Marketplace

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

Molina Healthcare of Nevada, Inc Marketplace

Notice:

The information in this document is current as of October 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The formulary is subject to change and all previous versions of the formulary are no longer in effect.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.

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 octubre 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.

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.

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MOLINA® HEALTHCARE

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

Notice on Drug Company Cost Sharing Assistance

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

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

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

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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

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

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

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

I have questions about how my plan covers drugs.

This guide contains many details for common questions. 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 (833) 671-0051**, Monday through Friday, **8:00 a.m. to 6:00 p.m PST**. 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).

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG ***(warfarin sodium)***	Tier 3	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg	Tier 2	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg (Jantoven)	Tier 2	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 tier drugs will cost you more than preferred tier drugs.

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

Drug Tier	Description
Preventive	Tier 1 – Preventive and family planning drugs and devices (ie, contraception) with $0 cost sharing
Preferred Generic	Tier 2 – Preferred generic drugs
Preferred Brand	Tier 3 – Preferred brand drugs
Non-Preferred Brand and Generic	Tier 4 – Non-preferred drugs, both brand name and generic; Higher cost sharing than lower tier drugs used to treat the same conditions, if available
Specialty	Tier 5 – Specialty drugs, both brand name and generic. Drugs that require special handling, complex counseling or monitoring, limited distribution, or other specialty 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")
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 nonformulary drugs is approved on formulary exception, enrollees pay the Non-Preferred Brand tier cost sharing for non-specialty drugs or the 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 preventive service drugs and dosage forms (Tier 1) 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. The limit **$100** applies per anticancer drug, per 30-day supply.

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.

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

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on the Specialty tier. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies.

Molina's Pharmacy Benefit Manager, CVS Caremark, has a specialty pharmacy that provides clinical support to help enrollees manage their medications and conditions. Most specialty medications require Prior Authorization before they are covered. A prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pickup.

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

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 (833) 671-0051.** Member Services is available Monday through Friday **8:00 a.m. through 6:00 p.m. PST**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1 (833) 685-2103 8:00 a.m. through 5:00 p.m. PST.**

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 contact the CVS Caremark® Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call us at **1 (833) 685-2103** 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 (844) 259-1689.** The clinical policies and forms may be obtained at our website 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.
- 48 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

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
- Information in the request shows you met the step therapy requirement previously, or the drug we require step therapy on was covered for you by a past insurer in the last 90 days

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 (833) 671-0051**. 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.

Notice

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Legend

What are the Requirements and Limits on the drug list?

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

Requirements/Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. 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.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

Specialty drugs may have a comment in the "Requirements/Limits" column that reads "Medical Necessity PA". This means there are other Specialty drugs that are preferred. There are other Specialty drugs with a comment "Preferred Brand" that may treat the same condition. We require that the drug marked "Preferred Brand" be considered first or instead of the non-preferred Specialty drug, if appropriate.

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.

Your plan also covers up to 90-day supplies in person at CVS retail pharmacies on the same drugs that are eligible for Mail Order.

2024

Guía del formulario

(Lista de medicamentos cubiertos)

Molina Marketplace – NV

MolinaMarketplace.com

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¡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.

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. 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?

Llame gratis al **1 (833) 671-0051**, de lunes a viernes, **8:00 a.m. to 6:00 p.m PST**. 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).

Nombre del medicamento	Categoría de medicamento	Requisitos/Límites
COUMADIN TAB 1MG ***(warfarin sodium)***	Tier 3	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg	Tier 2	QL (300 tabs / 30 days); MAIL
warfarin sodium tab 1 mg (Jantoven)	Tier 2	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 de categoría no preferido le costarán más que los medicamentos de categoría preferido.

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

Categoría de medicamento	Descripción
Medicamentos preventivos	Tier 1: medicamentos y dispositivos preventivos y de planificación familiar (es decir, anticonceptivos) con un costo compartido de $0
Medicamentos genéricos preferidos	Tier 2: medicamentos genéricos preferidos
Medicamentos de marca	Tier 3: medicamentos de marca preferidos

Medicamentos genéricos y de marca no preferidos	Tier 4: los medicamentos no preferidos, tanto de marca como genéricos; mayor costo compartido que los medicamentos de categoría inferior que se utilizan para tratar las mismas enfermedades, si están disponibles.
Medicamentos especializados	Tier 5: medicamentos especializados, tanto de marca como genéricos. Medicamentos que requieren manejo especial, asesoramiento o control complejo, distribución limitada u otros requisitos de farmacia especializada; 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").
Equipo médico duradero	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 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 (Tier 1) 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. El límite de **$100** se aplica por medicamento contra el cáncer, por suministro de 30 días.

¿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.

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

Molina cuenta con una red de farmacias de especialidad que pueden procesar y entregar medicamentos especializados. Los medicamentos especializados tienen asignada la categoría de Medicamentos especializados. 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 Molina, 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 enviar solicitudes de autorización previa directamente a Molina o enviar una receta a CVS para comenzar el proceso. Si la entrega por correo del medicamento especializado no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para retirar.

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

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 (833) 671-0051.** El Departamento de Servicios para Miembros está disponible de lunes a viernes, **8:00 a.m. through 6:00 p.m. PST**.

Las personas que receta y las farmacias pueden comunicarse con nuestro Servicio de Asistencia para Proveedores al **1 (833) 685-2103, 8:00 a.m. through 5:00 p.m. PST**.

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 comunicarse con el Servicio de Asistencia de CVS Caremark® al 1 (888) 407-6425 para obtener una anulación de un suministro de 72 horas.

Las farmacias pueden llamarnos a **1 (833) 685-2103** al día hábil siguiente 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 a **1 (844) 259-1689.** Las políticas y formularios clínicos se pueden obtener en nuestro sitio web 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.
- 48 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.

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.
- La información en la solicitud muestra que cumplió con el requisito de terapia progresiva anteriormente, o que el medicamento para el que requerimos la terapia progresiva estuvo cubierto por una aseguradora anterior en los últimos 90 días.

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 (833) 671-0051.** 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.

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. CoverMyMeds® y Surescripts® son marcas comerciales 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:

Requisitos/Límites	Descripción
AGE	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.
MED	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.
OTC	Las formas farmacéuticas de venta libre (Over-The-Counter, OTC) están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	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.
QL	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.
ST	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.

Los medicamentos especializados pueden tener un comentario en la columna "Requisitos/Límites" que dice "PA de necesidad médica". Esto significa que hay otros medicamentos especializados preferidos. Existen otros medicamentos especializados con el comentario "Medicamento de marca preferido" que pueden tratar la misma afección. Requerimos que el medicamento marcado como "Medicamento de marca preferido" se considere primero o en lugar del medicamento especializado no preferido, si corresponde.

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.

Su plan también cubre suministros para hasta 90 días en persona en las farmacias minoristas de CVS en los mismos medicamentos que son elegibles para pedidos por correo.

MOLINA HEALTHCARE

Molina Healthcare Marketplace

2024 Formulary Changes Effective October 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
ActHIB SOLR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Afluria Preservative Free SUSY 0.5ML (2024-2025)	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Afluria SUSP (2024-2025)	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Arexvy Suspension Reconstituted 120 MCG/0.5ML Intramuscular	Updated Age Limit to MIN 50 years	
Bexsero SUSY	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Capvaxive SOSY 0.5ML	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing, with Age Limit	
Entresto CPSP 6-6MG	Add to formulary, Preferred Brand Tier (3) Cost Sharing, with PA and QL	
Entresto CPSP 15-16MG	Add to formulary, Preferred Brand Tier (3) Cost Sharing, with PA and QL	
Flublok SOSY 0.5ML (2024-2025)	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Flucelvax SUSP (2024-2025)	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Flucelvax SUSY 0.5ML (2024-2025)	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
FreeStyle Libre 3 Reader DEVI	Add to formulary, Durable Medical Equipment (DME) Tier Cost Sharing, with PA and QL	
Fulphila SOSY 6MG/0.6ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
Hiberix SOLR 10MCG	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Kinrix SUSY 0.5ML	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
M-M-R II SOLR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
MenQuadfi SOLN	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	

Drug Name	Description of Formulary Change	Notes/Alternatives
Menveo SOLN	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Menveo SOLR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
MResvia SUSY 50MCG/0.5ML	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing, with Age Limit	
Pediarix SUSY	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Pedvax HIB SUSP 7.5MCG/0.5ML	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Penbraya SUSR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Pentacel SUSR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Priorix SUSR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
ProQuad SUSR	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Quadracel SUSP	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Quadracel SUSY 0.5ML	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Rotarix SUSP	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
RotaTeq SOLN	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Trumenba SUSY	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Varivax INJ 1350PFU/0.5ML	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Vaxelis SUSP	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Vaxelis SUSY	Add to formulary, Preventative Tier 1 (PREV) Cost Sharing	
Ziextenzo SOSY 6MG/0.6ML	Remove from Formulary	Fulphila is available as an alternative

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

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

AGE - Age Limit **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
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (Lisdexamfetamine Dimesylate)	Tier 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Dexedrine Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Dextrostat Oral Tablet 5 Mg)	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Dextroamphetamine Sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years)
Analeptics - Drugs For The Nervous System**		
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	Tier 2	QL (120 ML per 999 days); AGE (Max 1 Years)
Stimulants - Misc. - Drugs For Attention Deficit Disorder**		
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
modafinil oral tablet 100 mg	Tier 4	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 4	PA; QL (2 EA per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	PA
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 10 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 20 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)

Drug Name	Formulary Status	Requirements/Limits
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 10 mg/5ml	Tier 2	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral solution 5 mg/5ml	Tier 2	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 10 Mg)	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 20 Mg)	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Oral Tablet 10 Mg, 20 Mg, 5 Mg)	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
***Alternative Medicines* - Vitamins And Minerals**		
Alternative Medicine - Me's - Vitamins And Minerals**		
melatonin er oral tablet extended release 10 mg	Tier 2	OTC
melatonin oral capsule 3 mg, 5 mg	Tier 2	OTC
melatonin oral liquid 1 mg/4ml	Tier 2	OTC
melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg	Tier 2	OTC
melatonin oral tablet dispersible 5 mg	Tier 2	OTC
Alternative Medicine Combinations - Two Ingredients - Vitamins And Minerals**		
melatonin oral tablet 3-2 mg	Tier 2	OTC
melatonin tr with vitamin b6 oral tablet extended release 3-10 mg	Tier 2	OTC
melatonin-pyridoxine er oral tablet extended release 10-10 mg	Tier 2	OTC
melatonin-pyridoxine oral tablet 1-10 mg	Tier 2	OTC
melatonin-vitamin b-6 oral tablet 3-1 mg	Tier 2	OTC
***Aminoglycosides* - Drugs For Infections**		
Aminoglycosides - Antibiotics**		
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 5	PA
tobramycin pak inhalation nebulization solution 300 mg/5ml	Tier 5	PA
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 4	

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Drug Name	Formulary Status	Requirements/Limits
neomycin sulfate oral tablet 500 mg	Tier 2	
***Analgesics - Anti-Inflammatory* - Drugs For Pain And Fever**		
Antirheumatic - Janus Kinase (Jak) Inhibitors - Arthritis And Pain Drugs**		
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 5	PA; QL (1 EA per 1 day); Preferred Brand
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 5	PA; Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 5	PA; Preferred Brand
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 5	PA; Preferred Brand
Anti-Tnf-Alpha - Monoclonal Antibodies - Arthritis And Pain Drugs**		
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 5	PA; QL (0.072 ML per 1 day); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Adalimumab-bwwd)	Tier 5	PA; QL (4 EA per 28 days); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (Adalimumab-bwwd)	Tier 5	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 5	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 5	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 5	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (2 EA per 28 days); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 5	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 5	PA; QL (2 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (3 EA per 365 days); Preferred Brand
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 5	PA; QL (3 EA per 365 days); Preferred Brand

Drug Name	Formulary Status	Requirements/Limits
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 5	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 5	PA; QL (3 EA per 365 days); Preferred Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 5	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 5	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 5	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 5	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 5	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 5	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 5	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 5	PA; QL (2 EA per 28 Days); Preferred Cordavis Brand
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
Cyclooxygenase 2 (Cox-2) Inhibitors - Arthritis And Pain Drugs**		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Tier 2	QL (2 EA per 1 day); MAIL
celecoxib oral capsule 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
Gold Compounds - Arthritis And Pain Drugs**		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 4	PA; MAIL
Interleukin-1 Blockers - Arthritis And Pain Drugs**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 5	PA
Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
Interleukin-6 Receptor Inhibitors - Arthritis And Pain Drugs**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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Drug Name	Formulary Status	Requirements/Limits
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
Nonsteroidal Anti-Inflammatory Agent Combinations - Arthritis And Pain Drugs**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 4	QL (2 EA per 1 day); MAIL
Nonsteroidal Anti-Inflammatory Agents (Nsaids) - Arthritis And Pain Drugs**		
fenoprofen calcium oral tablet 600 mg	Tier 4	PA; QL (4 EA per 1 day)
ketoprofen oral capsule 50 mg	Tier 4	PA; QL (4 EA per 1 day); MAIL
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 4	PA; MAIL
mefenamic acid oral capsule 250 mg	Tier 4	PA; MAIL
naproxen oral suspension 125 mg/5ml	Tier 4	AGE (Max 12 Years); MAIL
oxaprozin oral tablet 600 mg	Tier 4	PA; QL (3 EA per 1 day); MAIL
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 4	PA; QL (4 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 2	QL (2 EA per 1 day); MAIL
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL
diclofenac sodium oral tablet delayed release 75 mg	Tier 2	QL (2 EA per 1 day); MAIL
ec-naproxen oral tablet delayed release 375 mg, 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
etodolac oral capsule 200 mg	Tier 2	QL (5 EA per 1 day); MAIL
etodolac oral tablet 400 mg	Tier 2	QL (3 EA per 1 day); MAIL
etodolac oral tablet 500 mg	Tier 2	QL (2 EA per 1 day); MAIL
flurbiprofen oral tablet 100 mg, 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
ibuprofen 100 junior strength oral tablet chewable 100 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC
ibuprofen childrens oral suspension 100 mg/5ml	Tier 2	AGE (Max 12 Years); OTC
ibuprofen infants drops oral suspension 50 mg/1.25ml	Tier 2	AGE (Max 12 Years); OTC
ibuprofen junior strength oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen junior strength oral tablet chewable 100 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC

Drug Name	Formulary Status	Requirements/Limits
ibuprofen oral capsule 200 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen oral suspension 100 mg/5ml	Tier 2	AGE (Max 12 Years)
ibuprofen oral tablet 200 mg	Tier 2	QL (4 EA per 1 day); OTC
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 2	QL (4 EA per 1 day); MAIL
ibuprofen oral tablet chewable 100 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 12 Years); OTC
indomethacin oral capsule 25 mg, 50 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
ketorolac tromethamine oral tablet 10 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
meloxicam oral tablet 15 mg	Tier 2	QL (1 EA per 1 day); MAIL
meloxicam oral tablet 7.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
nabumetone oral tablet 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
naproxen dr oral tablet delayed release 375 mg, 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen kit oral tablet 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
naproxen sodium oral tablet 220 mg	Tier 2	QL (3 EA per 1 day); OTC
piroxicam oral capsule 10 mg	Tier 2	PA; QL (4 EA per 1 day); MAIL
piroxicam oral capsule 20 mg	Tier 2	PA; QL (2 EA per 1 day); MAIL
sulindac oral tablet 150 mg, 200 mg	Tier 2	QL (3 EA per 1 day); MAIL
Diclofenac Potassium (Cataflam Oral Tablet 50 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
Nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
Phosphodiesterase 4 (Pde4) Inhibitors - Arthritis And Pain Drugs**		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 5	PA; Preferred Brand
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 5	PA; Preferred Brand
Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs**		
leflunomide oral tablet 10 mg, 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
Selective Costimulation Modulators - Arthritis And Pain Drugs**		
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

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Drug Name	Formulary Status	Requirements/Limits
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
Soluble Tumor Necrosis Factor Receptor Agents - Arthritis And Pain Drugs**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days); Preferred Brand
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 5	PA; QL (4 ML per 24 days); Preferred Brand
***Analgesics - Nonnarcotic* - Drugs For Pain And Fever**		
Analgesics Other - Arthritis And Pain Drugs**		
acetaminophen childrens oral solution 160 mg/5ml	Tier 2	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Tier 2	OTC
acetaminophen childrens oral tablet chewable 160 mg	Tier 2	OTC
acetaminophen er oral tablet extended release 650 mg	Tier 2	OTC
acetaminophen extra strength oral liquid 500 mg/15ml	Tier 2	OTC
acetaminophen extra strength oral tablet 500 mg	Tier 2	OTC
acetaminophen junior strength oral tablet dispersible 160 mg	Tier 2	OTC
acetaminophen oral capsule 500 mg	Tier 2	OTC
acetaminophen oral elixir 160 mg/5ml	Tier 2	OTC
acetaminophen oral liquid 160 mg/5ml	Tier 2	OTC
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	Tier 2	OTC
acetaminophen oral suspension 80 mg/0.8ml	Tier 2	OTC
acetaminophen oral tablet 325 mg	Tier 2	OTC
acetaminophen oral tablet chewable 80 mg	Tier 2	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 2	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 2	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 2	OTC
Analgesics-Sedatives - Arthritis And Pain Drugs**		
butalbital compound/asa oral capsule 50-325-40 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
butalbital-acetaminophen oral tablet 50-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap oral tablet 50-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 2	QL (6 EA per 1 day)
butalbital-asa-caffeine oral capsule 50-325-40 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
marten-tab oral tablet 50-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
repan oral tablet 50-325-40 mg	Tier 2	QL (6 EA per 1 day)
Butalbital-APAP-Caffeine (Bac Oral Tablet 50-325-40 Mg)	Tier 2	QL (6 EA per 1 day)
Salicylates - Arthritis And Pain Drugs**		
adult aspirin regimen oral tablet delayed release 81 mg	Tier 2	QL (100 EA per 30 days); OTC
aspirin 81 oral tablet chewable 81 mg	Tier 2	QL (100 EA per 30 days); OTC
aspirin adult oral tablet 325 mg	Tier 2	OTC
aspirin oral tablet delayed release 325 mg	Tier 2	QL (100 EA per 30 days); OTC
diflunisal oral tablet 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
salsalate oral tablet 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
Salsalate (Salflex Oral Tablet 500 Mg, 750 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
***Analgesics - Opioid* - Drugs For Pain And Fever**		
Codeine Combinations - Arthritis And Pain Drugs**		
acetaminophen-codeine #2 oral tablet 300-15 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
acetaminophen-codeine #3 oral tablet 300-30 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
acetaminophen-codeine #4 oral tablet 300-60 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
acetaminophen-codeine oral solution 120-12 mg/5ml	Tier 2	AGE (Min 12 Years); MED (MED)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier 2	QL (8 EA per 1 day); MED (MED)
Butalbital-APAP-Caff-Cod (Phrenilin W/Caffeine-Codeine Oral Capsule 50-325-40-30 Mg)	Tier 2	QL (8 EA per 1 day); MED (MED)
Hydrocodone Combinations - Arthritis And Pain Drugs**		
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 10-200 Mg)	Tier 4	PA; QL (6 EA per 1 day); MED (MED)
Hydrocodone-Ibuprofen (Xylon Oral Tablet 10-200 Mg)	Tier 4	PA; QL (6 EA per 1 day); MED (MED)
hydrocodone/acetaminophen oral tablet 10-325 mg	Tier 2	QL (6 EA per 1 day); MED (MED)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	Tier 2	MED (MED)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 2	QL (6 EA per 1 day); MED (MED)

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Drug Name	Formulary Status	Requirements/Limits
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 2	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 2	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Acetaminophen (Lortab Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED (MED)
Hydrocodone-Ibuprofen (Reprexain Oral Tablet 7.5-200 Mg)	Tier 2	QL (6 EA per 1 day); MED (MED)
Opioid Agonists - Arthritis And Pain Drugs**		
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 4	PA; MED (MED)
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 4	PA; MED (MED)
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 4	PA; MED (MED)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 4	PA; QL (120 EA per 25 days); MED (MED)
oxymorphone hcl oral tablet 10 mg, 5 mg	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)
codeine sulfate oral tablet 30 mg	Tier 2	QL (12 EA per 1 day); AGE (Min 12 Years); MED (MED)
codeine sulfate oral tablet 60 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 12 Years); MED (MED)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 2	PA; QL (10 EA per 25 days); MED (MED)
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 2	QL (12 EA per 1 day); MED (MED)
meperidine hcl oral solution 50 mg/5ml	Tier 2	AGE (Max 64 Years); MED (MED)
meperidine hcl oral tablet 50 mg	Tier 2	AGE (Max 64 Years); MED (MED)
meperitab oral tablet 50 mg	Tier 2	AGE (Max 64 Years); MED (MED)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 2	QL (15 ML per 1 day); MED (MED)

Drug Name	Formulary Status	Requirements/Limits
methadone hcl oral tablet 10 mg, 5 mg	Tier 2	QL (360 EA per 25 days); MED (MED)
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	Tier 2	QL (15 EA per 1 day); MED (MED)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	Tier 2	QL (15 ML per 1 day); MED (MED)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 2	ST; QL (3 EA per 1 day); MED (MED)
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 2	QL (15 ML per 1 day); MED (MED)
morphine sulfate oral tablet 15 mg, 30 mg	Tier 2	QL (6 EA per 1 day); MED (MED)
oxycodone hcl oral solution 5 mg/5ml	Tier 2	MED (MED)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (6 EA per 1 day); MED (MED)
oxycodone hcl oral tablet abuse-deterrent 15 mg	Tier 2	QL (6 EA per 1 day); MED (MED)
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	PA; QL (1 EA per 1 day); MED (MED)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 2	PA; QL (1 EA per 1 day); MED (MED)
tramadol hcl oral tablet 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Min 12 Years); MED (MED)
Methadone HCl (Methadose Oral Tablet 10 Mg, 5 Mg)	Tier 2	QL (360 EA per 25 days); MED (MED)
Opioid Combinations - Arthritis And Pain Drugs**		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 2	QL (6 EA per 1 day); MED (MED)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 2	QL (8 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 2	QL (6 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 2	QL (8 EA per 1 day); MED (MED)
Oxycodone-Acetaminophen (Roxicet Oral Tablet 5-325 Mg)	Tier 2	QL (8 EA per 1 day); MED (MED)
Opioid Partial Agonists - Arthritis And Pain Drugs**		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 4	PA; MED (MED)
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 2	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 2	
butorphanol tartrate nasal solution 10 mg/ml	Tier 2	PA; QL (15 ML per 25 days); MED (MED)

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Drug Name	Formulary Status	Requirements/Limits
Tramadol Combinations - Arthritis And Pain Drugs**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 2	QL (10 EA per 1 day); AGE (Min 12 Years); MED (MED)
***Androgens-Anabolic* - Hormones**		
Androgens - Drugs For Men**		
methitest oral tablet 10 mg	Tier 5	PA
methyltestosterone oral capsule 10 mg	Tier 5	PA
danazol oral capsule 100 mg, 200 mg	Tier 4	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 4	QL (2 EA per 1 day)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 2	QL (10 ML per 25 days)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 2	QL (10 ML per 25 days)
Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml)	Tier 2	QL (10 ML per 25 days)
***Anorectal And Related Products* - Rectal Preparations**		
Intrarectal Steroids - Rectal Preparations**		
hydrocortisone rectal enema 100 mg/60ml	Tier 4	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)	Tier 4	QL (1680 ML per 25 days)
Nitrate Vasodilating Agents - Rectal Preparations**		
nitroglycerin rectal ointment 0.4 %	Tier 4	
RECTIV RECTAL OINTMENT 0.4 % (Nitroglycerin)	Tier 4	
Rectal Anesthetic Combinations - Rectal Preparations**		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 2	OTC
Rectal Local Anesthetics - Rectal Preparations**		
dibucaine rectal ointment 1 %	Tier 2	OTC
Rectal Steroids - Rectal Preparations**		
hemorrhoidal-hc rectal cream 2.5 %	Tier 2	
hydrocortisone (perianal) external cream 2.5 %	Tier 2	
hydrocortisone rectal cream 2.5 %	Tier 2	
Hydrocortisone (Proctocare-Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctocare-Hc Rectal Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctocream Hc Rectal Cream 2.5 %)	Tier 2	
Hydrocortisone (Procto-Kit Cream 2.5 %)	Tier 2	
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 2	
Hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
***Antacids* - Drugs For The Stomach**		
Antacid & Simethicone - Drugs For Ulcers And Stomach Acid**		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml, 400-400-40 mg/5ml	Tier 2	OTC
antacid plus oral tablet chewable 200-200-25 mg	Tier 2	OTC
Antacid Combinations - Drugs For Ulcers And Stomach Acid**		
antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg	Tier 2	OTC
antacid oral tablet chewable 80-20 mg	Tier 2	OTC
calcium rich supreme antacid oral suspension 400-135 mg/5ml	Tier 2	OTC
gavis-care oral suspension 95-358 mg/15ml	Tier 2	OTC
Antacids - Bicarbonate - Drugs For Ulcers And Stomach Acid**		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 2	OTC
Antacids - Calcium Salts - Drugs For Ulcers And Stomach Acid**		
calcium antacid ultra oral tablet chewable 1000 mg	Tier 2	OTC
calcium carbonate antacid oral suspension 1250 mg/5ml	Tier 2	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Tier 2	OTC
calcium carbonate oral tablet chewable 750 mg	Tier 2	OTC
childrens pepto oral tablet chewable 400 mg	Tier 2	OTC
Antacids - Magnesium Salts - Drugs For Ulcers And Stomach Acid**		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 2	OTC
***Anthelmintics* - Drugs For Infections**		
Anthelmintics - Drugs For Parasites**		
albendazole oral tablet 200 mg	Tier 4	QL (2 EA per 1 day)
praziquantel oral tablet 600 mg	Tier 4	PA
benznidazole oral tablet 100 mg, 12.5 mg	Tier 3	
ivermectin oral tablet 3 mg	Tier 2	QL (16 EA per 2 days)
pinworm medicine oral suspension 144 (50 base) mg/ml	Tier 2	OTC
***Antianginal Agents* - Drugs For The Heart**		
Antianginals-Other - Drugs For Angina**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
Nitrates - Drugs For Angina**		
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Tier 2	QL (4 EA per 1 day); MAIL
isosorbide dinitrate oral tablet 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 2	QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
isosorbide mononitrate oral tablet 10 mg	Tier 2	QL (3 EA per 1 day); MAIL
isosorbide mononitrate oral tablet 20 mg	Tier 2	QL (2 EA per 1 day); MAIL
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 2	MAIL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 2	QL (1 EA per 1 day); MAIL
Nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 2	QL (1 EA per 1 day); MAIL
Nitroglycerin (Nitroquick Sublingual Tablet Sublingual 0.3 Mg, 0.4 Mg, 0.6 Mg)	Tier 2	MAIL
***Antianxiety Agents* - Drugs For The Nervous System**		
Antianxiety Agents - Misc. - Drugs For Anxiety**		
meprobamate oral tablet 200 mg, 400 mg	Tier 4	QL (3 EA per 1 day)
buspirone hcl oral tablet 10 mg	Tier 2	QL (6 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 15 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 30 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 5 mg, 7.5 mg	Tier 2	QL (8 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral solution 10 mg/5ml	Tier 2	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 2	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 100 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain**		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 7.5 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
diazepam oral concentrate 5 mg/ml	Tier 2	QL (30 ML per 25 days); AGE (Max 64 Years)

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Drug Name	Formulary Status	Requirements/Limits
diazepam oral solution 1 mg/ml	Tier 2	QL (120 EA per 25 days); AGE (Max 64 Years)
diazepam oral solution 5 mg/5ml	Tier 2	QL (120 ML per 25 days); AGE (Max 64 Years)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years)
lorazepam oral concentrate 1 mg/0.5ml	Tier 2	QL (3 EA per 1 day); AGE (Min 12 Years)
lorazepam oral concentrate 2 mg/ml	Tier 2	QL (3 ML per 1 day); AGE (Min 12 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 12 Years)
oxazepam oral capsule 10 mg, 15 mg	Tier 2	QL (3 EA per 1 day); AGE (Min 6 Years)
oxazepam oral capsule 30 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)
Diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 2	QL (30 ML per 25 days); AGE (Max 64 Years)
LORazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 2	QL (3 ML per 1 day); AGE (Min 12 Years)
***Antiarrhythmics* - Drugs For The Heart**		
Antiarrhythmics Type I-A - Drugs For Abnormal Heart Rhythms**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 2	MAIL
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 2	MAIL
Antiarrhythmics Type I-B - Drugs For Abnormal Heart Rhythms**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 2	MAIL
Antiarrhythmics Type I-C - Drugs For Abnormal Heart Rhythms**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 2	MAIL
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 2	MAIL
Antiarrhythmics Type Iii - Drugs For Abnormal Heart Rhythms**		
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 4	MAIL
MULTAQ ORAL TABLET 400 MG (Dronedarone HCl)	Tier 4	PA; MAIL
amiodarone hcl oral tablet 200 mg	Tier 2	MAIL
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 2	MAIL
***Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs**		
5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd**		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 4	PA; MAIL

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Drug Name	Formulary Status	Requirements/Limits
Adrenergic Combinations - Drugs For Asthma/Copd**		
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	Tier 4	
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	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 3	QL (2 EA per 1 day); MAIL
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 3	QL (10.7 GM per 25 days); MAIL
BEVESPI INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 3	QL (10.7 GM per 25 days); MAIL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 3	QL (2 EA per 1 day); MAIL
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 3	QL (2 EA per 1 day); MAIL
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 3	QL (10.8 GM per 25 days); MAIL
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 3	QL (4 GM per 25 days); MAIL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 3	QL (4 EA per 25 days); MAIL
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 3	QL (60 EA per 25 days); MAIL
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 2	QL (1 GM per 30 days); MAIL
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	Tier 2	QL (1 EA per 25 days); MAIL
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 2	QL (360 ML per 25 days); MAIL
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 2	QL (1 EA per 25 days); MAIL
Anti-Ige Monoclonal Antibodies - Drugs For Asthma/Copd**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 5	PA; QL (5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 5	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 5	PA; QL (2.5 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 5	PA; QL (5 ML per 24 days)

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Drug Name	Formulary Status	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (Omalizumab)	Tier 5	PA; QL (2 ML per 24 Days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 5	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 5	PA; QL (5 EA per 24 days)
Anti-Inflammatory Agents - Drugs For Asthma/Copd**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 4	MAIL
Beta Adrenergics - Drugs For Asthma/Copd**		
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 4	MAIL
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 4	QL (120 ML per 25 days); MAIL
terbutaline sulfate oral tablet 2.5 mg	Tier 4	QL (8 EA per 1 day); MAIL
terbutaline sulfate oral tablet 5 mg	Tier 4	QL (6 EA per 1 day); MAIL
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 3	QL (0.14 GM per 1 day); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (18 GM per 30 days); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (6.7 GM per 30 days); MAIL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 2	QL (8.5 GM per 30 days); MAIL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Tier 2	QL (225 ML per 25 days); MAIL
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 1.25 mg/3ml	Tier 2	QL (150 ML per 25 days); MAIL
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml	Tier 2	QL (300 ML per 25 days); MAIL
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	Tier 2	QL (150 EA per 25 days); MAIL
albuterol sulfate oral syrup 2 mg/5ml	Tier 2	MAIL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 2	ST; QL (150 ML per 25 days); MAIL
Bronchodilators - Anticholinergics - Drugs For Asthma/Copd**		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (Ipratropium Bromide HFA)	Tier 3	QL (12.9 GM per 25 days); MAIL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH (Umeclidinium Bromide)	Tier 3	QL (1 EA per 1 day); MAIL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 3	QL (4 GM per 25 days); MAIL
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 3	QL (4 EA per 25 days); MAIL

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Drug Name	Formulary Status	Requirements/Limits
ipratropium bromide inhalation solution 0.02 %	Tier 2	QL (10 ML per 1 day); MAIL
Interleukin-5 Antagonists (Igg1 Kappa) - Drugs For Asthma/Copd**		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 5	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 5	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 5	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 5	PA; QL (3 EA per 23 days)
Leukotriene Receptor Antagonists - Drugs For Asthma/Copd**		
zafirlukast oral tablet 10 mg, 20 mg	Tier 4	QL (2 EA per 1 day); MAIL
montelukast sodium oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); MAIL
montelukast sodium oral tablet chewable 4 mg	Tier 2	QL (1 EA per 1 day); AGE (Max 9 Years); MAIL
montelukast sodium oral tablet chewable 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Max 14 Years); MAIL
Selective Phosphodiesterase 4 (Pde4) Inhibitors - Drugs For Asthma/Copd**		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 4	PA; MAIL
Steroid Inhalants - Drugs For Asthma/Copd**		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 4	QL (120 ML per 25 days); AGE (Max 9 Years); MAIL
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Tier 4	QL (12 GM per 30 days); AGE (Max 11 Years); MAIL
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Tier 4	QL (10.6 GM per 30 days); AGE (Max 11 Years); MAIL
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 3	QL (1 EA per 25 days); MAIL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 3	QL (13 GM per 25 days); MAIL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 3	QL (1 EA per 25 days); MAIL

Drug Name	Formulary Status	Requirements/Limits
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 3	QL (10.6 GM per 25 days); MAIL
Xanthines - Drugs For Asthma/Copd**		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 2	MAIL
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 2	MAIL
theophylline oral elixir 80 mg/15ml	Tier 2	MAIL
theophylline oral solution 80 mg/15ml	Tier 2	MAIL
Theophylline (Elixophyllin Oral Elixir 80 Mg/15Ml)	Tier 2	MAIL
Theophylline (Theochron Oral Tablet Extended Release 12 Hour 300 Mg, 450 Mg)	Tier 2	MAIL
***Anticoagulants* - Drugs For The Blood**		
Coumarin Anticoagulants - Drugs To Prevent Blood Clots**		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 2	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 2	MAIL
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (Apixaban)	Tier 3	QL (2 EA per 1 day); MAIL
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 3	QL (74 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 3	QL (2 EA per 1 day); MAIL
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (Rivaroxaban)	Tier 3	QL (310 ML per 30 days); AGE (Max 11 Years); MAIL
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 3	QL (1 EA per 1 day); MAIL
XARELTO ORAL TABLET 2.5 MG (Rivaroxaban)	Tier 3	QL (2 EA per 1 day); MAIL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 3	QL (51 EA per 365 days)
Heparins And Heparinoid-Like Agents - Drugs To Prevent Blood Clots**		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 2	PA
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 2	PA
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots**		
enoxaparin sodium injection solution 300 mg/3ml	Tier 4	QL (3 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 4	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 4	QL (1.6 ML per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 4	QL (0.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 4	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 4	QL (1.2 ML per 1 day)
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
Synthetic Heparinoid-Like Agents - Drugs To Prevent Blood Clots**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 4	PA
***Anticonvulsants* - Drugs For The Nervous System**		
Ampa Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain**		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 4	
Anticonvulsants - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain**		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 3	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 3	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 3	QL (10 EA per 25 days); AGE (Min 6 Years)
clobazam oral tablet 10 mg, 20 mg	Tier 2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (10 EA per 1 day)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 2	QL (2 EA per 25 days)
Anticonvulsants - Misc. - Drugs For Seizures /Personality Disorder/Nerve Pain**		
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 4	QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 4	QL (2 EA per 1 day)
rufinamide oral suspension 40 mg/ml	Tier 4	MAIL
rufinamide oral tablet 200 mg, 400 mg	Tier 4	MAIL
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
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 2	MAIL
carbamazepine oral suspension 100 mg/5ml	Tier 2	MAIL
carbamazepine oral tablet 200 mg	Tier 2	MAIL
carbamazepine oral tablet chewable 100 mg	Tier 2	MAIL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 2	MAIL
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Tier 2	MAIL
gabapentin oral tablet 600 mg, 800 mg	Tier 2	MAIL
lacosamide oral solution 10 mg/ml	Tier 2	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	Tier 2	QL (4 EA per 1 day)
lacosamide oral tablet 200 mg	Tier 2	QL (3 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 2	MAIL
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 2	MAIL
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	MAIL
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 2	MAIL
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 2	MAIL
oxcarbazepine oral suspension 300 mg/5ml	Tier 2	MAIL
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 2	MAIL
primidone oral tablet 250 mg, 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 2	MAIL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 2	MAIL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 2	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 2	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 2	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 2	MAIL
LamoTRIgine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 2	MAIL
Topiramate (Topiragen Oral Tablet 100 Mg, 200 Mg, 25 Mg, 50 Mg)	Tier 2	MAIL
Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain**		
felbamate oral suspension 600 mg/5ml	Tier 4	MAIL
felbamate oral tablet 400 mg, 600 mg	Tier 4	MAIL
Gaba Modulators - Drugs For Seizures /Personality Disorder/Nerve Pain**		
vigabatrin oral packet 500 mg	Tier 5	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 5	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 5	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 5	QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 4	MAIL
Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain**		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	Tier 3	MAIL
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Tier 2	MAIL
phenytoin oral tablet chewable 50 mg	Tier 2	MAIL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 2	MAIL
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	MAIL
Phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Tier 2	MAIL
Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain**		
CELONTIN ORAL CAPSULE 300 MG (Methsuximide)	Tier 4	MAIL
ethosuximide oral capsule 250 mg	Tier 2	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 2	MAIL
Valproic Acid - Drugs For Seizures /Personality Disorder/Nerve Pain**		
divalproex sodium er oral tablet delayed release 500 mg	Tier 2	MAIL
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 2	MAIL
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 2	MAIL
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 2	MAIL
valproic acid oral capsule 250 mg	Tier 2	MAIL
valproic acid oral solution 250 mg/5ml	Tier 2	MAIL
***Antidepressants* - Drugs For The Nervous System**		
Alpha-2 Receptor Antagonists (Tetracyclics) - Drugs For Depression**		
mirtazapine oral tablet 15 mg	Tier 2	QL (2 EA per 1 day); MAIL
mirtazapine oral tablet 30 mg, 45 mg	Tier 2	QL (1 EA per 1 day); MAIL
Antidepressants - Misc. - Drugs For Depression**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg	Tier 2	QL (2 EA per 1 day); MAIL
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	Tier 2	QL (3 EA per 1 day); MAIL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
bupropion hcl oral tablet 100 mg, 75 mg	Tier 2	QL (4 EA per 1 day); MAIL
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 100 Mg)	Tier 2	QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
BuPROPion HCl (Budeprion Sr Oral Tablet Extended Release 12 Hour 150 Mg)	Tier 2	QL (3 EA per 1 day); MAIL
BuPROPion HCl (Budeprion Xl Oral Tablet Extended Release 24 Hour 150 Mg, 300 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Monoamine Oxidase Inhibitors (Maois) - Drugs For Depression**		
tranylcypromine sulfate oral tablet 10 mg	Tier 4	QL (8 EA per 1 day); MAIL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	Tier 4	PA; MAIL
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	Tier 4	PA; MAIL
phenelzine sulfate oral tablet 15 mg	Tier 2	QL (6 EA per 1 day); MAIL
NARDIL ORAL TABLET 15 MG (Phenelzine Sulfate)	Tier 2	QL (6 EA per 1 day); MAIL
Selective Serotonin Reuptake Inhibitors (Ssris) - Drugs For Depression**		
citalopram hydrobromide oral solution 10 mg/5ml	Tier 2	QL (20 ML per 1 day); AGE (Max 12 Years); MAIL
citalopram hydrobromide oral tablet 10 mg, 20 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
citalopram hydrobromide oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
escitalopram oxalate oral solution 5 mg/5ml	Tier 2	AGE (Max 12 Years); MAIL
escitalopram oxalate oral tablet 10 mg, 5 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
escitalopram oxalate oral tablet 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
fluoxetine hcl oral capsule 10 mg	Tier 2	QL (3 EA per 1 day); MAIL
fluoxetine hcl oral capsule 20 mg	Tier 2	QL (4 EA per 1 day); MAIL
fluoxetine hcl oral capsule 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
fluoxetine hcl oral solution 20 mg/5ml	Tier 2	AGE (Max 12 Years); MAIL
fluvoxamine maleate oral tablet 100 mg	Tier 2	QL (3 EA per 1 day); MAIL
fluvoxamine maleate oral tablet 25 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
sertraline hcl oral concentrate 20 mg/ml	Tier 2	QL (10 ML per 1 day); AGE (Max 11 Years); MAIL
sertraline hcl oral tablet 100 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
sertraline hcl oral tablet 25 mg	Tier 2	QL (1 EA per 1 day); MAIL
Serotonin Modulators - Drugs For Depression**		
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Tier 4	PA; MAIL
BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 4	PA; MAIL
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	Tier 4	PA; MAIL
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression**		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 4	PA; MAIL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 4	PA
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 2	QL (1 EA per 1 day); MAIL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 2	QL (2 EA per 1 day); MAIL
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 2	QL (3 EA per 1 day); MAIL
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 2	QL (3 EA per 1 day); MAIL
Tricyclic Agents - Drugs For Depression**		
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 4	QL (6 EA per 1 day); MAIL
protriptyline hcl oral tablet 10 mg	Tier 4	QL (6 EA per 1 day); MAIL
protriptyline hcl oral tablet 5 mg	Tier 4	QL (4 EA per 1 day); MAIL
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 4	MAIL
amitriptyline hcl oral tablet 10 mg, 25 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
amitriptyline hcl oral tablet 100 mg, 150 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
amitriptyline hcl oral tablet 50 mg, 75 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 2	MAIL
desipramine hcl oral tablet 10 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
desipramine hcl oral tablet 100 mg, 75 mg	Tier 2	QL (3 EA per 1 day); MAIL
desipramine hcl oral tablet 150 mg	Tier 2	QL (2 EA per 1 day); MAIL
desipramine hcl oral tablet 25 mg	Tier 2	QL (4 EA per 1 day); MAIL
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (3 EA per 1 day); AGE (Max 64 Years); MAIL
doxepin hcl oral capsule 150 mg	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years); MAIL
doxepin hcl oral concentrate 10 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
nortriptyline hcl oral capsule 10 mg, 25 mg	Tier 2	QL (6 EA per 1 day); MAIL
nortriptyline hcl oral capsule 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
nortriptyline hcl oral capsule 75 mg	Tier 2	QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
***Antidiabetics* - Hormones**		
Alpha-Glucosidase Inhibitors - Drugs For Diabetes**		
miglitol oral tablet 100 mg	Tier 4	QL (3 EA per 1 day); MAIL
miglitol oral tablet 25 mg	Tier 4	QL (12 EA per 1 day); MAIL
miglitol oral tablet 50 mg	Tier 4	QL (6 EA per 1 day); MAIL
acarbose oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
acarbose oral tablet 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL
Antidiabetic - Amylin Analogs - Drugs For Diabetes**		
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
Biguanides - Drugs For Diabetes**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 2	QL (4 EA per 1 day); MAIL
metformin hcl oral tablet 1000 mg	Tier 2	QL (2 EA per 1 day); MAIL
metformin hcl oral tablet 500 mg	Tier 2	QL (5 EA per 1 day); MAIL
metformin hcl oral tablet 850 mg	Tier 2	QL (3 EA per 1 day); MAIL
Diabetic Other - Combinations - Drugs For Diabetes**		
glucose instant energy oral tablet chewable 4-6 gm-mg	Tier 2	OTC
Diabetic Other - Drugs For Diabetes**		
diazoxide oral suspension 50 mg/ml	Tier 4	MAIL
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 3	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 3	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 3	QL (2 EA per 25 days)
GLUCAGEN INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 3	QL (2 EA per 25 days)
glucagon emergency kit 1 mg injection	Tier 2	QL (2 EA per 30 days)
glucose oral tablet chewable 4 gm	Tier 2	OTC
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPtin Phosphate)	Tier 3	ST; QL (1 EA per 1 day); MAIL
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations - Drugs For Diabetes**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SitaGLIPtin-MetFORMIN HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SitaGLIPtin-MetFORMIN HCl)	Tier 3	ST; QL (1 EA per 1 day); MAIL
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SitaGLIPtin-MetFORMIN HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
Dopamine Receptor Agonists - Ergot Derivatives - Drugs For Diabetes**		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 3	QL (6 EA per 1 day); MAIL
Dpp-4 Inhibitor-Thiazolidinedione Combinations - Drugs For Diabetes**		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
Human Insulin - Drugs For Diabetes**		
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
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
insulin aspart injection solution 100 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
insulin degludec subcutaneous solution 100 unit/ml	Tier 3	QL (30 ML per 25 days); MAIL
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 3	QL (30 ML per 30 days); MAIL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (15 ML per 25 days); MAIL
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (30 ML per 25 days); MAIL
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (15 ML per 25 days); MAIL
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 3	QL (30 ML per 25 days); MAIL
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (20 ML per 25 days); MAIL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (20 ML per 25 days); MAIL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 3	QL (18 ML per 25 days); MAIL

Drug Name	Formulary Status	Requirements/Limits
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 30 days); MAIL
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 3	QL (30 ML per 30 days); MAIL; OTC
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL

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Drug Name	Formulary Status	Requirements/Limits
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 3	QL (30 ML per 25 days); MAIL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 3	QL (18 ML per 25 days); MAIL
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 3	QL (18 ML per 25 days); MAIL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 3	QL (30 ML per 25 days); MAIL
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 3	QL (30 ML per 25 days); MAIL
Incretin Mimetic Agents (Glp-1 Receptor Agonists) - Drugs For Diabetes**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 25 days); MAIL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 25 days); MAIL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 3	ST; QL (3 ML per 28 days); MAIL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 3	ST; QL (1 EA per 1 day); MAIL
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 3	ST; QL (2 ML per 24 days); MAIL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (Liraglutide)	Tier 3	ST; QL (9 ML per 25 days); MAIL
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 2	ST; QL (9 ML per 25 Days); MAIL
Insulin-Incretin Mimetic Combinations - Drugs For Diabetes**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 3	ST; QL (15 ML per 30 days); MAIL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 3	ST; QL (15 ML per 30 days); MAIL
Meglitinide Analogues - Drugs For Diabetes**		
nateglinide oral tablet 120 mg, 60 mg	Tier 2	QL (3 EA per 1 day); MAIL
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	QL (6 EA per 1 day); MAIL
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb - Drugs For Diabetes**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 3	ST; QL (1 EA per 1 day); MAIL
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 3	ST; QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations - Drugs For Diabetes**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors - Drugs For Diabetes**		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol)	Tier 3	ST; QL (1 EA per 1 day); MAIL
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 3	ST; QL (1 EA per 1 day); MAIL
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb - Drugs For Diabetes**		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (1 EA per 1 day); MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 3	ST; QL (2 EA per 1 day); MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Prop-metFORMIN)	Tier 3	ST; QL (1 EA per 1 day); MAIL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Prop-metFORMIN)	Tier 3	ST; QL (2 EA per 1 day); MAIL
Sulfonylurea-Biguanide Combinations - Drugs For Diabetes**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 2	QL (4 EA per 1 day); MAIL
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Tier 2	QL (2 EA per 1 day); MAIL
glyburide-metformin oral tablet 5-500 mg	Tier 2	QL (4 EA per 1 day); MAIL
Sulfonylureas - Drugs For Diabetes**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 2	MAIL
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL
glipizide oral tablet 10 mg, 5 mg	Tier 2	MAIL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Tier 2	MAIL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 2	MAIL
glycron oral tablet 1.5 mg, 3 mg, 6 mg	Tier 2	MAIL
tolazamide oral tablet 250 mg, 500 mg	Tier 2	MAIL
tolbutamide oral tablet 500 mg	Tier 2	
Thiazolidinediones - Drugs For Diabetes**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 2	QL (1 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
***Antidiarrheal/Probiotic Agents* - Drugs For The Stomach**		
Antidiarrheal/Probiotic Agents - Misc. - Drugs For Diarrhea**		
bismuth subsalicylate oral suspension 262 mg/15ml, 525 mg/30ml	Tier 2	OTC
bismuth subsalicylate oral tablet chewable 262 mg	Tier 2	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
KAOPECTATE ORAL TABLET 262 MG (Bismuth Subsalicylate)	Tier 2	OTC
MAALOX TOTAL RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 2	OTC
Antiperistaltic Agents - Drugs For Diarrhea**		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 4	PA; QL (100 EA per 30 days)
anti-diarrheal oral capsule 2 mg	Tier 2	OTC
diphenatol oral tablet 2.5-0.025 mg	Tier 2	
diphenoxylate-atropine oral tablet 0.025-2.5 mg, 2.5-0.025 mg	Tier 2	
lofene oral tablet 2.5-0.025 mg	Tier 2	
loperamide hcl oral capsule 2 mg	Tier 2	
loperamide hcl oral liquid 1 mg/7.5ml	Tier 2	OTC
loperamide hcl oral suspension 1 mg/7.5ml	Tier 2	OTC
loperamide hcl oral tablet 2 mg	Tier 2	OTC
Diphenoxylate-Atropine (Lonox Oral Tablet 2.5-0.025 Mg)	Tier 2	
***Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning**		
Antidotes - Chelating Agents - Drugs For Overdose Or Poisoning**		
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 5	PA
deferiprone oral tablet 1000 mg, 500 mg	Tier 5	PA
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 4	PA
Opioid Antagonists - Drugs For Overdose Or Poisoning**		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (Naltrexone)	Tier 4	QL (1 EA per 25 days)
naloxone hcl injection solution 0.4 mg/ml	Tier 2	QL (4 ML per 25 days)
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 2	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Tier 2	
naloxone hcl nasal liquid 4 mg/0.1ml	Tier 2	
naltrexone hcl oral tablet 50 mg	Tier 2	QL (2 EA per 1 day)
Naltrexone HCl (Depade Oral Tablet 50 Mg)	Tier 2	QL (2 EA per 1 day)
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
***Antiemetics* - Drugs For The Stomach**		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea**		
granisetron hcl oral tablet 1 mg	Tier 4	QL (2 EA per 1 day)
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 4	PA
ondansetron hcl oral solution 4 mg/5ml	Tier 2	QL (50 ML per 25 days); AGE (Max 12 Years)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 2	QL (90 EA per 25 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 2	QL (90 EA per 25 days)
Antiemetic Combinations - Drugs For Vomiting And Nausea**		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 4	PA
anti-nausea oral solution 1.87-1.87-21.5	Tier 2	OTC
Antiemetics - Anticholinergic - Drugs For Vomiting And Nausea**		
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 4	QL (4 EA per 25 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 2	QL (4 EA per 1 day)
meclizine hcl oral tablet chewable 25 mg	Tier 2	QL (4 EA per 1 day)
motion sickness relief oral tablet 50 mg	Tier 2	OTC
trimethobenzamide hcl oral capsule 300 mg	Tier 2	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (Meclizine HCl)	Tier 2	QL (4 EA per 1 day); OTC
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 2	QL (4 EA per 1 day); OTC
Antiemetics - Miscellaneous - Drugs For Vomiting And Nausea**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 4	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea**		
aprepitant oral 80 & 125 mg	Tier 4	PA
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Tier 4	PA
***Antifungals* - Drugs For Infections**		
Antifungals - Drugs For Fungus**		
flucytosine oral capsule 250 mg, 500 mg	Tier 4	PA
griseofulvin microsize oral suspension 125 mg/5ml	Tier 2	
nystatin oral tablet 500000 unit	Tier 2	
terbinafine hcl oral tablet 250 mg	Tier 2	QL (1 EA per 1 day)
Imidazoles - Drugs For Fungus**		
ketoconazole oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
Triazoles - Drugs For Fungus**		
voriconazole oral tablet 200 mg, 50 mg	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 2	QL (105 ML per 25 days); AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 200 mg, 50 mg	Tier 2	QL (21 EA per 25 days)
fluconazole oral tablet 150 mg	Tier 2	QL (2 EA per 25 days)
itraconazole oral capsule 100 mg	Tier 2	QL (4 EA per 1 day)
***Antihistamines* - Drugs For The Lungs**		
Antihistamines - Alkylamines - Drugs For Allergies**		
dexchlorpheniramine maleate oral solution 2 mg/5ml	Tier 4	PA
chlorpheniramine maleate er oral tablet extended release 12 mg	Tier 2	QL (2 EA per 1 day); OTC
chlorpheniramine maleate oral tablet 4 mg	Tier 2	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 2	OTC
Antihistamines - Ethanolamines - Drugs For Allergies**		
allergy relief childrens oral tablet dispersible 12.5 mg	Tier 2	OTC
carbinoxamine maleate oral tablet 4 mg	Tier 2	
clemastine fumarate oral tablet 1.34 mg	Tier 2	OTC
clemastine fumarate oral tablet 2.68 mg	Tier 2	
diphedryl oral elixir 12.5 mg/5ml	Tier 2	AGE (Max 12 Years); OTC
diphen oral elixir 12.5 mg/5ml	Tier 2	AGE (Max 12 Years)
di-phen oral elixir 12.5 mg/5ml	Tier 2	AGE (Max 12 Years)
di-phen oral liquid 12.5 mg/5ml	Tier 2	AGE (Max 12 Years)
diphendryl oral capsule 25 mg	Tier 2	OTC
diphenhydramine hcl injection solution 50 mg/ml	Tier 2	
diphenhydramine hcl oral capsule 25 mg, 50 mg	Tier 2	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 2	AGE (Max 12 Years)
diphenhydramine hcl oral liquid 12.5 mg/5ml	Tier 2	AGE (Max 12 Years); OTC
diphenhydramine hcl oral tablet 25 mg, 50 mg	Tier 2	OTC
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 2	AGE (Max 12 Years); OTC
kp diphenhydramine hcl oral capsule 50 mg	Tier 2	OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5Ml)	Tier 2	
Carbinoxamine Maleate (Arbinoxa Oral Tablet 4 Mg)	Tier 2	
Antihistamines - Non-Sedating - Drugs For Allergies**		
desloratadine oral tablet 5 mg	Tier 4	QL (1 EA per 1 day)
cetirizine hcl allergy child oral solution 5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl childrens alrgy oral syrup 1 mg/ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)

Drug Name	Formulary Status	Requirements/Limits
cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); OTC
fexofenadine hcl oral tablet 180 mg	Tier 2	QL (1 EA per 1 day); OTC
fexofenadine hcl oral tablet 60 mg	Tier 2	QL (2 EA per 1 day); OTC
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years)
levocetirizine dihydrochloride oral tablet 5 mg	Tier 2	QL (1 EA per 1 day)
loratadine oral solution 5 mg/5ml	Tier 2	QL (10 ML per 1 day); AGE (Max 12 Years); OTC
loratadine oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); OTC
loratadine oral tablet dispersible 10 mg	Tier 2	QL (1 EA per 1 day); OTC
Antihistamines - Phenothiazines - Drugs For Allergies**		
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 4	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 4	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 4	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 4	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral solution 6.25 mg/5ml	Tier 2	AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral syrup 6.25 mg/5ml	Tier 2	AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	AGE (Min 2 Years and Max 64 Years)
Antihistamines - Piperidines - Drugs For Allergies**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 2	AGE (Max 64 Years)
cyproheptadine hcl oral tablet 4 mg	Tier 2	AGE (Max 64 Years)
***Antihyperlipidemics* - Drugs For The Heart**		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb - Drugs For Cholesterol**		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 4	PA; MAIL
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors - Drugs For Cholesterol**		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 4	PA; MAIL
Antihyperlipidemics - Misc. - Drugs For Cholesterol**		
omega-3-acid ethyl esters oral capsule 1 gm	Tier 4	QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
triklo oral capsule 1 gm	Tier 4	QL (4 EA per 1 day)
Bile Acid Sequestrants - Drugs For Cholesterol**		
colesevelam hcl oral packet 3.75 gm	Tier 4	QL (1 EA per 1 day); MAIL
colesevelam hcl oral tablet 625 mg	Tier 4	QL (6 EA per 1 day); MAIL
cholestyramine light oral powder 4 gm/dose	Tier 2	QL (240 GM per 25 days); MAIL
cholestyramine oral powder 4 gm/dose	Tier 2	QL (378 GM per 25 days); MAIL
colestipol hcl oral tablet 1 gm	Tier 2	QL (16 EA per 1 day); MAIL
micronized colestipol hcl oral tablet 1 gm	Tier 2	QL (16 EA per 1 day); MAIL
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 2	QL (240 GM per 25 days); MAIL
Fibric Acid Derivatives - Drugs For Cholesterol**		
choline fenofibrate oral capsule delayed release 135 mg	Tier 4	QL (1 EA per 1 day); MAIL
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 4	QL (1 EA per 1 day); MAIL
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 4	QL (1 EA per 1 day); MAIL
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 4	QL (1 EA per 1 day); MAIL
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 2	QL (1 EA per 1 day); MAIL
gemfibrozil oral tablet 600 mg	Tier 2	QL (4 EA per 1 day); MAIL
Hmg Coa Reductase Inhibitors - Drugs For Cholesterol**		
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg	Tier 4	QL (1.5 EA per 1 day); MAIL
rosuvastatin calcium oral tablet 40 mg	Tier 4	QL (1 EA per 1 day); MAIL
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
atorvastatin calcium oral tablet 80 mg	Tier 2	QL (1 EA per 1 day); MAIL
lovastatin oral tablet 10 mg, 20 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
lovastatin oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
pravastatin sodium oral tablet 80 mg	Tier 2	QL (1 EA per 1 day); MAIL
simvastatin oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (1.5 EA per 1 day); MAIL
simvastatin oral tablet 40 mg, 80 mg	Tier 2	QL (1 EA per 1 day); MAIL
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb - Drugs For Cholesterol**		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 4	PA; MAIL

Drug Name	Formulary Status	Requirements/Limits
Intestinal Cholesterol Absorption Inhibitors - Drugs For Cholesterol**		
ezetimibe oral tablet 10 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
Nicotinic Acid Derivatives - Drugs For Cholesterol**		
niacin (antihyperlipidemic) oral tablet 500 mg	Tier 4	QL (4 EA per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 4	QL (4 EA per 1 day); MAIL
Pcsk9 Inhibitors - Drugs For Cholesterol**		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 5	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 5	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 5	PA
***Antihypertensives* - Drugs For The Heart**		
Ace Inhibitor & Calcium Channel Blocker Combinations - Drugs For High Blood Pressure**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	Tier 2	QL (1 EA per 1 day); MAIL
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	Tier 2	QL (2 EA per 1 day); MAIL
Ace Inhibitors & Thiazide/Thiazide-Like - Drugs For High Blood Pressure**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	QL (3 EA per 1 day); MAIL
benazepril-hydrochlorothiazide oral tablet 20-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Tier 2	QL (1 EA per 1 day); MAIL
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
Ace Inhibitors - Drugs For High Blood Pressure**		
benazepril hcl oral tablet 10 mg, 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
benazepril hcl oral tablet 40 mg, 5 mg	Tier 2	QL (3 EA per 1 day); MAIL
captopril oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
captopril oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	QL (6 EA per 1 day); MAIL
enalapril maleate oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
enalapril maleate oral tablet 2.5 mg, 20 mg	Tier 2	QL (2 EA per 1 day); MAIL
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 2	QL (1 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
lisinopril oral tablet 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 2	QL (2 EA per 1 day); MAIL
perindopril erbumine oral tablet 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
perindopril erbumine oral tablet 8 mg	Tier 2	QL (2 EA per 1 day); MAIL
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
quinapril hcl oral tablet 40 mg	Tier 2	QL (2 EA per 1 day); MAIL
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
Agents For Pheochromocytoma - Drugs For High Blood Pressure**		
phenoxybenzamine hcl oral capsule 10 mg	Tier 5	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb - Drugs For High Blood Pressure**		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 4	QL (1 EA per 1 day); MAIL
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like - Drugs For High Blood Pressure**		
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 4	QL (1 EA per 1 day); MAIL
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Angiotensin Ii Receptor Antagonists - Drugs For High Blood Pressure**		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
candesartan cilexetil oral tablet 32 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
eprosartan mesylate oral tablet 600 mg	Tier 4	ST; QL (1.5 EA per 1 day); MAIL
olmesartan medoxomil oral tablet 20 mg, 40 mg	Tier 4	QL (1 EA per 1 day); MAIL
olmesartan medoxomil oral tablet 5 mg	Tier 4	QL (2 EA per 1 day); MAIL
telmisartan oral tablet 20 mg, 40 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
telmisartan oral tablet 80 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
EDARBI ORAL TABLET 40 MG, 80 MG (Azilsartan Medoxomil)	Tier 4	ST; QL (1 EA per 1 day); MAIL
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 2	QL (1 EA per 1 day); MAIL
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 2	QL (2 EA per 1 day); MAIL
valsartan oral tablet 320 mg	Tier 2	QL (1 EA per 1 day); MAIL
Antiadrenergics - Centrally Acting - Drugs For High Blood Pressure**		
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 4	ST; QL (4 EA per 25 days); MAIL
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 2	QL (6 EA per 1 day); MAIL
clonidine hcl oral tablet 0.3 mg	Tier 2	QL (4 EA per 1 day); MAIL
guanfacine hcl oral tablet 1 mg	Tier 2	QL (4 EA per 1 day); MAIL
guanfacine hcl oral tablet 2 mg	Tier 2	QL (2 EA per 1 day); MAIL
methyldopa oral tablet 250 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
methyldopa oral tablet 500 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years); MAIL
Antiadrenergics - Peripherally Acting - Drugs For High Blood Pressure**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 2	QL (1 EA per 1 day); MAIL
doxazosin mesylate oral tablet 8 mg	Tier 2	QL (2 EA per 1 day); MAIL
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 2	QL (6 EA per 1 day); MAIL
terazosin hcl oral capsule 1 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
terazosin hcl oral capsule 10 mg, 2 mg	Tier 2	QL (2 EA per 1 day); MAIL
Antihypertensives - Misc. - Drugs For High Blood Pressure**		
INVERSINE ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	MAIL
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	MAIL
Beta Blocker & Diuretic Combinations - Drugs For High Blood Pressure**		
atenolol-chlorthalidone oral tablet 100-25 mg	Tier 2	QL (1 EA per 1 day); MAIL
atenolol-chlorthalidone oral tablet 50-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Tier 2	QL (4 EA per 1 day); MAIL
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Tier 2	QL (3 EA per 1 day); MAIL
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 2	QL (2 EA per 1 day); MAIL
Direct Renin Inhibitors - Drugs For High Blood Pressure**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
Selective Aldosterone Receptor Antagonists (Saras) - Drugs For High Blood Pressure**		
eplerenone oral tablet 25 mg	Tier 2	QL (4 EA per 1 day); MAIL
eplerenone oral tablet 50 mg	Tier 2	QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Vasodilators - Drugs For High Blood Pressure**		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	MAIL
minoxidil oral tablet 10 mg, 2.5 mg	Tier 2	MAIL
***Anti-Infective Agents - Misc.* - Drugs For Infections**		
Anti-Infective Agents - Misc. - Drugs For Infections**		
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 5	PA
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 4	
tinidazole oral tablet 250 mg	Tier 4	QL (8 EA per 1 day)
tinidazole oral tablet 500 mg	Tier 4	QL (4 EA per 1 day)
metronidazole oral tablet 250 mg, 500 mg	Tier 2	
trimethoprim oral tablet 100 mg	Tier 2	
Anti-Infective Misc. - Combinations - Antibiotics**		
smz-tmp ds oral tablet 800-160 mg	Tier 2	
sulfamethoxazole-tmp ds oral tablet 800-160 mg	Tier 2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 2	AGE (Max 12 Years)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 2	
sulfatrim oral suspension 200-40 mg/5ml	Tier 2	AGE (Max 12 Years)
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	Tier 2	AGE (Max 12 Years)
Antiprotozoal Agents - Drugs For Parasites**		
atovaquone oral suspension 750 mg/5ml	Tier 4	PA
nitazoxanide oral tablet 500 mg	Tier 4	PA
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 4	PA
Glycopeptides - Antibiotics**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (Vancomycin HCl)	Tier 3	
Leprostatics - Antibiotics**		
dapsone oral tablet 100 mg	Tier 2	QL (3 EA per 1 day)
dapsone oral tablet 25 mg	Tier 2	QL (4 EA per 1 day)
Lincosamides - Antibiotics**		
clindamycin hcl oral capsule 150 mg, 300 mg	Tier 2	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 2	AGE (Max 12 Years)
Monobactams - Antibiotics**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 5	PA
Oxazolidinones - Antibiotics**		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
linezolid oral tablet 600 mg	Tier 4	PA
Urinary Anti-Infectives - Antibiotics**		
fosfomycin tromethamine oral packet 3 gm	Tier 4	
nitrofurantoin oral suspension 25 mg/5ml	Tier 4	AGE (Max 12 Years)
methenamine hippurate oral tablet 1 gm	Tier 2	
nitrofurantoin macrocrystal oral capsule 100 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin macrocrystal oral capsule 50 mg	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 2	QL (2 EA per 1 day); AGE (Max 64 Years)
***Antimalarials* - Drugs For Infections**		
Antimalarial Combinations - Drugs For Parasites**		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 4	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 2	PA; QL (1 EA per 1 day)
pyrimethamine-leucovorin oral capsule 12.5-2.5 mg	Tier 2	QL (3 EA per 1 day)
pyrimethamine-leucovorin oral capsule 25-10 mg, 25-5 mg, 50-10 mg, 50-20 mg, 50-25 mg, 75-25 mg	Tier 2	QL (1 EA per 1 day)
Antimalarials - Drugs For Parasites**		
hydroxychloroquine sulfate oral tablet 200 mg	Tier 4	QL (4 EA per 1 day)
quinine sulfate oral capsule 324 mg	Tier 4	QL (30 EA per 25 days)
chloroquine phosphate oral tablet 250 mg	Tier 2	QL (20 EA per 25 days)
chloroquine phosphate oral tablet 500 mg	Tier 2	QL (10 EA per 25 days)
mefloquine hcl oral tablet 250 mg	Tier 2	QL (6 EA per 25 days)
primaquine phosphate oral tablet 26.3 (15 base) mg, 26.3 mg	Tier 2	PA; QL (21 EA per 25 days)
***Antimyasthenic/Cholinergic Agents* - Drugs For Nerves And Muscles**		
Antimyasthenic/Cholinergic Agents - Drugs For Nerves And Muscles**		
pyridostigmine bromide oral tablet 60 mg	Tier 2	QL (6 EA per 1 day)
***Antimycobacterial Agents* - Drugs For Infections**		
Antimycobacterial Agents - Antibiotics**		
pyrazinamide oral tablet 500 mg	Tier 4	
rifabutin oral capsule 150 mg	Tier 4	
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 4	
TRECATOR ORAL TABLET 250 MG (Ethionamide)	Tier 4	
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM (Capreomycin Sulfate)	Tier 3	PA
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 3	QL (32 EA per 25 days)
cycloserine oral capsule 250 mg	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 2	
isoniazid oral syrup 50 mg/5ml	Tier 2	
isoniazid oral tablet 100 mg, 300 mg	Tier 2	
rifampin oral capsule 150 mg, 300 mg	Tier 2	
***Antineoplastics And Adjunctive Therapies* - Drugs For Cancer**		
Androgen Biosynthesis Inhibitors - Drugs For Cancer**		
abiraterone acetate oral tablet 250 mg	Tier 5	PA; QL (4 EA per 1 day)
abiraterone acetate oral tablet 500 mg	Tier 5	PA; QL (2 EA per 1 day)
Antiadrenals - Drugs For Cancer**		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 5	PA
Antiandrogens - Drugs For Cancer**		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 5	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 5	PA; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 5	PA; QL (2 EA per 1 day)
EULEXIN ORAL CAPSULE 125 MG (Flutamide)	Tier 3	
bicalutamide oral tablet 50 mg	Tier 2	QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 2	PA
Antiestrogens - Drugs For Cancer**		
toremifene citrate oral tablet 60 mg	Tier 4	PA; QL (1 EA per 1 day)
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 2	MAIL
Antimetabolites - Drugs For Cancer**		
capecitabine oral tablet 150 mg, 500 mg	Tier 5	PA
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 5	PA
mercaptopurine oral tablet 50 mg	Tier 2	
methotrexate oral tablet 2.5 mg	Tier 2	
methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml	Tier 2	QL (10 ML per 25 days)
methotrexate sodium injection solution 250 mg/10ml	Tier 2	QL (10 ML per 30 days)
methotrexate sodium injection solution 50 mg/2ml	Tier 2	QL (10 ML per 25 days)
methotrexate sodium oral tablet 2.5 mg	Tier 2	
Antineoplastic - Alk Inhibitors - Drugs For Cancer**		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 5	PA; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 5	PA; QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 5	PA; QL (3 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors - Drugs For Cancer**		
imatinib mesylate oral tablet 100 mg	Tier 5	PA; QL (3 EA per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 5	PA; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 5	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (Dasatinib)	Tier 5	PA; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (Dasatinib)	Tier 5	PA; QL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (Nilotinib HCl)	Tier 5	PA; QL (4 EA per 1 day)
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer**		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 5	PA; QL (4 EA per 1 day)
Antineoplastic - Btk Inhibitors - Drugs For Cancer**		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 5	PA; QL (3 EA per 1 day)
Antineoplastic - Egfr Inhibitors - Drugs For Cancer**		
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 5	PA; QL (1 EA per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 5	PA; QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 5	PA; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitors - Drugs For Cancer**		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 5	PA; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Histone Deacetylase Inhibitors - Drugs For Cancer**		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 5	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 5	PA; QL (4 EA per 1 day)
Antineoplastic - Immunomodulators - Drugs For Cancer**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Mek Inhibitors - Drugs For Cancer**		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 5	PA; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 5	PA; QL (1 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 5	PA; QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 5 mg	Tier 5	PA; QL (2 EA per 1 day)
everolimus oral tablet soluble 3 mg	Tier 5	PA; QL (3 EA per 1 day)
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer**		
lapatinib ditosylate oral tablet 250 mg	Tier 5	PA; QL (6 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
sorafenib tosylate oral tablet 200 mg	Tier 5	PA; QL (4 EA per 1 day)
sunitinib malate oral capsule 12.5 mg	Tier 5	PA; QL (4 EA per 1 day)
sunitinib malate oral capsule 25 mg	Tier 5	PA; QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	Tier 5	PA; QL (1 EA per 1 day)
vandetanib oral tablet 100 mg	Tier 5	PA; QL (2 EA per 1 day)
vandetanib oral tablet 300 mg	Tier 5	PA; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 5	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 5	PA; QL (1 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 5	PA; QL (3 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG (PAZOPanib HCl)	Tier 5	PA; QL (4 EA per 1 day)
Antineoplastics Misc. - Drugs For Cancer**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 5	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 5	PA
hydroxyurea oral capsule 500 mg	Tier 2	
Aromatase Inhibitors - Drugs For Cancer**		
exemestane oral tablet 25 mg	Tier 4	MAIL
anastrozole oral tablet 1 mg	Tier 2	MAIL
letrozole oral tablet 2.5 mg	Tier 2	QL (1 EA per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors - Drugs For Cancer**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 5	PA; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 5	PA; QL (1 EA per 1 day)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 5	PA; QL (2 EA per 1 day)
Estrogens-Antineoplastic - Drugs For Cancer**		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 5	PA
Folic Acid Antagonists Rescue Agents - Drugs For Cancer**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 2	
Imidazotetrazines - Drugs For Cancer**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 5	PA
Janus Associated Kinase (Jak) Inhibitors - Drugs For Cancer**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 5	PA; QL (2 EA per 1 day)
Lhrh Analogs - Drugs For Cancer**		
leuprolide acetate injection kit 1 mg/0.2ml	Tier 5	PA
Mitotic Inhibitors - Drugs For Cancer**		
etoposide oral capsule 50 mg	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
Nitrogen Mustards And Related Analogues - Drugs For Cancer**		
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 5	PA
melphalan oral tablet 2 mg	Tier 5	PA
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 5	PA
Nitrosoureas - Drugs For Cancer**		
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 5	PA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Lomustine)	Tier 5	PA
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer**		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 5	PA; QL (2 EA per 1 day)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer**		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 5	PA; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 5	PA; QL (4 EA per 1 day)
ZEJULA ORAL CAPSULE 100 MG (Niraparib Tosylate)	Tier 5	PA; QL (3 EA per 1 day)
Progestins-Antineoplastic - Drugs For Cancer**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 2	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 2	
Retinoids - Drugs For Cancer**		
tretinoin oral capsule 10 mg	Tier 5	PA
Selective Retinoid X Receptor Agonists - Drugs For Cancer**		
bexarotene oral capsule 75 mg	Tier 5	PA
Vascular Endothelial Growth Factor (Vegf) Inhibitors - Drugs For Cancer**		
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 5	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 5	PA; QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 5	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 5	PA; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 5	PA; QL (2 EA per 1 day)
***Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System**		
Antiparkinson Anticholinergics - Drugs For Parkinson**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	AGE (Max 64 Years); MAIL
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 2	AGE (Max 64 Years); MAIL
Antiparkinson Dopaminergics - Drugs For Parkinson**		
bromocriptine mesylate oral capsule 5 mg	Tier 4	QL (6 EA per 1 day); MAIL
bromocriptine mesylate oral tablet 2.5 mg	Tier 4	QL (6 EA per 1 day); MAIL
amantadine hcl oral capsule 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
amantadine hcl oral solution 50 mg/5ml	Tier 2	MAIL
amantadine hcl oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
Antiparkinson Monoamine Oxidase Inhibitors - Drugs For Parkinson**		
rasagiline mesylate oral tablet 0.5 mg	Tier 4	QL (2 EA per 1 day); MAIL
rasagiline mesylate oral tablet 1 mg	Tier 4	QL (1 EA per 1 day); MAIL
selegiline hcl oral capsule 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
selegiline hcl oral tablet 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
Central/Peripheral Comt Inhibitors - Drugs For Parkinson**		
tolcapone oral tablet 100 mg	Tier 4	PA; MAIL
Decarboxylase Inhibitors - Drugs For Parkinson**		
carbidopa oral tablet 25 mg	Tier 4	MAIL
Levodopa Combinations - Drugs For Parkinson**		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-200-75 mg, 18.75-75-200 mg	Tier 4	MAIL
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	Tier 4	QL (8 EA per 1 day); MAIL
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Tier 4	QL (6 EA per 1 day); MAIL
atamet oral tablet 25-250 mg	Tier 2	MAIL
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 2	MAIL
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	MAIL
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 2	MAIL
Nonergoline Dopamine Receptor Agonists - Drugs For Parkinson**		
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
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
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 2	MAIL
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 2	MAIL
Peripheral Comt Inhibitors - Drugs For Parkinson**		
entacapone oral tablet 200 mg	Tier 4	QL (8 EA per 1 day); MAIL
***Antipsychotics/Antimanic Agents* - Drugs For The Nervous System**		
Antimanic Agents - Drugs For Severe Mental Disorders**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 2	AGE (Min 6 Years); MAIL
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 2	AGE (Min 6 Years); MAIL
lithium carbonate oral tablet 300 mg	Tier 2	AGE (Min 6 Years); MAIL
Antipsychotics - Misc. - Drugs For Severe Mental Disorders**		
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 4	PA; MAIL
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 4	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
Benzisoxazoles - Drugs For Severe Mental Disorders**		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 4	PA; MAIL
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 4	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
risperidone oral tablet dispersible 4 mg	Tier 4	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Iloperidone)	Tier 4	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (Iloperidone)	Tier 4	PA
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg, 3 Mg)	Tier 4	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)	Tier 4	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL
risperidone oral solution 1 mg/ml	Tier 2	QL (16 ML per 1 day); AGE (Min 5 Years); MAIL
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 5 Years); MAIL
risperidone oral tablet 4 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 5 Years); MAIL

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Drug Name	Formulary Status	Requirements/Limits
Butyrophenones - Drugs For Severe Mental Disorders**		
haloperidol lactate injection solution 5 mg/ml	Tier 2	AGE (Min 6 Years)
haloperidol lactate oral concentrate 2 mg/ml	Tier 2	AGE (Min 6 Years); MAIL
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
Dibenzodiazepines - Drugs For Severe Mental Disorders**		
clozapine oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years)
clozapine oral tablet 200 mg	Tier 2	QL (4 EA per 1 day); AGE (Min 6 Years)
Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL
Dibenzothiazepines - Drugs For Severe Mental Disorders**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	Tier 4	QL (1 EA per 1 day); AGE (Min 6 Years); MAIL
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	Tier 4	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 6 Years); MAIL
Dibenzoxazepines - Drugs For Severe Mental Disorders**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	AGE (Min 6 Years); MAIL
Phenothiazines - Drugs For Severe Mental Disorders**		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 4	AGE (Min 6 Years); MAIL
prochlorperazine rectal suppository 25 mg	Tier 4	AGE (Min 6 Years)
Prochlorperazine (Compazine Rectal Suppository 25 Mg)	Tier 4	AGE (Min 6 Years)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 4	AGE (Min 6 Years)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 2	AGE (Min 6 Years and Max 64 Years); MAIL
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 2	AGE (Min 6 Years and Max 64 Years); MAIL
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
Quinolinone Derivatives - Drugs For Severe Mental Disorders**		
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
aripiprazole oral solution 1 mg/ml	Tier 2	AGE (Max 11 Years); MAIL
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Thienbenzodiazepines - Drugs For Severe Mental Disorders**		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 6 Years); MAIL
Thioxanthenes - Drugs For Severe Mental Disorders**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 2	AGE (Min 6 Years); MAIL
***Antiseptics & Disinfectants* - Antiseptics And Disinfectants**		
Chlorine Antiseptics - Antiseptics And Disinfectants**		
chlorhexidine gluconate external liquid 4 %	Tier 2	OTC
chlorhexidine gluconate external solution 4 %	Tier 2	OTC
***Antivirals* - Drugs For Infections**		
Antiretroviral Combinations - Drugs For Viral Infections**		
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 3	QL (2 EA per 1 day)
triumeq pd oral tablet soluble 60-5-30 mg	Tier 3	QL (6 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 3	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 3	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 3	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 3	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 3	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 3	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 3	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 3	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 3	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 3	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 3	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 3	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 3	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 3	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 3	QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
TRIZIVIR ORAL TABLET 300-150-300 MG (Abacavir-Lamivudine-Zidovudine)	Tier 3	QL (2 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	Tier 2	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 2	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Tier 2	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 2	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 2	QL (1 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 2	QL (12 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 2	QL (6 EA per 1 day)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor) - Drugs For Viral Infections**		
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 3	QL (900 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 3	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 3	QL (2 EA per 1 day)
maraviroc oral tablet 150 mg, 300 mg	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Fusion Inhibitors - Drugs For Viral Infections**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (Enfuvirtide)	Tier 5	
Antiretrovirals - Gp120-Directed Attachment Inhibitor - Drugs For Viral Infections**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 3	QL (2 EA per 1 day)
Antiretrovirals - Integrase Inhibitors - Drugs For Viral Infections**		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 3	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 3	QL (1 EA per 1 day)
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 3	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 3	QL (180 EA per 30 days)
Antiretrovirals - Protease Inhibitors - Drugs For Viral Infections**		
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 4	QL (16 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 4	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (Darunavir)	Tier 4	QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 4	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (Darunavir)	Tier 4	QL (1 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 3	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (Saquinavir Mesylate)	Tier 3	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 3	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 3	QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 2	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 2	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Tier 2	QL (4 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 2	QL (12 EA per 1 day)
Antiretrovirals - Rti-Non-Nucleoside Analogues - Drugs For Viral Infections**		
EDURANT ORAL TABLET 25 MG (Rilpivirine HCl)	Tier 3	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 3	QL (16 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 3	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg	Tier 2	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	Tier 2	QL (12 EA per 1 day)
efavirenz oral tablet 600 mg	Tier 2	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	Tier 2	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg	Tier 2	QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 2	QL (1 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Tier 2	QL (40 ML per 1 day)
nevirapine oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines - Drugs For Viral Infections**		
abacavir sulfate oral solution 20 mg/ml	Tier 2	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines - Drugs For Viral Infections**		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 3	QL (24 ML per 1 day)
emtricitabine oral capsule 200 mg	Tier 2	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	Tier 2	QL (30 ML per 1 day)
lamivudine oral tablet 150 mg	Tier 2	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 2	QL (1 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines - Drugs For Viral Infections**		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 2	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 2	QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Tier 2	QL (60 ML per 1 day)
zidovudine oral tablet 300 mg	Tier 2	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Antiretrovirals - Rti-Nucleotide Analogues - Drugs For Viral Infections**		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 2	QL (1 EA per 1 day)
Antiretrovirals Adjuvants - Drugs For Viral Infections**		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 3	QL (1 EA per 1 day)
Antiviral Combinations - Drugs For Infections**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 3	QL (30 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 3	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)	Tier 3	QL (30 EA per 5 days)
Cmv Agents - Drugs For Viral Infections**		
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 5	PA
valganciclovir hcl oral tablet 450 mg	Tier 5	PA
Hepatitis B Agents - Drugs For Viral Infections**		
adefovir dipivoxil oral tablet 10 mg	Tier 4	QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	Tier 4	QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 4	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 4	PA
lamivudine oral tablet 100 mg	Tier 2	QL (3 EA per 1 day)
Hepatitis C Agent - Combinations - Drugs For Viral Infections**		
ledipasvir-sofosbuvir oral tablet 90-400 mg	Tier 5	
ledipasvir-sofosbuvir tablet 90-400 mg oral	Tier 5	PA; QL (1 EA per 1 day)
sofosbuvir-velpatasvir oral tablet 400-100 mg	Tier 5	
sofosbuvir-velpatasvir tablet 400-100 mg oral	Tier 5	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 5	
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 5	
Hepatitis C Agents - Drugs For Viral Infections**		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 5	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 5	
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 5	
ribavirin oral capsule 200 mg	Tier 2	
ribavirin oral tablet 200 mg	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
Herpes Agents - Purine Analogues - Drugs For Viral Infections**		
acyclovir oral capsule 200 mg	Tier 2	QL (5 EA per 1 day)
acyclovir oral suspension 200 mg/5ml	Tier 2	QL (25 ML per 1 day)
acyclovir oral tablet 400 mg, 800 mg	Tier 2	QL (5 EA per 1 day)
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 2	QL (8 EA per 1 day)
Herpes Agents - Thymidine Analogues - Drugs For Viral Infections**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 2	QL (3 EA per 1 day)
Influenza Agents - Drugs For Viral Infections**		
rimantadine hcl oral tablet 100 mg	Tier 2	QL (2 EA per 1 day)
Neuraminidase Inhibitors - Drugs For Viral Infections**		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER (Zanamivir)	Tier 3	QL (40 EA per 365 days)
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 2	QL (2 EA per 1 day)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 2	QL (25 ML per 1 day); AGE (Max 12 Years)
Pa Endonuclease Inhibitors - Drugs For Viral Infections**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG, 2 X 20 MG (Baloxavir Marboxil)	Tier 3	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 3	QL (1 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (Baloxavir Marboxil)	Tier 3	QL (2 EA per 25 days)
***Beta Blockers* - Drugs For The Heart**		
Alpha-Beta Blockers - Drugs For High Blood Pressure**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 2	QL (2 EA per 1 day); MAIL
labetalol hcl oral tablet 100 mg, 200 mg	Tier 2	QL (4 EA per 1 day); MAIL
labetalol hcl oral tablet 300 mg	Tier 2	QL (8 EA per 1 day); MAIL
Beta Blockers Cardio-Selective - Drugs For High Blood Pressure**		
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 4	MAIL
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 2	MAIL
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (2 EA per 1 day); MAIL
betaxolol hcl oral tablet 10 mg	Tier 2	QL (2 EA per 1 day); MAIL
betaxolol hcl oral tablet 20 mg	Tier 2	QL (1 EA per 1 day); MAIL
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg	Tier 2	QL (3 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
metoprolol succinate er oral tablet extended release 24 hour 200 mg	Tier 2	QL (2 EA per 1 day); MAIL
metoprolol succinate er oral tablet extended release 24 hour 50 mg	Tier 2	QL (4 EA per 1 day); MAIL
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (3 EA per 1 day); MAIL
Beta Blockers Non-Selective - Drugs For High Blood Pressure**		
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg	Tier 4	QL (3 EA per 1 day); MAIL
propranolol hcl er oral capsule extended release 24 hour 160 mg	Tier 4	QL (2 EA per 1 day); MAIL
propranolol hcl er oral capsule extended release 24 hour 80 mg	Tier 4	QL (4 EA per 1 day); MAIL
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MAIL
pindolol oral tablet 10 mg, 5 mg	Tier 2	MAIL
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Tier 2	MAIL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 2	MAIL
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 2	MAIL
sotalol hcl af oral tablet 80 mg	Tier 2	MAIL
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 2	MAIL
sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg	Tier 2	MAIL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 2	MAIL
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 2	MAIL
***Calcium Channel Blockers* - Drugs For The Heart**		
Calcium Channel Blockers - Drugs For High Blood Pressure**		
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	Tier 4	PA; MAIL
nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg	Tier 4	MAIL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	Tier 4	QL (1 EA per 1 day); MAIL
verapamil hcl er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 4	QL (2 EA per 1 day); MAIL
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
dilt-cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
dilt-cd oral capsule extended release 24 hour 180 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem cd oral capsule extended release 24 hour 180 mg	Tier 2	QL (2 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 12 hour 120 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltiazem hcl er oral capsule extended release 24 hour 300 mg	Tier 2	QL (1 EA per 1 day); MAIL
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 2	QL (4 EA per 1 day); MAIL
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 2	QL (2 EA per 1 day); MAIL
diltzac oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 2	QL (2 EA per 1 day); MAIL
felodipine er oral tablet extended release 24 hour 10 mg	Tier 2	QL (2 EA per 1 day); MAIL
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
isradipine oral capsule 2.5 mg	Tier 2	QL (6 EA per 1 day); MAIL
isradipine oral capsule 5 mg	Tier 2	QL (4 EA per 1 day); MAIL
nicardipine hcl oral capsule 20 mg	Tier 2	QL (6 EA per 1 day); MAIL
nicardipine hcl oral capsule 30 mg	Tier 2	QL (3 EA per 1 day); MAIL
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Tier 2	QL (1 EA per 1 day); MAIL
nifedipine er oral tablet extended release 24 hour 90 mg	Tier 2	QL (2 EA per 1 day); MAIL
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 2	QL (1 EA per 1 day); MAIL
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 2	QL (2 EA per 1 day); MAIL
nifedipine oral capsule 10 mg, 20 mg	Tier 2	QL (4 EA per 1 day); AGE (Max 64 Years); MAIL
nimodipine oral capsule 30 mg	Tier 2	
verapamil hcl er oral tablet extended release 120 mg, 240 mg	Tier 2	QL (3 EA per 1 day); MAIL
verapamil hcl er oral tablet extended release 180 mg	Tier 2	QL (2 EA per 1 day); MAIL
verapamil hcl oral tablet 120 mg	Tier 2	QL (3 EA per 1 day); MAIL
verapamil hcl oral tablet 40 mg, 80 mg	Tier 2	QL (4 EA per 1 day); MAIL
NIFEdipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 2	QL (2 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 90 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
NIFEdipine (Nifedical Xl Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
NIFEdipine (Nifedical Xl Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 2	QL (2 EA per 1 day); MAIL
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
***Cardiotonics* - Drugs For The Heart**		
Cardiac Glycosides - Drugs For The Heart**		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 3	QL (1 EA per 1 day); MAIL
digoxin oral solution 0.05 mg/ml	Tier 2	AGE (Max 12 Years); MAIL
digoxin oral tablet 125 mcg, 250 mcg	Tier 2	QL (1 EA per 1 day); MAIL
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
***Cardiovascular Agents - Misc.* - Drugs For The Heart**		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb - Drugs For High Blood Pressure**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (Sacubitril-Valsartan)	Tier 3	PA; QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 3	PA; MAIL
Peripheral Vasodilators - Drugs For High Blood Pressure**		
niacin flush free oral capsule 500 mg	Tier 2	MAIL; OTC
Prostaglandin Vasodilators - Drugs For High Blood Pressure**		
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 5	PA; QL (3 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 5	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc) - Drugs For High Blood Pressure**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 5	PA; QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Pulmonary Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 5	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 5	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 5	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (Bosentan)	Tier 5	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Phosphodiesterase Inhibitors - Drugs For High Blood Pressure**		
sildenafil citrate oral tablet 20 mg	Tier 5	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	Tier 5	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 5	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Prostacyclin Receptor Agonist - Drugs For High Blood Pressure**		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 5	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 5	PA; QL (2 EA per 1 day)
***Sinus Node Inhibitors** - Drugs For High Blood Pressure**		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 3	PA; MAIL
CORLANOR ORAL TABLET 5 MG, 7.5 MG (Ivabradine HCl)	Tier 3	PA; MAIL
***Cephalosporins* - Drugs For Infections**		
Cephalosporins - 1St Generation - Antibiotics**		
cefadroxil oral capsule 500 mg	Tier 2	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 2	AGE (Max 12 Years)
cefadroxil oral tablet 1 gm	Tier 2	
cephalexin oral capsule 250 mg, 500 mg	Tier 2	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
Cephalosporins - 2Nd Generation - Antibiotics**		
cefaclor oral capsule 250 mg, 500 mg	Tier 2	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Tier 2	AGE (Max 12 Years)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
cefprozil oral tablet 250 mg, 500 mg	Tier 2	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 2	QL (20 EA per 10 days)
Cephalosporins - 3Rd Generation - Antibiotics**		
cefixime oral capsule 400 mg	Tier 4	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 4	AGE (Max 12 Years)

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Drug Name	Formulary Status	Requirements/Limits
cefdinir oral capsule 300 mg	Tier 2	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 2	AGE (Max 12 Years)
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 2	
ceftriaxone sodium injection solution reconstituted 1 gm	Tier 2	
***Contraceptives* - Drugs For Women**		
Biphasic Contraceptives - Oral - Birth Control Pills**		
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	QL (1 EA per 1 day); MAIL
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	QL (1 EA per 1 day); MAIL
Combination Contraceptives - Oral - Birth Control Pills**		
alyacen 1/35 oral tablet 1-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
briellyn oral tablet 0.4-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PREV	QL (1 EA per 1 day); MAIL
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PREV	QL (1 EA per 1 day); MAIL
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
marlissa oral tablet 0.15-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PREV	QL (1 EA per 1 day); MAIL
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PREV	QL (1 EA per 1 day); MAIL
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	PREV	QL (1 EA per 1 day); MAIL
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norgestrel-ethinyl estradiol oral tablet 0.3-30 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (Levonorgest-Eth Estrad-Fe Bisg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL

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

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

Drug Name	Formulary Status	Requirements/Limits
Norethin-Eth Estradiol-Fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL

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

Drug Name	Formulary Status	Requirements/Limits
Norethin Ace-Eth Estrad-FE (Taysofy Oral Capsule 1-20 Mg-Mcg(24))	PREV	QL (1 EA per 1 day); MAIL
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (Levonorgestrel-Ethinyl Estrad)	PREV	
Drospiren-Eth Estrad-Levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Vestura Oral Tablet 3-0.02 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestimate-Eth Estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estradiol-Fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Zarah Oral Tablet 3-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estradiol-Fe (Zenchent Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estradiol-Fe (Zeosa Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Ethynodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Ethynodiol Diac-Eth Estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Ethynodiol Diac-Eth Estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Combination Contraceptives - Transdermal - Birth Control Pills**		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (3 EA per 28 days)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (0.15 EA per 1 day); MAIL
Combination Contraceptives - Vaginal - Birth Control Pills**		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	QL (0.05 EA per 1 day); MAIL
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (Segesterone-Ethinyl Estradiol)	PREV	

Drug Name	Formulary Status	Requirements/Limits
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	QL (0.05 EA per 1 day); MAIL
Etonogestrel-Ethinyl Estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	QL (0.05 EA per 1 day); MAIL
Continuous Contraceptives - Oral - Birth Control Pills**		
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgestrel-Ethinyl Estrad (Dolishale Oral Tablet 90-20 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Copper Contraceptives - Iud - Birth Control Pills**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 EA per 999 days)
Emergency Contraceptives - Birth Control Pills**		
levonorgestrel oral tablet 1.5 mg	PREV	QL (1 EA per 25 days); OTC
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
Extended-Cycle Contraceptives - Oral - Birth Control Pills**		
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	QL (1 EA per 1 day); MAIL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Iclevia Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Quasense Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Setlakin Oral Tablet 0.15-0.03 Mg)	PREV	QL (1 EA per 1 day); MAIL
Levonorgest-Eth Estrad 91-Day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	QL (1 EA per 1 day); MAIL
Four Phase Contraceptives - Oral - Birth Control Pills**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	QL (1 EA per 1 day); MAIL
Progestin Contraceptives - Implants - Birth Control Pills**		
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)
Progestin Contraceptives - Injectable - Birth Control Pills**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PREV	QL (1 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PREV	QL (1 ML per 75 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
Progestin Contraceptives - Iud - Birth Control Pills**		
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)
Progestin Contraceptives - Oral - Birth Control Pills**		
norethindrone oral tablet 0.35 mg	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Jolivette Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	QL (1 EA per 1 day); MAIL; OTC
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	
Norethindrone (Tulana Oral Tablet 0.35 Mg)	PREV	QL (1 EA per 1 day); MAIL
Triphasic Contraceptives - Oral - Birth Control Pills**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg	PREV	QL (1 EA per 1 day); MAIL
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	PREV	QL (1 EA per 1 day); MAIL
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	PREV	QL (1 EA per 1 day); MAIL
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	QL (1 EA per 1 day); MAIL
Desogestrel-Ethinyl Estradiol (Cesia Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Myzilra Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethin-Eth Estrad Triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Norethin-Eth Estrad Triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindron-Ethinyl Estrad-Fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norethindron-Ethinyl Estrad-Fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	QL (1 EA per 1 day); MAIL
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	QL (1 EA per 1 day); MAIL
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	QL (1 EA per 1 day); MAIL
***Corticosteroids* - Hormones**		
Glucocorticosteroids - Drugs For Inflammation**		
budesonide oral capsule delayed release particles 3 mg	Tier 4	PA
cortisone acetate oral tablet 25 mg	Tier 4	
dexamethasone oral elixir 0.5 mg/5ml	Tier 2	

AGE - Age Limit **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 oral solution 0.5 mg/5ml	Tier 2	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 2	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 2	
methylprednisolone oral tablet therapy pack 4 mg	Tier 2	
prednisolone oral solution 15 mg/5ml	Tier 2	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	Tier 2	
prednisone oral solution 5 mg/5ml	Tier 2	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 2	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 2	
PrednisoLONE Sodium Phosphate (Asmalpred Oral Solution 15 Mg/5Ml)	Tier 2	
PrednisoLONE Sodium Phosphate (Asmalpred Plus Oral Solution 15 Mg/5Ml)	Tier 2	
Dexamethasone (Baycadron Oral Elixir 0.5 Mg/5Ml)	Tier 2	
Dexamethasone (Decadron Oral Elixir 0.5 Mg/5Ml)	Tier 2	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 2	
PrediniSONE (Deltasone Oral Tablet 20 Mg)	Tier 2	
Mineralocorticoids - Drugs For Inflammation**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 2	MAIL
***Cough/Cold/Allergy* - Drugs For The Lungs**		
Antitussive - Nonnarcotic - Drugs For Allergies**		
benzonatate oral capsule 100 mg, 200 mg	Tier 2	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 2	OTC
Antitussive - Opioid - Drugs For Cough And Cold**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 2	
hydromet oral solution 5-1.5 mg/5ml	Tier 2	
Antitussive-Expectorant - Drugs For Cough And Cold**		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml	Tier 2	QL (240 ML per 25 days); OTC
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC
gani-tuss dm nr oral liquid† 100-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
gani-tuss nr oral liquid† 100-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
guaifenesin ac oral syrup 100-10 mg/5ml	Tier 2	QL (240 ML per 25 days); OTC

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

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Drug Name	Formulary Status	Requirements/Limits
Sodium Chloride (Pulmosal Inhalation Nebulization Solution 7 %)	Tier 2	
Mucolytics - Drugs For The Lungs**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 2	
Non-Narc Antitussive-Antihistamine - Drugs For Cough And Cold**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 2	QL (240 ML per 25 days)
Non-Narc Antitussive-Decongestant-Antihistamine - Drugs For Cough And Cold**		
genebrom dm oral syrup 30-2-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)	Tier 2	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Decon-Dm Oral Syrup 30-2-10 Mg/5Ml)	Tier 2	QL (240 ML per 25 days)
DIMETANE DX ORAL SYRUP 30-2-10 MG/5ML (Pseudoeph-Bromphen-DM)	Tier 2	QL (240 ML per 25 days); OTC
Opioid Antitussive-Antihistamine - Drugs For Cough And Cold**		
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
Opioid Antitussive-Decongestant-Antihistamine - Drugs For Cough And Cold**		
phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml	Tier 2	QL (240 ML per 25 days)
***Dermatologicals* - Drugs For The Skin**		
Acne Antibiotics - Drugs For The Skin**		
clindamycin phosphate external gel 1 %	Tier 4	QL (60 GM per 25 days)
clindamycin phosphate external lotion 1 %	Tier 4	QL (60 ML per 25 days)
Clindamycin Phosphate (Clindamax External Gel 1 %)	Tier 4	QL (60 GM per 25 days)
Clindamycin Phosphate (Clindamax External Lotion 1 %)	Tier 4	QL (60 ML per 25 days)
clindamycin phosphate external solution 1 %	Tier 2	QL (60 ML per 25 days)
erythromycin external solution 2 %	Tier 2	QL (60 ML per 25 days)
sodium sulfacetamide external lotion 10 %	Tier 2	
sulfacetamide sodium (acne) external lotion 10 %	Tier 2	
sulfacetamide sodium external suspension 10 %	Tier 2	
Acne Combinations - Drugs For The Skin**		
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 4	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Tier 4	PA
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 4	PA
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 4	PA
sulfacetamide-sulfur wash external emulsion 10-4 %	Tier 2	

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Drug Name	Formulary Status	Requirements/Limits
Sulfacetamide-Sulfur in Urea (Claris Clarifying Wash External Emulsion 10-4 %)	Tier 2	
Acne Products - Drugs For The Skin**		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 4	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 4	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %	Tier 4	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
ISOtretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 4	PA
Tretinoin (Avita External Cream 0.025 %)	Tier 4	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
Tretinoin (Avita External Gel 0.025 %)	Tier 4	ST; QL (45 GM per 25 days); AGE (Max 35 Years)
ISOtretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Sotret Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
ISOtretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 4	PA
acne medication-5 external gel 5 %	Tier 2	
adapalene treatment external gel 0.1 %	Tier 2	OTC
benzoyl peroxide external gel 10 %	Tier 2	
benzoyl peroxide external gel 5 %	Tier 2	OTC
benzoyl peroxide external liquid 10 %, 5 %	Tier 2	QL (240 EA per 25 days)
benzoyl peroxide external lotion 10 %, 5 %	Tier 2	OTC
benzoyl peroxide wash external liquid 10 %, 5 %	Tier 2	QL (240 GM per 25 days)
bp foaming wash external liquid 10 %	Tier 2	QL (240 GM per 25 days)
bp gel external gel 10 %	Tier 2	OTC
bp wash external liquid 10 %	Tier 2	QL (240 GM per 25 days); OTC
del-aqua external gel 5 %	Tier 2	
Benzoyl Peroxide (Clearplex X External Gel 10 %)	Tier 2	
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 2	OTC
DIFFERIN EXTERNAL LOTION 0.1 % (Adapalene)	Tier 2	ST; QL (59 ML per 25 days); AGE (Min 10 Years and Max 35 Years)
Benzoyl Peroxide (Ethexderm Bpw-10 External Liquid† 10 %)	Tier 2	QL (240 GM per 25 days)
Benzoyl Peroxide (Ethexderm Bpw-5 External Liquid† 5 %)	Tier 2	QL (240 GM per 25 days)
Benzoyl Peroxide (Soluclenz Rx External Gel 5 %)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
Agents For External Genital And Perianal Warts - Drugs For The Skin**		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 4	PA
Antibiotic Mixtures Topical - Drugs For The Skin**		
bacitracin-polymyxin b external ointment 500-10000 unit/gm	Tier 2	OTC
triple antibiotic pain relief external ointment 1 %	Tier 2	OTC
triple antibiotic plus external ointment 1 %	Tier 2	OTC
triple antibiotic plus max st external ointment 1 %	Tier 2	OTC
Antibiotics - Topical - Drugs For The Skin**		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 4	PA
antibiotic external ointment 500 unit/gm	Tier 2	OTC
bacitracin external ointment 500 unit/gm	Tier 2	OTC
bacitracin zinc external ointment 500 unit/gm	Tier 2	OTC
gentamicin sulfate external cream 0.1 %	Tier 2	QL (60 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	Tier 2	QL (60 GM per 25 days)
mupirocin external ointment 2 %	Tier 2	QL (44 GM per 25 days)
Antifungals - Topical Combinations - Drugs For The Skin**		
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 4	QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 4	QL (60 GM per 25 days)
clotrimazole-betamethasone external cream 1-0.05 %	Tier 2	QL (45 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 2	QL (60 ML per 25 days)
Antifungals - Topical - Drugs For The Skin**		
naftifine hcl external cream 1 %	Tier 4	PA
naftifine hcl external gel 1 %	Tier 4	PA
NAFTIN EXTERNAL GEL 1 % (Naftifine HCl)	Tier 4	PA
NAFTIN EXTERNAL GEL 2 % (Naftifine HCl)	Tier 4	
antifungal (tolnaftate) external cream 1 %	Tier 2	OTC
antifungal external solution 1 %	Tier 2	OTC
antifungal foot external cream 1 %	Tier 2	QL (30 GM per 25 days); OTC
butenafine hcl external cream 1 %	Tier 2	OTC
ciclopirox external solution 8 %	Tier 2	QL (6.6 ML per 25 days)
ciclopirox olamine external cream 0.77 %	Tier 2	QL (90 GM per 25 days)
ciclopirox olamine external suspension 0.77 %	Tier 2	QL (60 ML per 25 days)
nystatin external cream 100000 unit/gm	Tier 2	QL (90 GM per 25 days)
nystatin external ointment 100000 unit/gm	Tier 2	QL (90 GM per 25 days)
nystatin external powder 100000 unit/gm	Tier 2	QL (30 GM per 25 days)
pedi-dri external powder 100000 unit/gm	Tier 2	QL (30 GM per 25 days)

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terbinafine hcl external cream 1 %	Tier 2	QL (30 GM per 25 days); OTC
tolnaftate external aerosol powder 1 %	Tier 2	OTC
tolnaftate external cream 1 %	Tier 2	OTC
tolnaftate external powder 1 %	Tier 2	OTC
tolnaftate external solution 1 %	Tier 2	
Ciclopirox Olamine (Ciclodan External Cream 0.77 %)	Tier 2	QL (90 GM per 25 days)
Ciclopirox (Ciclodan External Solution 8 %)	Tier 2	QL (6.6 ML per 25 days)
MYCOZYL AL EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 2	
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
Nystatin (Nyata External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 2	QL (30 GM per 25 days)
Antihistamine-Topical Combinations - Drugs For The Skin**		
diphenhydramine-zinc acetate external cream 2-0.1 %	Tier 2	OTC
Anti-Inflammatory Agents - Topical - Drugs For The Skin**		
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 2	QL (200 GM per 25 days); OTC
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 2	QL (200 GM per 25 days)
VOLTAREN TRANSDERMAL GEL 1 % (Diclofenac Sodium)	Tier 2	QL (200 GM per 25 days)
Antineoplastic Antimetabolites - Topical - Drugs For The Skin**		
fluorouracil external cream 5 %	Tier 4	
Antineoplastic Retinoids - Topical - Drugs For The Skin**		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 5	PA
Antipsoriatics - Systemic - Drugs For The Skin**		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 5	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 5	PA; QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 5	PA; QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 5	PA; QL (2 ML per 28 Days); Preferred Brand
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 ML per 84 days); Preferred Brand

Drug Name	Formulary Status	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 5	PA; QL (1 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab)	Tier 5	PA; QL (0.5 ML per 84 days); Preferred Brand
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab)	Tier 5	PA; QL (1 ML per 56 days); Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 5	PA; Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 5	PA; Preferred Brand
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 4	PA
Antipsoriatics - Drugs For The Skin**		
calcipotriene external ointment 0.005 %	Tier 4	PA
calcipotriene external solution 0.005 %	Tier 4	PA
calcitriol external ointment 3 mcg/gm	Tier 4	PA; QL (100 GM per 30 days)
tazarotene external cream 0.1 %	Tier 4	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %	Tier 4	PA; QL (100 GM per 25 days)
tazarotene external gel 0.1 %	Tier 4	PA
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 4	PA
Antiseborrheic Products - Drugs For The Skin**		
anti-dandruff external shampoo 1 %	Tier 2	OTC
selenium sulfide external lotion 2.5 %	Tier 2	
Antivirals - Topical - Drugs For The Skin**		
acyclovir external ointment 5 %	Tier 4	PA
docosanol external cream 10 %	Tier 2	QL (2 GM per 25 days); OTC
penciclovir external cream 1 %	Tier 2	PA
Burn Products - Drugs For The Skin**		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 4	QL (454 GM per 25 days)
mafenide acetate external packet 5 %	Tier 2	
silver sulfadiazine external cream 1 %	Tier 2	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %)	Tier 2	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd Af External Cream 1 %)	Tier 2	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 2	QL (400 GM per 25 days)
Silver Sulfadiazine (Thermazene External Cream 1 %)	Tier 2	QL (400 GM per 25 days)
Corticosteroids - Topical - Drugs For The Skin**		
amcinonide external lotion 0.1 %	Tier 4	QL (60 ML per 25 days)
amcinonide external ointment 0.1 %	Tier 4	QL (60 GM per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 4	QL (60 GM per 25 days)

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clobetasol propionate external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external ointment 0.05 %	Tier 4	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 4	QL (50 ML per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 4	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 4	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 4	QL (60 GM per 25 days)
diflorasone diacetate external cream 0.05 %	Tier 4	PA; QL (60 GM per 25 days)
diflorasone diacetate external ointment 0.05 %	Tier 4	QL (60 GM per 25 days)
fluocinolone acetonide body external oil 0.01 %	Tier 4	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	Tier 4	QL (120 ML per 25 days)
flurandrenolide external cream 0.05 %	Tier 4	QL (30 GM per 25 days)
flurandrenolide external lotion 0.05 %	Tier 4	QL (120 ML per 25 days)
halcinonide external cream 0.1 %	Tier 4	PA; QL (60 GM per 25 days)
halobetasol propionate external cream 0.05 %	Tier 4	QL (50 GM per 25 days)
halobetasol propionate external ointment 0.05 %	Tier 4	QL (50 GM per 25 days)
isovate external cream 0.05 %	Tier 4	QL (60 GM per 25 days)
APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 4	PA; QL (60 GM per 25 days)
Diflorasone Diacetate (Apexicon External Ointment 0.05 %)	Tier 4	QL (60 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 4	PA
Clobetasol Propionate (Cormax External Cream 0.05 %)	Tier 4	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Ointment 0.05 %)	Tier 4	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Solution 0.05 %)	Tier 4	QL (50 ML per 25 days)
Clobetasol Propionate (Cormax Scalp Application External Solution 0.05 %)	Tier 4	QL (50 ML per 25 days)
HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide)	Tier 4	PA; QL (60 GM per 25 days)
Flurandrenolide (Nolix External Cream 0.05 %)	Tier 4	QL (30 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 4	QL (120 ML per 25 days)
ala-cort external cream 1 %, 2.5 %	Tier 2	QL (60 GM per 25 days)
ala-cort external lotion 1 %	Tier 2	QL (120 ML per 25 days)
alclometasone dipropionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
alclometasone dipropionate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
alphatrex external gel 0.05 %	Tier 2	QL (50 GM per 25 days)
betamethasone dipropionate aug external cream 0.05 %	Tier 2	QL (50 GM per 25 days)
betamethasone dipropionate aug external lotion 0.05 %	Tier 2	QL (60 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	Tier 2	QL (50 GM per 25 days)
betamethasone dipropionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
betamethasone dipropionate external lotion 0.05 %	Tier 2	QL (60 ML per 25 days)
betamethasone dipropionate external ointment 0.05 %	Tier 2	QL (45 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
betamethasone valerate external cream 0.1 %	Tier 2	QL (454 GM per 25 days)
betamethasone valerate external ointment 0.1 %	Tier 2	QL (45 GM per 25 days)
del-beta external lotion 0.05 %	Tier 2	QL (60 ML per 25 days)
desonide external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
desonide external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide external cream 0.025 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide external ointment 0.025 %	Tier 2	QL (60 GM per 25 days)
fluocinonide emulsified base external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinonide external cream 0.05 %	Tier 2	QL (150 GM per 25 days)
fluocinonide external gel 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinonide external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinonide external solution 0.05 %	Tier 2	QL (60 ML per 25 days)
fluocinonide-e external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
fluticasone propionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
fluticasone propionate external ointment 0.005 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone acetate external cream 1 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone anti-itch external cream 1 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone external cream 0.5 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone external cream 1 %, 2.5 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone external lotion 1 %, 5 mg/ml	Tier 2	QL (120 GM per 25 days); OTC
hydrocortisone external lotion 2.5 %	Tier 2	QL (60 ML per 25 days)
hydrocortisone external ointment 0.5 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone external ointment 1 %, 2.5 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone intensive heal external cream 1 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone max st external cream 1 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone max st external ointment 1 %	Tier 2	QL (60 GM per 25 days); OTC
hydrocortisone valerate external cream 0.2 %	Tier 2	QL (60 GM per 25 days)
hydrocortisone/aloe max str external cream 1 %	Tier 2	QL (60 GM per 25 days); OTC
mometasone furoate external cream 0.1 %	Tier 2	QL (60 GM per 25 days)
mometasone furoate external ointment 0.1 %	Tier 2	QL (60 GM per 25 days)
mometasone furoate external solution 0.1 %	Tier 2	QL (60 ML per 25 days)
prednicarbate external ointment 0.1 %	Tier 2	QL (60 GM per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 2	QL (454 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
triamcinolone acetonide external cream 0.5 %	Tier 2	QL (15 GM per 25 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 2	QL (60 ML per 25 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 2	QL (454 GM per 25 days)
triamcinolone acetonide external ointment 0.5 %	Tier 2	QL (15 GM per 25 days)
Betamethasone Valerate (Beta-Val External Cream 0.1 %)	Tier 2	QL (454 GM per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 2	QL (56 GM per 25 days); OTC
Hydrocortisone (Hydrocortisone In Absorbase External Ointment 1 %)	Tier 2	QL (60 GM per 25 days)
Hydrocortisone (Procto-Kit External Cream 1 %)	Tier 2	QL (60 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 2	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 2	QL (15 GM per 25 days)
Triamcinolone Acetonide (Triderm External Ointment 0.1 %)	Tier 2	QL (454 GM per 25 days)
Emollients - Drugs For The Skin**		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 3	QL (226 GM per 25 days); OTC
ammonium lactate external cream 12 %	Tier 2	QL (280 GM per 25 days)
ammonium lactate external lotion 12 %	Tier 2	QL (225 GM per 25 days)
petrolatum & lanolin external ointment	Tier 2	OTC
AMLACTIN EXTERNAL CREAM 12 % (Ammonium Lactate)	Tier 2	QL (280 GM per 25 days); OTC
Enzymes - Topical - Drugs For The Skin**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 4	PA; QL (60 GM per 25 days)
Imidazole-Related Antifungals - Topical - Drugs For The Skin**		
econazole nitrate external cream 1 %	Tier 4	PA
luliconazole external cream 1 %	Tier 4	PA
oxiconazole nitrate external cream 1 %	Tier 4	PA; QL (90 GM per 25 days)
sulconazole nitrate external cream 1 %	Tier 4	PA
sulconazole nitrate solution 1 % external	Tier 4	PA
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 4	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 4	PA
antifungal external cream 2 %	Tier 2	OTC
antifungal external powder 2 %	Tier 2	OTC
clotrimazole af external cream 1 %	Tier 2	OTC
clotrimazole anti-fungal external cream 1 %	Tier 2	OTC
clotrimazole athletes foot external cream 1 %	Tier 2	OTC
clotrimazole external cream 1 %	Tier 2	
clotrimazole external solution 1 %	Tier 2	
ketoconazole external cream 2 %	Tier 2	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 2	QL (120 ML per 25 days)

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miconazole nitrate external aerosol powder 2 %	Tier 2	OTC
miconazole nitrate external cream 2 %	Tier 2	
FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION 1 % (Clotrimazole)	Tier 2	OTC
Ketoconazole (Kuric External Cream 2 %)	Tier 2	QL (60 GM per 25 days)
Miconazole Nitrate (Nuzole External Cream 2 %)	Tier 2	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 2	OTC
Immunomodulators Imidazoquinolinamines - Topical - Drugs For The Skin**		
imiquimod external cream 5 %	Tier 2	PA; QL (24 EA per 25 days)
Keratolytic/Antimitotic/Vesicant Agents - Drugs For The Skin**		
podofilox external solution 0.5 %	Tier 2	QL (7 ML per 180 days)
Local Anesthetics - Topical - Drugs For The Skin**		
lidocaine external patch 5 %	Tier 4	PA; QL (90 EA per 25 days)
capsaicin external cream 0.1 %	Tier 2	OTC
lidocaine external cream 4 %	Tier 2	QL (90 GM per 25 days); OTC
lidocaine hcl external solution 4 %	Tier 2	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Tier 2	
lidocaine pain relief external patch 4 %	Tier 2	QL (90 EA per 25 days); OTC
lidocaine pain relieving external patch 4 %	Tier 2	QL (90 EA per 25 days); OTC
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 2	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 2	OTC
Macrolide Immunosuppressants - Topical - Drugs For The Skin**		
pimecrolimus external cream 1 %	Tier 4	PA; QL (100 GM per 30 days)
tacrolimus external ointment 0.03 %, 0.1 %	Tier 4	PA; QL (30 GM per 25 days)
Misc. Topical Combinations - Drugs For The Skin**		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 2	OTC
Misc. Topical - Drugs For The Skin**		
aluminum chloride external solution 20 %	Tier 2	QL (60 EA per 25 days)
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 2	QL (60 ML per 25 days)
Oxaborole-Related Antifungals - Topical - Drugs For The Skin**		
tavaborole external solution 5 %	Tier 4	

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Drug Name	Formulary Status	Requirements/Limits
Phosphodiesterase 4 (Pde4) Inhibitors - Topical - Drugs For The Skin**		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 4	PA; QL (100 GM per 30 days)
Rosacea Agents - Drugs For The Skin**		
brimonidine tartrate external gel 0.33 %	Tier 4	PA
metronidazole external cream 0.75 %	Tier 2	QL (45 GM per 25 days)
metronidazole external gel 0.75 %	Tier 2	QL (45 GM per 25 days)
metronidazole external lotion 0.75 %	Tier 2	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 2	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 2	QL (45 GM per 25 days)
MetroNIDAZOLE (Vitazol External Cream 0.75 %)	Tier 2	QL (45 GM per 25 days)
Scabicide Combinations - Drugs For The Skin**		
lice killing external shampoo 0.33-4 %	Tier 2	OTC
lice killing maximum strength external liquid 0.33-4 %	Tier 2	OTC
lice killing maximum strength external shampoo 0.33-4 %	Tier 2	OTC
lice solution combination kit 0.33-4-0.5 %	Tier 2	OTC
lice solution complete combination kit 0.33-4-0.5 %	Tier 2	OTC
lice treatment external liquid 0.33-4 %	Tier 2	OTC
lice treatment max st combination kit 0.33-4-0.5 %	Tier 2	OTC
sb lice treatment external liquid 0.3-3 %	Tier 2	OTC
Scabicides & Pediculicides - Drugs For The Skin**		
cvs ivermectin lice treatment external lotion 0.5 %	Tier 4	PA; QL (117 GM per 25 days); OTC
ivermectin external lotion 0.5 %	Tier 4	PA; QL (117 GM per 25 days)
spinosad external suspension 0.9 %	Tier 4	QL (120 ML per 25 days)
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 4	PA; ST
lice control aerosol† 0.5 %	Tier 2	OTC
lice treatment external liquid 1 %	Tier 2	OTC
lindane external shampoo 1 %	Tier 2	QL (60 ML per 25 days)
malathion external lotion 0.5 %	Tier 2	QL (59 ML per 25 days)
permethrin external cream 5 %	Tier 2	QL (120 GM per 25 days)
permethrin external liquid 1 %	Tier 2	OTC
permethrin external lotion 1 %	Tier 2	OTC
permethrin lice treatment external lotion 1 %	Tier 2	OTC
Permethrin (Acticin External Cream 5 %)	Tier 2	QL (120 GM per 25 days)
***Seborrheic Keratosis Products** - Drugs For The Skin**		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 4	PA
Skin Protectants - Drugs For The Skin**		
dry skin external cream	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
BAZA PROTECT EXTERNAL CREAM (Skin Protectants, Misc.)	Tier 2	OTC
Topical Anesthetic Combinations - Drugs For The Skin**		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 2	QL (60 GM per 25 days)
lidopril external cream 2.5-2.5 %	Tier 2	QL (60 EA per 25 days)
Lidocaine-Prilocaine (Relador Pak External Cream 2.5-2.5 %)	Tier 2	QL (60 EA per 25 days)
Topical Selective Retinoid X Receptor Agonists - Drugs For The Skin**		
bexarotene external gel 1 %	Tier 5	PA
Topical Steroid Combinations - Drugs For The Skin**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 4	PA; QL (100 GM per 30 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 4	PA; QL (120 GM per 25 days)
Wound Care - Growth Factor Agents - Drugs For The Skin**		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 4	PA; QL (15 GM per 25 days)
Diagnostic Products		
Diagnostic Tests**		
RELION KETONE IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION KETONE TEST IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 30 days); OTC
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	QL (200 EA per 30 days); OTC
Infection Tests**		
covid-19 at home antigen test in vitro kit	DME	QL (2 EA per 30 days); OTC
***Digestive Aids* - Drugs For The Stomach**		
Digestive Enzymes - Drugs For The Stomach**		
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 3	QL (6 EA per 1 day); MAIL
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 3	QL (6 EA per 1 day); MAIL
***Diuretics* - Drugs For The Heart**		
Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 4	QL (4 EA per 1 day); MAIL
methazolamide oral tablet 25 mg, 50 mg	Tier 4	QL (6 EA per 1 day); MAIL
acetazolamide oral tablet 125 mg, 250 mg	Tier 2	QL (4 EA per 1 day); MAIL

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Drug Name	Formulary Status	Requirements/Limits
Diuretic Combinations - Drugs For High Blood Pressure**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 2	MAIL
spironolactone-hctz oral tablet 25-25 mg	Tier 2	MAIL
triamterene-hctz oral capsule 37.5-25 mg	Tier 2	MAIL
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 2	MAIL
Loop Diuretics - Drugs For High Blood Pressure**		
ethacrynic acid oral tablet 25 mg	Tier 4	MAIL
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MAIL
furosemide oral solution 10 mg/ml, 40 mg/4ml, 8 mg/ml	Tier 2	AGE (Max 12 Years); MAIL
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 2	MAIL
torsemide oral tablet 10 mg, 100 mg, 5 mg	Tier 2	MAIL
torsemide oral tablet 20 mg	Tier 2	PA; MAIL
Potassium Sparing Diuretics - Drugs For High Blood Pressure**		
triamterene oral capsule 100 mg, 50 mg	Tier 4	PA; MAIL
amiloride hcl oral tablet 5 mg	Tier 2	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 2	PA; MAIL
Thiazides And Thiazide-Like Diuretics - Drugs For High Blood Pressure**		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 2	MAIL
hydrochlorothiazide oral capsule 12.5 mg	Tier 2	MAIL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 2	MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 2	MAIL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	MAIL
***Endocrine And Metabolic Agents - Misc.* - Hormones**		
Bisphosphonates - Drugs For Menopause And Bone Loss**		
risedronate sodium oral tablet 150 mg	Tier 4	QL (0.036 EA per 1 day); MAIL
risedronate sodium oral tablet 30 mg	Tier 4	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 4	QL (0.143 EA per 1 day); MAIL
risedronate sodium oral tablet 5 mg	Tier 4	QL (1 EA per 1 day); MAIL
alendronate sodium oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
alendronate sodium oral tablet 35 mg, 70 mg	Tier 2	QL (0.143 EA per 1 day); MAIL
etidronate disodium oral tablet 200 mg, 400 mg	Tier 2	
ibandronate sodium oral tablet 150 mg	Tier 2	QL (0.036 EA per 1 day)
Calcimimetic Agents - Drugs For Menopause And Bone Loss**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
Calcitonins - Drugs For Menopause And Bone Loss**		
calcitonin (salmon) nasal solution 200 unit/act	Tier 2	QL (1 ML per 1 day)
Carnitine Replenisher - Agents - Drugs For Menopause And Bone Loss**		
levocarnitine oral solution 1 gm/10ml	Tier 2	MAIL
levocarnitine oral tablet 330 mg	Tier 2	MAIL
levocarnitine sf oral solution 1 gm/10ml	Tier 2	MAIL
MCCARNITINE ORAL TABLET 330 MG (LevOCARNitine)	Tier 2	MAIL; OTC
Dopamine Receptor Agonists - Drugs For Women**		
cabergoline oral tablet 0.5 mg	Tier 2	
Growth Hormone Receptor Antagonists - Drugs For Growth**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (Pegvisomant)	Tier 5	PA
Growth Hormones - Drugs For Growth**		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 5	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 5	PA
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents - Drugs For Menopause And Bone Loss**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 5	PA
Homocystinuria Treatment - Agents - Drugs For Menopause And Bone Loss**		
betaine oral powder	Tier 5	PA
Hyperparathyroid Treatment - Vitamin D Analogs - Drugs For Menopause And Bone Loss**		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 4	PA; MAIL
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 4	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 2	MAIL
Insulin-Like Growth Factors (Somatomedins) - Hormones**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 5	PA
Lhrh/Gnrh Agonist Analog Pituitary Suppressants - Drugs For Women**		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 5	PA
Parathyroid Hormone And Derivatives - Drugs For Menopause And Bone Loss**		
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	Tier 5	PA

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Drug Name	Formulary Status	Requirements/Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 5	PA
Phenylketonuria Treatment - Agents - Drugs For Menopause And Bone Loss**		
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 5	PA
sapropterin dihydrochloride oral tablet 100 mg	Tier 5	PA
Sapropterin Dihydrochloride (Javygtor Oral Packet 100 Mg)	Tier 5	PA
Sapropterin Dihydrochloride (Javygtor Oral Tablet 100 Mg)	Tier 5	PA
Selective Estrogen Receptor Modulators (Serms) - Drugs For Menopause And Bone Loss**		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 4	PA; QL (1 EA per 1 day)
raloxifene hcl oral tablet 60 mg	Tier 2	QL (1 EA per 1 day); MAIL
Selective Vasopressin V2-Receptor Antagonists - Hormones**		
tolvaptan oral tablet 15 mg, 30 mg	Tier 5	PA
Somatostatic Agents - Drugs For Growth**		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/5ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 5	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 5	PA
Urea Cycle Disorder - Agents - Drugs For Menopause And Bone Loss**		
sodium phenylbutyrate oral tablet 500 mg	Tier 5	PA
Vasopressin - Hormones**		
desmopressin acetate nasal solution 1.5 mg/ml	Tier 5	PA
STIMATE NASAL SOLUTION 1.5 MG/ML (Desmopressin Acetate)	Tier 5	PA
desmopressin ace spray refrig nasal solution 0.01 %	Tier 4	PA
desmopressin acetate spray nasal solution 0.01 %	Tier 4	PA
Desmopressin Ace Spray Refrig (Minirin Nasal Solution 0.1 Mg/Ml)	Tier 4	PA
desmopressin acetate oral tablet 0.1 mg	Tier 2	QL (4 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg	Tier 2	QL (5 EA per 1 day)
***Estrogens* - Hormones**		
Estrogen & Progestin - Drugs For Women**		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 3	QL (1 EA per 1 day); MAIL
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 3	QL (1 EA per 1 day); MAIL
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
jevantique lo oral tablet 0.5-2.5 mg-mcg	Tier 2	QL (1 EA per 1 day); MAIL
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 2	QL (1 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Estradiol-Norethindrone Acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Jevantique Oral Tablet 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 2	QL (1 EA per 1 day); MAIL
Estradiol-Norethindrone Acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Estradiol-Norethindrone Acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Estrogens - Drugs For Women**		
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 4	QL (8 EA per 23 days); MAIL
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 4	QL (4 EA per 23 days); MAIL
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 4	QL (8 EA per 23 days); MAIL
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 4	QL (8 EA per 23 days); MAIL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (Esterified Estrogens)	Tier 3	QL (1 EA per 1 day); MAIL
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 3	QL (1 EA per 1 day); MAIL
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	PA; MAIL
Estrogen-Selective Estrogen Receptor Modulator Comb - Drugs For Women**		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 4	QL (1 EA per 1 day); MAIL
***Fluoroquinolones* - Drugs For Infections**		
Fluoroquinolones - Antibiotics**		
ofloxacin oral tablet 300 mg, 400 mg	Tier 4	
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 4	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 4	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
levofloxacin oral solution 25 mg/ml	Tier 2	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 2	
moxifloxacin hcl oral tablet 400 mg	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
***Gastrointestinal Agents - Misc.* - Drugs For The Stomach**		
Antiflatulents - Drugs For The Stomach**		
gas relief oral tablet chewable 80 mg	Tier 2	OTC
simethicone drops infants oral liquid 20 mg/0.3ml	Tier 2	OTC
simethicone drops infants oral suspension 20 mg/0.3ml	Tier 2	OTC
simethicone extra strength oral capsule 125 mg	Tier 2	OTC
simethicone oral capsule 125 mg, 180 mg	Tier 2	OTC
simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Tier 2	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 2	OTC
simethicone ultra strength oral capsule 180 mg	Tier 2	OTC
Gallstone Solubilizing Agents - Drugs For The Stomach**		
ursodiol oral capsule 300 mg	Tier 2	QL (2 EA per 1 day); MAIL
ursodiol oral tablet 250 mg	Tier 2	QL (4 EA per 1 day); MAIL
ursodiol oral tablet 500 mg	Tier 2	QL (2 EA per 1 day); MAIL
Gastrointestinal Chloride Channel Activators - Drugs For Irritable Bowel Syndrome**		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 4	PA; MAIL
Gastrointestinal Stimulants - Drugs For The Stomach**		
metoclopramide hcl injection solution 5 mg/ml	Tier 2	
metoclopramide hcl oral solution 1 mg/ml, 10 mg/10ml, 5 mg/5ml	Tier 2	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 2	QL (6 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists - Drugs For Constipation**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 3	PA; MAIL
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 4	PA; MAIL
Inflammatory Bowel Agents - Drugs For Inflammatory Bowel Disease**		
mesalamine oral tablet delayed release 800 mg	Tier 4	
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 4	MAIL
balsalazide disodium oral capsule 750 mg	Tier 2	QL (9 EA per 1 day)
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 2	QL (4 EA per 1 day); MAIL
mesalamine rectal enema 4 gm	Tier 2	
sulfasalazine oral tablet 500 mg	Tier 2	QL (8 EA per 1 day); MAIL
sulfasalazine oral tablet delayed release 500 mg	Tier 2	QL (8 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
SulfaSALAzine (Sulfazine Ec Oral Tablet Delayed Release 500 Mg)	Tier 2	QL (8 EA per 1 day); MAIL
SulfaSALAzine (Sulfazine Oral Tablet 500 Mg)	Tier 2	QL (8 EA per 1 day); MAIL
Interleukin Antagonists - Drugs For Inflammatory Bowel Disease**		
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 5	PA; Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 5	PA; QL (1.2 ML per 56 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 5	PA; QL (2.4 ML per 56 days); Preferred Brand
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab)	Tier 5	PA; Preferred Brand
Intestinal Acidifiers - Drugs For The Stomach**		
enulose oral solution 10 gm/15ml	Tier 2	MAIL
generlac oral solution 10 gm/15ml	Tier 2	MAIL
lactulose encephalopathy oral solution 10 gm/15ml, 20 gm/30ml	Tier 2	MAIL
Peripheral Opioid Receptor Antagonists - Drugs For The Stomach**		
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 5	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 5	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 4	PA
Phosphate Binder Agents - Drugs For The Stomach**		
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 4	ST; MAIL
sevelamer carbonate oral tablet 800 mg	Tier 4	ST; MAIL
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 4	PA; MAIL
calcium acetate (phos binder) oral capsule 667 mg	Tier 2	QL (12 EA per 1 day); MAIL
calcium acetate oral capsule 667 mg	Tier 2	QL (12 EA per 1 day); MAIL
Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease**		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
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

Drug Name	Formulary Status	Requirements/Limits
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
***Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System**		
5-Alpha Reductase Inhibitors - Drugs For The Prostate**		
dutasteride oral capsule 0.5 mg	Tier 2	QL (1 EA per 1 day); MAIL
finasteride oral tablet 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
Alpha 1-Adrenoceptor Antagonists - Drugs For The Prostate**		
silodosin oral capsule 4 mg, 8 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 2	QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	Tier 2	QL (2 EA per 1 day); MAIL
Citrates - Drugs For Infections**		
citric acid-sodium citrate oral solution 334-500 mg/5ml	Tier 2	
cytra-2 oral solution 500-334 mg/5ml	Tier 2	OTC
cytra-k oral solution 1100-334 mg/5ml	Tier 2	OTC
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 2	QL (3 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Tier 2	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 2	
virtrate-2 oral solution 500-334 mg/5ml	Tier 2	
virtrate-k oral solution 1100-334 mg/5ml	Tier 2	
Sod Citrate-Citric Acid (Liqui-Dualcitra Oral Solution 500-334 Mg/5Ml)	Tier 2	
Cystinosis Agents - Drugs For The Urinary System**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 5	PA
Genitourinary Irrigants - Drugs For The Urinary System**		
acetic acid irrigation solution 0.25 %	Tier 2	
sodium chloride irrigation solution 0.9 %	Tier 2	
Sodium Chloride (GU Irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	Tier 2	
Sodium Chloride (GU Irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
Interstitial Cystitis Agents - Drugs For The Urinary System**		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 4	PA
Prostatic Hypertrophy Agent Combinations - Drugs For The Prostate**		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
Urinary Analgesics - Drugs For Infections**		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 2	QL (3 EA per 1 day)
Phenazopyridine HCl (Phenazo Oral Tablet 200 Mg)	Tier 2	QL (3 EA per 1 day)
***Gout Agents* - Drugs For Pain And Fever**		
Gout Agent Combinations - Gout Drugs**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 2	QL (3 EA per 1 day); MAIL
Gout Agents - Gout Drugs**		
febuxostat oral tablet 40 mg, 80 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
allopurinol oral tablet 100 mg, 300 mg	Tier 2	MAIL
colchicine oral tablet 0.6 mg	Tier 2	QL (30 EA per 90 days)
Uricosurics - Gout Drugs**		
probenecid oral tablet 500 mg	Tier 2	QL (3 EA per 1 day); MAIL
***Hematological Agents - Misc.* - Drugs For The Blood**		
Antihemophilic Products - Drugs To Prevent Bleeding**		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 5	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 5	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (Coagulation Factor IX)	Tier 5	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 5	PA
REFACTO INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor (Recomb))	Tier 5	PA

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

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Drug Name	Formulary Status	Requirements/Limits
Cobalamins - Drugs For Nutrition**		
b-12 oral tablet 100 mcg, 250 mcg	Tier 2	OTC
cobal-1000 injection solution 1000 mcg/ml	Tier 2	QL (10 ML per 25 days)
cyanocobalamin injection solution 1000 mcg/ml	Tier 2	QL (10 ML per 25 days)
vitamin b-12 er oral tablet extended release 1000 mcg	Tier 2	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Tier 2	OTC
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	Tier 2	OTC
Cyanocobalamin (Dodex Injection Solution 1000 Mcg/Ml)	Tier 2	QL (10 ML per 25 days)
Erythropoiesis-Stimulating Agents (Esas) - Drugs For Nutrition**		
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 5	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 5	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 5	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 5	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 5	PA
Folic Acid/Folates - Drugs For Nutrition**		
folic acid oral capsule 0.8 mg	Tier 2	QL (1 EA per 1 day); MAIL; OTC
folic acid oral tablet 1 mg	Tier 2	MAIL
folic acid oral tablet 400 mcg	Tier 2	QL (1 EA per 1 day); OTC
folic acid oral tablet 800 mcg	Tier 2	QL (1 EA per 1 day); MAIL; OTC
kp folic acid oral tablet 1 mg	Tier 2	MAIL; OTC
Granulocyte Colony-Stimulating Factors (G-Csf) - Drugs For Nutrition**		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-jmdb)	Tier 5	PA; QL (0.6 ML per 14 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 5	PA; QL (7 ML per 12 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 5	PA; QL (11.2 ML per 12 days)

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

Drug Name	Formulary Status	Requirements/Limits
Thrombopoietin (Tpo) Receptor Agonists - Drugs For Nutrition**		
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 5	PA; QL (3 EA per 1 Day)
PROMACTA ORAL TABLET 12.5 MG (Eltrombopag Olamine)	Tier 5	PA; QL (1 EA per 1 day)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG (Eltrombopag Olamine)	Tier 5	PA; QL (2 EA per 1 day)
***Hemostatics* - Drugs For The Blood**		
Hemostatics - Systemic - Drugs To Prevent Bleeding**		
aminocaproic acid oral solution 0.25 gm/ml	Tier 2	QL (236.5 ML per 30 days); AGE (Max 12 Years)
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 2	PA
tranexamic acid oral tablet 650 mg	Tier 2	
***Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System**		
Antihistamine Hypnotics - Drugs For Insomnia**		
diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg	Tier 2	OTC
nitetime sleep-aid oral tablet 25 mg	Tier 2	OTC
sleep aid (doxylamine) oral tablet 25 mg	Tier 2	OTC
Barbiturate Hypnotics - Drugs For Insomnia**		
phenobarbital oral elixir 20 mg/5ml	Tier 2	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral solution 20 mg/5ml	Tier 2	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	Tier 2	QL (2 EA per 1 day)
phenobarbital oral tablet 64.8 mg	Tier 2	QL (3 EA per 1 day)
Benzodiazepine Hypnotics - Drugs For Seizures /Personality Disorder/Nerve Pain**		
estazolam oral tablet 1 mg, 2 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
temazepam oral capsule 15 mg, 30 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.125 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.25 mg	Tier 2	QL (2 EA per 1 day); AGE (Min 18 Years)
Hypnotics - Tricyclic Agents - Drugs For Insomnia**		
doxepin hcl oral tablet 3 mg, 6 mg	Tier 4	PA

Drug Name	Formulary Status	Requirements/Limits
Non-Benzodiazepine - Gaba-Receptor Modulators - Drugs For Insomnia**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 4	QL (1 EA per 1 day); AGE (Min 18 Years)
zaleplon oral capsule 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); AGE (Min 18 Years)
Orexin Receptor Antagonists - Drugs For Insomnia**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 4	PA
Selective Melatonin Receptor Agonists - Drugs For Insomnia**		
tasimelteon oral capsule 20 mg	Tier 5	PA
ramelteon oral tablet 8 mg	Tier 4	PA
***Laxatives* - Drugs For The Stomach**		
Bowel Evacuant Combinations - Drugs To Prevent Constipation**		
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 4	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Tier 4	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Tier 4	
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 4	
peg 3350/electrolytes oral solution reconstituted 240 gm	Tier 2	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 2	
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 2	
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 2	
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 2	
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 2	
Bulk Laxatives - Drugs To Prevent Constipation**		
clear fiber powder oral powder	Tier 2	OTC
clear soluble fiber oral powder	Tier 2	OTC
cvs daily fiber oral packet 58.6 %	Tier 2	OTC
cvs natural fiber supplement oral packet 58.6 %	Tier 2	OTC
daily fiber oral capsule 400 mg	Tier 2	OTC
daily fiber oral powder 43 %	Tier 2	OTC
fiber laxative oral capsule 0.52 gm	Tier 2	OTC
fiber oral capsule 0.52 gm	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
fiber oral powder 28.3 %, 48.57 %, 58.6 %	Tier 2	OTC
fiber oral tablet 625 mg	Tier 2	OTC
fiber therapy oral capsule 0.52 gm	Tier 2	OTC
fiber therapy oral tablet 500 mg	Tier 2	OTC
konsyl original daily fiber oral packet 100 %	Tier 2	OTC
natural vegetable fiber oral powder 48.57 %	Tier 2	OTC
psyllium husk oral powder 100 %	Tier 2	OTC
psyllium oral powder 33 %	Tier 2	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 2	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 2	OTC
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (Psyllium)	Tier 2	OTC
METAMUCIL ORAL PACKET 28 % (Psyllium)	Tier 2	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 2	OTC
METAMUCIL SMOOTH TEXTURE ORAL PACKET 28 % (Psyllium)	Tier 2	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 2	OTC
Laxatives - Miscellaneous - Drugs To Prevent Constipation**		
constulose oral solution 10 gm/15ml	Tier 2	MAIL
glycerin (adult) rectal suppository 80.7 %	Tier 2	OTC
glycerin (child) rectal suppository 1.2 gm	Tier 2	OTC
glycerin (infant) rectal suppository 80.7 %	Tier 2	OTC
glycerin (infants & children) rectal suppository 1.2 gm	Tier 2	OTC
glycerin (pediatric) rectal suppository 1.2 gm	Tier 2	OTC
glycerin adult rectal suppository 2 gm	Tier 2	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 2	MAIL
peg 3350 oral packet 17 gm	Tier 2	QL (2 EA per 1 day); OTC
peg 3350 oral powder 17 gm/scoop	Tier 2	QL (527 GM per 25 days); OTC
polyethylene glycol 3350 oral packet 17 gm	Tier 2	QL (2 EA per 1 day); OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 2	QL (527 GM per 25 days)
polyethylene glycol 3350-grx oral powder	Tier 2	QL (527 GM per 25 days); OTC
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 2	OTC
Polyethylene Glycol 3350 (Pegylax Oral Powder 17 Gm/Scoop)	Tier 2	QL (527 GM per 25 days)
Laxatives & Dss - Drugs To Prevent Constipation**		
senna plus oral capsule 50-8.6 mg	Tier 2	OTC
senna s oral tablet 8.6-50 mg	Tier 2	OTC
DOK PLUS ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
Lubricant Laxatives - Drugs To Prevent Constipation**		
mineral oil heavy oral oil	Tier 2	
mineral oil oral oil	Tier 2	OTC
mineral oil rectal enema	Tier 2	OTC
Saline Laxative Mixtures - Drugs To Prevent Constipation**		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 4	PA
enema disposable enema 19-7 gm/118ml	Tier 2	OTC
Saline Laxatives - Drugs To Prevent Constipation**		
magnesium citrate oral solution , 1.745 gm/30ml	Tier 2	OTC
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 2	OTC
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Tier 2	OTC
Stimulant Laxatives - Drugs To Prevent Constipation**		
bisacodyl ec oral tablet delayed release 5 mg	Tier 2	
bisacodyl laxative oral tablet delayed release 5 mg	Tier 2	OTC
bisacodyl rectal suppository 10 mg	Tier 2	OTC
chocolated laxative oral tablet chewable 15 mg	Tier 2	OTC
senna laxative oral tablet 8.6 mg	Tier 2	OTC
senna maximum strength oral tablet 25 mg	Tier 2	OTC
senna oral liquid 8.8 mg/5ml	Tier 2	OTC
senna oral syrup 8.8 mg/5ml	Tier 2	
Surfactant Laxatives - Drugs To Prevent Constipation**		
docusate calcium oral capsule 240 mg	Tier 2	OTC
docusate sodium oral capsule 100 mg	Tier 2	OTC
docusate sodium oral capsule 250 mg	Tier 2	
docusate sodium oral liquid 100 mg/10ml, 150 mg/15ml, 50 mg/5ml	Tier 2	OTC
docusate sodium oral syrup 60 mg/15ml	Tier 2	OTC
docusate sodium oral tablet 100 mg	Tier 2	OTC
stool softener oral capsule 250 mg	Tier 2	OTC
COLACE ORAL CAPSULE 50 MG (Docusate Sodium)	Tier 2	OTC
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 2	OTC
DOK ORAL CAPSULE 250 MG (Docusate Sodium)	Tier 2	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
***Macrolides* - Drugs For Infections**		
Azithromycin - Antibiotics**		
azithromycin oral packet 1 gm	Tier 2	QL (2 EA per 25 days)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	AGE (Max 12 Years)
azithromycin oral tablet 250 mg	Tier 2	QL (12 EA per 25 days)
azithromycin oral tablet 500 mg	Tier 2	QL (6 EA per 25 days)
azithromycin oral tablet 600 mg	Tier 2	QL (2 EA per 1 day)
Clarithromycin - Antibiotics**		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 2	AGE (Max 12 Years)
clarithromycin oral tablet 250 mg, 500 mg	Tier 2	
Erythromycins - Antibiotics**		
erythromycin base oral tablet 250 mg, 500 mg	Tier 4	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 4	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 4	AGE (Max 12 Years)
erythromycin ethylsuccinate oral tablet 400 mg	Tier 4	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 4	
erythromycin stearate oral tablet 250 mg	Tier 4	
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 4	
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (Erythromycin Stearate)	Tier 4	
Fidaxomicin - Antibiotics**		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 4	PA
***Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment**		
Applicators,Cotton Balls,Etc - Medical Supplies And Durable Medical Equipment**		
alcohol pads pad 70 %	Tier 2	QL (200 EA per 25 days); OTC
alcohol wipes pad	Tier 2	QL (200 EA per 25 days)
ALCOH-GLOVE CONTOURED WIPE PAD (Alcohol Swabs)	Tier 2	QL (200 EA per 25 days)
Cervical Caps - Medical Supplies And Durable Medical Equipment**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM (Cervical Caps)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
Condoms - Female - Medical Supplies And Durable Medical Equipment**		
FC FEMALE CONDOM (Condoms - Female)	PREV	QL (12 EA per 45 days); OTC
Condoms - Male - Medical Supplies And Durable Medical Equipment**		
condoms	PREV	QL (12 EA per 45 days); OTC
kimono micro thin	PREV	QL (12 EA per 45 days); OTC
premium condoms lubricated	PREV	QL (12 EA per 45 days); OTC
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	QL (12 EA per 45 days); OTC
Diaphragms - Medical Supplies And Durable Medical Equipment**		
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	
Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment**		
lancets	DME	OTC
lancets 28g	DME	OTC
lancets 30g	DME	OTC
lancets 33g	DME	OTC
DEXCOM G6 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (Continuous Glucose Transmitter)	DME	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (3 EA per 30 days)

Drug Name	Formulary Status	Requirements/Limits
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 310 days)
FREESTYLE LIBRE 3 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 24 Days)
FREESTYLE LIBRE READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX AIR GLUCOSE METER DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	QL (1 EA per 365 days); OTC
Nebulizers - Medical Supplies And Durable Medical Equipment**		
aura portaneb	DME	
bentley the bear ped nebulizer	DME	
captain eagle ped nebulizer	DME	
compressor nebulizer	DME	
compressor/nebulizer	DME	OTC
medneb neb-with dispo neb kit	DME	
neb-rite4	DME	
nebulizer	DME	
nebulizer compressor	DME	
nebulizer ped frog	DME	
nebulizer ped frog kit	DME	
nebulizer system all-in-one	DME	
nebulizer updraft-style	DME	
pediatric compressor nebulizer	DME	
soothe neb mesh nebulizer	DME	
sootheneb compressor nebulizer	DME	
sparky the dog ped nebulizer	DME	
AEROECLIPSE II NEBULIZER (Nebulizers)	DME	
AERONEB GO COMPLETE SYSTEM (Nebulizers)	DME	
AERONEB GO CONVENIENCE UNIT (Nebulizers)	DME	
AERONEB GO HANDSET/CABLE (Nebulizers)	DME	

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

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

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Drug Name	Formulary Status	Requirements/Limits
VIOS LC PLUS DELUXE (Nebulizers)	DME	
VIOS LC PLUS PEDIATRIC (Nebulizers)	DME	
VIOS LC SPRINT (Nebulizers)	DME	
VIOS LC SPRINT DELUXE (Nebulizers)	DME	
VIOS LC SPRINT PEDIATRIC (Nebulizers)	DME	
VIXONE DISPOSABLE NEBULIZER (Nebulizers)	DME	
ZOEY INSPIRATION NEBULIZER SYS (Nebulizers)	DME	
Needles & Syringes - Medical Supplies And Durable Medical Equipment**		
carepoint poly hub needle 18g x 1-1/2"	DME	
carepoint syringe luer lock 3 ml	DME	
hypodermic needle 18g x 1-1/2"	DME	OTC
syringe disposable 3 ml	DME	OTC
techlite insulin syringe 30g x 1/2" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 30g x 1/2" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 15/64" 1 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 0.3 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 0.5 ml	DME	QL (5 EA per 1 day); OTC
techlite insulin syringe 31g x 5/16" 1 ml	DME	QL (5 EA per 1 day); OTC
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 31G X 5 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC

Drug Name	Formulary Status	Requirements/Limits
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TECHLITE PLUS PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
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	QL (200 EA per 30 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	QL (200 EA per 30 days); OTC
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	QL (5 EA per 1 day); OTC
Peak Flow Meters - Medical Supplies And Durable Medical Equipment**		
peak flow meter device	DME	QL (1 EA per 365 days)
peak flow meter universal rang device	DME	QL (1 EA per 365 days); OTC

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Drug Name	Formulary Status	Requirements/Limits
POCKET PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days); OTC
TRUZONE PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	QL (1 EA per 365 days)
Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment**		
adult aerosol mask	DME	QL (1 EA per 365 days); OTC
Spacer/Aerosol-Holding Chambers & Supplies - Medical Supplies And Durable Medical Equipment**		
breathe ease large device	DME	QL (1 EA per 365 days)
breathe ease medium device	DME	QL (1 EA per 365 days)
breathe ease small device	DME	QL (1 EA per 365 days)
eq space chamber anti-static device	DME	QL (1 EA per 365 days)
eq space chamber anti-static l device	DME	QL (1 EA per 365 days)
eq space chamber anti-static m device	DME	QL (1 EA per 365 days)
eq space chamber anti-static s device	DME	QL (1 EA per 365 days)
prochamber vhc device	DME	QL (1 EA per 365 days)
valved holding chamber device	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)

Drug Name	Formulary Status	Requirements/Limits
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	QL (1 EA per 365 days); OTC
BREATHERITE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
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)

Drug Name	Formulary Status	Requirements/Limits
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)
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	QL (1 EA per 365 days); OTC
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)

Drug Name	Formulary Status	Requirements/Limits
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	QL (1 EA per 365 days); OTC
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)
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)
***Migraine Products* - Drugs For The Nervous System**		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp) - Drugs For Migraine Headaches**		
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 4	PA; QL (16 EA per 25 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies - Drugs For Migraine Headaches**		
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)
Ergot Combinations - Drugs For Migraine Headaches**		
ergotamine-caffeine oral tablet 1-100 mg	Tier 4	PA
Migraine Products - Drugs For Migraine Headaches**		
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 4	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 4	PA

AGE - Age Limit **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
Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches**		
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 4	ST; QL (9 EA per 25 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 4	ST; QL (9 EA per 25 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 4	ST; QL (9 EA per 25 days)
sumatriptan succinate refill subcutaneous solution 6 mg/0.5ml	Tier 4	QL (2 ML per 25 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 4	QL (2 ML per 25 days)
zolmitriptan nasal solution 2.5 mg	Tier 4	QL (6 EA per 25 days)
zolmitriptan nasal solution 5 mg	Tier 4	ST; QL (6 EA per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	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)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 2	QL (9 EA per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 2	QL (12 EA per 25 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 2	QL (12 EA per 25 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 2	QL (9 EA per 25 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 2	ST; QL (6 EA per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Tier 2	ST; QL (6 EA per 25 days)
Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches**		
REYVOW ORAL TABLET 100 MG, 50 MG (Lasmiditan Succinate)	Tier 4	PA; QL (8 EA per 25 days)
***Minerals & Electrolytes* - Drugs For Nutrition**		
Calcium Combinations - Drugs For Nutrition**		
calcium + d3 oral tablet 600-200 mg-unit	Tier 2	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 2	OTC
calcium 500 + d oral tablet 500-125 mg-unit, 500-200 mg-unit	Tier 2	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	Tier 2	OTC
calcium 500 +d oral tablet 500-10 mg-mcg	Tier 2	OTC
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Tier 2	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	Tier 2	OTC
calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit	Tier 2	OTC
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Tier 2	OTC
calcium carbonate w/vitamin d oral tablet 600-400 mg-unit	Tier 2	OTC
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 2	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 2	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 2	OTC
calcium oral tablet chewable 500-2.5 mg-mcg	Tier 2	OTC
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	Tier 2	OTC
calcium-vitamin d3 oral capsule 600-500 mg-unit	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg	Tier 2	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Tier 2	OTC
oyster calcium + d oral tablet 250-3.125 mg-mcg	Tier 2	OTC
oyster shell calcium 500 + d oral tablet 500-200 mg-unit	Tier 2	OTC
risacal-d oral tablet 105-81-120 mg-mg-unit	Tier 2	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 2	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
OYSCO 500+D ORAL TABLET CHEWABLE 500-15 MCG (Calcium Carb-Cholecalciferol)	Tier 2	OTC
Calcium - Drugs For Nutrition**		
calcium 600 oral tablet 600 mg	Tier 2	OTC
calcium carbonate oral tablet 1500 (600 ca) mg, 500 mg	Tier 2	OTC
calcium citrate oral tablet 200 mg, 950 (200 ca) mg	Tier 2	OTC
oyster shell calcium oral tablet 500 mg	Tier 2	OTC
Electrolytes Oral - Drugs For Nutrition**		
oral electrolytes oral solution	Tier 2	OTC
pediatric electrolyte oral solution	Tier 2	OTC
Fluoride - Drugs For Nutrition**		
fluoritab oral solution 0.275 (0.125 f) mg/drop	Tier 2	QL (30 ML per 25 days); MAIL
fluoritab oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
renaf oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
sodiphluor oral solution 1.1 (0.5 f) mg/ml	Tier 2	QL (50 ML per 25 days); MAIL
sodium fluoride oral solution 0.5 mg/ml	Tier 2	QL (50 ML per 25 days); MAIL; OTC
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 2	QL (50 ML per 25 days); MAIL
sodium fluoride oral tablet 1.1 (0.5 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	Tier 2	QL (1 EA per 1 day); MAIL
Sodium Fluoride (Epiflur Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Sodium Fluoride (Ethedent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Sodium Fluoride (Fluor-A-Day Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 2	QL (30 ML per 25 days); MAIL

Drug Name	Formulary Status	Requirements/Limits
Sodium Fluoride (Flura-Drops Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 2	QL (30 ML per 25 days); MAIL
Sodium Fluoride (Karidium Oral Solution 0.275 (0.125 F) Mg/Drop)	Tier 2	QL (30 ML per 25 days); MAIL
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg, 2.2 (1 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Sodium Fluoride (Nafrinse Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 2	QL (1 EA per 1 day); MAIL
Magnesium - Drugs For Nutrition**		
cvs magnesium oxide oral tablet 500 mg	Tier 2	OTC
magnesium 27 oral tablet 500 (27 mg) mg	Tier 2	OTC
magnesium chloride oral tablet delayed release 64 mg	Tier 2	OTC
magnesium gluconate oral tablet 27.5 mg	Tier 2	OTC
magnesium oral capsule 500 mg	Tier 2	OTC
magnesium oral tablet 250 mg	Tier 2	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Tier 2	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 2	OTC
Phosphate - Drugs For Nutrition**		
av-phos 250 neutral oral tablet 155-852-130 mg	Tier 2	QL (4 EA per 1 day); MAIL
phosphorous oral tablet 155-852-130 mg	Tier 2	QL (4 EA per 1 day); MAIL
virt-phos 250 neutral oral tablet 155-852-130 mg	Tier 2	QL (4 EA per 1 day); MAIL
vis-phos n oral tablet 155-852-130 mg	Tier 2	QL (4 EA per 1 day); MAIL
wes-phos 250 neutral oral tablet 155-852-130 mg	Tier 2	QL (4 EA per 1 day); MAIL
K Phos Mono-Sod Phos Di & Mono (Phospha 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
K Phos Mono-Sod Phos Di & Mono (Phospho-Trin 250 Neutral Oral Tablet 155-852-130 Mg)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium - Drugs For Nutrition**		
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	Tier 4	MAIL
Potassium Chloride (K-Sol Oral Solution 20 Meq/15Ml (10%), 40 Meq/15Ml (20%))	Tier 4	MAIL
ed k+10 oral tablet extended release 10 meq	Tier 2	QL (4 EA per 1 day); MAIL
k-effervescent oral tablet effervescent 25 meq	Tier 2	QL (2 EA per 1 day); MAIL
k-vescent oral tablet effervescent 25 meq	Tier 2	QL (2 EA per 1 day); MAIL
potassium bicarbonate oral tablet effervescent 25 meq	Tier 2	QL (2 EA per 1 day); MAIL
potassium chloride crys er oral tablet extended release 10 meq	Tier 2	QL (4 EA per 1 day); MAIL
potassium chloride crys er oral tablet extended release 20 meq	Tier 2	QL (5 EA per 1 day); MAIL
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 2	QL (4 EA per 1 day); MAIL
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier 2	QL (4 EA per 1 day); MAIL
potassium chloride er oral tablet extended release 20 meq	Tier 2	QL (5 EA per 1 day); MAIL

Drug Name	Formulary Status	Requirements/Limits
Potassium Bicarbonate (Effer-K Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day); MAIL
Potassium Chloride (Kaon-Cl-10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 2	QL (5 EA per 1 day); MAIL
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day); MAIL
Potassium Chloride (Klotrix Oral Tablet Extended Release 10 Meq)	Tier 2	QL (4 EA per 1 day); MAIL
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 2	QL (2 EA per 1 day); MAIL
Sodium - Drugs For Nutrition**		
sodium chloride oral tablet 1 gm	Tier 2	OTC
Zinc - Drugs For Nutrition**		
zincate oral capsule 220 mg	Tier 2	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (Zinc Sulfate)	Tier 2	OTC
***Miscellaneous Therapeutic Classes* - Vitamins And Minerals**		
Antileprotics - Vitamins And Minerals**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 5	PA; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 5	PA; QL (2 EA per 1 day)
Chelating Agents - Vitamins And Minerals**		
d-penamine oral tablet 125 mg	Tier 3	
penicillamine oral tablet 250 mg	Tier 2	
Cyclosporine Analogs - Vitamins And Minerals**		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 3	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 3	MAIL
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 2	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 2	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 2	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 2	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Immunomodulators For Myelodysplastic Syndromes - Vitamins And Minerals**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 5	PA; QL (1 EA per 1 day)
Inosine Monophosphate Dehydrogenase Inhibitors - Vitamins And Minerals**		
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 4	MAIL
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 4	MAIL
mycophenolate mofetil oral capsule 250 mg	Tier 2	MAIL
mycophenolate mofetil oral tablet 500 mg	Tier 2	MAIL
Irrigation Solutions - Vitamins And Minerals**		
sterile water for irrigation irrigation solution	Tier 2	
water for irrigation, sterile irrigation solution	Tier 2	
Water For Irrigation, Sterile (Argyle Sterile Water Irrigation Solution)	Tier 2	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 2	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 2	
Macrolide Immunosuppressants - Vitamins And Minerals**		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 5	PA
sirolimus oral solution 1 mg/ml	Tier 4	MAIL
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 4	MAIL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 2	MAIL
Tacrolimus (Hecoria Oral Capsule 0.5 Mg, 1 Mg, 5 Mg)	Tier 2	MAIL
Potassium Removing Agents - Vitamins And Minerals**		
sodium polystyrene sulfonate oral suspension 15 gm/60ml	Tier 4	
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 4	QL (3 EA per 1 day)
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60Ml)	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)
kalexate oral powder	Tier 2	
sodium polystyrene sulfonate oral powder	Tier 2	
Sodium Polystyrene Sulfonate (Kionex Oral Powder)	Tier 2	
Sodium Polystyrene Sulfonate (Kionex Oral Suspension 15 Gm/60Ml)	Tier 2	
Purine Analogs - Vitamins And Minerals**		
azathioprine oral tablet 50 mg	Tier 2	QL (8 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
***Mouth/Throat/Dental Agents* - Drugs For The Mouth And Throat**		
Anesthetics Topical Oral - Drugs For The Mouth And Throat**		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 2	
lidocaine viscous mouth/throat solution 2 %	Tier 2	
Anti-Infectives - Throat - Drugs For The Mouth And Throat**		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 4	PA
clotrimazole mouth/throat lozenge 10 mg	Tier 2	QL (70 EA per 10 days)
clotrimazole mouth/throat troche 10 mg	Tier 2	QL (70 EA per 10 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 2	
Antiseptics - Mouth/Throat - Drugs For The Mouth And Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 2	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 2	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 2	
Chlorhexidine Gluconate (Perisol Mouth/Throat Solution 0.12 %)	Tier 2	
Fluoride Dental Products - Drugs For The Mouth And Throat**		
dentall 1100 plus dental cream 1.1 %	Tier 2	MAIL
sf 5000 plus dental cream 1.1 %	Tier 2	MAIL
sf dental gel 1.1 %	Tier 2	MAIL
sodium fluoride 5000 plus dental cream 1.1 %	Tier 2	MAIL
sodium fluoride 5000 ppm dental cream 1.1 %	Tier 2	MAIL
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 2	MAIL
sodium fluoride dental cream 1.1 %	Tier 2	MAIL
sodium fluoride dental gel 1.1 %	Tier 2	MAIL
Sodium Fluoride (Cavarest Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Controlrx Dental Cream 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Denta 5000 Plus Dental Cream 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Dentagel Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Ethedent Dental Cream 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Ethedent Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Fluoridex Daily Defense Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Fluoridex Enhanced Whitening Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Just Right 5000 Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Karigel Dental Gel 1.1 %)	Tier 2	MAIL

Drug Name	Formulary Status	Requirements/Limits
Sodium Fluoride (Karigel-N Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Neutragard Advanced Dental Gel 1.1 %)	Tier 2	MAIL
Sodium Fluoride (Phos-Flur Dental Gel 1.1 %)	Tier 2	MAIL
Saliva Stimulants - Drugs For The Mouth And Throat**		
cevimeline hcl oral capsule 30 mg	Tier 4	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 2	MAIL
Steroids - Mouth/Throat/Dental - Drugs For The Mouth And Throat**		
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 2	
Triamcinolone Acetonide (Oralone Mouth/Throat Paste 0.1 %)	Tier 2	
***Multivitamins* - Drugs For Nutrition**		
B-Complex W/ C & Folic Acid - Drugs For Nutrition**		
b complex-c-folic acid oral tablet	Tier 2	OTC
b-plex oral tablet	Tier 2	
folbee plus oral tablet	Tier 2	
formula b oral tablet	Tier 2	
hylavite oral tablet	Tier 2	
mynephrocaps oral capsule 1 mg	Tier 2	
nephro vitamins oral tablet 0.8 mg	Tier 2	OTC
renal softgels oral capsule 1 mg	Tier 2	
renal vitamin oral tablet 0.8 mg	Tier 2	OTC
reno caps oral capsule 1 mg	Tier 2	
therobec oral tablet	Tier 2	
triphrocaps oral capsule 1 mg	Tier 2	
virt-caps oral capsule 1 mg	Tier 2	
virt-vite plus oral tablet 5 mg	Tier 2	
wescaps oral capsule 1 mg	Tier 2	
B Complex-C-Folic Acid (Dexfol Oral Tablet)	Tier 2	
B Complex-C-Folic Acid (Dexifol Oral Tablet 5 Mg)	Tier 2	
B Complex-C-Folic Acid (Mynephron Oral Capsule 1 Mg)	Tier 2	
B Complex-C-Folic Acid (Renal Oral Capsule 1 Mg)	Tier 2	
B Complex-C-Folic Acid (Renalpren Oral Capsule 1 Mg)	Tier 2	
B Complex-C-Folic Acid (Renaphro Oral Capsule 1 Mg)	Tier 2	
Multiple Vitamins W/ Iron - Drugs For Nutrition**		
daily vitamin/iron oral tablet	Tier 2	OTC
Multiple Vitamins W/ Minerals - Drugs For Nutrition**		
biocel oral tablet	Tier 2	
b-plex plus oral tablet	Tier 2	
century oral tablet	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
choice-tabs oral tablet	Tier 2	
daily vitamin plus oral capsule	Tier 2	OTC
formula b plus oral tablet	Tier 2	
genesupp-500 oral capsule	Tier 2	
genetect plus oral capsule	Tier 2	
genetical oral capsule	Tier 2	
multi vitamin/minerals oral tablet	Tier 2	OTC
multi-b-plus oral tablet	Tier 2	
multipro oral capsule	Tier 2	
multivit/multimineral adult oral liquid	Tier 2	OTC
therobec plus oral tablet	Tier 2	
v-c forte oral capsule	Tier 2	
vica forte oral capsule	Tier 2	
vicap forte oral capsule	Tier 2	
vit b3-azelac-turm-fa-b6-zn-cu oral tablet	Tier 2	
vitamin forte oral capsule	Tier 2	
vitamins/minerals oral tablet	Tier 2	OTC
Multiple Vitamins-Minerals (Corvite Free Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Lysiplex Plus Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Megavite Rx Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Nutravance Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Nutrifac Zx Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Strovite Plus Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Vic-Forte Oral Capsule)	Tier 2	
Multiple Vitamins-Minerals (Vita S Forte Oral Tablet)	Tier 2	
Multiple Vitamins-Minerals (Vitacel Oral Tablet)	Tier 2	
Multivitamins - Drugs For Nutrition**		
daily vitamins oral tablet	Tier 2	OTC
folika-v oral tablet	Tier 2	
multivitamins oral capsule	Tier 2	OTC
novite oral capsule	Tier 2	
vitaxyme oral tablet	Tier 2	
AMLADEX ORAL TABLET (Multiple Vitamin)	Tier 2	
GENICIN VITA-Q ORAL TABLET (Multiple Vitamin)	Tier 2	
Ped Multi Vitamins W/Fl & Fe - Drugs For Nutrition**		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days)
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days); OTC
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days)
phluorivit + fe oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
poly-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days)
polyvits/fluoride/iron oral solution 0.25-10 mg/ml	Tier 2	QL (50 ML per 25 days)
Ped Multivitamins-Fl-Iron (Escavite Lq Oral Solution 0.25-10 Mg/Ml)	Tier 2	QL (50 ML per 25 days)
Ped Multiple Vitamins W/ Minerals & C - Drugs For Nutrition**		
polyvitamin/iron oral tablet chewable	Tier 2	OTC
Ped Multiple Vitamins W/ Minerals - Drugs For Nutrition**		
complete multi-vitamin oral tablet chewable	Tier 2	OTC
multivit-min gummies childrens oral tablet chewable	Tier 2	OTC
Ped Mv W/ Fluoride - Drugs For Nutrition**		
multi vit/fl oral tablet chewable 0.25 mg	Tier 2	QL (1 EA per 1 day)
multi vita-bets/fluoride oral tablet chewable 0.25 mg, 0.5 mg	Tier 2	QL (1 EA per 1 day)
multi vita-bets/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multi vitamin/fluoride oral tablet chewable 0.25 mg	Tier 2	QL (1 EA per 1 day)
multi vitamin/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multiple vitamins/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multi-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
multi-vit/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days); OTC
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
multi-vitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg	Tier 2	QL (1 EA per 1 day)
multi-vitamin/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multi-vitamins/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
multivitamins/fluoride oral tablet chewable 0.25 mg, 0.5 mg	Tier 2	QL (1 EA per 1 day)
multivitamins/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multi-vitamins/fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
multi-vits/fluoride oral tablet chewable 0.25 mg, 0.5 mg	Tier 2	QL (1 EA per 1 day)
mult-vitamin/fluoride oral tablet chewable 0.5 mg	Tier 2	QL (1 EA per 1 day)
phluorivit oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
polyvitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
poly-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
re multivit with fluoride oral tablet chewable 0.25 mg, 0.5 mg	Tier 2	QL (1 EA per 1 day)
re multivit with fluoride oral tablet chewable 1 mg	Tier 2	QL (2 EA per 1 day)
Pediatric Multivitamins-Fl (Mvc-Fluoride Oral Tablet Chewable 0.25 Mg, 0.5 Mg)	Tier 2	QL (1 EA per 1 day)
Pediatric Multivitamins-Fl (Mvc-Fluoride Oral Tablet Chewable 1 Mg)	Tier 2	QL (2 EA per 1 day)
Ped Mv W/ Iron - Drugs For Nutrition**		
multivitamin infant & toddler oral solution 11 mg/ml	Tier 3	OTC

Drug Name	Formulary Status	Requirements/Limits
baby vitamin/iron oral solution	Tier 2	OTC
childrens multivitamin/iron oral tablet chewable 15 mg	Tier 2	OTC
multivitamins plus iron child oral tablet chewable 18 mg	Tier 2	OTC
Ped Vitamins Acd W/ Fluoride - Drugs For Nutrition**		
adc/f (0.5mg/ml) oral solution 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
multivitamin select/fluoride oral solution 0.25 mg/ml	Tier 2	QL (50 ML per 25 days); OTC
triple-vitamin/fluoride oral solution 0.25 mg/ml	Tier 2	QL (50 ML per 25 days)
tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 2	QL (50 ML per 25 days)
vitamins acd-fluoride oral solution 0.25 mg/ml	Tier 2	QL (50 ML per 25 days); OTC
Pediatric Multiple Vitamins W/ C - Drugs For Nutrition**		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 3	OTC
Pediatric Multiple Vitamins W/ Extra C & Fa - Drugs For Nutrition**		
childrens multivitamins oral tablet chewable w/extra c & fa	Tier 2	OTC
Pediatric Multiple Vitamins - Drugs For Nutrition**		
multivitamin infant & toddler oral solution	Tier 3	QL (50 ML per 25 days); OTC
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 3	QL (50 EA per 25 days); OTC
Pediatric Vitamins A & D W/ C - Drugs For Nutrition**		
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Tier 3	QL (50 ML per 25 days); OTC
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 2	OTC
Prenatal Mv & Min W/Fe-Fa - Drugs For Nutrition**		
completenate oral tablet chewable 29-1 mg	Tier 2	QL (1 EA per 1 day)
jenliva prenatal/postnatal oral capsule 1 mg	Tier 2	QL (1 EA per 1 day)
m-natal plus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
mynatal plus oral tablet	Tier 2	QL (1 EA per 1 day)
mynatal-z oral tablet	Tier 2	QL (1 EA per 1 day)
natal-v rx oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
neonatal complete oral tablet 27-1 mg, 29-1 mg	Tier 2	QL (1 EA per 1 day)
neonatal prenatal oral tablet 27-0.8 mg	Tier 2	QL (1 EA per 1 day); OTC
nutri-tab ob oral tablet 32-1 mg	Tier 2	QL (1 EA per 1 day)
one vite womens plus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
pnv fe fum/docusate/folic acid oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)

AGE - Age Limit **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
pnv folic acid + iron oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
pnv prenatal plus multivitamin oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
pnv tabs 29-1 oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
prenacare oral tablet 90-1 mg	Tier 2	QL (1 EA per 1 day)
prenaplus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatabs fa oral tablet	Tier 2	QL (1 EA per 1 day)
prenatabs fa oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal 19 oral tablet	Tier 2	QL (1 EA per 1 day); OTC
prenatal 19 oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal 19 oral tablet chewable , 29-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal complete oral tablet 14-0.4 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal formula oral capsule 28-0.8-235 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal formula oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal forte oral tablet	Tier 2	QL (1 EA per 1 day); OTC
prenatal low iron oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal multi +dha oral capsule 27-0.8-228 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal oral tablet 27-0.8 mg, 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal plus iron oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal plus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal plus vitamin/mineral oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal plus/iron oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal vitamin oral tablet 27-0.8 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal vitamin plus low iron oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatal vitamins plus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
prenatvite rx oral tablet 0.8 mg	Tier 2	QL (1 EA per 1 day)
preplus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
pretab oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
re prenatal multivitamin/iron oral tablet chewable 29-1 mg	Tier 2	QL (1 EA per 1 day)
re-nata 29 ob oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
se-natal 19 oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
se-natal 19 oral tablet chewable 29-1 mg	Tier 2	QL (1 EA per 1 day)
se-natal one oral tablet 60-1 mg	Tier 2	QL (1 EA per 1 day)
thrivite 19 oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
thrivite rx oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
tl folate oral tablet 27-0.5-0.5 mg	Tier 2	QL (30 EA per 30 days)
triadvance oral tablet 90-1 mg	Tier 2	QL (1 EA per 1 day)
trinatal gt oral tablet 90-1 mg	Tier 2	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	Tier 2	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
trinatal ultra oral tablet 90-1 mg	Tier 2	QL (1 EA per 1 day)
ultra natal oral tablet	Tier 2	QL (1 EA per 1 day)
ultra tabs oral tablet	Tier 2	
ultra-natal oral tablet	Tier 2	
venatal-fa oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
vil-rx oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
vinate ultra oral tablet	Tier 2	QL (1 EA per 1 day)
virt-advance oral tablet 90-1 mg	Tier 2	QL (1 EA per 1 day)
virt-vite gt oral tablet 90-1 mg	Tier 2	QL (1 EA per 1 day)
vita-natal oral capsule	Tier 2	QL (1 EA per 1 day)
v-natal oral tablet 32-1 mg	Tier 2	QL (1 EA per 1 day)
vol-plus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
vol-tab rx oral tablet 29-1 mg	Tier 2	QL (1 EA per 1 day)
westab plus oral tablet 27-1 mg	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Advanced Natalcare Oral Tablet 90-1 Mg)	Tier 2	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 2	QL (1 EA per 1 day)
CAVAN-FOLATE OB ORAL TABLET 65-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	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 2	OTC
INATAL ADVANCE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
INATAL ULTRA ORAL TABLET , 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
LACTOCAL-F ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
M-VIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
MYNATAL ADVANCE ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
MYNATAL ORAL CAPSULE (Prenatal Multivit-Min-Fe-FA)	Tier 2	QL (1 EA per 1 day)
MYNATAL ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
NATACHEW ORAL TABLET CHEWABLE 29-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Natalcare Glosstabs Oral Tablet 90-1 Mg)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 2	QL (1 EA per 1 day)
NATALVIT ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Iron Carbonyl-FA (Natatab Rx Oral Tablet 29-1 Mg)	Tier 2	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
NATELLE PREFER ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 2	QL (1 EA per 1 day)
NEONATAL PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 2	QL (1 EA per 1 day)
NEWGEN ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 2	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 2	QL (1 EA per 1 day)
O-CAL FA ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	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 2	QL (1 EA per 1 day); OTC
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 2	QL (1 EA per 1 day); OTC
PRENATAL AD ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Prenatal Advantage Oral Tablet)	Tier 2	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN-ULTRA ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
PRENATRIX ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
PRENATRYL ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day); OTC
TRICARE ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
ULTRA NATALCARE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	QL (1 EA per 1 day)
VINATE AZ EXTRA ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 2	QL (1 EA per 1 day)
VINATE GT ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 2	
VINATE II ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 2	QL (1 EA per 1 day)
VINATE ONE ORAL TABLET 60-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
VITAFOL-PN ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 2	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Prenatal Mv & Min W/Fe-Fa-Dha - Drugs For Nutrition**		
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	Tier 2	QL (1 EA per 1 day); OTC
prenatal+dha oral 28-0.975 & 200 mg	Tier 2	QL (1 EA per 1 day); OTC
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (Prenatal MV-Min-Fe Cbn-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (2 EA per 1 day); OTC
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 2	QL (1 EA per 1 day); OTC
Prenatal Mv & Minerals W/Fa Without Iron - Drugs For Nutrition**		
prenatal + complete multi oral therapy pack 0.267 & 373 mg	Tier 2	OTC
***Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones**		
Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones**		
metaxalone oral tablet 800 mg	Tier 4	PA
Metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 4	PA
baclofen oral tablet 10 mg	Tier 2	QL (3 EA per 1 day)
baclofen oral tablet 20 mg, 5 mg	Tier 2	QL (4 EA per 1 day)
carisoprodol oral tablet 350 mg	Tier 2	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 2	QL (6 EA per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 2	QL (3 EA per 1 day)
ed baclofen oral tablet 10 mg	Tier 2	QL (3 EA per 1 day)
methocarbamol oral tablet 500 mg	Tier 2	QL (6 EA per 1 day); AGE (Max 64 Years)
methocarbamol oral tablet 750 mg	Tier 2	QL (10 EA per 1 day); AGE (Max 64 Years)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 2	QL (2 EA per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 2	QL (8 EA per 1 day); AGE (Max 64 Years)
tizanidine hcl oral tablet 4 mg	Tier 2	QL (9 EA per 1 day); AGE (Max 64 Years)
Carisoprodol (Vanadom Oral Tablet 350 Mg)	Tier 2	QL (4 EA per 1 day)
Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 2	
Muscle Relaxant Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones**		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 4	PA; QL (8 EA per 1 day)

AGE - Age Limit **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
Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones**		
sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml	Tier 5	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA; QL (6 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA; QL (6 ML per 180 days)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 5	PA
***Nasal Agents - Systemic And Topical* - Drugs For The Nose**		
Nasal Agents - Misc. - Allergy**		
saline nasal spray nasal solution 0.65 %	Tier 2	OTC
Nasal Anticholinergics - Allergy**		
ipratropium bromide nasal solution 0.03 %	Tier 2	QL (30 ML per 25 days); MAIL
ipratropium bromide nasal solution 0.06 %	Tier 2	QL (15 ML per 25 days); MAIL
Nasal Antihistamines - Allergy**		
olopatadine hcl nasal solution 0.6 %	Tier 4	ST; QL (30.5 GM per 25 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 2	ST; QL (30 ML per 25 days)
Nasal Mast Cell Stabilizers - Allergy**		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 2	QL (52 ML per 25 days); OTC
Nasal Steroids - Allergy**		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 4	PA
budesonide nasal suspension 32 mcg/act	Tier 2	QL (8.43 ML per 25 days); OTC
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 2	ST; QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 2	QL (16 GM per 25 days); AGE (Min 4 Years)

Drug Name	Formulary Status	Requirements/Limits
triamcinolone acetonide nasal aerosol 55 mcg/act	Tier 2	QL (16.9 ML per 25 days); OTC
Systemic Decongestants - Allergy**		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 3	OTC
kp pseudoephedrine hcl oral tablet 60 mg	Tier 2	OTC
phenylephrine hcl oral tablet 10 mg	Tier 2	OTC
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Tier 2	OTC
pseudoephedrine hcl oral liquid 30 mg/5ml	Tier 2	OTC
pseudoephedrine hcl oral syrup 30 mg/5ml	Tier 2	OTC
pseudoephedrine hcl oral tablet 30 mg	Tier 2	OTC
pseudoephedrine hcl oral tablet 60 mg	Tier 2	
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 2	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 2	
Topical Decongestants - Allergy**		
oxymetazoline hcl nasal solution 0.05 %	Tier 2	OTC
***Neuromuscular Agents* - Drugs For Nerves And Muscles**		
Benzathiazoles - Drugs For Nerves And Muscles**		
riluzole oral tablet 50 mg	Tier 4	PA; QL (2 EA per 1 day); MAIL
***Nutrients* - Drugs For Nutrition**		
Misc. Nutritional Substances - Drugs For Nutrition**		
dha oral capsule 200 mg	Tier 2	QL (1 EA per 1 day); OTC
fish oil extra strength oral capsule 1200 mg	Tier 2	OTC
fish oil omega-3 oral capsule 1000 mg	Tier 2	OTC
fish oil oral capsule 1000 mg	Tier 2	
fish oil oral capsule 300 mg, 500 mg	Tier 2	OTC
fish oil oral capsule delayed release 1000 mg, 1200 mg	Tier 2	OTC
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	Tier 2	OTC
omega-3 fish oil oral capsule 500 mg	Tier 2	OTC
omega-3 oral capsule 300 mg	Tier 2	OTC
prenatal dha oral capsule 200 mg	Tier 2	QL (1 EA per 1 day); OTC
***Ophthalmic Agents* - Drugs For The Eye**		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb - Drugs For Glaucoma**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 4	QL (8 ML per 25 days); MAIL

Drug Name	Formulary Status	Requirements/Limits
Artificial Tear And Lubricant Combinations - Drugs For The Eye**		
artificial eye ophthalmic ointment 83-15 %	Tier 2	OTC
artificial tears ophthalmic ointment 83-15 %	Tier 2	OTC
artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %	Tier 2	OTC
artificial tears pf ophthalmic solution 0.1-0.3 %	Tier 2	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Tier 2	OTC
Artificial Tear Inserts - Drugs For The Eye**		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 4	PA
Artificial Tear Solutions - Drugs For The Eye**		
artificial tears ophthalmic solution	Tier 2	OTC
Artificial Tears And Lubricants - Drugs For The Eye**		
artificial tears ophthalmic solution 1.4 %	Tier 2	OTC
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 2	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 2	OTC
eye drops ophthalmic solution 0.5 %	Tier 2	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 2	OTC
Beta-Blockers - Ophthalmic Combinations - Drugs For Glaucoma**		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 2	QL (10 ML per 25 days); MAIL
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 2	QL (10 ML per 25 days); MAIL
Beta-Blockers - Ophthalmic - Drugs For Glaucoma**		
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 4	QL (5 ML per 25 days); MAIL
betaxolol hcl ophthalmic solution 0.5 %	Tier 2	MAIL
carteolol hcl ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL
levobunolol hcl ophthalmic solution 0.5 %	Tier 2	QL (15 ML per 25 days); MAIL
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 2	QL (10 ML per 25 days); MAIL
Cycloplegic Mydriatics - Drugs For The Eye**		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 3	QL (15 ML per 25 days); MAIL
atropine sulfate ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL
atropine-care ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL
cyclopentolate hcl ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL

Drug Name	Formulary Status	Requirements/Limits
cylate ophthalmic solution 1 %	Tier 2	QL (15 ML per 25 days); MAIL
mydral ophthalmic solution 0.5 %, 1 %	Tier 2	MAIL
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 2	MAIL
Cyclopentolate HCl (Ak-Pentolate Ophthalmic Solution 1 %)	Tier 2	QL (15 ML per 25 days); MAIL
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 3	MAIL
Miotics - Direct Acting - Drugs For Glaucoma**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 2	MAIL
piloptic-1 ophthalmic solution 1 %	Tier 2	MAIL
piloptic-2 ophthalmic solution 2 %	Tier 2	MAIL
piloptic-4 ophthalmic solution 4 %	Tier 2	MAIL
Ophthalmic Antiallergic - Drugs For Itchy Eye**		
bepotastine besilate ophthalmic solution 1.5 %	Tier 4	PA
epinastine hcl ophthalmic solution 0.05 %	Tier 4	QL (5 ML per 25 days)
ALOCRIL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 4	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 4	PA
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 4	PA
azelastine hcl ophthalmic solution 0.05 %	Tier 2	QL (6 ML per 25 days)
cromolyn sodium ophthalmic solution 4 %	Tier 2	QL (10 ML per 25 days)
ketotifen fumarate ophthalmic solution 0.035 %	Tier 2	QL (5 ML per 30 days); OTC
kp ketotifen fumarate ophthalmic solution 0.025 %	Tier 2	QL (5 ML per 25 days); OTC
PATADAY SOLUTION 0.1 % OPHTHALMIC (Olopatadine HCl)	Tier 2	QL (5 ML per 30 days); OTC
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC) (Olopatadine HCl)	Tier 2	QL (2.5 ML per 30 days); OTC
Ophthalmic Antibiotics - Anti-Infective/Anti-Inflammatories**		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 4	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA
bacitracin ophthalmic ointment 500 unit/gm	Tier 2	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 2	
erythromycin ophthalmic ointment 5 mg/gm	Tier 2	
gatifloxacin ophthalmic solution 0.5 %	Tier 2	PA
gentamicin sulfate ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
gentasol ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
levofloxacin ophthalmic solution 0.5 %	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 2	QL (3 ML per 25 days)
ofloxacin ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
romycin ophthalmic ointment 5 mg/gm	Tier 2	
tobramycin ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
tobramycin sulfate ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
tobrasol ophthalmic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
Gentamicin Sulfate (Genoptic Ophthalmic Solution 0.3 %)	Tier 2	QL (5 ML per 25 days)
Gentamicin Sulfate (Gentak Ophthalmic Solution 0.3 %)	Tier 2	QL (5 ML per 25 days)
Erythromycin (Ilotycin Ophthalmic Ointment 5 Mg/Gm)	Tier 2	
Ophthalmic Antifungal - Drugs For The Eye**		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 4	PA
Ophthalmic Anti-Infective Combinations - Anti-Infective/Anti-Inflammatories**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	Tier 2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm, 500-100000 unit/gm	Tier 2	
neocin ophthalmic ointment 5-400-10000	Tier 2	
neocin-pg ophthalmic solution 0.025-2.5-10000	Tier 2	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Tier 2	
neomycin-polymyxin-gramicidin ophthalmic solution 2.5-10000-0.025	Tier 2	
polycin b ophthalmic ointment 500-10000 unit/gm	Tier 2	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 2	QL (10 ML per 25 days)
triple antibiotic ophthalmic ointment 5-400-10000	Tier 2	
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 2	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 2	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories**		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 4	PA
trifluridine ophthalmic solution 1 %	Tier 2	QL (7.5 ML per 25 days)
Ophthalmic Carbonic Anhydrase Inhibitors - Drugs For Glaucoma**		
brinzolamide ophthalmic suspension 1 %	Tier 2	QL (10 ML per 25 days); MAIL
dorzolamide hcl ophthalmic solution 2 %	Tier 2	QL (10 ML per 25 days); MAIL
Ophthalmic Hyperosmolar Products - Drugs For The Eye**		
sodium chloride (hypertonic) ophthalmic ointment 5 %	Tier 2	OTC

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Drug Name	Formulary Status	Requirements/Limits
sodium chloride (hypertonic) ophthalmic solution 5 %	Tier 2	OTC
Ophthalmic Immunomodulators - Anti-Infective/Anti-Inflammatories**		
cyclosporine ophthalmic emulsion 0.05 %	Tier 4	PA
Ophthalmic Local Anesthetics - Drugs For The Eye**		
parcaine ophthalmic solution 0.5 %	Tier 2	
proparacaine hcl ophthalmic solution 0.5 %	Tier 2	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents - Anti-Infective/Anti-Inflammatories**		
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 4	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 4	PA
diclofenac sodium ophthalmic solution 0.1 %	Tier 2	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 2	QL (10 ML per 25 days)
Ophthalmic Selective Alpha Adrenergic Agonists - Drugs For Glaucoma**		
brimonidine tartrate ophthalmic solution 0.15 %	Tier 4	QL (15 ML per 25 days); MAIL
apraclonidine hcl ophthalmic solution 0.5 %	Tier 2	
brimonidine tartrate ophthalmic solution 0.2 %	Tier 2	QL (15 ML per 25 days); MAIL
Ophthalmic Steroid Combinations - Anti-Infective/Anti-Inflammatories**		
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 3	QL (3.5 GM per 25 days)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 2	
methadex ophthalmic suspension 3.5-10000-1	Tier 2	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 2	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Tier 2	
poly-dex ophthalmic ointment 3.5-10000-0.1	Tier 2	
poly-dex ophthalmic suspension 3.5-10000-0.1	Tier 2	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 2	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 2	QL (10 ML per 25 days)
triple antibiotic ophthalmic ointment 0.35-10000-0.1	Tier 2	
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 2	
Ophthalmic Steroids - Anti-Infective/Anti-Inflammatories**		
difluprednate ophthalmic emulsion 0.05 %	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
loteprednol etabonate ophthalmic gel 0.5 %	Tier 4	
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	Tier 4	PA
ALREX OPHTHALMIC SUSPENSION 0.2 % (Loteprednol Etabonate)	Tier 4	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 4	PA
dexasol ophthalmic solution 0.1 %	Tier 2	QL (5 ML per 25 days)
fluorometholone ophthalmic suspension 0.1 %	Tier 2	QL (15 ML per 25 days)
prednisolone acetate ophthalmic suspension 1 %	Tier 2	
Fluorometholone (Fluor-Op Ophthalmic Suspension 0.1 %)	Tier 2	QL (15 ML per 25 days)
Ophthalmic Sulfonamides - Anti-Infective/Anti-Inflammatories**		
sulfacetamide sodium ophthalmic solution 10 %	Tier 2	QL (15 ML per 25 days)
***Ophthalmics - Cystinosis Agents** - Drugs For The Eye**		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 5	PA
Prostaglandins - Ophthalmic - Drugs For Glaucoma**		
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 4	ST; QL (5 ML per 25 days); MAIL
bimatoprost ophthalmic solution 0.03 %	Tier 2	ST; QL (5 ML per 25 days); MAIL
latanoprost ophthalmic solution 0.005 %	Tier 2	QL (5 ML per 25 days); MAIL
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 2	ST; QL (30 EA per 25 days); MAIL
travoprost (bak free) ophthalmic solution 0.004 %	Tier 2	ST; QL (5 ML per 25 days); MAIL
***Otic Agents* - Drugs For The Ear**		
Otic Agents - Miscellaneous - Wax Removal**		
acetic acid otic solution 2 %	Tier 2	
carbamoxide ear drops otic solution 6.5 %	Tier 2	OTC
ear drops for swimmers otic liquid 95-5 %	Tier 2	OTC
instant ear-dry otic liquid 95-5 %	Tier 2	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 2	OTC
Otic Anti-Infectives - Antibiotics**		
ciprofloxacin hcl otic solution 0.2 %	Tier 2	QL (14 EA per 25 days)
ofloxacin otic solution 0.3 %	Tier 2	QL (5 ML per 25 days)
Otic Steroid-Anti-Infective Combinations - Anti-Infective/Anti-Inflammatories**		
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 4	PA
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	

Drug Name	Formulary Status	Requirements/Limits
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 4	
antibiotic ear otic solution 3.5-10000-1	Tier 2	
cortomycin otic solution 3.5-10000-1	Tier 2	
cortomycin otic suspension 3.5-10000-1	Tier 2	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 2	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 2	
Otic Steroids - Anti-Infective/Anti-Inflammatories**		
fluocinolone acetonide otic oil 0.01 %	Tier 2	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 2	
Hydrocortisone-Acetic Acid (Acetasol Hc Otic Solution 2-1 %)	Tier 2	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 2	
***Oxytocics* - Hormones**		
Oxytocics - Drugs For Women**		
methylergonovine maleate oral tablet 0.2 mg	Tier 4	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 4	
***Passive Immunizing And Treatment Agents* - Biological Agents**		
Antiviral Monoclonal Antibodies - Biological Agents**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (Palivizumab)	Tier 5	PA
Immune Serums - Biological Agents**		
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
FLEBOGAMMA INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
GAMASTAN INTRAMUSCULAR INJECTABLE (Immune Globulin (Human))	Tier 5	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 5	PA
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
GAMUNEX INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 5	PA

Drug Name	Formulary Status	Requirements/Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 5	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 5	PA
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 5	PA
POLYGAM S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 5	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 3	
Passive Immunizing Agents - Combinations - Biological Agents**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 5	PA
***Penicillins* - Drugs For Infections**		
Aminopenicillins - Antibiotics**		
amoxicillin oral tablet 500 mg	Tier 4	
amoxicillin oral capsule 250 mg, 500 mg	Tier 2	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 2	AGE (Max 12 Years)
amoxicillin oral tablet 875 mg	Tier 2	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 2	AGE (Max 12 Years)
ampicillin oral capsule 500 mg	Tier 2	
Amoxicillin (Amoxil Oral Capsule 500 Mg)	Tier 2	
Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/5Ml)	Tier 2	AGE (Max 12 Years)
Amoxicillin (Trimox Oral Capsule 500 Mg)	Tier 2	
Natural Penicillins - Antibiotics**		
penicillin v potassium oral solution reconstituted 250 mg/5ml	Tier 2	AGE (Max 12 Years)
penicillin v potassium oral tablet 250 mg, 500 mg	Tier 2	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5Ml)	Tier 2	AGE (Max 12 Years)
Penicillin V Potassium (Veetids Oral Tablet 250 Mg, 500 Mg)	Tier 2	
Penicillin Combinations - Antibiotics**		
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	Tier 4	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Tier 4	AGE (Max 12 Years)

Drug Name	Formulary Status	Requirements/Limits
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 4	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	Tier 2	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	Tier 2	QL (20 EA per 10 days)
Penicillinase-Resistant Penicillins - Antibiotics**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 2	
***Progestins* - Hormones**		
Progestins - Drugs For Women**		
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
norethindrone acetate oral tablet 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
progesterone oral capsule 100 mg	Tier 2	PA; QL (1 EA per 1 day)
progesterone oral capsule 200 mg	Tier 2	QL (2 EA per 1 day)
***Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System**		
Agents For Opioid Withdrawal - Drugs For The Nervous System**		
LUCEMYRA ORAL TABLET 0.18 MG (Lofexidine HCl)	Tier 4	ST
Alcohol Deterrents - Drugs For The Nervous System**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 2	MAIL
disulfiram oral tablet 250 mg, 500 mg	Tier 2	QL (1 EA per 1 day); MAIL
Anti-Cataplectic Agents - Drugs For Sleep Disorder**		
sodium oxybate solution 500 mg/ml oral	Tier 5	PA; QL (540 ML per 30 Days)
Benzodiazepines & Tricyclic Agents - Drugs For Seizures /Personality Disorder/Nerve Pain**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Tier 4	AGE (Max 64 Years)
Cholinomimetics - Ache Inhibitors - Drugs For Alzheimer's Disease**		
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 4	MAIL
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 4	PA; MAIL
donepezil hcl oral tablet 10 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
donepezil hcl oral tablet dispersible 10 mg	Tier 2	QL (1 EA per 1 day); MAIL
donepezil hcl oral tablet dispersible 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	Tier 2	MAIL
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 2	MAIL

Drug Name	Formulary Status	Requirements/Limits
Fibromyalgia Agent - Snris - Drugs For Seizures /Personality Disorder/Nerve Pain**		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (Milnacipran HCl)	Tier 4	PA; MAIL
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl)	Tier 4	PA
Movement Disorder Drug Therapy - Drugs For The Nervous System**		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 5	PA
Ms Agents - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis**		
teriflunomide oral tablet 14 mg, 7 mg	Tier 5	PA
Multiple Sclerosis Agents - Interferons - Drugs For Multiple Sclerosis**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (Interferon Beta-1b)	Tier 5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 5	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 5	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 5	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 5	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators - Drugs For Multiple Sclerosis**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 5	PA
dimethyl fumarate starter pack oral 120 & 240 mg	Tier 5	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 5	PA

Drug Name	Formulary Status	Requirements/Limits
Multiple Sclerosis Agents - Potassium Channel Blockers - Drugs For Multiple Sclerosis**		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 5	PA
Multiple Sclerosis Agents - Drugs For Multiple Sclerosis**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Tier 5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (Glatiramer Acetate)	Tier 5	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	Tier 5	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists - Drugs For Alzheimer's Disease**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 4	PA; MAIL
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 2	MAIL
memantine hcl oral tablet 10 mg, 5 mg	Tier 2	QL (2 EA per 1 day); MAIL
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 2	QL (49 EA per 365 days)
Phenothiazines & Tricyclic Agents - Drugs For Depression**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 4	PA; AGE (Max 64 Years); MAIL
Psychotherapeutic And Neurological Agents - Misc. - Drugs For Severe Mental Disorders**		
ergoloid mesylates oral tablet 1 mg	Tier 4	PA
pimozide oral tablet 1 mg	Tier 2	QL (10 EA per 1 day); MAIL
pimozide oral tablet 2 mg	Tier 2	QL (5 EA per 1 day); MAIL
Smoking Deterrents - Drugs For Depression**		
apo-varenicline oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PREV	QL (2 EA per 1 day)
goodsense nicotine mouth/throat gum 2 mg	PREV	QL (8 EA per 1 day); OTC
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PREV	QL (8 EA per 1 day); OTC
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PREV	QL (8 EA per 1 day); OTC
nicotine transdermal kit 21-14-7 mg/24hr	PREV	QL (56 EA per 25 days); OTC
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PREV	QL (1 EA per 1 day); OTC
varenicline tartrate oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PREV	QL (106 EA per 365 days)
BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg)	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)
Sphingosine 1-Phosphate (S1p) Receptor Modulators - Drugs For Multiple Sclerosis**		
fingolimod hcl oral capsule 0.5 mg	Tier 5	PA
***Respiratory Agents - Misc.* - Drugs For The Lungs**		
Alpha-Proteinase Inhibitor (Human) - Drugs For Asthma/Copd**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 5	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (Alpha1-Proteinase Inhibitor)	Tier 5	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (Alpha1-Proteinase Inhibitor)	Tier 5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 5	PA
Cftr Potentiators - Drugs For Cystic Fibrosis**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 5	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 5	PA
Hydrolytic Enzymes - Drugs For The Lungs**		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML (Dornase Alfa)	Tier 5	PA; QL (75 ML per 25 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors - Drugs For The Lungs**		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 5	PA
Pulmonary Fibrosis Agents - Drugs For The Lungs**		
pirfenidone oral capsule 267 mg	Tier 5	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 5	PA
***Sulfonamides* - Drugs For Infections**		
Sulfonamides - Antibiotics**		
sulfadiazine oral tablet 500 mg	Tier 4	
***Tetracyclines* - Drugs For Infections**		
Tetracyclines - Antibiotics**		
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 4	
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 4	
avidoxy oral tablet 100 mg	Tier 2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 2	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 2	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 2	
Doxycycline Monohydrate (Mondoxyne Nl Oral Capsule 100 Mg, 50 Mg)	Tier 2	
Doxycycline Monohydrate (Okebo Oral Capsule 100 Mg)	Tier 2	

Drug Name	Formulary Status	Requirements/Limits
***Thyroid Agents* - Hormones**		
Antithyroid Agents - Drugs For Thyroid**		
methimazole oral tablet 10 mg, 5 mg	Tier 2	MAIL
propylthiouracil oral tablet 50 mg	Tier 2	MAIL
Methimazole (Northyx Oral Tablet 10 Mg, 5 Mg)	Tier 2	MAIL
Thyroid Hormones - Drugs For Thyroid**		
thyroid oral tablet 120 mg, 130 mg, 15 mg, 30 mg, 32.5 mg, 60 mg, 65 mg, 90 mg	Tier 3	MAIL
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 3	MAIL
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 3	MAIL
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 3	MAIL
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 3	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 3	MAIL
WESTHROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 3	MAIL
WESTHROID-P ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 3	MAIL
WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 3	MAIL
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 2	MAIL
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 2	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 2	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 2	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 2	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 2	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 2	MAIL

Drug Name	Formulary Status	Requirements/Limits
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 2	MAIL
***Toxoids* - Biological Agents**		
Toxoid Combinations - Vaccines**		
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (DTaP-IPV Vaccine)	PREV	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-Hepatitis B Recomb-IPV)	PREV	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (DTaP-IPV-Hib Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION (DTaP-IPV Vaccine)	PREV	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (DTaP-IPV Vaccine)	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)
VAXELIS INTRAMUSCULAR SUSPENSION (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (DTaP-IPV-Hib-Hepatitis B Recmb)	PREV	
***Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach**		
Antispasmodics - Drugs For Stomach Cramps**		
dicyclomine hcl oral capsule 10 mg	Tier 2	AGE (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml	Tier 2	AGE (Max 64 Years)
dicyclomine hcl oral tablet 20 mg	Tier 2	AGE (Max 64 Years)
Belladonna Alkaloids - Drugs For Stomach Cramps**		
colidrops oral solution 0.125 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
ed-spaz oral tablet dispersible 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 2	AGE (Max 64 Years); MAIL

Drug Name	Formulary Status	Requirements/Limits
hyoscyamine sulfate oral tablet 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
hyosyne oral elixir 0.125 mg/5ml	Tier 2	AGE (Max 64 Years); MAIL
hyosyne oral solution 0.125 mg/ml	Tier 2	AGE (Max 64 Years); MAIL
oscimin oral tablet 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
oscimin oral tablet dispersible 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
oscimin sr oral tablet extended release 12 hour 0.375 mg	Tier 2	AGE (Max 64 Years); MAIL
oscimin sublingual tablet sublingual 0.125 mg	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Hyomax Oral Tablet 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Hyomax-Ft Oral Tablet Dispersible 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Hyomax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Hyomax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Spacol T/S Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Symax Fastabs Oral Tablet Dispersible 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 2	AGE (Max 64 Years); MAIL
Hyoscyamine Sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 2	AGE (Max 64 Years); MAIL
H-2 Antagonists - Drugs For Ulcers And Stomach Acid**		
cimetidine 200 oral tablet 200 mg	Tier 2	OTC
cimetidine oral tablet 200 mg	Tier 2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 2	MAIL
famotidine maximum strength oral tablet 20 mg	Tier 2	MAIL; OTC
famotidine oral suspension reconstituted 40 mg/5ml	Tier 2	QL (5 ML per 1 day); AGE (Max 12 Years); MAIL
famotidine oral tablet 10 mg	Tier 2	OTC
famotidine oral tablet 20 mg, 40 mg	Tier 2	MAIL
nizatidine oral capsule 150 mg, 300 mg	Tier 2	MAIL
Misc. Anti-Ulcer - Drugs For Ulcers And Stomach Acid**		
sucralfate oral tablet 1 gm	Tier 2	QL (4 EA per 1 day); MAIL

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

Drug Name	Formulary Status	Requirements/Limits
darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 4	PA; QL (1 EA per 1 day); MAIL
solifenacin succinate oral tablet 10 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
solifenacin succinate oral tablet 5 mg	Tier 4	ST; QL (2 EA per 1 day); MAIL
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 4	ST; QL (1 EA per 1 day); MAIL
oxybutynin transdermal patch twice weekly 3.9 mg/24hr	Tier 3	QL (8 EA per 25 days); MAIL
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 3	ST; QL (8 EA per 25 days); MAIL; OTC
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 3	QL (8 EA per 25 days); MAIL
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 2	QL (1 EA per 1 day); MAIL
oxybutynin chloride oral solution 5 mg/5ml	Tier 2	QL (600 ML per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	Tier 2	QL (20 ML per 1 day); MAIL
oxybutynin chloride oral tablet 5 mg	Tier 2	QL (3 EA per 1 day); MAIL
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 2	ST; QL (2 EA per 1 day); MAIL
trospium chloride oral tablet 20 mg	Tier 2	ST; QL (2 EA per 1 day); MAIL
Urinary Antispasmodics - Beta-3 Adrenergic Agonists - Drugs For The Bladder**		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (Mirabegron)	Tier 4	PA; QL (1 EA per 1 day); MAIL
Urinary Antispasmodics - Cholinergic Agonists - Drugs For The Bladder**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 2	QL (4 EA per 1 day)
Urinary Antispasmodics - Direct Muscle Relaxants - Drugs For The Bladder**		
flavoxate hcl oral tablet 100 mg	Tier 2	QL (4 EA per 1 day); MAIL
***Vaccines* - Biological Agents**		
Bacterial Vaccines - Vaccines**		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (Haemophilus B Polysac Conj Vac)	PREV	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (Meningococcal B Recomb OMV Adj)	PREV	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Pneumococcal 21-Valent Conjuga)	PREV	AGE (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (Haemophilus B Polysac Conj Vac)	PREV	

AGE - Age Limit **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
MENQUADFI INTRAMUSCULAR SOLUTION (Mening ACY&W-135 Tetanus Conj)	PREV	
MENVEO INTRAMUSCULAR SOLUTION (Meningococcal A C Y&W-135 Olig)	PREV	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (Meningococcal A C Y&W-135 Olig)	PREV	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (Haemophilus B Polysac Conj Vac)	PREV	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (Mening ACYW(Tet Conj)-B(Rcmb))	PREV	
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)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (Meningococcal B Vac (Recomb))	PREV	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 ML per 999 days)
Viral Vaccine Combinations - Vaccines**		
M-M-R II INJECTION SOLUTION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles, Mumps & Rubella Vac)	PREV	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (Measles-Mumps-Rubella-Varicell)	PREV	
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)
Viral Vaccines - Vaccines**		
janssen covid-19 vaccine intramuscular suspension 0.5 ml	PREV	
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	PREV	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	

Drug Name	Formulary Status	Requirements/Limits
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 50 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
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)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)

Drug Name	Formulary Status	Requirements/Limits
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)
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ROTARIX ORAL SUSPENSION (Rotavirus Vaccine Live Oral)	PREV	
ROTATEQ ORAL SOLUTION (Rotavirus Vac Live Pentavalent)	PREV	
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)
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
***Vaginal And Related Products* - Drugs For Women**		
Imidazole-Related Antifungals - Drugs For Infections**		
terconazole vaginal suppository 80 mg	Tier 4	
Terconazole (Zazole Vaginal Suppository 80 Mg)	Tier 4	
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 3	
clotrimazole 3 vaginal cream 2 %	Tier 2	OTC
clotrimazole vaginal cream 1 %, 2 %	Tier 2	OTC
miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 2	OTC
miconazole 3 vaginal cream 4 %	Tier 2	OTC
miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Tier 2	
miconazole 7 vaginal cream 2 %	Tier 2	OTC
miconazole nitrate vaginal suppository 100 mg	Tier 2	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 2	
tioconazole-1 vaginal ointment 6.5 %	Tier 2	OTC
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (Tioconazole)	Tier 2	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 2	OTC

Drug Name	Formulary Status	Requirements/Limits
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 2	OTC
Terconazole (Zazole Vaginal Cream 0.4 %, 0.8 %)	Tier 2	
Spermicides - Birth Control Pills**		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
GYNOL II EXTRA STRENGTH VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
GYNOL II VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
TODAY SPONGE VAGINAL 1000 MG (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
Vaginal Anti-Infectives - Drugs For Infections**		
clindamycin phosphate vaginal cream 2 %	Tier 2	QL (40 GM per 25 days)
metronidazole vaginal gel 0.75 %	Tier 2	QL (70 GM per 25 days)
Clindamycin Phosphate (Clindamax Vaginal Cream 2 %)	Tier 2	QL (40 GM per 25 days)
Vaginal Contraceptive Ph Modulator - Combinations - Drugs For Women**		
PHEXXI VAGINAL GEL 1.8-1-0.4 % (Lactic Ac-Citric Ac-Pot Bitart)	PREV	
Vaginal Estrogens - Drugs For Women**		
estradiol vaginal tablet 10 mcg	Tier 4	QL (2 EA per 1 day); MAIL
Estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 4	QL (2 EA per 1 day); MAIL
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 3	QL (30 GM per 25 days); MAIL
estradiol vaginal cream 0.1 mg/gm	Tier 2	QL (42.5 GM per 25 days); MAIL
Vaginal Progestins - Drugs For Women**		
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 4	PA

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

Drug Name	Formulary Status	Requirements/Limits
d 10000 oral capsule 250 mcg (10000 ut)	Tier 2	OTC
d 2000 oral tablet 50 mcg (2000 ut)	Tier 2	OTC
d 400 oral tablet 10 mcg (400 unit)	Tier 2	OTC
d 400 oral tablet chewable 10 mcg (400 unit)	Tier 2	OTC
d 5000 oral capsule 125 mcg (5000 ut)	Tier 2	OTC
d 5000 oral tablet 125 mcg (5000 ut)	Tier 2	OTC
d2000 ultra strength oral capsule 50 mcg (2000 ut)	Tier 2	OTC
d3 2000 oral capsule 50 mcg (2000 ut)	Tier 2	OTC
d3 5000 oral capsule 125 mcg (5000 ut)	Tier 2	OTC
d3 high potency oral capsule 25 mcg (1000 ut)	Tier 2	OTC
d3 maximum strength oral liquid 5000 unit/ml	Tier 2	OTC
d3 vitamin oral liquid 10 mcg/ml	Tier 2	OTC
ergocalciferol oral capsule 1.25 mg (50000 ut)	Tier 2	
vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)	Tier 2	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Tier 2	
vitamin d oral tablet 1000 unit, 400 unit, 50 mcg (2000 ut)	Tier 2	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Tier 2	OTC
vitamin d3 oral liquid 400 unit/ml	Tier 2	OTC
vitamin d3 oral tablet 125 mcg (5000 ut)	Tier 2	OTC
vitamin d3 oral tablet chewable 25 mcg (1000 ut)	Tier 2	OTC
Vitamin K - Drugs For Nutrition**		
phytonadione oral tablet 5 mg	Tier 2	QL (5 EA per 1 day)

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