i> .. 124	CIMDUO..... 49
	<i>carteolol hcl</i> ..... 127	<i>cimetidine</i> ..... 140
	Cartia Xt.....57	<i>cimetidine 200</i> .....140
	<i>carvedilol</i> .....55	CIMZIA..... 90
	Cataflam..... 7	CIMZIA PREFILLED..... 90
		CIMZIA STARTER KIT..... 90
		<i>cinacalcet hcl</i> ..... 85
		CIPRO HC..... 132

<i>ciprofloxacin hcl</i> .....	88, 128, 131	COMP AIR COMPRESSOR	<i>cyclobenzaprine hcl</i> .....	124
<i>ciprofloxacin-dexamethasone</i> .	132	NEBULIZER.....	<i>cyclopentolate hcl</i> .....	127
<i>citalopram hydrobromide</i> .....	24	COMP AIR ELITE COMPACT	<i>cyclophosphamide</i> .....	44
<i>citric acid-sodium citrate</i> .....	90	NEB.....	<i>cycloserine</i> .....	41
Claravis.....	73	COMP A-I-R NEBULIZER.....	CYCLOSET.....	27
Claris Clarifying Wash.....	73	COMPACT SPACE CHAMBER...	<i>cyclosporine</i> .....	114, 130
<i>clarithromycin</i> .....	99	COMPACT SPACE	<i>cyclosporine modified</i> .....	114
<i>clear fiber powder</i> .....	96	CHAMBER/LG MASK.....	<i>cylate</i> .....	128
<i>clear soluble fiber</i> .....	96	COMPACT SPACE	<i>cyproheptadine hcl</i> .....	35
Clearplex X.....	74	CHAMBER/MED MASK.....	Cyred.....	61
<i>clemastine fumarate</i> .....	33, 34	COMPACT SPACE	Cyred Eq.....	61
CLEVER CHOICE HOLDING		CHAMBER/SM MASK.....	CYSTAGON.....	90
CHAMBER.....	108	COMP-AIR ELITE COMPACT	CYSTARAN.....	131
CLEVER CHOICE NEBULIZER.	102	NEB.....	<i>cytra-2</i> .....	90
CLEVER CHOICE WHIS AIR		COMPAIR NEBULIZER.....	<i>cytra-k</i> .....	90
PED NEB.....	102	COMPAIR XL NEBULIZER.....	<i>d 1000</i> .....	147
CLEVER CHOICE WHISPER		COMPAIR XLT NEBULIZER....	<i>d 10000</i> .....	147
AIRE NEB.....	102	Compazine.....	<i>d 2000</i> .....	147
CLEVER CHOICE WHISPER		COMPLERA.....	<i>d 400</i> .....	147
AIRE PED.....	102	<i>complete multi-vitamin</i> .....	<i>d 5000</i> .....	147, 148
Clindamax.....	73, 146	<i>completenate</i> .....	<i>d2000 ultra strength</i> .....	148
<i>clindamycin hcl</i> .....	40	<i>compressor nebulizer</i> .....	<i>d3 2000</i> .....	148
<i>clindamycin palmitate hcl</i> .....	40	<i>compressor/nebulizer</i> .....	<i>d3 5000</i> .....	148
<i>clindamycin phos-benzoyl</i>		Compro.....	<i>d3 high potency</i> .....	148
<i>perox</i> .....	73	CO-NATAL FA.....	<i>d3 maximum strength</i> .....	148
<i>clindamycin phosphate</i> ....	73, 146	<i>condoms</i> .....	<i>d3 vitamin</i> .....	148
<i>clindamycin-tretinoin</i> .....	73	Conison.....	<i>daily fiber</i> .....	96
<i>clobazam</i> .....	21	<i>constulose</i> .....	<i>daily vitamin plus</i> .....	117
<i>clobetasol prop emollient base</i> .	77	Controlrx.....	<i>daily vitamin/iron</i> .....	117
<i>clobetasol propionate</i> .....	77	COPAXONE.....	<i>daily vitamins</i> .....	118
<i>clobetasol propionate e</i> .....	77	CORDRAN.....	<i>dalfampridine er</i> .....	136
<i>clomipramine hcl</i> .....	25	CORLANOR.....	<i>danazol</i> .....	12
<i>clonazepam</i> .....	21	Cormax.....	<i>dantrolene sodium</i> .....	124
<i>clonidine</i> .....	38	Cormax Scalp Application.....	<i>dapsone</i> .....	40
<i>clonidine hcl</i> .....	38	<i>cortisone acetate</i> .....	<i>darifenacin hydrobromide er</i> ..	142
<i>clonidine hcl er</i> .....	1	CORTISPORIN-TC.....	Dasetta 1/35.....	61
<i>clopidogrel bisulfate</i> .....	92	CORTIZONE-10.....	Dasetta 7/7/7.....	69
<i>clorazepate dipotassium</i> .....	15	<i>cortomycin</i> .....	Daysee.....	67
<i>clotrimazole</i> .....	80, 115, 145	Corvite Free.....	Deblitane.....	68
<i>clotrimazole 3</i> .....	145	COSENTYX.....	DEBROX SWIMMERS EAR.....	131
<i>clotrimazole af</i> .....	80	COSENTYX (300 MG DOSE)....	Decadron.....	70, 71
<i>clotrimazole anti-fungal</i> .....	80	COSENTYX SENSOREADY (300	Decon-Dm.....	72
<i>clotrimazole athletes foot</i> .....	80	MG).....	<i>deferasirox</i> .....	32
<i>clotrimazole-betamethasone</i> ...	75	COSENTYX SENSOREADY PEN.	<i>deferiprone</i> .....	32
<i>clozapine</i> .....	48	COSENTYX UNOREADY.....	<i>del-aqua</i> .....	74
COARTEM.....	41	<i>covid-19 at home antigen test</i> .	<i>del-beta</i> .....	78
<i>cobal-1000</i> .....	93	CREON.....	DELSTRIGO.....	49
<i>codeine sulfate</i> .....	11	<i>cromolyn sodium</i> .....	DELSYM NIGHT TIME	
COLACE.....	98	Cryelle-28.....	COUGH/COLD.....	72
COLACE ADULT.....	97	Curity Sterile Saline.....	Deltasone.....	71
<i>colchicine</i> .....	91	CUVITRU.....	Delyla.....	61
<i>colchicine-probenecid</i> .....	91	<i>cvs daily fiber</i> .....	<i>demeclocycline hcl</i> .....	138
<i>colesevelam hcl</i> .....	35	<i>cvs ivermectin lice treatment</i> ..	Denta 5000 Plus.....	116
<i>colestipol hcl</i> .....	35	<i>cvs lansoprazole</i> .....	Dentagel.....	116
<i>colidrops</i> .....	140	<i>cvs magnesium oxide</i> .....	<i>dentall 1100 plus</i> .....	116
Colocort.....	12	<i>cvs natural fiber supplement</i> ...	Depade.....	32
COLY-MYCIN S.....	132	<i>cyanocobalamin</i> .....	DEPO-SUBQ PROVERA 104.....	68
COMBIVENT RESPIMAT.....	17	Cyclafem 1/35.....	Depo-Testosterone.....	12
COMIRNATY.....	144	Cyclafem 7/7/7.....	<i>desipramine hcl</i> .....	26

<i>desloratadine</i> .....	34	<i>diltiazem hcl er coated beads</i> ..	56	<i>ear drops for swimmers</i> .....	131
<i>desmopressin ace spray refrig</i>	86	<i>dilt-xr</i> .....	56	EASIVENT.....	108
<i>desmopressin acetate</i> .....	86, 87	<i>diltzac</i> .....	56	EASIVENT MASK LARGE.....	108
<i>desmopressin acetate spray</i> ....	86	DIMETANE DX.....	72	EASIVENT MASK MEDIUM.....	108
<i>desogestrel-ethinyl estradiol</i>		<i>dimethyl fumarate</i> .....	136	EASIVENT MASK SMALL.....	108
.....	59, 60	<i>dimethyl fumarate starter</i>		<i>ec-naproxen</i> .....	7
<i>desonide</i> .....	78	<i>pack</i> .....	136	<i>econazole nitrate</i> .....	80
<i>desoximetasone</i> .....	77, 78	DIPENTUM.....	89	<i>ed baclofen</i> .....	124
<i>desvenlafaxine succinate er</i> ....	25	<i>diphedryl</i> .....	34	<i>ed k+10</i> .....	113
DEVILBISS PULMO-AIDE.....	102	<i>diphen</i> .....	34	EDARBI.....	38
DEVILBISS TRAVELER		<i>di-phen</i> .....	34	<i>ed-spaz</i> .....	140
NEBULIZER.....	102	<i>diphenatol</i> .....	31	EDURANT.....	52
<i>dexamethasone</i> .....	70	<i>diphendryl</i> .....	34	<i>efavirenz</i> .....	52
<i>dexamethasone sodium</i>		<i>diphenhydramine hcl</i> .....	34	<i>efavirenz-emtricitab-tenofo df</i>	50
<i>phosphate</i> .....	70	<i>diphenhydramine hcl (sleep)</i> ...	95	<i>efavirenz-emtricitab-tenofovir</i>	50
<i>dexasol</i> .....	131	<i>diphenhydramine-</i>		<i>efavirenz-lamivudine-tenofovir</i>	50
<i>dexchlorpheniramine maleate</i> ..	33	<i>phenylephrine</i> .....	71	Effer-K.....	113
DEXCOM G6 RECEIVER.....	101	<i>diphenhydramine-zinc acetate</i>	76	EFLOW SCF ELECTRONIC	
DEXCOM G6 SENSOR.....	101	<i>diphenoxylate-atropine</i> .....	31	NEBULIZER.....	102
DEXCOM G6 TRANSMITTER...	101	<i>dipyridamole</i> .....	92	EFLOW SCF NEBULIZER	
DEXCOM G7 RECEIVER.....	101	<i>disopyramide phosphate</i> .....	16	HANDSET.....	102
DEXCOM G7 SENSOR.....	101	<i>disulfiram</i> .....	134	<i>eletriptan hydrobromide</i> .....	110
Dexedrine.....	2	<i>divalproex sodium</i> .....	23	Elinest.....	61
Dexfol.....	117	<i>divalproex sodium er</i> .....	23	ELIQUIS.....	20
Dexifol.....	117	<i>docosanol</i> .....	77	ELIQUIS DVT/PE STARTER	
<i>dexlansoprazole</i> .....	141	<i>docusate calcium</i> .....	98	PACK.....	20
<i>dexmethylphenidate hcl</i> .....	2	<i>docusate sodium</i> .....	98	ELITE NEBULIZER SYSTEM....	102
<i>dextroamphetamine sulfate</i> .....	2	DOCUSOL PLUS MINI-ENEMA..	98	Elixophyllin.....	19
<i>dextroamphetamine sulfate er</i> ...	1	Dodex.....	93	ELLA.....	66
<i>dextromethorphan-guaifenesin</i>	71	<i>dofetilide</i> .....	16	ELMIRON.....	91
Dextrostat.....	2	DOK.....	98	Eluryng.....	66
<i>dha</i> .....	126	DOK PLUS.....	98	EMCYT.....	44
DIABETIC TUSSIN ALLERGY....	33	Dolishale.....	66	EMGALITY.....	110
DIACOMIT.....	21	<i>donepezil hcl</i> .....	135	EMGALITY (300 MG DOSE)....	110
<i>diazepam</i> .....	15, 21	<i>dorzolamide hcl</i> .....	130	Emoquette.....	62
Diazepam Intensol.....	15	<i>dorzolamide hcl-timolol mal</i> ...	127	EMSAM.....	24
<i>diazoxide</i> .....	27	Dotti.....	87	<i>emtricitabine</i> .....	52
<i>dibucaine</i> .....	13	DOVATO.....	49	<i>emtricitabine-tenofovir df</i> .....	50
<i>diclofenac potassium</i> .....	6	<i>doxazosin mesylate</i> .....	39	EMTRIVA.....	52
<i>diclofenac sodium</i> .....	7, 130	<i>doxepin hcl</i> .....	26, 95	<i>enalapril maleate</i> .....	37
<i>diclofenac sodium er</i> .....	7	<i>doxercalciferol</i> .....	85	<i>enalapril-hydrochlorothiazide</i> ...	37
<i>diclofenac-misoprostol</i> .....	6	<i>doxycycline monohydrate</i> .....	138	ENBREL.....	8
<i>dicloxacillin sodium</i> .....	134	<i>d-penamamine</i> .....	114	ENBREL MINI.....	8
<i>dicyclomine hcl</i> .....	139, 140	DRAMAMINE.....	33	ENBREL SURECLICK.....	8
DIFFERIN.....	74	DRAMAMINE MOTION		ENCARE.....	146
DIFICID.....	99	SICKNESS.....	33	Endocet.....	12
<i>diflorasone diacetate</i> .....	78	<i>dronabinol</i> .....	33	<i>enema disposable</i> .....	98
<i>diflunisal</i> .....	9	<i>drospiren-eth estrad-</i>		ENGERIX-B.....	144
<i>difluprednate</i> .....	131	<i>levomefol</i> .....	60	<i>enoxaparin sodium</i> .....	20
Digitek.....	57	<i>drospirenone-ethinyl estradiol</i>	60	Enpresse-28.....	69
Digox.....	57	<i>droxidopa</i> .....	147	Enskyce.....	62
<i>digoxin</i> .....	57	<i>dry skin</i> .....	83	<i>entacapone</i> .....	46
<i>dihydroergotamine mesylate</i>	110	DRYSOL.....	81	<i>entecavir</i> .....	53
DILANTIN.....	22	DUAVEE.....	88	ENTRESTO.....	58
<i>dilt-cd</i> .....	56	<i>duloxetine hcl</i> .....	25	<i>enulose</i> .....	89
<i>diltiazem cd</i> .....	56	DUREX REALFEEL.....	100	Epiflur.....	112
<i>diltiazem hcl</i> .....	56	<i>dutasteride</i> .....	90	<i>epinastine hcl</i> .....	128
<i>diltiazem hcl er</i> .....	56	<i>dutasteride-tamsulosin hcl</i> .....	91	<i>epinephrine</i> .....	146
<i>diltiazem hcl er beads</i> .....	56	E.E.S. 400.....	99	EPIPEN 2-PAK.....	146

EPIPEN JR 2-PAK.....	147	E-Z SPACER.....	108	FIRVANQ.....	40
Epitol.....	22	E-Z SPACER THE BODY		<i>fish oil</i> .....	126
<i>eplerenone</i> .....	39	GUARDS PK.....	108	<i>fish oil extra strength</i> .....	126
EPOGEN.....	93	E-Z SPACER/MASK.....	108	<i>fish oil omega-3</i> .....	126
<i>eprosartan mesylate</i> .....	38	<i>ezetimibe</i> .....	36	Flac.....	132
<i>eq lansoprazole</i> .....	141	<i>ezetimibe-simvastatin</i> .....	36	<i>flavoxate hcl</i> .....	143
<i>eq space chamber anti-static</i> .....	106	FACTIVE.....	88	FLEBOGAMMA.....	132
<i>eq space chamber anti-static l</i>	106	Falmina.....	62	FLEBOGAMMA DIF.....	132
<i>eq space chamber anti-static</i>	106	<i>famciclovir</i> .....	54	<i>flecainide acetate</i> .....	16
<i>m</i> .....	106	<i>famotidine</i> .....	140, 141	FLEXICHAMBER.....	108
<i>eq space chamber anti-static s</i>	106	<i>famotidine maximum strength</i>	140	FLEXICHAMBER ADULT	
<i>eq space chamber anti-static s</i>	106	FANAPT.....	47	MASK/SMALL.....	108
<i>eq lansoprazole</i> .....	141	FANAPT TITRATION PACK.....	47	FLEXICHAMBER CHILD	
<i>ergocalciferol</i> .....	148	FARXIGA.....	30	MASK/LARGE.....	108
<i>ergoloid mesylates</i> .....	136	FARYDAK.....	43	FLEXICHAMBER CHILD	
ERGOMAR.....	110	Fayosim.....	67	MASK/SMALL.....	108
<i>ergotamine-caffeine</i> .....	110	FC FEMALE CONDOM.....	100	FLUAD QUADRIVALENT.....	144
ERIVEDGE.....	43	<i>febuxostat</i> .....	91	FLUARIX QUADRIVALENT.....	144
<i>erlotinib hcl</i> .....	43	<i>felbamate</i> .....	22	FLUBLOK QUADRIVALENT.....	144
Errin.....	68	<i>felodipine er</i> .....	56	FLUCELVAX QUADRIVALENT..	144
ERTACZO.....	80	FEMCAP.....	100	<i>fluconazole</i> .....	33
Ery-Tab.....	99	Femynor.....	62	<i>flucytosine</i> .....	33
ERYTHROCIN STEARATE.....	99	<i>fenofibrate</i> .....	36	<i>fludrocortisone acetate</i> .....	71
<i>erythromycin</i> .....	73, 99, 128	<i>fenofibrate micronized</i> .....	36	FLULAVAL QUADRIVALENT....	144
<i>erythromycin base</i> .....	99	<i>fenofibric acid</i> .....	36	FLUMIST QUADRIVALENT.....	144
<i>erythromycin ethylsuccinate</i> ....	99	<i>fenopropfen calcium</i> .....	6	<i>flunisolide</i> .....	125
<i>erythromycin stearate</i> .....	99	<i>fentanyl</i> .....	11	<i>fluocinolone acetonide</i> .....	78, 132
Escavite Lq.....	118	<i>ferocon</i> .....	94	<i>fluocinolone acetonide body</i> ....	78
<i>escitalopram oxalate</i> .....	24	<i>ferotrin</i> .....	94	<i>fluocinolone acetonide scalp</i> ....	78
ESKATA.....	82	<i>ferotrinic</i> .....	94	<i>fluocinonide</i> .....	79
<i>esomeprazole magnesium</i> .....	141	<i>ferrex 150 forte</i> .....	94	<i>fluocinonide emulsified base</i> ....	78
Estarylla.....	62	FERREX 150 FORTE.....	94	<i>fluocinonide-e</i> .....	79
<i>estazolam</i> .....	95	<i>ferrous fumarate</i> .....	94	Fluor-A-Day.....	112
<i>estradiol</i> .....	87, 146	<i>ferrous gluconate</i> .....	94	Fluoridex Daily Defense.....	116
<i>estradiol-norethindrone acet</i> ...	87	<i>ferrous sulfate</i> .....	94	Fluoridex Enhanced Whitening	116
<i>eszopiclone</i> .....	96	<i>ferrous sulfate cr</i> .....	94	.....	116
<i>ethacrynic acid</i> .....	84	<i>ferrous sulfate er</i> .....	94	<i>fluoritab</i> .....	112
<i>ethambutol hcl</i> .....	41	<i>ferrous sulfate iron</i> .....	94	<i>fluorometholone</i> .....	131
Ethedent.....	112, 116	<i>fesoterodine fumarate er</i> .....	142	Fluor-Op.....	131
Ethexderm Bpw-10.....	74	FETZIMA.....	25	<i>fluorouracil</i> .....	76
Ethexderm Bpw-5.....	74	FETZIMA TITRATION.....	25	<i>fluoxetine hcl</i> .....	24
<i>ethosuximide</i> .....	23	FEVERALL.....	9	<i>fluphenazine hcl</i> .....	48
<i>ethynodiol diac-eth estradiol</i> ...	60	<i>fexofenadine hcl</i> .....	34	Flura-Drops.....	112
<i>etidronate disodium</i> .....	85	FIASP.....	28	<i>flurandrenolide</i> .....	78
<i>etodolac</i> .....	7	FIASP FLEXTOUCH.....	28	<i>flurazepam hcl</i> .....	95
<i>etonogestrel-ethinyl estradiol</i> ..	66	FIASP PENFILL.....	28	<i>flurbiprofen</i> .....	7
<i>etoposide</i> .....	44	<i>fiber</i> .....	97	<i>flurbiprofen sodium</i> .....	130
<i>etravirine</i> .....	52	<i>fiber laxative</i> .....	96	<i>fluticasone propionate</i> .....	79, 126
EUCRISA.....	81	<i>fiber therapy</i> .....	97	<i>fluticasone propionate hfa</i> .....	19
EUFLEXXA.....	125	<i>finasteride</i> .....	90	<i>fluticasone-salmeterol</i> .....	17
EULEXIN.....	42	<i>ingolimod hcl</i> .....	137	<i>fluvastatin sodium</i> .....	36
EURAX.....	82	Finzala.....	62	<i>fluvastatin sodium er</i> .....	36
Euthyrox.....	139	FIRST-OMEPRAZOLE.....	142	<i>fluvoxamine maleate</i> .....	24
<i>everolimus</i> .....	43, 115	FIRST-PROGESTERONE VGS..	146	FLUZONE HIGH-DOSE	
EVOTAZ.....	49	FIRST-PROGESTERONE VGS		QUADRIVALENT.....	144
<i>exemestane</i> .....	44	100.....	146	FLUZONE QUADRIVALENT.....	144
EXTAVIA.....	135	FIRST-PROGESTERONE VGS		FLYP NEBULIZER.....	102
<i>eye drops</i> .....	127	200.....	146	<i>folbee plus</i> .....	117
				<i>folic acid</i> .....	93

<i>folika-v</i> .....	118	<i>gentasol</i> .....	129	Hailey Fe 1/20.....	62
<i>foltrin</i> .....	94	GENVISC 850.....	125	<i>halcinonide</i> .....	78
<i>fondaparinux sodium</i> .....	21	GENVOYA.....	49	<i>halobetasol propionate</i> .....	78
<i>formula b</i> .....	117	Gianvi.....	62	Haloette.....	66
<i>formula b plus</i> .....	117	Gildagia.....	62	HALOG.....	77
FORTEO.....	86	Gildess 1.5/30.....	62	<i>haloperidol</i> .....	47
<i>fosamprenavir calcium</i> .....	51	Gildess 1/20.....	62	<i>haloperidol lactate</i> .....	47
<i>fosfomycin tromethamine</i> .....	40	Gildess 24 Fe.....	62	HAVRIX.....	145
<i>fosinopril sodium</i> .....	37	Gildess Fe 1.5/30.....	62	HEALTHY LIVING	
<i>fosinopril sodium-hctz</i> .....	37	Gildess Fe 1/20.....	62	COMPRESSOR/NEB.....	102
FRAGMIN.....	20	GILOTRIF.....	43	HEALTHY MAMA BE WELL	
FREESTYLE LIBRE 14 DAY		GLASSIA.....	137	ROUNDED.....	122
READER.....	101	<i>glatiramer acetate</i> .....	136	HEARTBURN RELIEF 24 HOUR	141
FREESTYLE LIBRE 14 DAY		Glatopa.....	136	<i>heartburn treatment 24 hour</i>	141
SENSOR.....	101	GLEOSTINE.....	44	Heather.....	68
FREESTYLE LIBRE 2 READER	101	<i>glimepiride</i> .....	31	Hecoria.....	115
FREESTYLE LIBRE 2 SENSOR	101	<i>glipizide</i> .....	31	HELIXATE FS.....	91
FREESTYLE LIBRE 3 READER	101	<i>glipizide er</i> .....	31	<i>hemorrhoidal</i> .....	12
FREESTYLE LIBRE 3 SENSOR	101	<i>glipizide xl</i> .....	31	<i>hemorrhoidal-hc</i> .....	13
FREESTYLE LIBRE READER....	101	<i>glipizide-metformin hcl</i> .....	31	<i>heparin sodium (porcine)</i> .....	20
<i>frovatriptan succinate</i> .....	110	GLUCAGEN.....	27	<i>heparin sodium (porcine) pf</i> ....	20
<i>ft acid reducer</i> .....	141	GLUCAGEN HYPOKIT.....	27	HEPLISAV-B.....	145
FUNGICURE		<i>glucagon emergency</i> .....	27	HIZENTRA.....	133
INTENSIVE/NAILGUARD.....	80	<i>glucose</i> .....	27	<i>hm lansoprazole</i> .....	141
<i>furosemide</i> .....	84	<i>glucose instant energy</i> .....	27	HUMATIN.....	4
FUZEON.....	50	<i>glyburide</i> .....	31	HUMIRA.....	5
Fyavolv.....	87	<i>glyburide micronized</i> .....	31	HUMIRA (2 PEN).....	4
FYCOMPA.....	21	<i>glyburide-metformin</i> .....	31	HUMIRA (2 SYRINGE).....	5
<i>gabapentin</i> .....	21, 22	<i>glycerin (adult)</i> .....	97	HUMIRA PEDIATRIC CROHNS	
<i>galantamine hydrobromide</i> ....	135	<i>glycerin (child)</i> .....	97	START.....	5
<i>galantamine hydrobromide er</i>	135	<i>glycerin (infant)</i> .....	97	HUMIRA PEN.....	5
GAMASTAN.....	132	<i>glycerin (infants &amp; children)</i> ....	97	HUMIRA PEN-PS/UV/ADOL HS	
GAMMAGARD.....	132	<i>glycerin (pediatric)</i> .....	97	START.....	5
GAMMAGARD S/D.....	132	<i>glycerin adult</i> .....	97	HUMIRA-CD/UC/HS STARTER....	5
GAMMAGARD S/D LESS IGA..	133	<i>glycopyrrolate</i> .....	142	HUMIRA-PED.....	5
GAMMAKED.....	133	<i>glycron</i> .....	31	HUMIRA-PED>/=40KG	
GAMMAPLEX.....	133	Glydo.....	81	CROHNS START.....	5
GAMUNEX.....	133	GLYXAMBI.....	30	HUMIRA-PED>/=40KG UC	
GAMUNEX-C.....	133	<i>gnp lansoprazole</i> .....	141	STARTER.....	5
<i>ganidin-nr</i> .....	72	<i>goodsense lansoprazole</i> .....	141	HUMIRA-PS/UV/ADOL HS	
<i>gani-tuss dm nr</i> .....	71	<i>goodsense nicotine</i> .....	136	STARTER.....	5
<i>gani-tuss nr</i> .....	71	<i>granisetron hcl</i> .....	32	HUMIRA-PSORIASIS/UEIT	
GARDASIL 9.....	144, 145	<i>griseofulvin microsize</i> .....	33	STARTER.....	5
<i>gatifloxacin</i> .....	128	<i>guaifenesin</i> .....	72	HUMULIN R U-500	
Gavilyte-G.....	96	<i>guaifenesin ac</i> .....	71	(CONCENTRATED).....	28
Gavilyte-N With Flavor Pack....	96	<i>guaifenesin dm cough &amp; chest</i>	71	HUMULIN R U-500 KWIKPEN...	28
<i>gavis-care</i> .....	13	<i>guaifenesin dm nr</i> .....	71	HYALGAN.....	125
<i>gemfibrozil</i> .....	36	<i>guaifenesin er</i> .....	72	<i>hydralazine hcl</i> .....	39
Gemmily.....	62	<i>guaifenesin nr</i> .....	71, 72	<i>hydrochlorothiazide</i> .....	84
<i>genebrom dm</i> .....	72	<i>guanfacine hcl</i> .....	38	<i>hydrocodone bitartrate er</i> .....	10
<i>generlac</i> .....	89	<i>guanfacine hcl er</i> .....	1	<i>hydrocodone bit-homatrop</i>	
<i>genesupp-500</i> .....	117	GYNAZOLE-1.....	145	<i>mbr</i> .....	71
<i>genetect plus</i> .....	117	GYNOL II.....	146	<i>hydrocodone/acetaminophen</i> ...	10
<i>genetical</i> .....	117	GYNOL II EXTRA STRENGTH..	146	<i>hydrocodone-acetaminophen</i> ...	10
Gengraf.....	114	HADLIMA.....	4	<i>hydrocodone-ibuprofen</i> .....	10
GENICIN VITA-Q.....	118	HADLIMA PUSH TOUCH.....	4	<i>hydrocortisone</i> .....	12, 13, 70, 79
Genoptic.....	129	Hailey 1.5/30.....	62	<i>hydrocortisone (perianal)</i> .....	13
Gentak.....	129	Hailey 24 Fe.....	62	<i>hydrocortisone acetate</i> .....	79
<i>gentamicin sulfate</i> .....	75, 128	Hailey Fe 1.5/30.....	62	<i>hydrocortisone anti-itch</i> .....	79

Hydrocortisone In Absorbase... 80	INNOSPIRE ESSENCE	<i>jenliva prenatal/postnatal</i> ..... 120
<i>hydrocortisone intensive heal</i> .. 79	NEBULIZER..... 102	Jevantique..... 87
<i>hydrocortisone max st</i> ..... 79	INNOSPIRE MINI	<i>jevantique lo</i> ..... 87
<i>hydrocortisone valerate</i> ..... 79	COMPRESSOR NEB..... 102	Jinteli..... 87
<i>hydrocortisone/aloe max str</i> .... 79	INSPIRACHAMBER/LARGE..... 109	Jolessa..... 67
<i>hydrocortisone-acetic acid</i> ..... 132	INSPIRACHAMBER/MEDIUM... 109	Jolivette..... 68
<i>hydromet</i> ..... 71	INSPIRACHAMBER/MOUTHPIE	Juleber..... 62
<i>hydromorphone hcl</i> ..... 11	CE..... 109	JULUCA..... 49
<i>hydromorphone hcl er</i> ..... 10	INSPIRACHAMBER/SMALL..... 109	Junel 1.5/30..... 62
<i>hydroxychloroquine sulfate</i> ..... 41	INSPIRATION ELITE	Junel 1/20..... 62
<i>hydroxyurea</i> ..... 44	COMPRESS/NEB..... 102	Junel Fe 1.5/30..... 63
<i>hydroxyzine hcl</i> ..... 14, 15	INSPIRATION ELITE	Junel Fe 1/20..... 63
<i>hydroxyzine pamoate</i> ..... 15	NEBULIZER..... 103	Junel Fe 24..... 63
<i>hylavite</i> ..... 117	INSPIRATION NEBULIZER	Just Right 5000..... 116
Hyomax..... 140	SYSTEM..... 103	Kaitlib Fe..... 63
Hyomax-Ft..... 140	INSPIREASE..... 109	<i>kalexate</i> ..... 115
Hyomax-Sl..... 140	<i>instant ear-dry</i> ..... 131	Kalliga..... 63
Hyomax-Sr..... 140	<i>insulin asp prot &amp; asp flexpen</i> .. 27	KALYDECO..... 137
<i>hyoscyamine sulfate</i> ..... 140	<i>insulin aspart</i> ..... 28	Kaon-CI-10..... 113
<i>hyoscyamine sulfate er</i> ..... 140	<i>insulin aspart flexpen</i> ..... 27	KAOPLECTATE..... 31
<i>hyoscyamine sulfate sl</i> ..... 140	<i>insulin aspart penfill</i> ..... 28	KAOPLECTATE EXTRA
<i>hyosyne</i> ..... 140	<i>insulin aspart prot &amp; aspart</i> .... 28	STRENGTH..... 31
HYPERRHO S/D..... 133	<i>insulin degludec</i> ..... 28	Karidium..... 112
<i>hypodermic needle</i> ..... 104	<i>insulin degludec flextouch</i> ..... 28	Karigel..... 116
HYQVIA..... 133	INTELENCE..... 52	Karigel-N..... 116
HYRIMOZ..... 5	Introvale..... 67	Kariva..... 59
HYRIMOZ-CROHNS/UC	INVERSINE..... 39	<i>k-effervescent</i> ..... 113
STARTER..... 5	INVIRASE..... 51	Kelnor 1/35..... 63
HYRIMOZ-PLAQUE PSORIASIS	<i>ipratropium bromide</i> ..... 18, 125	Kelnor 1/50..... 63
START..... 5	<i>ipratropium-albuterol</i> ..... 17	<i>ketoconazole</i> ..... 33, 80
<i>ibandronate sodium</i> ..... 85	<i>irbesartan</i> ..... 38	<i>ketoprofen</i> ..... 6
IBRANCE..... 44	<i>irbesartan-hydrochlorothiazide</i> 38	<i>ketorolac tromethamine</i> .... 7, 130
Ibu..... 7	<i>iron</i> ..... 94	<i>ketotifen fumarate</i> ..... 128
<i>ibuprofen</i> ..... 7	<i>iron (ferrous sulfate)</i> ..... 94	KEVZARA..... 6
<i>ibuprofen 100 junior strength</i> .... 7	<i>iron chews pediatric</i> ..... 94	Kimidess..... 59
<i>ibuprofen childrens</i> ..... 7	ISENTRESS..... 51	<i>kimono micro thin</i> ..... 100
<i>ibuprofen infants drops</i> ..... 7	ISENTRESS HD..... 51	KINERET..... 6
<i>ibuprofen junior strength</i> ..... 7	Isibloom..... 62	Kionex..... 115
<i>icatibant acetate</i> ..... 92	<i>isoniazid</i> ..... 41	KLARITY-A..... 128
Iclevia..... 67	ISOPTO ATROPINE..... 127	Klor-Con..... 113
ICLUSIG..... 42	<i>isosorbide dinitrate</i> ..... 14	Klor-Con 10..... 113
Iferex 150 Forte..... 94	<i>isosorbide mononitrate</i> ..... 14	Klor-Con M10..... 113
Ilotycin..... 129	<i>isosorbide mononitrate er</i> ..... 14	Klor-Con M20..... 113
<i>imatinib mesylate</i> ..... 42	<i>isotretinoin</i> ..... 73	Klor-Con Sprinkle..... 114
IMBRUVICA..... 43	<i>isovate</i> ..... 78	Klor-Con/Ef..... 114
<i>imipramine hcl</i> ..... 26	<i>isradipine</i> ..... 56	Klotrix..... 114
<i>imiquimod</i> ..... 81	<i>itraconazole</i> ..... 33	<i>kls lansoprazole</i> ..... 141
IMPLANON..... 67	<i>ivermectin</i> ..... 14, 82	KOGENATE FS..... 91
INATAL ADVANCE..... 122	Jaimiess..... 67	KOGENATE FS BIO-SET..... 91
INATAL GT..... 122	JAKAFI..... 44	KONSYL..... 97
INATAL ULTRA..... 122	<i>janssen covid-19 vaccine</i> ..... 143	<i>konsyl original daily fiber</i> ..... 97
Incassia..... 68	Jantoven..... 20	<i>kp diphenhydramine hcl</i> ..... 34
INCRELEX..... 86	JANUMET..... 27	<i>kp folic acid</i> ..... 93
INCRUSE ELLIPTA..... 18	JANUMET XR..... 27	<i>kp ketotifen fumarate</i> ..... 128
<i>indapamide</i> ..... 84	JANUVIA..... 27	<i>kp pseudoephedrine hcl</i> ..... 126
<i>indomethacin</i> ..... 7	JARDIANCE..... 30	K-Prime..... 114
INNOSPIRE ELEGANCE	Jasmiel..... 62	K-Sol..... 113
NEBULIZER..... 102	Javygtor..... 86	Kuric..... 80
	Jencycla..... 68	Kurvelo..... 63



<i>k-vescent</i> .....	113	<i>levocarnitine</i> .....	85	<i>lopinavir-ritonavir</i> .....	50
KYLEENA.....	68	<i>levocarnitine sf</i> .....	85	Lopreeza.....	87
<i>labetalol hcl</i> .....	55	<i>levocetirizine dihydrochloride</i> ..	34	<i>loratadine</i> .....	34, 35
LAC-HYDRIN FIVE.....	80	<i>levofloxacin</i> .....	88, 129	<i>loratadine-d 12hr</i> .....	71
<i>lacosamide</i> .....	22	Levonest.....	69	<i>loratadine-pseudoephedrine er</i>	72
LACRISERT.....	127	<i>levonorgest-eth est &amp; eth est</i> ..	66	<i>lorazepam</i> .....	15
LACTOCAL-F.....	122	<i>levonorgest-eth estrad 91-day</i> .	66	Lorazepam Intensol.....	16
<i>lactulose</i> .....	97	<i>levonorgestrel</i> .....	66	Lorcet.....	10
<i>lactulose encephalopathy</i> .....	89	<i>levonorgestrel-ethinyl estrad</i>		Lorcet Hd.....	10
<i>lamivudine</i> .....	52, 53	.....	60, 66	Lorcet Plus.....	10
<i>lamivudine-zidovudine</i> .....	50	<i>levonorg-eth estrad triphasic</i> ...	68	Lortab.....	10
<i>lamotrigine</i> .....	22	Levora 0.15/30 (28).....	63	Loryna.....	64
<i>lancets</i> .....	100	Levo-T.....	139	<i>losartan potassium</i> .....	38
<i>lancets 28g</i> .....	100	Levothroid.....	139	<i>losartan potassium-hctz</i> .....	38
<i>lancets 30g</i> .....	100	<i>levothyroxine sodium</i> .....	139	LOTEMAX.....	131
<i>lancets 33g</i> .....	101	Levoxyl.....	139	<i>loteprednol etabonate</i> .....	131
LANOXIN.....	57	LEXAN POCKET NEBULIZER...	103	<i>lovastatin</i> .....	36
<i>lansoprazole</i> .....	141	<i>lice control</i> .....	82	Low-Ogestrel.....	64
<i>lanthanum carbonate</i> .....	89	<i>lice killing</i> .....	82	<i>loxapine succinate</i> .....	48
<i>lapatinib ditosylate</i> .....	43	<i>lice killing maximum strength</i> ..	82	Lo-Zumandimine.....	64
Larin 1.5/30.....	63	<i>lice solution</i> .....	82	<i>lubiprostone</i> .....	88
Larin 1/20.....	63	<i>lice solution complete</i> .....	82	<i>lubricant eye drops</i> .....	127
Larin 24 Fe.....	63	<i>lice treatment</i> .....	82	Ludent.....	112
Larin Fe 1.5/30.....	63	<i>lice treatment max st</i> .....	82	<i>luliconazole</i> .....	80
Larin Fe 1/20.....	63	<i>lidocaine</i> .....	81	LUMIGAN.....	131
Larissia.....	63	<i>lidocaine hcl</i> .....	81	LUMINEB II PISTON	
LASTACRAFT.....	128	<i>lidocaine hcl urethral/mucosal</i> ..	81	NEBULIZER.....	103
<i>latanoprost</i> .....	131	<i>lidocaine pain relief</i> .....	81	<i>lurasidone hcl</i> .....	47
Layolis Fe.....	63	<i>lidocaine pain relieving</i> .....	81	Lutera.....	64
<i>ledipasvir-sofosbuvir</i> .....	53	<i>lidocaine viscous</i> .....	115	Lyleq.....	68
Leena.....	69	<i>lidocaine viscous hcl</i> .....	115	Lyllana.....	87
<i>leflunomide</i> .....	8	<i>lidocaine-prilocaine</i> .....	83	LYNPARZA.....	45
<i>lenalidomide</i> .....	114	Lidocan.....	81	Lysiplex Plus.....	118
LENVIMA (10 MG DAILY		<i>lidopril</i> .....	83	LYSODREN.....	42
DOSE).....	45	LILETTA (52 MG).....	68	Lyza.....	68
LENVIMA (12 MG DAILY		Lillow.....	63	MAALOX TOTAL RELIEF MAX	
DOSE).....	45	<i>lindane</i> .....	82	ST.....	31
LENVIMA (14 MG DAILY		<i>linezolid</i> .....	40	MABIS COSMOCOMP	
DOSE).....	45	LINZESS.....	88	NEBULIZER.....	103
LENVIMA (18 MG DAILY		<i>liothyronine sodium</i> .....	139	<i>mafenide acetate</i> .....	77
DOSE).....	45	Liqui-Dualcitra.....	90	<i>magnesium</i> .....	112, 113
LENVIMA (20 MG DAILY		<i>lisdexamfetamine dimesylate</i> ...	1	<i>magnesium 27</i> .....	112
DOSE).....	45	<i>lisinopril</i> .....	37	<i>magnesium chloride</i> .....	112
LENVIMA (24 MG DAILY		<i>lisinopril-hydrochlorothiazide</i> ...	37	<i>magnesium citrate</i> .....	98
DOSE).....	45	LITEAIRE.....	109	<i>magnesium gluconate</i> .....	112
LENVIMA (4 MG DAILY DOSE).	45	<i>lithium carbonate</i> .....	47	<i>magnesium oxide</i> .....	14
LENVIMA (8 MG DAILY DOSE).	45	<i>lithium carbonate er</i> .....	47	<i>magnesium oxide -mg</i>	
Lessina.....	63	LO LOESTRIN FE.....	59	<i>supplement</i> .....	113
<i>letrozole</i> .....	44	Loestrin 1.5/30 (21).....	63	MAGNESIUM-OXIDE.....	113
<i>leucovorin calcium</i> .....	44	Loestrin 1/20 (21).....	63	<i>malathion</i> .....	82
LEUKERAN.....	44	Loestrin Fe 1.5/30.....	63	<i>maraviroc</i> .....	50
<i>leuprolide acetate</i> .....	44	Loestrin Fe 1/20.....	63	<i>marlissa</i> .....	60
<i>levabuterol hcl</i> .....	18	<i>lofene</i> .....	31	MARPLAN.....	24
LEVEMIR.....	28	Lojaimiess.....	67	<i>marten-tab</i> .....	9
LEVEMIR FLEXPEN.....	28	LOKELMA.....	115	<i>martinic</i> .....	94
LEVEMIR FLEXTOUCH.....	28	Lomedia 24 Fe.....	64	MASK VORTEX.....	109
<i>levetiracetam</i> .....	22	<i>lomustine</i> .....	44	MATULANE.....	44
<i>levetiracetam er</i> .....	22	Lonox.....	32	MCCARNITINE.....	85
<i>levobunolol hcl</i> .....	127	<i>loperamide hcl</i> .....	31, 32	<i>meclizine hcl</i> .....	32

<i>meclofenamate sodium</i> .....	6	<i>methylphenidate hcl er</i> .....	3	MISTERNEB COMPRESSOR	
<i>medneb neb-with dispo neb kit</i> .....	101	<i>methylphenidate hcl er (cd)</i> .....	2	NEBULIZER.....	103
<i>medroxyprogesterone acetate</i> .....	67, 68, 134	<i>methylphenidate hcl er (la)</i> .....	2	<i>m-natal plus</i> .....	120
<i>mefenamic acid</i> .....	6	<i>methylphenidate hcl er (osm) 2, 3</i>		<i>modafinil</i> .....	2
<i>mefloquine hcl</i> .....	41	<i>methylprednisolone</i> .....	70	<i>moderna covid-19 bival booster</i> .....	143
Megavite Rx.....	118	<i>methyltestosterone</i> .....	12	<i>moderna covid-19 bivalent</i> ....	143
<i>megestrol acetate</i> .....	45	<i>metoclopramide hcl</i> .....	88	<i>moderna covid-19 vaccine</i> ....	143
MEKINIST.....	43	<i>metolazone</i> .....	84	<i>moexipril hcl</i> .....	37
<i>melatonin</i> .....	3, 4	<i>metoprolol succinate er</i> .....	55	<i>mometasone furoate</i> .....	79
<i>melatonin er</i> .....	3	<i>metoprolol tartrate</i> .....	55	Mondoxyne NI.....	138
<i>melatonin tr with vitamin b6</i> ....	4	<i>metoprolol-hydrochlorothiazide</i> .....	39	MONISTAT 1-DAY.....	145
<i>melatonin-pyridoxine</i> .....	4	<i>metronidazole</i> .....	39, 82, 146	MONISTAT 7 COMBO PACK APP.....	145
<i>melatonin-pyridoxine er</i> .....	4	<i>mexiletine hcl</i> .....	16	MONISTAT 7 COMPLETE THERAPY.....	145
<i>melatonin-vitamin b-6</i> .....	4	Mibelas 24 Fe.....	64	MONISTAT 7 COMPLETE THERAPY.....	145
Melodetta 24 Fe.....	64	<i>miconazole 3</i> .....	145	MONOCLATE-P.....	91
<i>meloxicam</i> .....	7	<i>miconazole 3 combo pack</i> ....	145	MONOJECT BLUNTIP SYR/CANNULA.....	105
<i>melphalan</i> .....	44	<i>miconazole 3 combo pack app</i>	145	MONOJECT HYPODERMIC NEEDLE.....	105
<i>memantine hcl</i> .....	136	<i>miconazole 3 combo-supp</i> ....	145	MONOJECT MAGELLAN SAFETY NDL.....	105
<i>memantine hcl er</i> .....	136	<i>miconazole 7</i> .....	145	MONOJECT PHARMACY TRAY.....	105
MENEST.....	87	<i>miconazole nitrate</i> .....	80, 145	MONOJECT SAFETY SYRINGE/SHIELD.....	105
<i>meperidine hcl</i> .....	11	MICRO AIR NEBULIZER.....	103	MONOJECT SYRINGE.....	105
<i>meperitab</i> .....	11	MICRO PLUS NEBULIZER.....	103	MONOJECT SYRINGE REG LUER.....	105
<i>meprobamate</i> .....	14	MICROAIR VIBRATING MESH NEBUL.....	103	MONOJECT SYRINGE REGULAR TIP.....	105
<i>mercaptapurine</i> .....	42	MICROCHAMBER.....	109	Mono-Linyah.....	64
Merzee.....	64	MICROELITE COMPRESSOR NEB SYS.....	103	Mononessa.....	64
<i>mesalamine</i> .....	89	Microgestin 1.5/30.....	64	MONONINE.....	91
<i>mesalamine er</i> .....	89	Microgestin 1/20.....	64	<i>montelukast sodium</i> .....	18, 19
Metadate Er.....	3	Microgestin 24 Fe.....	64	<i>morphine sulfate</i> .....	11
METAMUCIL.....	97	Microgestin Fe 1.5/30.....	64	<i>morphine sulfate (concentrate)</i> .....	11
METAMUCIL 4 IN 1 FIBER.....	97	Microgestin Fe 1/20.....	64	<i>morphine sulfate er</i> .....	11
METAMUCIL MULTIHEALTH FIBER.....	97	MICRONEB.....	103	<i>motion sickness relief</i> .....	33
METAMUCIL SMOOTH TEXTURE.....	97	<i>micronized colestipol hcl</i> .....	35	MOTOFEN.....	31
Metaxall.....	124	MICROSPACER.....	109	MOVANTIK.....	89
<i>metaxalone</i> .....	124	<i>midodrine hcl</i> .....	147	<i>moxifloxacin hcl</i> .....	88, 129
<i>metformin hcl</i> .....	26	<i>mifepristone</i> .....	84	<i>mucus dm</i> .....	71
<i>metformin hcl er</i> .....	26	<i>miglitol</i> .....	26	MULTAQ.....	16
<i>methadex</i> .....	130	<i>miglustat</i> .....	92	<i>multi vit/fl</i> .....	119
<i>methadone hcl</i> .....	11	Mili.....	64	<i>multi vita-bets/fluoride</i> .....	119
Methadose.....	11	<i>milk of magnesia</i> .....	98	<i>multi vitamin/fluoride</i> .....	119
<i>methamphetamine hcl</i> .....	2	<i>milk of magnesia concentrate</i> ..	98	<i>multi vitamin/minerals</i> .....	117
<i>methazolamide</i> .....	84	Mimvey.....	87	<i>multi-b-plus</i> .....	117
<i>methenamine hippurate</i> .....	40	Mimvey Lo.....	87	<i>multiple vitamins/fluoride</i> .....	119
Methergine.....	132	<i>mineral oil</i> .....	98	<i>multipro</i> .....	118
<i>methimazole</i> .....	138	<i>mineral oil heavy</i> .....	98	<i>multi-vit/fluoride</i> .....	119
<i>methitest</i> .....	12	MINI COMPRESSOR.....	103	<i>multi-vit/fluoride/iron</i> .....	118
<i>methocarbamol</i> .....	124	MINI PLUS NEBULIZER.....	103	<i>multivit/multimineral adult</i> ....	118
<i>methotrexate</i> .....	42	MINIELITE COMPRESSOR NEB SYS.....	103	<i>multivitamin infant &amp; toddler</i> .....	119, 120
<i>methotrexate sodium</i> .....	42	Minirin.....	87	<i>multivitamin select/fluoride</i> ...	120
<i>methotrexate sodium (pf)</i> .....	42	Minitran.....	14	<i>multivitamin/fluoride</i> .....	119
<i>methscopolamine bromide</i> ....	142	<i>minocycline hcl</i> .....	138		
<i>methyl dopa</i> .....	38	<i>minoxidil</i> .....	39		
<i>methylergonovine maleate</i> ....	132	<i>minoxidil (52 MG)</i> .....	68		
Methylin.....	3	MIRENA (52 MG).....	68		
Methylin Er.....	3	<i>mirtazapine</i> .....	23		
<i>methylphenidate hcl</i> .....	3	<i>misoprostol</i> .....	142		

<i>multi-vitamin/fluoride</i> .....	119	<i>natural vegetable fiber</i> .....	97	<i>nifedipine</i> .....	57
<i>multivitamin/fluoride/iron</i> ....	118	NATURE-THROID.....	138	<i>nifedipine er</i> .....	57
<i>multi-vitamin/fluoride/iron</i> ....	118	<i>nebivolol hcl</i> .....	55	<i>nifedipine er osmotic release</i> ...	57
<i>multivitamins</i> .....	118	<i>neb-rite4</i> .....	101	Nikki.....	64
<i>multivitamins plus iron child</i> ..	119	<i>nebulizer</i> .....	101	<i>nilutamide</i> .....	42
<i>multivitamins/fluoride</i> .....	119	<i>nebulizer compressor</i> .....	101	<i>nimodipine</i> .....	57
<i>multi-vitamins/fluoride</i> .....	119	<i>nebulizer ped frog</i> .....	101	<i>nisoldipine er</i> .....	56
<i>multivit-min gummies</i>		<i>nebulizer ped frog kit</i> .....	101	<i>nitazoxanide</i> .....	40
<i>childrens</i> .....	119	<i>nebulizer system all-in-one</i> ...	101	<i>nitetime sleep-aid</i> .....	95
<i>multi-vits/fluoride</i> .....	119	<i>nebulizer updraft-style</i> .....	102	<i>nitisinone</i> .....	85
<i>mult-vitamin/fluoride</i> .....	119	Nebusal.....	72	<i>nitrofurantoin</i> .....	40
<i>mupirocin</i> .....	75	Necon 0.5/35 (28).....	64	<i>nitrofurantoin macrocrystal</i> ....	40
Mvc-Fluoride.....	119	Necon 1/35 (28).....	64	<i>nitrofurantoin monohyd macro</i>	40
M-VIT.....	122	Necon 7/7/7.....	69	<i>nitroglycerin</i> .....	14
MY MDI PORTABLE		<i>nefazodone hcl</i> .....	25	Nitroquick.....	14
NEBULISER.....	103	<i>neocin</i> .....	129	NIVA-PLUS.....	123
<i>myci-gc</i> .....	71	<i>neocin-pg</i> .....	129	<i>nizatidine</i> .....	141
<i>mycophenolate mofetil</i> .....	114	<i>neomycin sulfate</i> .....	4	Nolix.....	78
<i>mycophenolate sodium</i> .....	114	<i>neomycin-bacitracin zn-</i>		Nora-Be.....	68
<i>mycophenolic acid</i> .....	114	<i>polymyx</i> .....	129	<i>norethin ace-eth estrad-fe</i> .....	60
MYCOZYL AL.....	75	<i>neomycin-polymyxin-</i>		<i>norethindrone</i> .....	68
<i>mydral</i> .....	128	<i>dexameth</i> .....	130	<i>norethindrone acetate</i> .....	134
<i>myferon 150 forte</i> .....	94	<i>neomycin-polymyxin-</i>		<i>norethindrone acet-ethinyl est</i> ..	60
MYNATAL.....	122	<i>gramicidin</i> .....	129	<i>norethindrone-eth estradiol</i> ....	87
MYNATAL ADVANCE.....	122	<i>neomycin-polymyxin-hc</i> .....	132	<i>norethindron-ethinyl estrad-fe</i> ..	68
<i>mynatal plus</i> .....	120	<i>neonatal complete</i> .....	120	<i>norethin-eth estradiol-fe</i> .....	60
<i>mynatal-z</i> .....	120	NEONATAL PLUS.....	123	<i>norgestimate-eth estradiol 60,</i>	68
<i>mynephrocaps</i> .....	117	<i>neonatal prenatal</i> .....	120	<i>norgestim-eth estrad triphasic</i> ..	68
Mynephron.....	117	Neo-Polycin.....	129	<i>norgestrel-ethinyl estradiol</i> ....	60
Myorisan.....	74	Neo-Polycin Hc.....	131	Norlyda.....	68
MYRBETRIQ.....	143	NEORAL.....	114	Norlyroc.....	68
<i>mytussin ac</i> .....	71	<i>nephro vitamins</i> .....	117	Northyx.....	138
Myzilra.....	69	NESTABS.....	123	Nortrel 0.5/35 (28).....	64
<i>na sulfate-k sulfate-mg sulf</i> ....	96	Neuac.....	73	Nortrel 1/35 (21).....	64
<i>nabumetone</i> .....	7	NEUPRO.....	46	Nortrel 1/35 (28).....	64
<i>nadolol</i> .....	55	Neutragard Advanced.....	116	Nortrel 7/7/7.....	69
Nafrinse.....	112	NEVANAC.....	130	<i>nortriptyline hcl</i> .....	26
<i>naftifine hcl</i> .....	75	<i>nevirapine</i> .....	52	<i>novite</i> .....	118
NAFTIN.....	75	<i>nevirapine er</i> .....	52	NOVOLIN 70/30.....	28
<i>naloxone hcl</i> .....	32	NEWGEN.....	123	NOVOLIN 70/30 FLEXPEN.....	28
<i>naltrexone hcl</i> .....	32	NEXIUM.....	142	NOVOLIN 70/30 FLEXPEN	
<i>naproxen</i> .....	6, 7	NEXIUM 24HR.....	142	RELION.....	28
<i>naproxen dr</i> .....	7	NEXIUM 24HR CLEAR MINIS..	142	NOVOLIN N.....	29
<i>naproxen kit</i> .....	7	NEXLETOL.....	35	NOVOLIN N FLEXPEN.....	29
<i>naproxen sodium</i> .....	7	NEXLIZET.....	35	NOVOLIN N FLEXPEN RELION..	28
<i>naratriptan hcl</i> .....	110	NEXPLANON.....	67	NOVOLIN R.....	29
NARCAN.....	32	<i>niacin</i> .....	147	NOVOLIN R FLEXPEN.....	29
NARDIL.....	24	<i>niacin (antihyperlipidemic)</i> ....	36	NOVOLOG.....	29
NATACHEW.....	122	<i>niacin er</i> .....	147	NOVOLOG 70/30 FLEXPEN	
NATACYN.....	129	<i>niacin er (antihyperlipidemic)</i> ..	36	RELION.....	29
Natalcare Glosstabs.....	122	<i>niacin flush free</i> .....	58	NOVOLOG FLEXPEN.....	29
Natalcare Three.....	122	<i>niacinamide</i> .....	147	NOVOLOG FLEXPEN RELION....	29
<i>natal-v rx</i> .....	120	<i>nicardipine hcl</i> .....	56	NOVOLOG MIX 70/30.....	29
NATALVIT.....	122	<i>nicotine</i> .....	137	NOVOLOG MIX 70/30	
Natatab Fa.....	122	<i>nicotine polacrilex</i> .....	137	FLEXPEN.....	29
Natatab Rx.....	122	NICOTROL.....	137	NOVOLOG MIX 70/30 RELION..	29
NATAZIA.....	67	NICOTROL NS.....	137	NOVOLOG PENFILL.....	29
<i>nateglinide</i> .....	30	Nifediac Cc.....	57	NOVOLOG RELION.....	29
NATELLE PREFER.....	122	Nifedical XI.....	57	NP THYROID.....	138

NUCALA.....	18	OPTICHAMBER DIAMOND-SM	PARI BABY SIZE 1/PARI LC
NUCYNTA.....	10	MASK.....	PLUS.....
NUCYNTA ER.....	10	OPTIHALER.....	103
Nulev.....	140	OPTIONHOME NEBULIZER	PARI ERAPID NEBULIZER
Nutravance.....	118	SYSTEM.....	103
Nutrifac Zx.....	118	SYSTEM.....	103
Nutrinat.....	123	OPTIONS GYNOL II	PARI LC D NEBULIZER.....
<i>nutri-tab ob</i> .....	120	CONTRACEPTIVE.....	103
Nuzole.....	80	<i>oral electrolytes</i> .....	103
Nyamyc.....	75	Oralone.....	103
Nyata.....	75	ORAVIG.....	103
Nylia 1/35.....	64	ORAZINC.....	103
Nylia 7/7/7.....	69	ORENCIA.....	PARI LC PLUS NEB SET PED
Nymyo.....	64	ORENCIA CLICKJECT.....	103
<i>nystatin</i> .....	33, 75, 116	ORENITRAM.....	103
<i>nystatin-triamcinolone</i> .....	75	Organidin Nr.....	PARI LC STAR.....
Nystop.....	75	<i>orphenadrine citrate er</i> .....	103
O-CAL FA.....	123	Orsythia.....	PARI PRONEB MAX LC PLUS..
Ocella.....	65	<i>oscimin</i> .....	103
OCTAGAM.....	133	<i>oscimin sr</i> .....	103
<i>octreotide acetate</i> .....	86	<i>oseltamivir phosphate</i> .....	PARI PRONEB ULTRA II.....
ODEFSEY.....	49	OSMOPREP.....	103
ODOMZO.....	43	OSPHERA.....	PARI SINUS AEROSOL
OFEV.....	137	OTEZLA.....	SYSTEM.....
<i>ofloxacin</i> .....	88, 129, 132	<i>oxaprozin</i> .....	103
Okebo.....	138	<i>oxazepam</i> .....	PARI TREK S COMPACT
<i>olanzapine</i> .....	49	<i>oxcarbazepine</i> .....	COMPRESSOR.....
<i>olmesartan medoxomil</i> .....	38	<i>oxiconazole nitrate</i> .....	103
<i>olmesartan medoxomil-hctz</i> ....	38	OXISTAT.....	PARI TREK S W/12V DC
<i>olopatadine hcl</i> .....	125	oxybutynin.....	ADAPTOR.....
<i>omega-3</i> .....	126	<i>oxybutynin chloride</i> .....	103
<i>omega-3 fish oil</i> .....	126	<i>oxybutynin chloride er</i> .....	PARI VIOS PRO LC PLUS
<i>omega-3 fish oil concentrate</i> ..	126	<i>oxycodone hcl</i> .....	SYSTEM.....
<i>omega-3-acid ethyl esters</i> .....	35	<i>oxycodone hcl er</i> .....	103
<i>omeprazole</i> .....	141	<i>oxycodone-acetaminophen</i> 11, 12	PARI VIOS PRO LC SPRINT
<i>omeprazole magnesium</i> .....	141	OXYCONTIN.....	SYSTEM.....
OMEPRAZOLE+SYRSPEND SF		<i>oxymetazoline hcl</i> .....	103
ALKA.....	142	<i>oxymorphone hcl</i> .....	<i>paricalcitol</i> .....
OMNARIS.....	125	<i>oxymorphone hcl er</i> .....	85
OMNIFLEX DIAPHRAGM.....	100	OXYTROL.....	Paroex.....
OMNITROPE.....	85	OXYTROL FOR WOMEN.....	116
<i>ondansetron</i> .....	32	OYSCO 500+D.....	<i>paroxetine hcl</i> .....
<i>ondansetron hcl</i> .....	32	<i>oyster calcium + d</i> .....	24
<i>one vite womens plus</i> .....	120	<i>oyster shell calcium</i> .....	PATADAY.....
ONE-A-DAY WOMENS		<i>oyster shell calcium 500 + d</i> ..	128
PRENATAL.....	123	OZEMPIC (0.25 OR 0.5	PAXLOVID.....
OPSUMIT.....	58	MG/DOSE).....	53
OPTICHAMBER ADVANTAGE..	109	OZEMPIC (1 MG/DOSE).....	PAXLOVID (150/100).....
OPTICHAMBER ADVANTAGE-		OZEMPIC (2 MG/DOSE).....	53
LG MASK.....	109	Pacerone.....	<i>paxlovid (300/100)</i> .....
OPTICHAMBER ADVANTAGE-		<i>paliperidone er</i> .....	53
MED MASK.....	109	PANRETIN.....	<i>peak flow meter</i> .....
OPTICHAMBER ADVANTAGE-		<i>pantoprazole sodium</i> .....	106
SM MASK.....	109	PARAGARD INTRAUTERINE	<i>peak flow meter universal</i>
OPTICHAMBER DIAMOND.....	109	COPPER.....	<i>rang</i> .....
OPTICHAMBER DIAMOND-LG		<i>parcaine</i> .....	106
MASK.....	109	PARI ALTERA NEBULIZER	PEDIA-LAX.....
OPTICHAMBER DIAMOND-MD		SYSTEM.....	98
MASK.....	109	PARI BABY.....	<i>pediatric compressor nebulizer</i>

<i>pentoxifylline er</i> .....	92	<i>pnv fe fum/docusate/folic acid</i>	120	Prenatal Advantage.....	123
Pentoxil.....	92	.....	120	<i>prenatal complete</i> .....	121
<i>perindopril erbumine</i> .....	37	<i>pnv folic acid + iron</i> .....	120	<i>prenatal dha</i> .....	126
Periogard.....	116	<i>pnv prenatal plus multivitamin</i>	120	<i>prenatal formula</i> .....	121
Perisol.....	116	.....	120	<i>prenatal forte</i> .....	121
<i>permethrin</i> .....	82	<i>pnv tabs 29-1</i> .....	120	<i>prenatal low iron</i> .....	121
<i>permethrin lice treatment</i> .....	82	POCKET CHAMBER.....	109	<i>prenatal multi +dha</i> .....	121
<i>perphenazine</i> .....	48	POCKET PEAK FLOW METER..	106	PRENATAL MULTIVITAMIN +	
<i>perphenazine-amitriptyline</i> ....	136	POCKET SPACER.....	109	DHA.....	124
<i>petrolatum &amp; lanolin</i> .....	80	<i>podofilox</i> .....	81	<i>prenatal multivitamin plus dha</i>	123
<i>pfizer covid-19 vac bival 5-11</i>	143	Polycin.....	129	.....	123
<i>pfizer covid-19 vac bivalent</i> ...	143	<i>polycin b</i> .....	129	PRENATAL MULTIVITAMIN-	
<i>pfizer-biont covid-19 vac-tris</i> ..	143	<i>poly-dex</i> .....	130	ULTRA.....	123
<i>pfizer-biontech covid-19 vacc</i>	144	<i>polyethylene glycol 3350</i> .....	97	<i>prenatal plus</i> .....	121
Phenadoz.....	35	<i>polyethylene glycol 3350-grx</i> ..	97	<i>prenatal plus iron</i> .....	121
Phenazo.....	91	POLYGAM S/D.....	133	<i>prenatal plus vitamin/mineral</i>	121
<i>phenazopyridine hcl</i> .....	91	<i>poly-iron 150 forte</i> .....	94	<i>prenatal plus/iron</i> .....	121
<i>phendimetrazine tartrate er</i> .....	2	<i>polymyxin b-trimethoprim</i> .....	129	<i>prenatal vitamin</i> .....	121
<i>phenelzine sulfate</i> .....	24	<i>polysaccharide iron</i> .....	94	<i>prenatal vitamin and mineral</i> ..	121
Phenergan.....	35	<i>polysaccharide iron complex</i> ....	94	<i>prenatal vitamin plus low iron</i>	121
<i>phenobarbital</i> .....	95	<i>polysaccharide iron forte</i> .....	94	<i>prenatal vitamins plus</i> .....	121
<i>phenoxybenzamine hcl</i> .....	37	POLY-VI-SOL.....	120	PRENATAL/FOLIC ACID.....	123
<i>phentermine hcl</i> .....	2	<i>polyvitamin/fluoride</i> .....	119	<i>prenatal+dha</i> .....	124
<i>phenyleph-promethazine-cod</i> ..	73	<i>poly-vitamin/fluoride</i> .....	119	PRENATRIX.....	123
<i>phenylephrine hcl</i> .....	126	<i>poly-vitamin/fluoride/iron</i> .....	118	PRENATRYL.....	123
Phenytek.....	23	<i>polyvitamin/iron</i> .....	118	<i>prenatvite rx</i> .....	121
<i>phenytoin</i> .....	22	<i>polyvits/fluoride/iron</i> .....	118	PRENTIF CAVITY-RIM CERV	
Phenytoin Infatabs.....	23	POMALYST.....	43	CAP.....	100
<i>phenytoin sodium extended</i> ....	23	Portia-28.....	65	<i>preplus</i> .....	121
Philith.....	65	<i>potassium bicarbonate</i> .....	113	PREPOPIK.....	96
<i>phluorivit</i> .....	119	<i>potassium chloride</i> .....	113	<i>pretab</i> .....	121
<i>phluorivit + fe</i> .....	118	<i>potassium chloride crys er</i> .....	113	Prevalite.....	36
Phos-Flur.....	116	<i>potassium chloride er</i> .....	113	Previfem.....	65
Phospha 250 Neutral.....	113	<i>potassium citrate er</i> .....	90	PREVNAR 13.....	143
PHOSPHOLINE IODIDE.....	128	<i>potassium citrate-citric acid</i> ....	90	PREVNAR 20.....	143
<i>phosphorous</i> .....	113	<i>pramipexole dihydrochloride</i> ....	46	PREZCOBIX.....	49
Phospho-Trin 250 Neutral.....	113	<i>prasugrel hcl</i> .....	92	PREZISTA.....	51
Phrenilin W/Caffeine-Codeine..	10	<i>pravastatin sodium</i> .....	36	PRIFTIN.....	41
Physiolyte.....	115	<i>praziquantel</i> .....	14	<i>primaquine phosphate</i> .....	41
Physiosol Irrigation.....	115	<i>prazosin hcl</i> .....	39	PRIMEAIRE HOLDING	
<i>phytonadione</i> .....	148	<i>prednicarbate</i> .....	79	CHAMBER.....	109
PIFELTRO.....	52	<i>prednisolone</i> .....	70	<i>primidone</i> .....	22
<i>pilocarpine hcl</i> .....	116, 128	<i>prednisolone acetate</i> .....	131	PRIVIGEN.....	133
<i>piloptic-1</i> .....	128	<i>prednisolone sodium</i>		<i>probenecid</i> .....	91
<i>piloptic-2</i> .....	128	<i>phosphate</i> .....	70	<i>prochamber vhc</i> .....	106
<i>piloptic-4</i> .....	128	<i>prednisone</i> .....	70	<i>prochlorperazine</i> .....	48
<i>pimecrolimus</i> .....	81	<i>pregabalin</i> .....	21	<i>prochlorperazine maleate</i> .....	48
<i>pimozide</i> .....	136	PREMARIN.....	87, 146	PROCRIT.....	93
Pimtree.....	60	<i>premium condoms lubricated</i> ..	100	Proctocare-Hc.....	13
<i>pindolol</i> .....	55	PREMPHASE.....	87	Proctocream Hc.....	13
<i>pinworm medicine</i> .....	14	PREMPRO.....	87	Procto-Kit.....	13, 80
<i>pioglitazone hcl</i> .....	31	<i>prenacare</i> .....	120	Procto-Med Hc.....	13
<i>pirfenidone</i> .....	138	<i>prenaplus</i> .....	120	Proctosol Hc.....	13
Pirmella 1/35.....	65	<i>prenatabs fa</i> .....	121	Proctozone-Hc.....	13
Pirmella 7/7/7.....	69	PRENATABS RX.....	123	Profeno.....	6
<i>piroxicam</i> .....	7	<i>prenatal</i> .....	121	<i>progesterone</i> .....	134
PLEGRIDY.....	135	<i>prenatal + complete multi</i> .....	124	PROLASTIN-C.....	137
PLEGRIDY STARTER PACK.....	135	<i>prenatal 19</i> .....	121	PROMACTA.....	95
PNEUMOVAX 23.....	143	PRENATAL AD.....	123	<i>promethazine hcl</i> .....	35

<i>promethazine vc plain</i> .....	72	<i>re prenatal multivitamin/iron</i> .....	121	<i>robafen ac</i> .....	71
<i>promethazine-codeine</i> .....	73	REBIF.....	135	ROBITUSSIN CHILDRENS	
<i>promethazine-dm</i> .....	72	REBIF REBIDOSE.....	135	COUGH LA.....	71
<i>promethazine-pe-codeine</i> .....	73	REBIF REBIDOSE TITRATION		<i>roflumilast</i> .....	19
Promethegan.....	35	PACK.....	135	Romilar Ac.....	71
PRONEB ULTRA II DELUXE/LC		REBIF TITRATION PACK.....	135	<i>romycin</i> .....	129
STAR.....	103	Reclipsen.....	65	<i>ropinirole hcl</i> .....	46
PRONEB ULTRA II		RECOMBINATE.....	92	Rosadan.....	82
DELUXE/LCD.....	103	RECOMBIVAX HB.....	145	<i>rosuvastatin calcium</i> .....	36
PRONEB ULTRA II DELX/LC		RECTIV.....	12	Roweepra.....	22
SPRINT.....	103	REFACTO.....	92	Roweepra Xr.....	22
PRONEB ULTRA II PEDIATRIC	104	REGENECARE HA.....	81	Roxicet.....	12
PRONEB ULTRA II/LC PLUS....	104	REGRANEX.....	83	RUBRACA.....	45
PRONEB ULTRA II/LC SPRINT	104	Relador Pak.....	83	<i>rufinamide</i> .....	21
<i>propafenone hcl</i> .....	16	Relafen.....	8	RUKOBIA.....	50
<i>proparacaine hcl</i> .....	130	RELENZA DISKHALER.....	54	RYBELSUS.....	30
<i>propranolol hcl</i> .....	55	RELION KETONE.....	83	Sajazir.....	92
<i>propranolol hcl er</i> .....	55	RELION KETONE TEST.....	83	Salflex.....	9
<i>propylthiouracil</i> .....	138	RELION TRUE MET AIR GLUC		<i>saline nasal spray</i> .....	125
<i>protriptyline hcl</i> .....	25	METER.....	101	<i>salsalate</i> .....	9
<i>pseudoeph-bromphen-dm</i> .....	72	RELION TRUE METRIX TEST		SANDIMMUNE.....	114
<i>pseudoephedrine hcl</i> .....	126	STRIPS.....	83	SANTYL.....	80
<i>pseudoephedrine hcl er</i> .....	126	RELISTOR.....	89	<i>sapropterin dihydrochloride</i> .....	86
<i>pseudoephedrine-guaifenesin</i>		<i>renaf</i> .....	112	SAVELLA.....	135
<i>er</i> .....	72	Renal.....	117	SAVELLA TITRATION PACK....	135
<i>psyllium</i> .....	97	<i>renal softgels</i> .....	117	<i>sb lice treatment</i> .....	82
<i>psyllium husk</i> .....	97	<i>renal vitamin</i> .....	117	<i>scopolamine</i> .....	32
<i>pulexn dm</i> .....	71	Renalpren.....	117	<i>selegiline hcl</i> .....	46
PULMICORT FLEXHALER.....	19	Renaphro.....	117	<i>selenium sulfide</i> .....	77
PULMOMATE COMP/MICRO-		<i>re-nata 29 ob</i> .....	121	SELZENTRY.....	50
MIST NEB.....	104	<i>reno caps</i> .....	117	<i>se-natal 19</i> .....	121
PULMONEB LT.....	104	<i>repaglinide</i> .....	30	<i>se-natal one</i> .....	121
Pulmosal.....	72	<i>repan</i> .....	9	<i>senna</i> .....	98
PULMOZYME.....	137	REPATHA.....	36	<i>senna laxative</i> .....	98
PURE & GENTLE LUBRICANT..	127	REPATHA PUSHTRONEX		<i>senna maximum strength</i> .....	98
<i>pyrazinamide</i> .....	41	SYSTEM.....	36	<i>senna plus</i> .....	97
<i>pyridostigmine bromide</i> .....	41	REPATHA SURECLICK.....	37	<i>senna s</i> .....	97
<i>pyridoxine hcl</i> .....	147	Reprexain.....	10	<i>sertraline hcl</i> .....	24, 25
<i>pyrimethamine-leucovorin</i> .....	41	RETACRIT.....	93	Setlakin.....	67
<i>qc lansoprazole</i> .....	141	REYVOW.....	111	<i>sevelamer carbonate</i> .....	89, 90
Quasense.....	67	RHOGAM ULTRA-FILTERED		<i>sf</i> .....	116
<i>quetiapine fumarate</i> .....	48	PLUS.....	133	<i>sf 5000 plus</i> .....	116
<i>quetiapine fumarate er</i> .....	48	<i>ribavirin</i> .....	54	Sharobel.....	68
<i>quinapril hcl</i> .....	37	RIDAURA.....	6	SHINGRIX.....	145
<i>quinaretic</i> .....	37	<i>rifabutin</i> .....	41	SHUR-SEAL CONTRACEPTIVE	146
<i>quinidine sulfate</i> .....	16	<i>rifampin</i> .....	41	SIDESTREAM NEBULIZER-	
<i>quinine sulfate</i> .....	41	<i>riluzole</i> .....	126	DISP.....	104
QVAR REDIHALER.....	19	<i>rimantadine hcl</i> .....	54	SIDESTREAM NEBULIZER-	
<i>ra lansoprazole</i> .....	141	RINVOQ.....	4	REUSABLE.....	104
<i>ra slow release iron</i> .....	94	<i>risacal-d</i> .....	111	SIDESTREAM PLUS	
<i>ra vitamin b-6 cr</i> .....	147	<i>risedronate sodium</i> .....	84	NEBULIZER.....	104
<i>rabeprazole sodium</i> .....	141	<i>risperidone</i> .....	47	<i>sildenafil citrate</i> .....	58
Rajani.....	65	<i>risperidone M-Tab</i> .....	47	<i>silodosin</i> .....	90
<i>raloxifene hcl</i> .....	86	RITEFLO.....	109	<i>silver sulfadiazine</i> .....	77
<i>ramelteon</i> .....	96	<i>ritonavir</i> .....	51	SIMBRINZA.....	126
<i>ramipril</i> .....	37	<i>rivastigmine</i> .....	135	<i>simethicone</i> .....	88
<i>ranolazine er</i> .....	14	<i>rivastigmine tartrate</i> .....	134	<i>simethicone drops infants</i> .....	88
<i>rasagiline mesylate</i> .....	46	Rivelsa.....	67	<i>simethicone extra strength</i> .....	88
<i>re multivit with fluoride</i> .....	119	<i>rizatriptan benzoate</i> .....	110, 111	<i>simethicone ultra strength</i> .....	88

Simliya.....	60	Ssd (Silver Sulfadiazine).....	77	TAGRISSO.....	43
Simpesse.....	67	Ssd Af.....	77	<i>tamoxifen citrate</i> .....	42
SIMPONI.....	4	<i>stavudine</i> .....	53	<i>tamsulosin hcl</i> .....	90
<i>simvastatin</i> .....	36	STELARA.....	76, 89	Tarina 24 Fe.....	65
<i>sirolimus</i> .....	115	<i>sterile water for irrigation</i> .....	115	Tarina Fe 1/20.....	65
SIRTURO.....	41	STIMATE.....	86	Tarina Fe 1/20 Eq.....	65
SKYLA.....	68	STIOLTO RESPIMAT.....	17	TASIGNA.....	42
SKYRIZI.....	76, 89	STIVARGA.....	43	<i>tasimelteon</i> .....	96
SKYRIZI (150 MG DOSE).....	76	<i>stool softener</i> .....	98	<i>tavaborole</i> .....	81
SKYRIZI PEN.....	76	STRIBILD.....	49	Taysofy.....	65
<i>sleep aid (doxylamine)</i> .....	95	STRIVERDI RESPIMAT.....	18	<i>tazarotene</i> .....	77
<i>slow release iron</i> .....	94	Strovite Plus.....	118	Taztia Xt.....	57
<i>sm lansoprazole</i> .....	141	Subvenite.....	22	TDVAX.....	139
<i>smz-tmp ds</i> .....	40	<i>sucralfate</i> .....	141	<i>techlite insulin syringe</i> .....	104
<i>sod citrate-citric acid</i> .....	90	SUDAFED CHILDRENS.....	126	TECHLITE PEN NEEDLES.....	105
<i>sodiphluor</i> .....	112	SUDAFED PE CHILDRENS.....	126	<i>telmisartan</i> .....	38
<i>sodium bicarbonate</i> .....	13	SUDOGEST.....	126	<i>temazepam</i> .....	95
<i>sodium chloride</i> .....	72, 91, 114	<i>sulconazole nitrate</i> .....	80	TEMIXYS.....	50
<i>sodium chloride (hypertonic)</i> .....	130	<i>sulfacetamide sodium</i> .....	73, 131	<i>temozolomide</i> .....	44
<i>sodium fluoride</i> .....	112, 116	<i>sulfacetamide sodium (acne)</i> ...	73	TENIVAC.....	139
<i>sodium fluoride 5000 plus</i> .....	116	<i>sulfacetamide-prednisolone</i> ...	131	<i>tenofovir disoproxil fumarate</i> ...	53
<i>sodium fluoride 5000 ppm</i> .....	116	<i>sulfacetamide-sulfur wash</i> .....	73	<i>terazosin hcl</i> .....	39
<i>sodium hyaluronate (viscosup)</i>		<i>sulfadiazine</i> .....	138	<i>terbinafine hcl</i> .....	33, 75
.....	125	<i>sulfamethoxazole-tmp ds</i> .....	40	<i>terbutaline sulfate</i> .....	17
<i>sodium oxybate</i> .....	134	<i>sulfamethoxazole-</i>		<i>terconazole</i> .....	145
<i>sodium phenylbutyrate</i> .....	86	<i>trimethoprim</i> .....	40	<i>teriflunomide</i> .....	135
<i>sodium polystyrene sulfonate</i> .....	115	SULFAMYLON.....	77	<i>teriparatide (recombinant)</i> .....	86
<i>sodium sulfacetamide</i> .....	73	<i>sulfasalazine</i> .....	89	TERUMO SURGUARD2 SAFETY	
<i>sofosbuvir-velpatasvir</i> .....	53	<i>sulfatrim</i> .....	40	NEEDLE.....	105
Solia.....	65	Sulfatrim Pediatric.....	40	<i>testosterone cypionate</i> .....	12
<i>solifenacin succinate</i> .....	142	Sulfazine.....	89	<i>testosterone enanthate</i> .....	12
SOLIQUA.....	30	Sulfazine Ec.....	89	<i>tetanus-diphtheria toxoids td</i> .....	139
Soluclenz Rx.....	74	<i>sulindac</i> .....	7	<i>tetrabenazine</i> .....	135
SOMAVERT.....	85	<i>sumatriptan succinate</i> ...	110, 111	<i>tetracycline hcl</i> .....	138
<i>soothe neb mesh nebulizer</i> ....	102	<i>sumatriptan succinate refill</i> ...	110	THALOMID.....	114
<i>sootheneb compressor</i>		<i>sunitinib malate</i> .....	43	Theochron.....	19
<i>nebulizer</i> .....	102	SUPARTZ.....	125	<i>theophylline</i> .....	19
<i>sorafenib tosylate</i> .....	43	SUPARTZ FX.....	125	<i>theophylline er</i> .....	19
Sorine.....	56	Syeda.....	65	THERANATAL CORE	
<i>sotalol hcl</i> .....	55	Symax Fastabs.....	140	NUTRITION.....	123
<i>sotalol hcl (af)</i> .....	55	Symax-Sl.....	140	THERANATAL PLUS.....	124
<i>sotalol hcl af</i> .....	55	Symax-Sr.....	140	Thermazene.....	77
<i>sotalol hydrochloride</i> .....	55	SYMJEPI.....	147	<i>therobec</i> .....	117
Sotret.....	74	SYMLINPEN 120.....	26	<i>therobec plus</i> .....	118
SOVALDI.....	54	SYMLINPEN 60.....	26	<i>thioridazine hcl</i> .....	48
Spacol T/S.....	140	SYMPROIC.....	89	<i>thiothixene</i> .....	49
<i>sparky the dog ped nebulizer</i> .....	102	SYMTUZA.....	49	<i>thrivite 19</i> .....	121
SPIKEVAX.....	145	SYNAGIS.....	132	<i>thrivite rx</i> .....	121
SPIKEVAX COVID-19 VACCINE		SYNAREL.....	86	<i>thyroid</i> .....	138
.....	145	SYNJARDY.....	30	Tiadyt Er.....	57
<i>spinosad</i> .....	82	SYNJARDY XR.....	30	<i>tiagabine hcl</i> .....	22
SPIRIVA RESPIMAT.....	18	SYNOJOYNT.....	125	Tilia Fe.....	69
<i>spironolactone</i> .....	84	SYNTHROID.....	138	<i>timolol maleate</i> .....	55, 127
<i>spironolactone-hctz</i> .....	84	<i>syringe disposable</i> .....	104	<i>tinidazole</i> .....	39
Sprintec 28.....	65	TABLOID.....	42	<i>tioconazole-1</i> .....	145
SPRYCEL.....	42	<i>tacrolimus</i> .....	81, 115	TIVICAY.....	51
SPS.....	115	<i>tadalafil (pah)</i> .....	58	TIVICAY PD.....	51
Sronyx.....	65	TAFINLAR.....	42	<i>tizanidine hcl</i> .....	124
Ssd.....	77	<i>tafluprost (pf)</i> .....	131	<i>tl folate</i> .....	121

<i>tl icon</i> .....	94	Tri-Lo-Sprintec.....	69	Unithroid Direct.....	139
TOBRADEX.....	130	TRILURON.....	125	UPTRAVI.....	58
<i>tobramycin</i> .....	4, 129	Trilyte.....	96	UPTRAVI TITRATION.....	58
<i>tobramycin pak</i> .....	4	<i>trimethobenzamide hcl</i> .....	33	<i>ursodiol</i> .....	88
<i>tobramycin sulfate</i> .....	129	<i>trimethoprim</i> .....	40	<i>valacyclovir hcl</i> .....	54
<i>tobramycin-dexamethasone</i> ..	131	Tri-Mili.....	69	<i>valganciclovir hcl</i> .....	53
<i>tobrasol</i> .....	129	<i>trimipramine maleate</i> .....	25	<i>valproic acid</i> .....	23
TODAY SPONGE.....	146	Trimox.....	133	<i>valsartan</i> .....	38
<i>tolazamide</i> .....	31	<i>trinatal gt</i> .....	121	<i>valsartan-hydrochlorothiazide</i> ..	38
<i>tolbutamide</i> .....	31	<i>trinatal rx 1</i> .....	121	VALTOCO 10 MG DOSE.....	21
<i>tolcapone</i> .....	46	<i>trinatal ultra</i> .....	121	VALTOCO 15 MG DOSE.....	21
<i>tolmetin sodium</i> .....	6	Trinessa (28).....	70	VALTOCO 20 MG DOSE.....	21
<i>tolnaftate</i> .....	75	Trinessa Lo.....	70	VALTOCO 5 MG DOSE.....	21
<i>tolterodine tartrate</i> .....	143	TRINTELLIX.....	25	<i>valved holding chamber</i> .....	107
<i>tolvaptan</i> .....	86	Tri-Nymyo.....	70	Vanadom.....	124
Topiragen.....	22	<i>triphrocaps</i> .....	117	<i>vandetanib</i> .....	43
<i>topiramate</i> .....	22	<i>triple antibiotic</i> .....	129, 131	VAQTA.....	145
<i>toremifene citrate</i> .....	42	<i>triple antibiotic pain relief</i> .....	74	<i>varenicline tartrate</i> .....	137
<i>torseamide</i> .....	84	<i>triple antibiotic plus</i> .....	74	VAXNEUVANCE.....	143
TOUJEO MAX SOLOSTAR.....	29	<i>triple antibiotic plus max st</i> .....	74	<i>v-c forte</i> .....	118
TOUJEO SOLOSTAR.....	29	TRIPLE PASTE AF.....	81	VCF VAGINAL	
TRACLEER.....	58	<i>triple-vitamin/fluoride</i> .....	120	CONTRACEPTIVE.....	146
<i>tramadol hcl</i> .....	11	Tri-Previfem.....	70	VECAMYL.....	39
<i>tramadol hcl (er biphasic)</i> .....	11	Tri-Sprintec.....	70	Veetids.....	134
<i>tramadol hcl er</i> .....	11	TRIUMEQ.....	50	VELIVET.....	70
<i>tramadol-acetaminophen</i> .....	12	TRIUMEQ PD.....	50	VELPHORO.....	89
<i>trandolapril</i> .....	37	TRIVISC.....	125	VELTASSA.....	115
<i>tranexamic acid</i> .....	95	<i>tri-vit/fluoride</i> .....	120	VEMLIDY.....	53
<i>tranylcypromine sulfate</i> .....	24	<i>tri-vitamin/fluoride</i> .....	120	<i>venatal-fa</i> .....	122
<i>travoprost (bak free)</i> .....	131	<i>tri-vite/fluoride</i> .....	120	<i>venlafaxine hcl</i> .....	25
<i>trazodone hcl</i> .....	25	Trivora (28).....	70	<i>venlafaxine hcl er</i> .....	25
TRECTOR.....	41	Tri-Vylibra.....	70	VENTAVIS.....	58
TRELEGY ELLIPTA.....	17	Tri-Vylibra Lo.....	70	VENTSTREAM NEBULIZER.....	104
TREMFYA.....	76	TRIZIVIR.....	50	<i>verapamil hcl</i> .....	57
<i>treprostinil</i> .....	58	<i>tropicamide</i> .....	128	<i>verapamil hcl er</i> .....	56, 57
TRESIBA.....	29	<i>trospium chloride</i> .....	143	VEREGEN.....	74
TRESIBA FLEXTOUCH.....	29	<i>trospium chloride er</i> .....	142	VERZENIO.....	44
<i>tretinoin</i> .....	45, 73	TRUE METRIX AIR GLUCOSE		Vestura.....	65
Tri Femynor.....	69	METER.....	101	<i>vica forte</i> .....	118
<i>triadvance</i> .....	121	TRUE METRIX BLOOD		<i>vicap forte</i> .....	118
<i>triamcinolone acetonide</i>		GLUCOSE TEST.....	83	Vic-Forte.....	118
.....	79, 116, 126	TRUE METRIX METER.....	101	VICTOZA.....	30
<i>triamterene</i> .....	84	TRUEPLUS 5-BEVEL PEN		Vienna.....	65
<i>triamterene-hctz</i> .....	84	NEEDLES.....	105	<i>vigabatrin</i> .....	22
<i>triazolam</i> .....	95	TRUEPLUS INSULIN SYRINGE	106	Vigadrone.....	22
TRICARE.....	123	TRULICITY.....	30	<i>vilazodone hcl</i> .....	25
Tricon.....	94	TRUZONE PEAK FLOW METER	106	<i>vil-rx</i> .....	122
Triderm.....	80	Tulana.....	68	VINATE AZ EXTRA.....	123
Tri-Estarylla.....	69	TWINRIX.....	143	VINATE GT.....	123
<i>trifluoperazine hcl</i> .....	48	TYBOST.....	53	VINATE II.....	123
<i>trifluridine</i> .....	129	Tydemy.....	65	VINATE ONE.....	123
<i>trihexyphenidyl hcl</i> .....	45	TYMLOS.....	86	<i>vinate ultra</i> .....	122
TRIJARDY XR.....	30	UBRELVY.....	110	<i>viorele</i> .....	59
<i>triklo</i> .....	35	<i>ultra natal</i> .....	121	VIOS AEROSOL DELIVERY	
Tri-Legest Fe.....	69	ULTRA NATALCARE.....	123	SYSTEM.....	104
Tri-Linyah.....	69	<i>ultra tabs</i> .....	121	VIOS LC PLUS.....	104
Tri-Lo-Estarylla.....	69	<i>ultra-natal</i> .....	121	VIOS LC PLUS DELUXE.....	104
Tri-Lo-Marzia.....	69	UNIFIBER.....	97	VIOS LC PLUS PEDIATRIC.....	104
Tri-Lo-Mili.....	69	Unithroid.....	139	VIOS LC SPRINT.....	104



VIOS LC SPRINT DELUXE.....	104	WATCHHALER.....	110	ZOEY OPTICHAMBER	
VIOS LC SPRINT PEDIATRIC..	104	<i>water for irrigation, sterile</i> ....	115	ADVANTAGE.....	110
VIRACEPT.....	51	<i>wee care</i> .....	94	ZOLINZA.....	43
<i>virt-advance</i> .....	122	Wera.....	65	<i>zolmitriptan</i> .....	110, 111
<i>virt-caps</i> .....	117	<i>wescaps</i> .....	117	<i>zolpidem tartrate</i> .....	96
<i>virt-phos 250 neutral</i> .....	113	<i>wes-phos 250 neutral</i> .....	113	ZOMIG.....	110
<i>virtrate-2</i> .....	90	<i>westab plus</i> .....	122	<i>zonisamide</i> .....	22
<i>virtrate-k</i> .....	90	WESTHROID.....	138	ZONTIVITY.....	92
<i>virt-vite gt</i> .....	122	WESTHROID-P.....	139	Zovia 1/35 (28).....	66
<i>virt-vite plus</i> .....	117	WIDE-SEAL DIAPHRAGM 60..	100	Zovia 1/35E (28).....	66
VISCO-3.....	125	WIDE-SEAL DIAPHRAGM 65..	100	Zovia 1/50E (28).....	66
<i>vis-phos n</i> .....	113	WIDE-SEAL DIAPHRAGM 70..	100	Zumandimine.....	66
<i>vit b3-azelac-turm-fa-b6-zn-</i> <i>cu</i> .....	118	WIDE-SEAL DIAPHRAGM 75..	100	ZYDELIG.....	45
Vita S Forte.....	118	WIDE-SEAL DIAPHRAGM 80..	100	ZYKADIA.....	42
Vitacel.....	118	WIDE-SEAL DIAPHRAGM 85..	100	ZYLET.....	130
VITAFOL-OB.....	123	WIDE-SEAL DIAPHRAGM 90..	100		
VITAFOL-PN.....	123	WIDE-SEAL DIAPHRAGM 95..	100		
<i>vitamin a-c-d infant</i> .....	120	Wixela Inhub.....	17		
<i>vitamin b1</i> .....	147	WP THYROID.....	139		
<i>vitamin b-1</i> .....	147	Wymzya Fe.....	65		
<i>vitamin b-12</i> .....	93	XALKORI.....	42		
<i>vitamin b-12 er</i> .....	93	XARELTO.....	20		
<i>vitamin b-6</i> .....	147	XARELTO STARTER PACK.....	20		
<i>vitamin c</i> .....	147	XELJANZ.....	4		
<i>vitamin d</i> .....	148	XELJANZ XR.....	4		
<i>vitamin d (cholecalciferol)</i> .....	148	XIFAXAN.....	39		
<i>vitamin d (ergocalciferol)</i> .....	148	XIGDUO XR.....	30, 31		
<i>vitamin d3</i> .....	148	XOFLUZA (40 MG DOSE).....	54		
<i>vitamin forte</i> .....	118	XOFLUZA (80 MG DOSE)...	54, 55		
<i>vitamins acd-fluoride</i> .....	120	XOLAIR.....	17		
<i>vitamins/minerals</i> .....	118	XTANDI.....	42		
<i>vita-natal</i> .....	122	Xulane.....	66		
VITATHELY WITH GINGER.....	123	XULTOPHY.....	30		
<i>vitaxyme</i> .....	118	Xylon.....	10		
Vitazol.....	82	Yuvaferm.....	146		
VIXONE DISPOSABLE		Zafemy.....	66		
NEBULIZER.....	104	<i>zafirlukast</i> .....	18		
<i>v-natal</i> .....	122	<i>zaleplon</i> .....	96		
Volnea.....	60	Zarah.....	65		
<i>vol-plus</i> .....	122	ZARXIO.....	93		
<i>vol-tab rx</i> .....	122	Zazole.....	145, 146		
VOLTAREN.....	76	ZEJULA.....	45		
VOLTAREN ARTHRITIS PAIN....	76	ZEMAIRA.....	137		
<i>voriconazole</i> .....	33	Zenatane.....	74		
VORTEX HOLD		Zenchant.....	66		
CHMBR/MASK/CHILD.....	109	Zenchant Fe.....	65		
VORTEX HOLD		ZENPEP.....	83		
CHMBR/MASK/TODDLER.....	109	Zenedi.....	2		
VORTEX HOLDING		Zeosa.....	66		
CHAMBER/MASK.....	110	ZEPATIER.....	54		
VORTEX VALVED HOLDING		<i>zidovudine</i> .....	53		
CHAMBER.....	110	ZIEXTENZO.....	93		
VOSEVI.....	54	<i>zileuton er</i> .....	16		
VOTRIENT.....	44	<i>zincate</i> .....	114		
Vyfemla.....	65	<i>ziprasidone hcl</i> .....	47		
Vylibra.....	65	ZIRGAN.....	129		
VYVANSE.....	2	ZOEY INSPIRATION			
<i>warfarin sodium</i> .....	20	NEBULIZER SYS.....	104		