Marketplace

2026 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of New Mexico, Inc Marketplace

Notice:

The information in this document is current as of July 1, 2026.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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

Aviso:

La información de este documento está vigente a partir del 1 julio de 2026.

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

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

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MOLINA® HEALTHCARE

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Drug Formulary and Guide

Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. Smaller updates are also made every 3 months. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer and the medical community. The group meets every three months to talk about the drugs that are on the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. The group reviews and approves rules for prior authorization, step-therapy, and quantity limits. 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

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

- Moving a drug to a higher drug list tier, moving a drug from preferred to non-preferred status, or other changes we make to the drug list that result in higher member cost-sharing for a formulary drug
- Removing the drug from the formulary
- Adding a prior authorization requirement to the formulary drug
- Adding or updating the drug's quantity limit
- Adding a step-therapy requirement to the drug that was not previously in place

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

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

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

I have questions about how my plan covers drugs.

This guide contains many details for common questions:

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

You may also call us and ask specific coverage questions about a drug. Call toll-free **1-888-295-7651**, Monday through Friday, **8:00 AM – 5:00 PM MST**. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

The member handbook and the plan agreement ("Evidence of Coverage") 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 and Guide

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

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

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

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

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

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

What drug names are used on the list?

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

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

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

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

We put drugs on different levels called tiers based on how well they improve health, how much support may be needed to use them, and how much they cost compared to similar treatments. Non-preferred drugs will cost you more than preferred drugs.

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

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

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

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

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

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

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

Under New Mexico requirements, the out-of-pocket amount you pay for a covered prescription drug will not be greater than the lowest of these drug price factors:

- The amount we agree to pay the pharmacy
- The amount the pharmacy usually charges
- The amount based on your plan design cost sharing rate
- The amount you pay if Molina has a rebate agreement for the drug, under special New Mexico rules

If Molina has an active rebate agreement for a drug, we will first apply the rebate towards lowering the amount you pay for that covered drug from a plan design deductible, coinsurance, or copay. This is called rebate passthrough at point of sale. Rebates for the covered drug are automatically applied to lower your cost sharing at the pharmacy. Rebate agreements with drug companies can change at any time and this can affect whether we receive and can apply rebate amounts for applicable drugs towards member cost sharing.

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

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

Birth Control Benefits Summary

Your plan covers a range of birth control services, prescription drugs, and over-the-counter (OTC) products with $0 member cost sharing. Plan pharmacy network and formulary rules apply.

The drug list shows which birth control products are covered with a doctor's prescription or OTC when billed by a network pharmacy. We will cover up to a 6-month supply of prescribed birth control at one time. For non-prescribed OTC products, you do not need a prescription and we cover a 1-month supply at a time. Here are some examples of covered products:

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

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

Under state rules, qualified pharmacists may be able to dispense certain prescription or over-the-counter birth control products to you using your pharmacy benefit without a doctor's prescription. You can also buy over-the-counter emergency birth control pills and condoms listed on the formulary and mail a refund request with your receipt using a "Prescription Reimbursement Claim Form". This form is on MolinaMarketplace.com. To locate the form, go to the menu where it says "Members" and select "Forms and Documents". When you get to "Forms and Documents" the form is under heading that says "Other". A reimbursement request that is sent electronically, via email, or fax, following instructions Molina gives you, is considered received by us on the date sent, unless you receive a notice of a send error. Please note, if purchasing OTC birth control products or using an out-of-network pharmacy, Molina will reimburse you up to the allowed amount we pay network pharmacies for the same product, if on the formulary.

Contraceptive supplies or services, shall be provided without discriminating against the covered person on the basis of gender, race, color, national origin, ancestry, religion, marital status, sexual orientation, age or the age of any contracting party or person reasonably expected to benefit from any such service as a covered person, health status related factors, or the filing of a grievance or utilization management appeal as permitted by this rule.

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

Specialty Pharmacy

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

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

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

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

- You can contact BioPlus® Specialty Pharmacy at 1 (888) 292-0744 or visit BioPlusRx.com

Mail Order Pharmacy

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

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

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

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

Out-of-Network Pharmacy

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

Prescription Claims Processor

We have selected CVS Caremark® as the Pharmacy Benefit Manager ("PBM") to manage the prescription benefit for your plan. Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425.

Membership, cost sharing, prescription drug benefit information, and eligibility concerns may be addressed by calling our Customer Support Center at **1 (888) 295-7651.** Member Services is available **Monday through Friday 8:00 AM – 5:00 PM MST**.

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

Urgent and After-Hours Medication Policy

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

Pharmacies are instructed to use their professional judgment. We will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions.

Pharmacies may call us at **1-855-322-4078** on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Refill Timing, Synchronization, and Proration

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

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage. You may request criteria from member services by calling **1-888-295-7651 Monday through Friday 8:00 AM - 5:00 PM MST.**

You or your provider may fax a completed drug Prior Authorization form to us at **1-866-472-4578**. The clinical policies and forms may be obtained at our website MolinaMarketplace.com. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically. Providers may access the medication criteria on MolinaMarketplace.com or by calling **1-855-322-4078** to obtain criteria before sending the request.

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.
- 3 business days following receipt of request with Standard Circumstances.

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

Requesting an Exception

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

We have a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. A formulary exception would be needed in the following scenarios:

- Your prescriber may order a drug that is not on the formulary but that he or she believes is best for you
- You may be taking a drug that is no longer on the new plan year's drug list and you cannot switch
- The formulary drug requires step therapy, and you tried the step drugs in the past, or have clinical factors that make those step drugs not right for you
- You may have a medical need for a compounded version of a drug such as a liquid that is not commercially available

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

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

- There is documentation of a specific need in your medical record
- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past
- Your doctor has certified that you cannot use formulary options because of an allergy or other medical reason
- Your doctor has certified the options have caused you harm or are reasonably expected to cause you harm
- Your doctor has certified that the options are ineffective for you because of the clinical features of the drug
- Your doctor has certified that the options are ineffective for you because of your specific clinical features
- There is documentation that the required drug is not right for you because of these reasons:
    - The required drug will cause issues with your ability to stick to the treatment
    - The required drug will make one of your other health conditions worse
    - The required drug will make it harder for you to reach or maintain the ability to take care of your daily activities

If the request is approved, we will send a letter to your prescriber. The length of the granted exception will be for no less than the length of the treatment effect of the drug. 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 (“Evidence of Coverage”) titled “Non-Covered Drugs” and “Exclusions”.

Complaints and Appeals

You may file a grievance or complaint by contacting the Customer Support Center at **1-888-295-7651**. If we do not approve your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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.
BH	When a drug is marked "BH" on the formulary, and it is prescribed to treat a Behavioral Health condition you have, it is eligible for $0 cost sharing under New Mexico rules. There are certain drugs marked "BH" that are mainly used to treat Medical Health conditions such as high blood pressure. Tell your prescriber to specify in your prescription directions if you are taking one of these Medical Health drugs to treat a Behavioral Health condition.
INF	When a drug is marked "INF" on the formulary, and it is prescribed to treat a Sexually Transmitted Infection (STI), it is eligible for $0 cost sharing under New Mexico rules. For drugs that treat human immunodeficiency virus (HIV), $0 cost sharing is automatic. Other drugs marked "INF" may treat many types of infections. The prescription claim must indicate it is for an STI for systems to recognize $0 cost sharing rules apply. Pharmacies will receive a message during claims submission and must send a code to privately indicate a drug is being used to treat an STI versus another type of infection for which $0 cost sharing rules do not apply.
MAIL	Drug is eligible for Mail Order and other 90-day fill programs at participating retail pharmacies. It is your choice if you want to use Mail Order programs. There is no discount to cost sharing for using 90-day fill programs.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 90 milligrams of morphine per day of supply filled.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

2026

Guía del formulario

(Lista de medicamentos cubiertos)

Molina Marketplace - New Mexico

MolinaMarketplace.com

MOLINA® HEALTHCARE

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Formulario y guía de medicamentos

Formulario de medicamentos (lista de medicamentos)

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

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

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

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

A menos que haya una versión genérica disponible del medicamento recetado, Molina no hará ninguno de los siguientes cambios dentro de los 120 días posteriores a una actualización previa para ese medicamento determinado:

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

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

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

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

Tengo preguntas sobre cómo mi plan cubre los medicamentos.

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

- ¿Se puede surtir mi receta en una farmacia minorista?
- ¿Dónde puedo ver el monto en dólares del costo compartido de mi receta?
- ¿Cuál es el proceso para solicitar un medicamento con requisito de autorización previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o que tiene requisitos de tratamiento escalonado?
- ¿Mi medicamento está cubierto por el beneficio de medicamentos recetados o por el beneficio médico?

También puede llamarnos y hacernos preguntas específicas sobre la cobertura de un medicamento. Llame a la línea gratuita al **1-888-295-7651,** de lunes a viernes, **de 8:00 a.m. a 5:00 p.m., hora de la montaña (MST)**. Si tiene problemas de audición, llame al 711 para comunicarse con el servicio de telecomunicaciones. También puede pedirnos que le enviemos por correo postal una copia de la lista de medicamentos.

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

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

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

Cómo usar el formulario y la guía de medicamentos

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

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

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

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

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

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

¿Qué nombres de medicamentos se usan en la lista?

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

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

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

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

Colocamos los medicamentos en diferentes niveles en función de lo bien que mejoran la salud, la cantidad de apoyo necesario para tomarlos y su costo en comparación con tratamientos similares. Los medicamentos no preferidos le costarán más que los medicamentos preferidos.

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

Nivel del medicamento	Descripción
Medicamentos preventivos	PREV: medicamentos preventivos, medicamentos y dispositivos para la planificación familiar (es decir, anticoncepción) y otros medicamentos con un costo compartido de $0.
Medicamentos genéricos preferidos	Tier 1: medicamentos genéricos preferidos.
Medicamentos de marca preferidos y genéricos no preferidos	Tier 2: medicamentos de marca preferidos y algunos medicamentos genéricos que no son preferidos.
Medicamentos especializados preferidos	Tier 3: todos los medicamentos especializados preferidos (de marca y genéricos); medicamentos que requieren un manejo especial, asesoramiento o supervisión complejos, distribución limitada u otros requisitos especiales de farmacia; según las reglas del estado, Molina puede requerir que los miembros usen una farmacia especializada de la red; algunos medicamentos especializados solo se venden en determinadas farmacias que la compañía farmacéutica ha elegido ("Distribución Limitada").
Medicamentos de marca no preferidos	Tier 4: medicamentos de marca no preferidos.
Medicamentos especializados no preferidos	Tier 5: todos los medicamentos especializados no preferidos (de marca y genéricos); medicamentos que requieren un manejo especial, asesoramiento o supervisión complejos, distribución limitada u otros requisitos especiales de farmacia; costos compartidos más elevados que los medicamentos especializados preferidos usados para tratar las mismas afecciones, si están disponibles; según las reglas del estado, Molina puede requerir que los miembros usen una farmacia especializada de la red; algunos medicamentos especializados solo se venden en determinadas farmacias que la compañía farmacéutica ha elegido ("Distribución Limitada").
Equipo médico duradero	Equipo médico duradero (DME): artículos no farmacológicos, como equipos y suministros de control cubiertos por el beneficio de farmacia. El costo compartido sigue el costo compartido de los beneficios médicos para los equipos médicos duraderos de los artículos no farmacológicos de la lista de medicamentos.

Cuando la cobertura de medicamentos no incluidos en el formulario se aprueba en virtud de una excepción al formulario, los afiliados pagan el costo compartido del nivel de medicamentos de marca no preferidos para los medicamentos no especializados o el costo compartido del nivel de medicamentos especializados no preferidos para los medicamentos especializados. Consulte el acuerdo del plan para obtener más información sobre los costos compartidos en el caso de las excepciones al formulario.

De conformidad con la Ley de Atención Asequible, su plan cubre medicamentos para servicios preventivos y formas farmacéuticas reconocidos a nivel nacional (PREV) con un costo compartido de $0 cuando se recetan para que los use de acuerdo con esas recomendaciones.

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

- Hay límites en el costo compartido de los medicamentos contra el cáncer que se administran por vía oral. Pagará la tarifa más baja de dos: el costo compartido del nivel de formulario aplicable O el costo compartido de la quimioterapia y los medicamentos administrados por el proveedor que se especifican en el beneficio médico de su plan.
- Hay límites en el costo compartido de la insulina. El límite ($25) se aplica por cada medicamento de insulina, por suministro de 30 días. El límite no se aplica a los productos que contienen otros medicamentos, además de la insulina.
- No tiene costo compartido por los medicamentos recetados para tratar trastornos de salud mental o por consumo de sustancias.
- No tiene costo compartido para los anticonceptivos recetados y de venta libre.
- No existen costos compartidos para la mifepristona y el misoprostol cuando se recetan para detener un embarazo en etapa inicial.
- No tiene costo compartido por los medicamentos contra infecciones cuando se recetan para tratar una infección de transmisión sexual.

Según los requisitos de New Mexico, el monto que pague de su bolsillo por un medicamento recetado cubierto no excederá el menor de los siguientes factores de precio del medicamento:

- El monto que acordamos pagarle a la farmacia.
- El monto que suele cobrar la farmacia.
- El monto con base en la tasa de costos compartidos del diseño de su plan.
- El monto que paga si Molina tiene un acuerdo de reembolso para el medicamento, según las reglas especiales de New Mexico.

Si Molina tiene un acuerdo de reembolso activo para un medicamento, primero aplicaremos el reembolso para reducir el monto que usted paga por ese medicamento cubierto por un deducible, coseguro o copago del diseño del plan. Esto se denomina transferencia del reembolso en el punto de venta. Los reembolsos del medicamento cubierto se aplican automáticamente para reducir sus costos compartidos en la farmacia. Los acuerdos de reembolso con las compañías farmacéuticas pueden cambiar en cualquier momento y esto puede afectar si recibimos y podemos aplicar los montos de reembolso de los medicamentos correspondientes a los costos compartidos del miembro.

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

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

Resumen de beneficios de anticonceptivos

Su plan cubre una amplia gama de servicios, medicamentos recetados y productos de venta libre (OTC) con un costo compartido para los miembros de $0. Se aplican las reglas de la red de farmacias y el formulario del plan.

La lista de medicamentos indica qué productos anticonceptivos con receta médica u OTC están cubiertos cuando los factura una farmacia de la red. Cubriremos un suministro de hasta 6 meses de anticonceptivos recetados al mismo tiempo. Para los productos OTC no recetados, no necesita una receta y nosotros cubrimos un suministro para 1 mes por vez. Estos son algunos ejemplos de los productos cubiertos:

Productos de barrera (condones, capuchones y diafragmas), píldoras anticonceptivas (con receta y OTC), parches, anillos vaginales, dispositivos intrauterinos, inyecciones y dispositivos inyectables y píldoras anticonceptivas de emergencia o píldoras “del día después” (con receta y OTC).

No hay requisitos para probar primero otros medicamentos o para obtener una autorización previa de Molina para los productos anticonceptivos que se encuentran en el formulario. Si tiene un motivo médico por el cual debe usar un producto no incluido en el formulario, el profesional autorizado para emitir recetas puede enviarnos una solicitud de excepción al formulario mediante el proceso de autorización previa. Las instrucciones se encuentran en esta guía de la lista de medicamentos.

Conforme a las reglas estatales, los farmacéuticos calificados pueden dispensarle ciertos productos anticonceptivos de venta libre o recetados usando su beneficio de farmacia sin necesidad de una receta médica. También puede comprar las píldoras anticonceptivas de emergencia y los condones de venta libre que figuran en el formulario y enviar por correo una solicitud de reembolso junto con su recibo usando un “Formulario de reclamación de reembolso de medicamento recetado”. Este formulario se encuentra en MolinaMarketplace.com. Para localizar el formulario, vaya al menú que dice “Members” (Miembros) y seleccione “Forms and Documents” (Formularios y documentos). Cuando llegue a “Forms and Documents” (Formularios y documentos), el formulario se encuentra debajo del encabezado que dice “Other” (Otros). Una solicitud de reembolso que se envía electrónicamente, por correo electrónico o fax, siguiendo las instrucciones que Molina le proporciona, se considera recibida por nosotros en la fecha de envío, a menos que reciba un aviso de un error de envío. Tenga en cuenta que, si compra productos anticonceptivos OTC, o usa una farmacia fuera de la red, Molina le reembolsará hasta el monto permitido que le pagamos a farmacias de la red por el mismo producto, si está en el formulario.

Cómo encontrar una farmacia para surtir un medicamento recetado

Red de farmacias

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

Farmacia especializada

Su plan cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos especializados. Los medicamentos especializados se encuentran en los niveles de “especialidad preferida” o “especialidad no preferida”. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que el medicamento solo se vende en algunas farmacias.

El administrador de beneficios de farmacia de su plan, CVS Caremark®, tiene una farmacia especializada que brinda apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y afecciones. La mayoría de los medicamentos especializados requieren autorización previa antes de tener cobertura. El profesional autorizado para emitir recetas puede enviarnos las solicitudes de autorización previa directamente o enviar una receta a CVS para comenzar el proceso. Si el pedido por correo del medicamento especializado no representa una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para que lo recojan.

- Puede comunicarse con el Centro de Ayuda de CVS Pharmacy llamando al 1 (888) 407-6425 o visitando CVSSpecialty.com.

La red de su plan también tiene una farmacia especializada que no tiene conexión con el administrador de beneficios de farmacia:

- Puede comunicarse con BioPlus® Specialty Pharmacy al 1 (888) 292-0744 o visitar BioPlusRx.com.

Farmacia de pedidos por correo

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

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

La red de su plan también tiene una farmacia de pedidos por correo que no tiene conexión con el administrador de beneficios de farmacia (Kroger®/PPS® Mail Order Pharmacy). Puede comunicarse con PPS al 1 (800) 552-6694 o visitar ppsrx.com.

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

Farmacia fuera de la red

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

Procesador de reclamaciones de medicamentos recetados

Hemos seleccionado a CVS Caremark® como administrador de beneficios de farmacia ("PBM") para administrar el beneficio de medicamentos recetados de su plan. Si tiene preguntas sobre el procesamiento de reclamaciones, el estado del formulario o las reclamaciones rechazadas, puede comunicarse con el Centro de Ayuda de CVS Caremark al 1 (888) 407-6425.

Puede abordar las preocupaciones sobre la membresía, los costos compartidos, la información sobre beneficios de medicamentos recetados y la elegibilidad llamando a nuestro Centro de Atención al Cliente al **1 (888) 295-7651.** Servicios para Miembros está disponible **de lunes a viernes, de 8:00 a.m. a 5:00 p.m., MST**.

Los profesionales autorizados para emitir recetas y las farmacias pueden comunicarse con nuestro Centro de Ayuda para Proveedores llamando al **1** (**855) 322-4078**.

Política de medicamentos urgentes y fuera del horario de atención

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

Las farmacias tienen instrucciones de utilizar su juicio profesional. Reembolsaremos a las farmacias un suministro para 72 horas de un medicamento para afecciones agudas a tarifas contratadas para estas recetas.

Las farmacias pueden llamarnos al **1-855-322-4078** el siguiente día hábil para obtener una autorización para permitir que la receta urgente o fuera del horario de atención se procese en línea. Se recomienda y se espera que la farmacia proporcione documentación razonable de los casos en los que se dispensaron medicamentos en estas circunstancias de urgencia.

Plazo, sincronización y prorrateo de resurtidos

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

Procedimiento para la autorización previa y la solicitud de excepción

Autorización previa

Los medicamentos que requieren aprobación anticipada para la cobertura se evalúan según las reglas estándares para determinar si son médicamente necesarios. Los proveedores deben demostrar que usted hace un uso médicamente aceptado del medicamento y que otros tratamientos no han funcionado o no son clínicamente adecuados para usted. Pueden aplicarse otros requisitos según el medicamento. Es posible que solicitemos los resultados de determinadas pruebas para demostrar que un medicamento es adecuado para usted. La respuesta de un afiliado a las muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como razón para eludir las reglas estándares de cobertura. Puede solicitar criterios a servicios para miembros llamando **1-888-295-7651 lunes a viernes 8:00 AM - 5:00 PM MST.**

Su proveedor puede enviarnos por fax un formulario completo de autorización previa de medicamentos al **1-866-472-4578**. Las políticas y los formularios clínicos pueden obtenerse en nuestro sitio web MolinaMarketplace.com. Su proveedor también puede usar CoverMyMeds® o Surescripts® para enviar su solicitud electrónicamente. Los proveedores pueden acceder a los criterios de medicamentos en MolinaMarketplace.com o llamando **1-855-322-4078** para obtener los criterios antes de enviar la solicitud.

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

- Una solicitud se considera urgente si se destina para tratar una afección médica que puede poner en riesgo grave su vida, su salud o su capacidad para recuperar las funciones máximas. Las situaciones en que sienta dolor intenso no controlado o en que la urgencia de su atención requiera una decisión de cobertura rápida también pueden indicarse como urgentes en la solicitud. Se requiere información de respaldo para justificar la urgencia de la solicitud.
- Cualquier solicitud que no se considere como circunstancia urgente representa una solicitud de excepción estándar.

Tomaremos una decisión a más tardar en la siguiente fecha:

- 24 horas después de recibir la solicitud para circunstancias urgentes.
- 3 días hábiles después de recibir la solicitud con circunstancias estándares.

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

Cómo solicitar una excepción

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

Contamos con un proceso que le permite solicitar medicamentos clínicamente adecuados 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 casos:

- Es posible que el profesional con autorización para emitir recetas le indique un medicamento que no está en el formulario, pero que cree que es mejor para usted.
- Es posible que esté tomando un medicamento que ya no está en la lista de medicamentos del nuevo año del plan y que no puede cambiar.
- El medicamento del formulario requiere un tratamiento escalonado y usted probó los medicamentos del tratamiento en el pasado o tiene factores clínicos que hacen que esos medicamentos no sean adecuados para usted.
- Es posible que tenga una necesidad médica de una versión compuesta de un medicamento, como un líquido, que no está disponible comercialmente.

El profesional con autorización para emitir recetas puede enviarnos una solicitud de excepción al formulario utilizando el proceso y el formulario de autorización previa descritos en la sección anterior.

Se pueden considerar excepciones cuando no se puedan usar las opciones del formulario o se cumplan otros requisitos. El medicamento debe ser seguro y eficaz para su afección médica. Su médico debe hacerle una receta para la cantidad habitual del medicamento. Podemos considerar una excepción según las siguientes condiciones:

- Existe documentación sobre una necesidad específica en su historia clínica.
- Su médico certificó que usted probó medicamentos del formulario y que no le ayudaron en el pasado.
- Su médico certificó que no puede usar las opciones del formulario debido a una alergia u otra razón médica.
- Su médico certificó que las opciones le han causado daño o se espera razonablemente que le causen daño.
- Su médico certificó que las opciones no son efectivas para usted debido a las características clínicas del medicamento.
- Su médico certificó que las opciones no son efectivas para usted debido a sus características clínicas específicas.
- Existe documentación que indica que el medicamento requerido no es adecuado para usted por los siguientes motivos:
    - El medicamento requerido causará problemas con su capacidad para seguir el tratamiento.
    - El medicamento requerido empeorará una de sus otras afecciones médicas.
    - El medicamento requerido hará que le sea más difícil alcanzar o mantener la capacidad de realizar sus actividades diarias.

Si se aprueba la solicitud, le enviaremos una carta al profesional autorizado para emitir recetas. La duración de la excepción concedida será de al menos la duración del efecto del tratamiento del medicamento. Si no se aprueba la solicitud, le enviaremos una carta con los motivos y le informaremos sobre sus derechos para que haga un seguimiento. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión. Su médico puede solicitar una revisión externa de excepción.

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

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

Los medicamentos no cubiertos u otros productos, como las exclusiones de beneficios, no cuentan con cobertura. No se puede aprobar su cobertura mediante excepción al formulario. Su plan no cubre determinados tipos

de medicamentos que figuran como exclusiones de beneficios en la póliza del plan. Para obtener más información, consulte las secciones de su acuerdo (“Evidencia de Cobertura”) tituladas “Medicamentos sin cobertura” y “Exclusiones”.

Reclamos y apelaciones

Puede presentar una queja o un reclamo comunicándose con el Centro de Atención al Cliente al **1-888-295-7651**. Si no aprobamos su solicitud de medicamento, se incluirá un aviso de derecho a apelar la decisión en el aviso sobre medidas adoptadas. Para obtener más información, consulte la sección de su acuerdo (política) que aborda los “Reclamos y apelaciones”. Puede encontrar una copia del acuerdo, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

Leyenda

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

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

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos este medicamento o forma de dosificación para determinados grupos etarios en función de la información sobre la seguridad, eficacia y costo del medicamento.
BH	Cuando un medicamento se marca como “BH” en el formulario y se receta para tratar una afección de salud del comportamiento que tiene, es elegible para un costo compartido de $0 según las reglas de New Mexico. Hay ciertos medicamentos marcados como “BH” que se usan principalmente para tratar afecciones médicas, como la presión arterial alta. Dígale al profesional autorizado para emitir recetas que especifique en las instrucciones de su receta si está tomando uno de estos medicamentos para tratar una afección de salud del comportamiento.
INF	Cuando un medicamento se marca como “INF” en el formulario y se receta para tratar una infección de transmisión sexual (ITS), es elegible para un costo compartido de $0 según las reglas de New Mexico. Para los medicamentos que tratan el virus de la inmunodeficiencia humana (VIH), el costo compartido de $0 es automático. Otros medicamentos marcados como “INF” pueden tratar muchos tipos de infecciones. La reclamación por medicamentos recetados debe indicar que es para una ITS para que los sistemas reconozcan que se aplican reglas de costo compartido de $0. Las farmacias recibirán un mensaje durante el envío de reclamaciones y deben enviar un código para indicar de forma privada que un medicamento se está usando para tratar una ITS en comparación con otro tipo de infección para la que no se aplican las reglas de costo compartido de $0.
MAIL	El medicamento es elegible para pedidos por correo y otros programas de surtido para 90 días en las farmacias minoristas participantes. Es su elección si desea utilizar los programas de pedido por correo. No hay descuento en el costo compartido por usar los programas de surtido para 90 días.
MED	Se aplican límites de dosis equivalentes de morfina. Las cantidades de este medicamento se limitan al equivalente (“EQ”) de 90 miligramos de morfina por día de suministro surtido.
OTC	Las formas de dosificación de venta libre están cubiertas en la lista de medicamentos mediante una receta válida de un proveedor.
PA	Se requiere autorización previa. Requerimos la aprobación anticipada de la cobertura de algunos medicamentos antes de que se paguen.
QL	Se aplican límites de cantidad. Pagaremos un monto máximo diario basado en la información sobre el uso médicamente aceptado del medicamento y su costo.
ST	Se requiere tratamiento escalonado. Si hemos pagado para que usted tenga los medicamentos para el tratamiento escalonado que solicitó en el pasado, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de autorización previa o tratamiento escalonado. La lista de medicamentos le mostrará qué medicamentos se necesitan primero y por cuánto tiempo.

New Mexico Marketplace

No Behavioral Health Cost-Sharing – Prescription Drugs

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

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

Marketplace de New Mexico

Sin Costos Compartidos para Salud Conductual: Medicamentos Recetados

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

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

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

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

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

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

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

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Gabapentin	Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	ANTICONVULSANTS	Anticonvulsants - Misc.
Guanfacine Hydrochloride	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents
Haloperidol	Antipsychotics	1st Generation/ Typical1	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Butyrophenones
Hydroxyzine Hydrochloride	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Hydroxyzine Pamoate	Anxiolytics	Anxiolytics, Other	ANTIANXIETY AGENTS	Antianxiety Agents - Misc.
Iloperidone	Antipsychotics	2nd Generation/ Atypical2	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Benzisoxazoles
Imipramine Hydrochloride	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Imipramine Pamoate	Antidepressants	Tricyclics	ANTIDEPRESSANTS	Tricyclic Agents
Isocarboxazid	Antidepressants	Monoamine Oxidase Inhibitors	ANTIDEPRESSANTS	Monoamine Oxidase Inhibitors (MAOIs)
Lamotrigine	Anticonvulsants	Anticonvulsants, Other	ANTICONVULSANTS	Anticonvulsants - Misc.
Lamotrigine	Bipolar Agents	Mood Stabilizers	ANTICONVULSANTS	Anticonvulsants - Misc.
Liothyronine (for augmentation in severe depression)	Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	Not applicable – no class assigned by USP	THYROID AGENTS	Thyroid Hormones
Lisdexamfetamine Dimesylate	Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	ADHD/ANTI-NARCOLEPSY/ ANTI-OBESITY/ ANOREXIANTS	Amphetamines
Lithium Carbonate	Bipolar Agents	Mood Stabilizers	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	Antimanic Agents

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

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

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

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

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

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

MOLINA HEALTHCARE

Molina Healthcare Marketplace

Formulary Changes Effective July 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
Accu-Chek Aviva Plus Test Strip	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek Guide KIT Meter	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek Guide Me KIT Meter	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek Guide Test Strip	Adding to Formulary, DME Tier	Quantity Limits Apply
Accu-Chek SmartView Test Strip	Adding to Formulary, DME Tier	Quantity Limits Apply
Albuterol PA Inh HFA 200 - 18 GM		Increased Quantity Limits
Albuterol PA Inh HFA 200 - 6.7 GM		Increased Quantity Limits
Albuterol PA Inh HFA 200 - 8.5 GM		Increased Quantity Limits
Auranofin Cap 3MG	Removed Prior Authorization Requirement	
Avonex Pen Kit 30MCG	Removed Prior Authorization Requirement	
Avonex PrefL Kit 30MCG	Removed Prior Authorization Requirement	
Breyna AERO 160-4.5MCG/ACT		Increased Quantity Limits
Breyna AERO 80-4.5MCG/ACT		Increased Quantity Limits
Brivaracetam Sol 10MG/ML	Adding to Formulary, Preventive Tier	Age Limits Apply
Brivaracetam Tab 100MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 10MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 25MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 50MG	Adding to Formulary, Preventive Tier	
Brivaracetam Tab 75MG	Adding to Formulary, Preventive Tier	
Budesonide-Formoterol Fumarate Aero 160-4.5MCG/ACT		Increased Quantity Limits
Budesonide-Formoterol Fumarate Aero 80-4.5MCG/ACT		Increased Quantity Limits
Dalfampridin Tab 10MG ER	Removed Prior Authorization Requirement	
Dapagliflozin 10 mg Tablet	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Dapagliflozin 5 mg Tablet	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies

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

Drug Name	Description of Formulary Change	Notes/Alternatives
Dapagliflozin-Metformin ER 10 mg/1000 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dapagliflozin-Metformin ER 10 mg/500 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dapagliflozin-Metformin ER 5 mg/1000 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dapagliflozin-Metformin ER 5 mg/500 mg Tablet	Adding to Formulary, Preferred Generic Tier	Step Therapy Applies
Dimethyl Fum Cap 120MG DR	Removed Prior Authorization Requirement	
Dimethyl Fum Cap 240MG DR	Removed Prior Authorization Requirement	
Dimethyl Fum Mis Starter	Removed Prior Authorization Requirement	
Effer-K Tab 25MEQ EF		Increased Quantity Limits
Fingolimod HCl Cap 0.5 MG (Base Equiv)	Removed Prior Authorization Requirement	
Glatiramer Acetate Sosy 20MG/ML	Removed Prior Authorization Requirement	
Glatiramer Acetate Sosy 40MG/ML	Removed Prior Authorization Requirement	
Glatopa Sosy 40MG/ML	Removed Prior Authorization Requirement	
Jakafi 11 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 22 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 33 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 44 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Jakafi 55 mg Extended Release Tablet	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Klor-Con/EF Tab 25MEQ FR		Increased Quantity Limits
Levalbuterol Tartrate AERO 45 MCG/ACT		Increased Quantity Limits
Milnacipran HCl MISC 12.5 & 25 & 50MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Milnacipran HCl TABS 100MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Milnacipran HCl TABS 12.5MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Milnacipran HCl TABS 25MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	

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

Drug Name	Description of Formulary Change	Notes/Alternatives
Milnacipran HCl TABS 50MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Nintedanib 100 mg Capsule	Adding to Formulary, Specialty Tier with Prior Authorization	
Nintedanib 150 mg Capsule	Adding to Formulary, Specialty Tier with Prior Authorization	
Ozempic 1.5 MG Tablets	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply; Step Therapy Applies
Ozempic 4 MG Tablets	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply; Step Therapy Applies
Ozempic 9 MG Tablets	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply; Step Therapy Applies
Plegridy Inj	Removed Prior Authorization Requirement	
Plegridy Inj Pen	Removed Prior Authorization Requirement	
Plegridy Inj Starter	Removed Prior Authorization Requirement	
Plegridy Pen Inj Starter	Removed Prior Authorization Requirement	
Pomalidomide Cap 1 MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Pomalidomide Cap 2 MG	Adding to Formulary, Specialty	Quantity Limits Apply
Pomalidomide Cap 3 MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Pomalidomide Cap 4 MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Rebif RebIdose Soaj 22MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif RebIdose Soaj 44MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif RebIdose Titration Pack Soaj 6X8.8 & 6X22MCG	Removed Prior Authorization Requirement	
Rebif Sosy 22MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif Sosy 44MCG/0.5ML	Removed Prior Authorization Requirement	
Rebif Titration Pack Sosy 6X8.8 & 6X22MCG	Removed Prior Authorization Requirement	
Ridaura Cap 3MG	Removed Prior Authorization Requirement	
Rilpivirine HCl Tab 25 MG (Base Equivalent)	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
Sitagliptin Phosphate 100 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Sitagliptin Phosphate 25 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Sitagliptin Phosphate 50 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies

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

Drug Name	Description of Formulary Change	Notes/Alternatives
Sitagliptin Phosphate-Metformin 50/1000 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Sitagliptin Phosphate-Metformin 50/500 MG Tablets	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply; Step Therapy Applies
Tapentadol HCl ER TB12 100MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 150MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 200MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 250MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl ER TB12 50MG	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
Tapentadol HCl Tab 100 MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Tapentadol HCl Tab 50 MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Tapentadol HCl Tab 75 MG	Adding to Formulary, Non-Preferred Generic Tier with Prior Authorization	
Teriflunomide Tabs 14MG	Removed Prior Authorization Requirement	
Teriflunomide Tabs 7MG	Removed Prior Authorization Requirement	

The medications listed below are available on the pharmacy benefit without a Prior Authorization:

Los medicamentos que se enumeran a continuación están disponibles en el beneficio de farmacia sin autorización previa.

ABIRATERONE TAB 500MG
ABIRATERONE TAB 250MG
ACTEMRA INJ 162/0.9
ACTEMRA INJ 200/10ML
ACTEMRA INJ 400/20ML
ACTEMRA INJ 80MG/4ML
ACTEMRA INJ ACTPEN
ACTIMMUNE INJ 2MU/0.5
ADALIMUMAB-FKJP AJKT 40MG/0.8ML
ADALIMUMAB-FKJP PSKT 20MG/0.4ML
ADALIMUMAB-FKJP PSKT 40MG/0.8ML
ALECENSA CAP 150MG
ANASTROZOLE TAB 1MG
ARCALYST INJ 220MG
AURANOFIN CAP 3MG
AVONEX PEN KIT 30MCG
AVONEX PREFL KIT 30MCG
BEXAROTENE CAP 75MG
BICALUTAMIDE TAB 50MG
CABOMETYX TAB 20MG
CABOMETYX TAB 40MG
CABOMETYX TAB 60MG
CAPECITABINE TAB 150MG
CAPECITABINE TAB 500MG
CAPRELSA TAB 100MG
CAPRELSA TAB 300MG
CIMZIA KIT 2 X 200MG
CIMZIA (2 SYRINGE) PSKT 200MG/ML
CIMZIA (1 SYRINGE) PSKT 200MG/ML
COMETRIQ KIT 100MG
COMETRIQ KIT 140MG
COMETRIQ KIT 60MG
COSENTYX SOSY 150MG/ML
COSENTYX SENSOREADY SOAJ 150MG/ML
COSENTYX SENSOREADY PEN SOAJ 150MG/ML
COSENTYX SOSY 150MG/ML
COSENTYX SOSY 75MG/0.5ML
COSENTYX UNOREADY SOAJ 300MG/2ML
CUVITRU INJ 2GM/10ML
CYCLOPHOSPH CAP 25MG
CYCLOPHOSPH CAP 50MG
DALFAMPRIDIN TAB 10MG ER
DASATINIB TABS 100MG
DASATINIB TABS 140MG
DASATINIB TABS 20MG
DASATINIB TABS 50MG
DASATINIB TABS 70MG
DASATINIB TABS 80MG
DIMETHYL FUM CAP 120MG DR
DIMETHYL FUM CAP 240MG DR
DIMETHYL FUM MIS STARTER
EMCYT CAP 140MG
ENBREL INJ 25/0.5ML
ENBREL INJ 50MG/ML
ENBREL MINI INJ 50MG/ML
ENBREL SOLN 25MG/0.5ML
ENBREL SRCLK INJ 50MG/ML
ERIVEDGE CAP 150MG
ERLOTINIB TAB 100MG
ERLOTINIB TAB 150MG
ERLOTINIB TAB 25MG
ETOPOSIDE CAP 50MG
EVEROLIMUS TAB 10MG
EVEROLIMUS TAB 2.5MG
EVEROLIMUS TAB 2MG
EVEROLIMUS TAB 3MG
EVEROLIMUS TAB 5MG
EVEROLIMUS TAB 5MG
EVEROLIMUS TAB 7.5MG
EXEMESTANE TAB 25MG
FARYDAK CAP 10MG
FARYDAK CAP 15MG
FARYDAK CAP 20MG
FINGOLIMOD HCL CAP 0.5 MG

FIRMAGON SOLR 80MG
FLEBOGAMMA INJ 20/200ML
FLEBOGAMMA INJ DIF 5%
GAMMAGARD INJ 1GM/10ML
GAMMAGARD SD INJ 10GM HU
GAMMAKED INJ 1GM/10ML
GAMMAPLEX INJ 10%
GAMMAPLEX INJ 5%
GAMUNEX-C INJ 1GM/10ML
GILOTRIF TAB 20MG
GILOTRIF TAB 30MG
GILOTRIF TAB 40MG
GLATIRAMER ACETATE SOSY 20MG/ML
GLATIRAMER ACETATE SOSY 40MG/ML
GLATOPA SOSY 40MG/ML
GLEOSTINE CAP 100MG
GLEOSTINE CAP 10MG
GLEOSTINE CAP 40MG
HADLIMA PUSHTOUCH SOAJ 40MG/0.4ML
HADLIMA PUSHTOUCH SOAJ 40MG/0.8ML
HADLIMA SOSY 40MG/0.4ML
HADLIMA SOSY 40MG/0.8ML
HIZENTRA INJ 1GM/5ML
HIZENTRA INJ 2GM/10ML
HIZENTRA 1 GM/5ML
HIZENTRA 10 GM/50ML
HIZENTRA 4 GM/20ML
HIZENTRA INJ 10/50ML
HIZENTRA INJ 2GM/10ML
HIZENTRA SOL 20% SOLN PR
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML &40MG/0.4ML
HUMIRA PEDIATRIC CROHNS START PSKT 80MG/0.8ML
HUMIRA PEN PNKT 40MG/0.4ML
HUMIRA PEN PNKT 40MG/0.8ML
HUMIRA PEN PNKT 80MG/0.8ML
HUMIRA PEN-CD/UC/HS STARTER PNKT 40MG/0.8ML
HUMIRA PEN-CD/UC/HS STARTER PNKT 80MG/0.8ML
HUMIRA PEN-PEDIATRIC UC START PNKT 80MG/0.8ML
HUMIRA PEN-PS/UV/ADOL HS START PNKT 40MG/0.8ML
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML &40MG/0.4ML
HUMIRA PSKT 10MG/0.1ML
HUMIRA PSKT 20MG/0.2ML
HUMIRA PSKT 40MG/0.4ML
HUMIRA PSKT 40MG/0.8ML
HYDROXYUREA CAP 500MG
HYQVIA INJ 10-800
HYQVIA INJ 2.5-200
HYQVIA INJ 20-1600
HYQVIA INJ 30-2400
HYQVIA INJ 5-400
HYRIMOZ SOAJ 40MG/0.4ML
HYRIMOZ SOAJ 40MG/0.4ML
HYRIMOZ SOAJ 40MG/0.8ML
HYRIMOZ SOAJ 40MG/0.8ML
HYRIMOZ SOAJ 80MG/0.8ML
HYRIMOZ SOSY 20MG/0.2ML
HYRIMOZ SOSY 40MG/0.4ML
HYRIMOZ SOSY 40MG/0.4ML
HYRIMOZ SOSY 40MG/0.8ML
HYRIMOZ SOSY 40MG/0.8ML
HYRIMOZ-CROHNS/UC STARTER SOAJ 80MG/0.8ML
HYRIMOZ-PLAQUE PSORIASIS START SOAJ 80 MG/0.8ML &40MG/0.4ML
IBRANCE CAP 100MG
IBRANCE CAP 125MG
IBRANCE CAP 75MG
IBRANCE TABS 100MG
IBRANCE TABS 125MG
IBRANCE TABS 75MG
ICLUSIG TAB 10MG
ICLUSIG TAB 15MG
ICLUSIG TAB 30MG
ICLUSIG TAB 45MG
IMATINIB MES TAB 100MG
IMATINIB MES TAB 400MG
IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG
IMBRUVICA TAB 140MG
IMBRUVICA TAB 280MG

IMBRUVICA TAB 420MG
IMBRUVICA TABS 560 MG
INLYTA TAB 1MG
INLYTA TAB 5MG
JAKAFI TAB 10MG
JAKAFI TAB 15MG
JAKAFI TAB 20MG
JAKAFI TAB 25MG
JAKAFI TAB 5MG
KEVZARA INJ 150/1.14
KEVZARA INJ 150/1.14
KEVZARA INJ 200/1.14
KEVZARA INJ 200/1.14
KINERET INJ
LAPATINIB TAB 250MG
LEFLUNOMIDE TAB 10MG
LEFLUNOMIDE TAB 20MG
LENALIDOMIDE CAP 10 MG
LENALIDOMIDE CAP 10 MG
LENALIDOMIDE CAP 15 MG
LENALIDOMIDE CAP 15 MG
LENALIDOMIDE CAP 20 MG
LENALIDOMIDE CAP 20 MG
LENALIDOMIDE CAP 25 MG
LENALIDOMIDE CAP 25 MG
LENALIDOMIDE CAP 5 MG
LENALIDOMIDE CAP 5 MG
LENALIDOMIDE CAPS 2.5 MG
LENALIDOMIDE CAPS 2.5 MG
LENVIMA CAP 10 MG
LENVIMA CAP 12MG
LENVIMA CAP 14 MG
LENVIMA CAP 18 MG
LENVIMA CAP 20 MG
LENVIMA CAP 24 MG
LENVIMA CAP 4MG
LENVIMA CAP 8 MG
LETROZOLE TAB 2.5MG
LEUCOVOR CA TAB 10MG
LEUCOVOR CA TAB 15MG
LEUCOVOR CA TAB 25MG
LEUCOVOR CA TAB 5MG
LEUKERAN TAB 2MG
LEUPROLIDE INJ 1MG/0.2
LOMUSTINE CAPS 100MG
LOMUSTINE CAPS 10MG
LOMUSTINE CAPS 40MG
LYNPARZA TAB 100MG
LYNPARZA TAB 150MG
LYSODREN TAB 500MG
MATULANE CAP 50MG
MEGESTROL AC SUS 400MG/10
MEGESTROL AC TAB 20MG
MEGESTROL AC TAB 40MG
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MELPHALAN TAB 2MG
MERCAPTOPUR TAB 50MG
METHOTREXATE INJ 250/10ML
METHOTREXATE INJ 25MG/ML
METHOTREXATE INJ 25MG/ML
METHOTREXATE INJ 50MG/2ML
METHOTREXATE TAB 2.5MG
NILOTINIB HCL CAP 150 MG
NILOTINIB HCL CAP 200 MG
NILOTINIB HCL CAP 50 MG
NILUTAMIDE TAB 150MG
OCTAGAM INJ 20/200ML
OCTAGAM INJ 5GM
ODOMZO CAP 200MG
ORENCIA CLCK INJ 125MG/ML
ORENCIA INJ 125MG/ML
ORENCIA INJ 250MG
ORENCIA INJ 50/0.4
ORENCIA INJ 87.5/0.7
OTEZLA TAB 10/20/30
OTEZLA TAB 30MG
OTEZLA XR TAB 75MG
OTEZLA/XR TAB 28 DAY
PAZOPANIB HCL TABS 200MG
PAZOPANIB HCL TABS 400MG
PLEGRIDY INJ
PLEGRIDY INJ PEN
PLEGRIDY INJ STARTER
PLEGRIDY PEN INJ STARTER
POMALIDOMIDE CAP 1 MG
POMALIDOMIDE CAP 2 MG
POMALIDOMIDE CAP 3 MG

POMALIDOMIDE CAP 4 MG
POMALYST CAP 1MG
POMALYST CAP 2MG
POMALYST CAP 3MG
POMALYST CAP 4MG
PRIVIGEN INJ 20GRAMS
PYZCHIVA INJ 45/0.5ML
PYZCHIVA SOAJ 45MG/0.5ML
PYZCHIVA SOAJ 90MG/ML
PYZCHIVA SOLN 130MG/26ML
PYZCHIVA SOSY 45MG/0.5ML
PYZCHIVA SOSY 90MG/ML
REBIF REBIDOSE SOAJ 22MCG/0.5ML
REBIF REBIDOSE SOAJ 44MCG/0.5ML
REBIF REBIDOSE TITRATION PACK SOAJ
REBIF SOSY 22MCG/0.5ML
REBIF SOSY 44MCG/0.5ML
REBIF TITRATION PACK SOSY
RIDAURA CAP 3MG
RINVOQ LQ SOL 1MG/ML
RINVOQ TB24 15MG
RINVOQ TB24 30MG
RINVOQ TB24 45MG
RUBRACA TAB 200 MG
RUBRACA TAB 250 MG
RUBRACA TAB 300 MG
SIMLANDI (1 PEN) AJKT 40MG/0.4ML
SIMLANDI (2 PEN) AJKT 40MG/0.4ML
SIMLANDI 1PN KIT 80/0.8ML
SIMLANDI KIT 20/0.2ML
SIMLANDI KIT 40/0.4ML
SIMLANDI KIT 80/0.8ML
SIMPONI INJ 100MG/ML
SIMPONI INJ 100MG/ML
SIMPONI INJ 50/0.5ML
SIMPONI INJ 50/0.5ML
SKYRIZI (150 MG DOSE) PSKT 75MG/0.83ML
SKYRIZI PEN SOAJ 150MG/ML
SKYRIZI SOCT 180MG/1.2ML
SKYRIZI SOCT 360MG/2.4ML
SKYRIZI SOLN 600MG/10ML
SKYRIZI SOSY 150MG/ML
SORAFENIB TOSYLATE TABS 200MG
STIVARGA TAB 40MG
SUNITINIB MALATE CAPS 12.5MG
SUNITINIB MALATE CAPS 25MG
SUNITINIB MALATE CAPS 37.5MG
SUNITINIB MALATE CAPS 50MG
TABLOID TAB 40MG
TAFINLAR CAP 50MG
TAFINLAR CAP 75MG
TAGRISSO TABS 40MG
TAGRISSO TABS 80MG
TAMOXIFEN TAB 10MG
TAMOXIFEN TAB 20MG
TEMOZOLOMIDE CAP 100MG
TEMOZOLOMIDE CAP 140MG
TEMOZOLOMIDE CAP 180MG
TEMOZOLOMIDE CAP 20MG
TEMOZOLOMIDE CAP 250MG
TEMOZOLOMIDE CAP 5MG
TERIFLUNOMIDE TABS 14MG
TERIFLUNOMIDE TABS 7MG
THALOMID CAP 100MG
THALOMID CAP 150MG
THALOMID CAP 200MG
THALOMID CAP 50MG
TOREMIFENE TAB 60MG
TREMFYA SOSY 100MG/ML
TREMFYA CROH INJ 200/2ML
TREMFYA INJ 200/2ML
TREMFYA ONE-PRESS SOAJ 100MG/ML
TREMFYA SOPN 100MG/ML
TRETINOIN CAP 10MG
VENCLEXTA STARTING PACK TBPK
VENCLEXTA TABS 100MG
VENCLEXTA TABS 10MG
VENCLEXTA TABS 50MG
VERZENIO TABS 100MG
VERZENIO TABS 150MG
VERZENIO TABS 200MG
VERZENIO TABS 50MG
XALKORI CAP 200MG
XALKORI CAP 250MG
XELJANZ SOLN 1MG/ML
XELJANZ TAB 10MG
XELJANZ TAB 5MG
XELJANZ XR TAB 22MG

XELJANZ XR TAB 11MG
XTANDI CAPS 40MG
XTANDI TABS 40MG
XTANDI TABS 80MG
YESINTEK SOLN 130MG/26ML
YESINTEK SOLN 45MG/0.5ML
YESINTEK SOSY 45MG/0.5ML
YESINTEK SOSY 90MG/ML
ZEJULA TAB 100MG
ZEJULA TAB 200MG
ZEJULA TAB 300MG
ZOLINZA CAP 100MG
ZYDELIG TAB 100MG
ZYDELIG TAB 150MG
ZYKADIA TABS 150MG

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

Drug Name	Formulary Status	Requirements/Limits
Dextroamphetamine Sulfate (Zenzedi Oral Tablet 10 Mg, 5 Mg)	PREV	QL (6 EA per 1 day); AGE (Min 3 Years and Max 18 Years); BH
Analeptics**		
caffeine citrate oral solution 60 mg/3ml	Tier 1	QL (120 ML per 999 days); AGE (Max 1 Years)
Anorexiants Non-Amphetamine**		
phendimetrazine tartrate oral tablet 35 mg	Tier 1	QL (6 EA per 1 day)
phentermine hcl oral capsule 15 mg	Tier 1	QL (2 EA per 1 day)
phentermine hcl oral capsule 30 mg, 37.5 mg	Tier 1	QL (1 EA per 1 day)
phentermine hcl oral tablet 37.5 mg	Tier 1	QL (1 EA per 1 day)
Anti-Obesity - Gip & Glp-1 Receptor Agonists**		
ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML, 2.5 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML (Tirzepatide-Weight Management)	Tier 4	PA; QL (2.4 ML per 28 Days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (Tirzepatide-Weight Management)	Tier 4	PA; QL (2 ML per 28 Days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (Tirzepatide-Weight Management)	Tier 4	PA; QL (2 ML per 28 days)
Stimulants - Misc.**		
modafinil oral tablet 100 mg	Tier 2	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 2	PA; QL (2 EA per 1 day)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	Tier 1	PA
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	PREV	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	PREV	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	PREV	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	PREV	PA; QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	PREV	QL (1 cap per 1 day); AGE (Min 6 Years and Max 18 Years)

Drug Name	Formulary Status	Requirements/Limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	PREV	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er (osm) oral tablet extended release 36 mg	PREV	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er oral tablet extended release 10 mg	PREV	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er oral tablet extended release 20 mg	PREV	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg	PREV	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	PREV	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg	PREV	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl er(diffus) oral tablet extended release 36 mg	PREV	QL (2 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl oral solution 10 mg/5ml	PREV	QL (30 ML per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl oral solution 5 mg/5ml	PREV	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	PREV	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
methylphenidate hcl oral tablet chewable 10 mg	PREV	QL (6 tab per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg	PREV	QL (3 tab per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	PREV	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years); BH
Alternative Medicines		
Alternative Medicine - Me's**		
melatonin er oral tablet extended release 10 mg	Tier 1	OTC
melatonin oral capsule 3 mg, 5 mg	Tier 1	OTC
melatonin oral liquid 1 mg/4ml	Tier 1	OTC

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

Drug Name	Formulary Status	Requirements/Limits
melatonin oral tablet 1 mg, 3 mg, 5 mg	Tier 1	OTC
melatonin oral tablet dispersible 5 mg	Tier 1	OTC
Alternative Medicine Combinations - Two Ingredients**		
melatonin-pyridoxine er oral tablet extended release 10-10 mg	Tier 1	OTC
melatonin-vitamin b-6 oral tablet 3-1 mg	Tier 1	OTC
Aminoglycosides		
Aminoglycosides**		
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 3	PA
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 2	
neomycin sulfate oral tablet 500 mg	Tier 1	
Analgesics - Anti-Inflammatory		
Antirheumatic - Janus Kinase (Jak) Inhibitors**		
RINVOQ LQ ORAL SOLUTION 1 MG/ML (Upadacitinib)	Tier 3	AGE (Max 12 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (Upadacitinib)	Tier 3	QL (1 EA per 1 day); Preferred Brand
XELJANZ ORAL SOLUTION 1 MG/ML (Tofacitinib Citrate)	Tier 3	Preferred Brand
XELJANZ ORAL TABLET 10 MG, 5 MG (Tofacitinib Citrate)	Tier 3	Preferred Brand
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (Tofacitinib Citrate)	Tier 3	Preferred Brand
Anti-Tnf-Alpha - Monoclonal Antibodies**		
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 5	
adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml	Tier 3	QL (0.072 ML per 1 Day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 3	QL (0.072 ML per 1 day); Preferred Brand
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab-bwwd)	Tier 3	QL (0.072 ML per 1 day); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (Adalimumab)	Tier 3	QL (0.072 EA per 1 day); Preferred Brand
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	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 3	QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 3	QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	QL (3 EA per 365 days); Preferred Brand

Drug Name	Formulary Status	Requirements/Limits
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 3	QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab)	Tier 3	QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab)	Tier 3	QL (4 EA per 365 days); Preferred Brand
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (Adalimumab)	Tier 3	QL (0.072 EA per 1 day); Preferred Brand
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (Adalimumab)	Tier 3	QL (3 EA per 365 days); Preferred Brand
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (3 ML per 365 days); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (0.072 ML per 1 day); PREFERRED CORDAVIS BRAND
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (3 ML per 365 days); PREFERRED CORDAVIS BRAND
HYRIMOZ-PLAQUE PSORIASIS START SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS (Adalimumab-adaz)	Tier 3	QL (2 ML per 365 days); PREFERRED CORDAVIS BRAND
SIMLANDI (1 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 3	QL (0.072 EA per 1 Day)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 3	QL (2 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (Adalimumab-ryvk)	Tier 3	QL (4 EA per 365 days)
SIMLANDI (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 3	QL (0.072 EA per 1 Day)
SIMLANDI (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (Adalimumab-ryvk)	Tier 3	QL (0.072 EA per 1 day)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (Adalimumab-ryvk)	Tier 3	QL (0.072 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Cyclooxygenase 2 (Cox-2) Inhibitors**		
celecoxib oral capsule 100 mg, 200 mg, 400 mg	Tier 1	MAIL; QL (2 EA per 1 day)
celecoxib oral capsule 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Gold Compounds**		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 4	MAIL
Interleukin-1 Blockers**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 3	
Interleukin-1 Receptor Antagonist (Il-1Ra)**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
Interleukin-6 Receptor Inhibitors**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 5	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	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 5	
Nonsteroidal Anti-Inflammatory Agent Combinations**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 2	MAIL; QL (2 EA per 1 day)
Nonsteroidal Anti-Inflammatory Agents (Nsaids)**		
ketoprofen oral capsule 50 mg	Tier 2	PA; MAIL; QL (4 EA per 1 day)
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 2	PA; MAIL
mefenamic acid oral capsule 250 mg	Tier 2	PA; MAIL
naproxen oral suspension 125 mg/5ml	Tier 2	MAIL; AGE (Max 12 Years)
oxaprozin oral tablet 600 mg	Tier 2	PA; MAIL; QL (3 EA per 1 day)
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 2	PA; QL (4 EA per 1 day)
all day pain relief oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
diclofenac potassium oral tablet 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diclofenac sodium er oral tablet extended release 24 hour 100 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diclofenac sodium oral tablet delayed release 25 mg, 50 mg	Tier 1	MAIL; QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
diclofenac sodium oral tablet delayed release 75 mg	Tier 1	MAIL; QL (2 EA per 1 day)
etodolac oral capsule 200 mg, 300 mg	Tier 1	MAIL; QL (5 EA per 1 day)
etodolac oral tablet 400 mg	Tier 1	MAIL; QL (3 EA per 1 day)
etodolac oral tablet 500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
flurbiprofen oral tablet 100 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
ibuprofen infants drops oral suspension 50 mg/1.25ml	Tier 1	OTC; AGE (Max 12 Years)
ibuprofen junior strength oral tablet chewable 100 mg	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
ibuprofen oral capsule 200 mg	Tier 1	OTC; QL (4 EA per 1 day)
ibuprofen oral suspension 100 mg/5ml	Tier 1	AGE (Max 12 Years)
ibuprofen oral tablet 200 mg	Tier 1	OTC; QL (4 EA per 1 day)
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Tier 1	MAIL; QL (4 EA per 1 day)
indomethacin oral capsule 25 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
meloxicam oral tablet 15 mg	Tier 1	MAIL; QL (1 EA per 1 day)
meloxicam oral tablet 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
naproxen dr oral tablet delayed release 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral tablet delayed release 375 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen sodium oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
piroxicam oral capsule 10 mg	Tier 1	PA; MAIL; QL (4 EA per 1 day)
piroxicam oral capsule 20 mg	Tier 1	PA; MAIL; QL (2 EA per 1 day)
sulindac oral tablet 150 mg, 200 mg	Tier 1	MAIL; QL (3 EA per 1 day)
ADDAPRIN ORAL TABLET 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (Ibuprofen)	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
MOTRIN IB ORAL CAPSULE 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
MOTRIN IB ORAL TABLET 200 MG (Ibuprofen)	Tier 1	OTC; QL (4 EA per 1 day)
Phosphodiesterase 4 (Pde4) Inhibitors**		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 3	Preferred Brand
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 3	Preferred Brand
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (Apremilast)	Tier 3	Preferred Brand
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (Apremilast)	Tier 3	Preferred Brand

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Drug Name	Formulary Status	Requirements/Limits
Pyrimidine Synthesis Inhibitors**		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Selective Costimulation Modulators**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 3	QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 3	QL (4 ML per 24 days); Preferred Brand
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 3	QL (4 ML per 24 days); Preferred Brand
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 3	QL (4 ML per 24 days); Preferred Brand
Analgesics - Nonnarcotic		
Analgesics Other**		
acetaminophen childrens oral suspension 160 mg/5ml	Tier 1	OTC
acetaminophen childrens oral tablet chewable 160 mg	Tier 1	OTC
acetaminophen er oral tablet extended release 650 mg	Tier 1	OTC
acetaminophen extra strength oral liquid 500 mg/15ml	Tier 1	OTC
acetaminophen extra strength oral tablet 500 mg	Tier 1	OTC
acetaminophen junior strength oral tablet dispersible 160 mg	Tier 1	OTC
acetaminophen oral liquid 160 mg/5ml	Tier 1	OTC
acetaminophen oral solution 160 mg/5ml	Tier 1	OTC
acetaminophen oral tablet 325 mg	Tier 1	OTC
acetaminophen oral tablet chewable 80 mg	Tier 1	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 1	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 1	OTC
apra oral elixir 160 mg/5ml	Tier 1	OTC
arthritis pain relief oral tablet extended release 650 mg	Tier 1	OTC
childrens aspirin free oral elixir 80 mg/2.5ml	Tier 1	OTC
mapap oral capsule 500 mg	Tier 1	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG (Acetaminophen)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML (Acetaminophen)	Tier 1	OTC
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML (Acetaminophen)	Tier 1	OTC
MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG (Acetaminophen)	Tier 1	OTC
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG (Acetaminophen)	Tier 1	OTC
PHARBETOL ORAL TABLET 325 MG (Acetaminophen)	Tier 1	OTC
Analgesics-Sedatives**		
butalbital-acetaminophen oral tablet 50-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	Tier 1	QL (6 EA per 1 day)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
TENCON ORAL TABLET 50-325 MG (Butalbital-Acetaminophen)	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
Salicylates**		
aspirin adult low dose oral tablet delayed release 81 mg	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
aspirin oral tablet delayed release 325 mg	Tier 1	OTC
cvs aspirin oral tablet 325 mg	Tier 1	OTC
diflunisal oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
eq aspirin oral tablet 325 mg	Tier 1	OTC
ra aspirin adult low dose oral tablet chewable 81 mg	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
salsalate oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
ASPIR-LOW ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
BAYER ASPIRIN ORAL TABLET 325 MG (Aspirin)	Tier 1	OTC
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59

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Drug Name	Formulary Status	Requirements/Limits
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG (Aspirin)	Tier 1	MAIL; OTC; QL (100 EA per 30 days); PREV for ages 50-59
Analgesics - Opioid		
Codeine Combinations**		
acetaminophen-codeine oral solution 300-30 mg/12.5ml	Tier 1	AGE (Min 12 Years); MED
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	Tier 1	QL (8 EA per 1 day); MED
Hydrocodone Combinations**		
hydrocodone-ibuprofen oral tablet 10-200 mg	Tier 2	PA; QL (6 EA per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	Tier 1	MED
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	Tier 1	QL (6 EA per 1 day); MED
hydrocodone-ibuprofen oral tablet 7.5-200 mg	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Oral Tablet 5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Hydrocodone-Acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Opioid Agonists**		
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Tier 4	PA; MED
tapentadol hcl er oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	Tier 4	PA; MED
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (OxyCODONE HCl)	Tier 4	PA; MED
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	Tier 2	PA; MED
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	Tier 2	PA; MED
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	Tier 2	PA; QL (120 EA per 25 days); MED
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 2	PA; MED
tapentadol hcl oral tablet 100 mg, 50 mg, 75 mg	Tier 2	PA
codeine sulfate oral tablet 30 mg	Tier 1	QL (12 EA per 1 day); AGE (Min 12 Years); MED
codeine sulfate oral tablet 60 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 12 Years); MED
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Tier 1	PA; QL (10 EA per 25 days); MED
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	Tier 1	QL (12 EA per 1 day); MED

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Drug Name	Formulary Status	Requirements/Limits
meperidine hcl oral solution 50 mg/5ml	Tier 1	AGE (Max 64 Years); MED
meperidine hcl oral tablet 50 mg	Tier 1	AGE (Max 64 Years); MED
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
methadone hcl oral tablet 10 mg, 5 mg	Tier 1	QL (360 EA per 25 days); MED
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	Tier 1	QL (15 EA per 1 day); MED
morphine sulfate (concentrate) oral solution 100 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	Tier 1	QL (3 EA per 1 day); MED
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	Tier 1	QL (15 ML per 1 day); MED
morphine sulfate oral tablet 15 mg, 30 mg	Tier 1	QL (6 EA per 1 day); MED
oxycodone hcl oral solution 5 mg/5ml	Tier 1	MED
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (6 EA per 1 day); MED
tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day); MED
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day); MED
tramadol hcl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years); MED
Opioid Combinations**		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 1	QL (6 EA per 1 day); MED
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 1	QL (8 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day); MED
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	QL (8 EA per 1 day); MED
Opioid Partial Agonists**		
buprenorphine transdermal patch weekly 10 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 2	PA; MED; BH
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	PA; QL (15 ML per 25 days); MED
buprenorphine hcl sublingual tablet sublingual 2 mg	PREV	QL (12 EA per 1 day); BH
buprenorphine hcl sublingual tablet sublingual 8 mg	PREV	QL (3 EA per 1 day); BH
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	PREV	QL (2 EA per 1 day); BH
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	PREV	QL (3 EA per 1 day); BH
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	PREV	QL (12 EA per 1 day); BH
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	PREV	QL (3 EA per 1 day); BH

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Drug Name	Formulary Status	Requirements/Limits
buprenorphine transdermal patch weekly 15 mcg/hr, 20 mcg/hr	PREV	PA; MED; BH
Tramadol Combinations**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years); MED
Androgens-Anabolic		
Anabolic Steroids**		
oxandrolone oral tablet 10 mg	Tier 1	PA
OXANDRIN ORAL TABLET 2.5 MG (Oxandrolone)	Tier 1	PA
Androgens**		
danazol oral capsule 100 mg, 200 mg	Tier 2	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 2	QL (2 EA per 1 day)
methitest oral tablet 10 mg	Tier 2	PA; AGE (Min 18 Years)
methyltestosterone oral capsule 10 mg	Tier 2	PA; AGE (Min 18 Years)
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	QL (10 ML per 25 days); AGE (Min 18 Years)
Anorectal And Related Products		
Intrarectal Steroids**		
hydrocortisone rectal enema 100 mg/60ml	Tier 2	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)	Tier 2	QL (1680 ML per 25 days)
Nitrate Vasodilating Agents**		
nitroglycerin rectal ointment 0.4 %	Tier 2	
Rectal Anesthetic Combinations**		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 1	OTC
Rectal Local Anesthetics**		
dibucaine rectal ointment 1 %	Tier 1	OTC
Rectal Steroids**		
hydrocortisone (perianal) external cream 2.5 %	Tier 1	
PREPARATION H EXTERNAL CREAM 1 % (Hydrocortisone)	Tier 1	OTC; QL (60 GM per 25 days)
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Antacids		
Antacid & Simethicone**		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	Tier 1	OTC
antacid plus oral tablet chewable 200-200-25 mg	Tier 1	OTC
comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
mintox maximum strength oral suspension 400-400-40 mg/5ml	Tier 1	OTC
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML (Alum & Mag Hydroxide-Simeth)	Tier 1	OTC
Antacid Combinations**		
antacid extra strength oral tablet chewable 160-105 mg	Tier 1	OTC
calcium rich supreme antacid oral suspension 400-135 mg/5ml	Tier 1	OTC
ACID GONE ORAL TABLET CHEWABLE 160-105 MG (Alum Hydroxide-Mag Carbonate)	Tier 1	OTC
Antacids - Bicarbonate**		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 1	OTC
Antacids - Calcium Salts**		
antacid maximum oral tablet chewable 1000 mg	Tier 1	OTC
calcium antacid extra strength oral tablet chewable 750 mg	Tier 1	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Tier 1	OTC
childrens pepto oral tablet chewable 400 mg	Tier 1	OTC
ra antacid ultra strength oral tablet chewable 1000 mg	Tier 1	OTC
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 1	OTC
MAALOX CHILDRENS ORAL TABLET CHEWABLE 400 MG (Calcium Carbonate Antacid)	Tier 1	OTC
TUM-EASE ORAL TABLET CHEWABLE 500 MG (Calcium Carbonate Antacid)	Tier 1	OTC
TUMS SMOOTHIES ORAL TABLET CHEWABLE 750 MG (Calcium Carbonate Antacid)	Tier 1	OTC
Antacids - Magnesium Salts**		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 1	OTC
Anthelmintics		
Anthelmintics**		
albendazole oral tablet 200 mg	Tier 2	QL (2 EA per 1 day)
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
mebendazole oral tablet chewable 100 mg	Tier 2	
praziquantel oral tablet 600 mg	Tier 2	PA
ivermectin oral tablet 3 mg	Tier 1	QL (16 EA per 2 days)

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Drug Name	Formulary Status	Requirements/Limits
pinworm medicine oral suspension 144 (50 base) mg/ml	Tier 1	OTC
Antianginal Agents		
Antianginals-Other**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 2	ST; MAIL; QL (2 EA per 1 day)
Nitrates**		
isosorbide dinitrate oral tablet 10 mg, 30 mg, 5 mg	Tier 1	MAIL; QL (4 EA per 1 day)
isosorbide dinitrate oral tablet 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	Tier 1	MAIL; QL (2 EA per 1 day)
isosorbide mononitrate oral tablet 10 mg	Tier 1	MAIL; QL (3 EA per 1 day)
isosorbide mononitrate oral tablet 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	Tier 1	MAIL
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	Tier 1	MAIL; QL (1 EA per 1 day)
Antianxiety Agents		
Antianxiety Agents - Misc.**		
buspirone hcl oral tablet 10 mg	PREV	MAIL; QL (6 EA per 1 day); AGE (Min 6 Years); BH
buspirone hcl oral tablet 15 mg	PREV	MAIL; QL (4 EA per 1 day); AGE (Min 6 Years); BH
buspirone hcl oral tablet 30 mg	PREV	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years); BH
buspirone hcl oral tablet 5 mg	PREV	MAIL; QL (8 EA per 1 day); AGE (Min 6 Years); BH
buspirone hcl oral tablet 7.5 mg	PREV	QL (8 EA per 1 day); AGE (Min 6 Years); BH
hydroxyzine hcl oral syrup 10 mg/5ml	PREV	QL (60 ML per 1 day); AGE (Max 64 Years); BH
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	PREV	MAIL; QL (8 EA per 1 day); AGE (Max 64 Years); BH
hydroxyzine pamoate oral capsule 100 mg	PREV	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years); BH
hydroxyzine pamoate oral capsule 25 mg	PREV	MAIL; QL (8 EA per 1 day); AGE (Max 64 Years); BH
hydroxyzine pamoate oral capsule 50 mg	PREV	QL (8 EA per 1 day); AGE (Max 64 Years); BH
meprobamate oral tablet 200 mg, 400 mg	PREV	QL (3 EA per 1 day); BH
Benzodiazepines**		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	PREV	QL (3 EA per 1 day); AGE (Min 18 Years); BH

Drug Name	Formulary Status	Requirements/Limits
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	PREV	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years); BH
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	PREV	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years); BH
clorazepate dipotassium oral tablet 7.5 mg	PREV	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years); BH
diazepam oral concentrate 5 mg/ml	PREV	QL (30 ML per 25 days); AGE (Max 64 Years); BH
diazepam oral solution 5 mg/5ml	PREV	QL (120 ML per 25 days); AGE (Max 64 Years); BH
diazepam oral tablet 10 mg, 2 mg, 5 mg	PREV	QL (3 EA per 1 day); AGE (Max 64 Years); BH
lorazepam oral concentrate 1 mg/0.5ml	PREV	QL (3 EA per 1 day); AGE (Min 12 Years); BH
lorazepam oral concentrate 2 mg/ml	PREV	QL (3 ML per 1 day); AGE (Min 12 Years); BH
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	PREV	QL (3 EA per 1 day); AGE (Min 12 Years); BH
oxazepam oral capsule 10 mg, 15 mg	PREV	QL (3 EA per 1 day); AGE (Min 6 Years); BH
oxazepam oral capsule 30 mg	PREV	QL (4 EA per 1 day); AGE (Min 6 Years); BH
Antiarrhythmics		
Antiarrhythmics Type I-A**		
disopyramide phosphate oral capsule 100 mg, 150 mg	Tier 1	MAIL
quinidine sulfate oral tablet 200 mg, 300 mg	Tier 1	MAIL
Antiarrhythmics Type I-B**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 1	MAIL
Antiarrhythmics Type I-C**		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	Tier 1	MAIL
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	Tier 1	MAIL
Antiarrhythmics Type Iii**		
MULTAQ ORAL TABLET 400 MG (Dronedarone HCl)	Tier 4	PA; MAIL
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 3	MAIL
amiodarone hcl oral tablet 200 mg	Tier 1	MAIL
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 1	MAIL
Antiasthmatic And Bronchodilator Agents		
5-Lipoxygenase Inhibitors**		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 2	PA; MAIL

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Drug Name	Formulary Status	Requirements/Limits
Adrenergic Combinations**		
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act	Tier 2	QL (20.6 GM per 25 days)
budesonide-formoterol fumarate inhalation aerosol 80-4.5 mcg/act	Tier 2	MAIL; QL (20.6 GM per 25 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT INHALATION (Umeclidinium-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (60 EA per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (60 EA per 25 days)
Budesonide-Formoterol Fumarate (Breyna Inhalation Aerosol 160-4.5 Mcg/Act, 80-4.5 Mcg/Act)	Tier 2	QL (20.6 GM per 25 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 2	MAIL; QL (10.8 GM per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 2	MAIL; QL (4 GM per 25 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 2	MAIL; QL (4 GM per 25 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (Fluticasone-Umeclidin-Vilant)	Tier 2	MAIL; QL (2 EA per 1 day)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 1	MAIL; QL (60 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Tier 1	MAIL; QL (60 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	MAIL; QL (360 ML per 25 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	Tier 1	MAIL; QL (60 EA per 30 days)
Anti-Ige Monoclonal Antibodies**		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Omalizumab)	Tier 3	PA; QL (2 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Omalizumab)	Tier 3	PA; QL (5 ML per 24 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Omalizumab)	Tier 3	PA; QL (2.5 ML per 24 days)

Drug Name	Formulary Status	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 3	PA; QL (5 EA per 24 days)
Anti-Inflammatory Agents**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 2	MAIL
Beta Adrenergics**		
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 2	MAIL
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 2	MAIL; QL (120 ML per 25 days)
levalbuterol tartrate inhalation aerosol 45 mcg/act	Tier 2	MAIL; QL (30 GM per 25 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Olodaterol HCl)	Tier 2	MAIL; QL (0.14 GM per 1 day)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (13.4 GM per 25 Days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	QL (17 GM per 25 Days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (13.4 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (17 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (36 GM per 25 days)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Tier 1	MAIL; QL (6.7 GM per 24 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	Tier 1	MAIL; QL (225 ML per 25 days)
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 1.25 mg/3ml	Tier 1	MAIL; QL (150 ML per 25 days)
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml	Tier 1	MAIL; QL (300 ML per 25 days)
albuterol sulfate oral syrup 2 mg/5ml	Tier 1	MAIL
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	Tier 1	ST; MAIL; QL (150 ML per 25 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	Tier 1	ST; MAIL; QL (150 EA per 25 days)
terbutaline sulfate oral tablet 2.5 mg	Tier 1	MAIL; QL (8 EA per 1 day)
terbutaline sulfate oral tablet 5 mg	Tier 1	MAIL; QL (6 EA per 1 day)
Bronchodilators - Anticholinergics**		
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (Tiotropium Bromide)	Tier 2	MAIL; QL (4 EA per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (Tiotropium Bromide)	Tier 2	MAIL; QL (4 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
ipratropium bromide inhalation solution 0.02 %	Tier 1	MAIL; QL (10 ML per 1 day)
tiotropium bromide inhalation capsule 18 mcg	Tier 1	MAIL; QL (30 EA per 25 days)
Interleukin-5 Antagonists (Igg1 Kappa)**		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Mepolizumab)	Tier 3	PA; QL (3 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (Mepolizumab)	Tier 3	PA; QL (0.4 ML per 23 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (Mepolizumab)	Tier 3	PA; QL (3 EA per 23 days)
Leukotriene Receptor Antagonists**		
zafirlukast oral tablet 10 mg, 20 mg	Tier 2	MAIL; QL (2 EA per 1 day)
montelukast sodium oral tablet 10 mg	Tier 1	MAIL; QL (1 EA per 1 day)
montelukast sodium oral tablet chewable 4 mg	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 9 Years)
montelukast sodium oral tablet chewable 5 mg	Tier 1	MAIL; QL (1 EA per 1 day); AGE (Max 14 Years)
Selective Phosphodiesterase 4 (Pde4) Inhibitors**		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 2	PA; MAIL
Steroid Inhalants**		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 2	MAIL; QL (120 ML per 25 days); AGE (Max 9 Years)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	Tier 2	MAIL; QL (12 GM per 25 days); AGE (Max 11 Years)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	Tier 2	MAIL; QL (10.6 GM per 25 days); AGE (Max 11 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (Budesonide)	Tier 2	MAIL; QL (1 EA per 25 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (Beclomethasone Diprop HFA)	Tier 2	MAIL; QL (10.6 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
budesonide inhalation suspension 1 mg/2ml	Tier 1	QL (120 ml per 25 days); AGE (Max 9 Years)
Xanthines**		
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	Tier 1	MAIL
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	Tier 1	MAIL
theophylline oral elixir 80 mg/15ml	Tier 1	MAIL
theophylline oral solution 80 mg/15ml	Tier 1	MAIL
Anticoagulants		
Coumarin Anticoagulants**		
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 1	MAIL
Warfarin Sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	Tier 1	MAIL
Direct Factor Xa Inhibitors**		
rivaroxaban oral suspension reconstituted 1 mg/ml	Tier 2	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (Apixaban)	Tier 2	QL (84 EA per 28 days)
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (Apixaban)	Tier 2	QL (112 EA per 28 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (Apixaban)	Tier 2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (Apixaban)	Tier 2	QL (16 EA per 1 day)
rivaroxaban oral tablet 2.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Heparins And Heparinoid-Like Agents**		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 1	PA
heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml	Tier 1	PA
Low Molecular Weight Heparins**		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 4	PA
enoxaparin sodium injection solution 300 mg/3ml	Tier 2	QL (3 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 2	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 2	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 2	QL (0.6 ML per 1 day)

Drug Name	Formulary Status	Requirements/Limits
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 2	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 2	QL (1.2 ML per 1 day)
Synthetic Heparinoid-Like Agents**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 2	PA
Thrombin Inhibitors - Selective Direct & Reversible**		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Tier 1	QL (2 EA per 1 day)
Anticonvulsants		
Ampa Glutamate Receptor Antagonists**		
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 4	
Anticonvulsants - Benzodiazepines**		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 2 Years)
clobazam oral tablet 10 mg, 20 mg	Tier 1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	QL (10 EA per 1 day); BH
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	QL (2 EA per 25 days)
Anticonvulsants - Misc.**		
eslicarbazepine acetate oral tablet 200 mg, 400 mg, 600 mg, 800 mg	Tier 4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 3	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 2	QL (3 EA per 1 day); BH
pregabalin oral capsule 225 mg, 300 mg	Tier 2	QL (2 EA per 1 day); BH
rufinamide oral suspension 40 mg/ml	Tier 2	MAIL
rufinamide oral tablet 200 mg, 400 mg	Tier 2	MAIL
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	MAIL; BH
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	MAIL; BH
carbamazepine oral suspension 100 mg/5ml	Tier 1	MAIL; BH
carbamazepine oral tablet 200 mg	Tier 1	MAIL; BH
carbamazepine oral tablet chewable 100 mg	Tier 1	MAIL; BH

Drug Name	Formulary Status	Requirements/Limits
carbamazepine oral tablet chewable 200 mg	Tier 1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	MAIL; BH
gabapentin oral solution 250 mg/5ml	Tier 1	MAIL; BH
gabapentin oral tablet 600 mg, 800 mg	Tier 1	MAIL; BH
lacosamide oral solution 10 mg/ml	Tier 1	
lacosamide oral tablet 100 mg, 150 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
lacosamide oral tablet 200 mg	Tier 1	QL (3 EA per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	Tier 1	MAIL; BH
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	MAIL; BH
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Tier 1	MAIL
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Tier 1	MAIL
oxcarbazepine oral suspension 300 mg/5ml	Tier 1	MAIL; BH
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	MAIL; BH
pregabalin oral solution 20 mg/ml	Tier 1	
primidone oral tablet 250 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 1	MAIL; BH
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	MAIL; BH
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 1	MAIL; BH
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 1	MAIL
LamoTRIgine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	MAIL; BH
brivaracetam oral solution 10 mg/ml	PREV	
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	PREV	
Carbamates**		
felbamate oral suspension 600 mg/5ml	Tier 2	MAIL
felbamate oral tablet 400 mg, 600 mg	Tier 2	MAIL
Gaba Modulators**		
vigabatrin oral packet 500 mg	Tier 3	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 3	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 3	QL (6 EA per 1 day)
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 2	MAIL
Hydantoins**		
DILANTIN ORAL CAPSULE 30 MG (Phenytoin Sodium Extended)	Tier 2	MAIL

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Drug Name	Formulary Status	Requirements/Limits
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 2	MAIL
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	Tier 1	MAIL
phenytoin oral tablet chewable 50 mg	Tier 1	MAIL
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	Tier 1	MAIL
Succinimides**		
methsuximide oral capsule 300 mg	Tier 2	
ethosuximide oral capsule 250 mg	Tier 1	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 1	MAIL
Valproic Acid**		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 1	MAIL; BH
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 1	MAIL; BH
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 1	MAIL; BH
valproic acid oral capsule 250 mg	Tier 1	MAIL; BH
valproic acid oral solution 250 mg/5ml	Tier 1	MAIL; BH
Antidepressants		
Alpha-2 Receptor Antagonists (Tetracyclics)**		
mirtazapine oral tablet 15 mg	PREV	MAIL; QL (2 EA per 1 day); BH
mirtazapine oral tablet 30 mg, 45 mg	PREV	MAIL; QL (1 EA per 1 day); BH
mirtazapine oral tablet 7.5 mg	PREV	QL (1 tab per 1 day)
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	PREV	QL (1 tab per 1 day)
Antidepressants - Misc.**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg	PREV	MAIL; QL (2 EA per 1 day); BH
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	PREV	MAIL; QL (3 EA per 1 day); BH
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	PREV	MAIL; QL (1 EA per 1 day); BH
bupropion hcl oral tablet 100 mg, 75 mg	PREV	MAIL; QL (4 EA per 1 day); BH
Monoamine Oxidase Inhibitors (Maois)**		
phenelzine sulfate oral tablet 15 mg	PREV	MAIL; QL (6 EA per 1 day); BH
tranylcypromine sulfate oral tablet 10 mg	PREV	MAIL; QL (8 EA per 1 day); BH
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (Selegiline)	PREV	PA; MAIL; BH
MARPLAN ORAL TABLET 10 MG (Isocarboxazid)	PREV	PA; MAIL; BH

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Drug Name	Formulary Status	Requirements/Limits
Selective Serotonin Reuptake Inhibitors (Ssris)**		
citalopram hydrobromide oral solution 10 mg/5ml	PREV	MAIL; QL (20 ML per 1 day); AGE (Max 12 Years); BH
citalopram hydrobromide oral tablet 10 mg, 20 mg	PREV	MAIL; QL (1.5 EA per 1 day); BH
citalopram hydrobromide oral tablet 40 mg	PREV	MAIL; QL (2 EA per 1 day); BH
escitalopram oxalate oral solution 5 mg/5ml	PREV	MAIL; AGE (Max 12 Years); BH
escitalopram oxalate oral tablet 10 mg, 5 mg	PREV	MAIL; QL (1.5 EA per 1 day); BH
escitalopram oxalate oral tablet 20 mg	PREV	MAIL; QL (1 EA per 1 day); BH
fluoxetine hcl oral capsule 10 mg	PREV	MAIL; QL (3 EA per 1 day); BH
fluoxetine hcl oral capsule 20 mg	PREV	MAIL; QL (4 EA per 1 day); BH
fluoxetine hcl oral capsule 40 mg	PREV	MAIL; QL (2 EA per 1 day); BH
fluoxetine hcl oral solution 20 mg/5ml	PREV	MAIL; AGE (Max 12 Years); BH
fluvoxamine maleate oral tablet 100 mg	PREV	MAIL; QL (3 EA per 1 day); BH
fluvoxamine maleate oral tablet 25 mg, 50 mg	PREV	MAIL; QL (2 EA per 1 day); BH
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	PREV	MAIL; QL (2 EA per 1 day); BH
sertraline hcl oral concentrate 20 mg/ml	PREV	MAIL; QL (10 ML per 1 day); AGE (Max 11 Years); BH
sertraline hcl oral tablet 100 mg, 50 mg	PREV	MAIL; QL (2 EA per 1 day); BH
sertraline hcl oral tablet 25 mg	PREV	MAIL; QL (1 EA per 1 day); BH
Serotonin Modulators**		
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	PREV	MAIL; QL (2 EA per 1 day); BH
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	PREV	MAIL; QL (2 EA per 1 day); BH
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	PREV	PA; MAIL; BH
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (Vortioxetine HBr)	PREV	PA; MAIL; BH
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	PREV	MAIL; QL (1 EA per 1 day); BH

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

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Drug Name	Formulary Status	Requirements/Limits
protriptyline hcl oral tablet 5 mg	PREV	MAIL; QL (4 EA per 1 day); BH
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	PREV	MAIL; BH
Antidiabetics		
Alpha-Glucosidase Inhibitors**		
miglitol oral tablet 100 mg	Tier 2	MAIL; QL (3 EA per 1 day)
miglitol oral tablet 25 mg	Tier 2	MAIL; QL (12 EA per 1 day)
miglitol oral tablet 50 mg	Tier 2	MAIL; QL (6 EA per 1 day)
acarbose oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
acarbose oral tablet 25 mg, 50 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Antidiabetic - Amylin Analogs**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 4	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 4	PA; MAIL
Biguanides**		
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
metformin hcl oral tablet 1000 mg	Tier 1	MAIL; QL (2 EA per 1 day)
metformin hcl oral tablet 500 mg	Tier 1	MAIL; QL (5 EA per 1 day)
metformin hcl oral tablet 850 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Diabetic Other - Combinations**		
gnp glucose oral tablet chewable 4-6 gm-mg	Tier 1	OTC
DEX4 ORAL TABLET CHEWABLE 4-6 GM-MG (Glucose-Vitamin C)	Tier 1	OTC
Diabetic Other**		
diazoxide oral suspension 50 mg/ml	Tier 2	MAIL
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT SOLUTION RECONSTITUTED 1 MG INJECTION (Glucagon HCl)	Tier 2	QL (2 EA per 25 days)
glucagon emergency injection solution reconstituted 1 mg	Tier 1	QL (2 EA per 25 days)
gnp glucose oral tablet chewable 4 gm	Tier 1	OTC
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 1	ST; MAIL; QL (1 EA per 1 day)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 2	ST; MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Dopamine Receptor Agonists - Ergot Derivatives**		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)
Human Insulin**		
insulin glargine-yfgn solution 100 unit/ml subcutaneous	Tier 2	MAIL; QL (30 ML per 25 days)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Tier 2	QL (30 ML per 25 days)
insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous	Tier 2	MAIL; QL (30 ML per 25 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (18 ML per 25 days)
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 25 days)
NOVOLOG 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
NOVOLOG MIX 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG RELION SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG SOLUTION 100 UNIT/ML INJECTION (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; QL (3 ML per 28 days)
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; QL (2 ML per 24 days)
liraglutide subcutaneous solution pen-injector 18 mg/3ml	Tier 1	ST; MAIL; QL (9 ML per 25 days)
Insulin-Incretin Mimetic Combinations**		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (Insulin Glargine-Lixisenatide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (Insulin Degludec-Liraglutide)	Tier 2	ST; MAIL; QL (15 ML per 30 days)
Meglitinide Analogues**		
nateglinide oral tablet 120 mg, 60 mg	Tier 1	MAIL; QL (3 EA per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; QL (6 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (Empagliflozin-Linagliptin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**		
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
dapagliflozin oral tablet 10 mg, 5 mg	Tier 1	ST; QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
dapaglifloz base-metformin er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg, 5-500 mg	Tier 1	ST; QL (1 EA per 1 day)
dapaglifloz base-metformin er oral tablet extended release 24 hour 5-1000 mg	Tier 1	ST; QL (2 EA per 1 day)
Sulfonylurea-Biguanide Combinations**		
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg	Tier 1	MAIL; QL (2 EA per 1 day)
glyburide-metformin oral tablet 5-500 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Sulfonylureas**		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glipizide oral tablet 10 mg, 5 mg	Tier 1	MAIL
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glycron oral tablet 1.5 mg, 3 mg, 6 mg	Tier 1	MAIL
Thiazolidinediones**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Antidiarrheal/Probiotic Agents		
Antidiarrheal/Probiotic Agents - Misc.**		
gnp pink bismuth oral tablet 262 mg	Tier 1	OTC
sb bismuth oral tablet 262 mg	Tier 1	OTC
stomach relief oral suspension 525 mg/15ml	Tier 1	OTC
stomach relief oral tablet chewable 262 mg	Tier 1	OTC
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE ORAL SUSPENSION 262 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
SOOTHE ORAL TABLET CHEWABLE 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
Antiperistaltic Agents**		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 4	PA; QL (100 EA per 30 days)
anti-diarrheal oral tablet 2 mg	Tier 1	OTC
diphenoxylate-atropine oral tablet 2.5-0.025 mg	Tier 1	
goodsense anti-diarrheal oral solution 1 mg/7.5ml	Tier 1	OTC
loperamide hcl oral capsule 2 mg	Tier 1	
loperamide hcl oral tablet 2 mg	Tier 1	OTC
Antidotes And Specific Antagonists		
Antidotes - Chelating Agents**		
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 4	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 3	PA
deferiprone oral tablet 1000 mg, 500 mg	Tier 3	PA
Opioid Antagonists**		
naloxone hcl injection solution 0.4 mg/ml	Tier 1	QL (4 ML per 25 days); BH
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 1	BH
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Tier 1	BH
naltrexone hcl oral tablet 50 mg	Tier 1	QL (2 EA per 1 day); BH
naloxone hcl nasal liquid 4 mg/0.1ml	PREV	BH
NARCAN NASAL LIQUID 4 MG/0.1ML (Naloxone HCl)	PREV	QL (0.8 EA per 28 days)
Antiemetics		
5-Ht3 Receptor Antagonists**		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 4	PA
granisetron hcl oral tablet 1 mg	Tier 2	QL (2 EA per 1 day)
ondansetron hcl oral solution 4 mg/5ml	Tier 1	QL (50 ML per 25 days); AGE (Max 12 Years)
ondansetron hcl oral tablet 4 mg, 8 mg	Tier 1	QL (90 EA per 25 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	Tier 1	QL (90 EA per 25 days)
Antiemetic Combinations**		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 4	PA
anti-nausea oral solution 1.87-1.87-21.5	Tier 1	OTC
Antiemetics - Anticholinergic**		
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 2	QL (4 EA per 25 days)
meclizine hcl oral tablet 12.5 mg, 25 mg	Tier 1	QL (4 EA per 1 day)
meclizine hcl oral tablet chewable 25 mg	Tier 1	QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
motion sickness relief oral tablet 50 mg	Tier 1	OTC
travel-ease oral tablet 25 mg	Tier 1	OTC; QL (4 EA per 1 day)
trimethobenzamide hcl oral capsule 300 mg	Tier 1	
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
DRIMINATE ORAL TABLET 50 MG (DimenhyDRINATE)	Tier 1	OTC
Antiemetics - Miscellaneous**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 2	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists**		
aprepitant oral 80 & 125 mg	Tier 2	PA
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Tier 2	PA
aprepitant oral capsule therapy pack 80 & 125 mg	Tier 2	PA
Antifungals		
Antifungals**		
flucytosine oral capsule 250 mg, 500 mg	Tier 2	PA
griseofulvin microsize oral suspension 125 mg/5ml	Tier 1	
nystatin oral tablet 500000 unit	Tier 1	
terbinafine hcl oral tablet 250 mg	Tier 1	QL (1 EA per 1 day)
Imidazoles**		
ketoconazole oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Triazoles**		
voriconazole oral tablet 200 mg, 50 mg	Tier 2	PA
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	Tier 1	QL (105 ML per 25 days); AGE (Max 12 Years)
fluconazole oral tablet 100 mg, 200 mg, 50 mg	Tier 1	QL (21 EA per 25 days)
fluconazole oral tablet 150 mg	Tier 1	QL (2 EA per 25 days); INF
itraconazole oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
Antihistamines		
Antihistamines - Alkylamines**		
aller-chlor oral tablet 4 mg	Tier 1	OTC
chlorpheniramine maleate er oral tablet extended release 12 mg	Tier 1	OTC; QL (2 EA per 1 day)
chlorpheniramine maleate oral tablet 4 mg	Tier 1	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML (Chlorpheniramine Maleate)	Tier 1	OTC
WAL-FINATE ORAL TABLET 4 MG (Chlorpheniramine Maleate)	Tier 1	OTC
Antihistamines - Ethanolamines**		
allergy relief childrens oral tablet dispersible 12.5 mg	Tier 1	OTC; BH
carbinoxamine maleate oral tablet 4 mg	Tier 1	
clemastine fumarate oral tablet 2.68 mg	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
diphenhist oral capsule 25 mg	Tier 1	OTC
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	BH
diphenhydramine hcl oral capsule 25 mg	Tier 1	BH
diphenhydramine hcl oral capsule 50 mg	Tier 1	OTC; BH
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 Years); BH
diphenhydramine hcl oral liquid 12.5 mg/5ml	Tier 1	OTC; AGE (Max 12 Years); BH
diphenhydramine hcl oral tablet 25 mg	Tier 1	OTC
diphenhydramine hcl oral tablet 50 mg	Tier 1	OTC; BH
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 1	OTC; AGE (Max 12 Years); BH
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5Ml)	Tier 1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 1	OTC; AGE (Max 12 Years)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML (DiphenhydrAMINE HCl)	Tier 1	OTC; AGE (Max 12 Years)
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE 12.5 MG (DiphenhydrAMINE HCl)	Tier 1	OTC
Antihistamines - Non-Sedating**		
desloratadine oral tablet 5 mg	Tier 2	QL (1 EA per 1 day)
cetirizine hcl oral solution 1 mg/ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral tablet 10 mg, 5 mg	Tier 1	OTC; QL (1 EA per 1 day)
fexofenadine hcl oral tablet 180 mg	Tier 1	OTC; QL (1 EA per 1 day)
fexofenadine hcl oral tablet 60 mg	Tier 1	OTC; QL (2 EA per 1 day)
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
levocetirizine dihydrochloride oral tablet 5 mg	Tier 1	QL (1 EA per 1 day)
loradamed oral tablet 10 mg	Tier 1	OTC; QL (1 EA per 1 day)
loratadine oral solution 5 mg/5ml	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
loratadine oral tablet 10 mg	Tier 1	OTC; QL (1 EA per 1 day)
loratadine oral tablet dispersible 10 mg	Tier 1	OTC; QL (1 EA per 1 day)
ALAVERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 180 MG (Fexofenadine HCl)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-FEX ALLERGY ORAL TABLET 60 MG (Fexofenadine HCl)	Tier 1	OTC; QL (2 EA per 1 day)
WAL-ITIN ORAL SOLUTION 5 MG/5ML (Loratadine)	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
WAL-ITIN ORAL TABLET 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG (Loratadine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (Cetirizine HCl)	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
WAL-ZYR ORAL TABLET 10 MG (Cetirizine HCl)	Tier 1	OTC; QL (1 EA per 1 day)
Antihistamines - Phenothiazines**		
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	AGE (Min 2 Years and Max 64 Years)
Antihistamines - Piperidines**		
cyproheptadine hcl oral syrup 2 mg/5ml	Tier 1	AGE (Max 64 Years)
cyproheptadine hcl oral tablet 4 mg	Tier 1	AGE (Max 64 Years)
Antihyperlipidemics		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb**		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 4	PA; MAIL
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors**		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 4	PA; MAIL
Antihyperlipidemics - Misc.**		
omega-3-acid ethyl esters oral capsule 1 gm	Tier 2	MAIL; QL (4 EA per 1 day)
Bile Acid Sequestrants**		
colesevelam hcl oral packet 3.75 gm	Tier 2	MAIL; QL (1 EA per 1 day)
colesevelam hcl oral tablet 625 mg	Tier 2	MAIL; QL (6 EA per 1 day)
cholestyramine light oral packet 4 gm	Tier 1	MAIL; QL (240 EA per 25 days)
cholestyramine light oral powder 4 gm/dose	Tier 1	MAIL; QL (240 GM per 25 days)
cholestyramine oral packet 4 gm	Tier 1	MAIL; QL (240 EA per 25 days)
cholestyramine oral powder 4 gm/dose	Tier 1	MAIL; QL (378 GM per 25 days)
colestipol hcl oral tablet 1 gm	Tier 1	MAIL; QL (16 EA per 1 day)
Cholestyramine Light (Prevalite Oral Powder 4 Gm/Dose)	Tier 1	MAIL; QL (240 GM per 25 days)
Fibric Acid Derivatives**		
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 2	MAIL; QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 1	MAIL; QL (1 EA per 1 day)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Tier 1	MAIL; QL (1 EA per 1 day)
gemfibrozil oral tablet 600 mg	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Hmg Coa Reductase Inhibitors**		
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day); PREV for ages 40-75
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day); PREV for ages 40-75
rosuvastatin calcium oral tablet 10 mg, 5 mg	Tier 2	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
rosuvastatin calcium oral tablet 20 mg	Tier 2	MAIL; QL (1.5 EA per 1 day)
rosuvastatin calcium oral tablet 40 mg	Tier 2	MAIL; QL (1 EA per 1 day)
atorvastatin calcium oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
atorvastatin calcium oral tablet 40 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)
atorvastatin calcium oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
lovastatin oral tablet 40 mg	Tier 1	MAIL; QL (2 EA per 1 day); PREV for ages 40-75
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
pravastatin sodium oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 40-75
simvastatin oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL; QL (1.5 EA per 1 day); PREV for ages 40-75
simvastatin oral tablet 40 mg	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 40-75
simvastatin oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb**		
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	Tier 2	PA; MAIL
Intestinal Cholesterol Absorption Inhibitors**		
ezetimibe oral tablet 10 mg	Tier 2	MAIL
Nicotinic Acid Derivatives**		
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	Tier 2	MAIL; QL (4 EA per 1 day)
NIACOR ORAL TABLET 500 MG (Niacin (Antihyperlipidemic))	Tier 2	QL (4 EA per 1 day)
Pcsk9 Inhibitors**		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (Evolocumab)	Tier 4	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (Evolocumab)	Tier 4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (Evolocumab)	Tier 4	PA

Drug Name	Formulary Status	Requirements/Limits
Antihypertensives		
Ace Inhibitor & Calcium Channel Blocker Combinations**		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Ace Inhibitors & Thiazide/Thiazide-Like**		
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
benazepril-hydrochlorothiazide oral tablet 20-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
benazepril-hydrochlorothiazide oral tablet 5-6.25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
quinaretic oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Ace Inhibitors**		
benazepril hcl oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
benazepril hcl oral tablet 40 mg, 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
captopril oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
captopril oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
enalapril maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
enalapril maleate oral tablet 2.5 mg, 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lisinopril oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
lisinopril oral tablet 20 mg, 30 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
moexipril hcl oral tablet 15 mg, 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
perindopril erbumine oral tablet 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
perindopril erbumine oral tablet 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
quinapril hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
quinapril hcl oral tablet 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Agents For Pheochromocytoma**		
phenoxybenzamine hcl oral capsule 10 mg	Tier 2	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	MAIL; QL (1 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**		
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Angiotensin Ii Receptor Antagonists**		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
candesartan cilexetil oral tablet 32 mg	Tier 1	MAIL; QL (1 EA per 1 day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	Tier 1	MAIL; QL (1 EA per 1 day)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 20 mg, 40 mg	Tier 1	MAIL; QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
telmisartan oral tablet 20 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
telmisartan oral tablet 80 mg	Tier 1	MAIL; QL (1 EA per 1 day)
valsartan oral tablet 160 mg, 40 mg, 80 mg	Tier 1	MAIL; QL (2 EA per 1 day)
valsartan oral tablet 320 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Antiadrenergics - Centrally Acting**		
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 2	ST; MAIL; QL (4 EA per 25 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 1	MAIL; QL (6 EA per 1 day); BH
clonidine hcl oral tablet 0.3 mg	Tier 1	MAIL; QL (4 EA per 1 day); BH
methyldopa oral tablet 250 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
methyldopa oral tablet 500 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
guanfacine hcl oral tablet 1 mg	PREV	MAIL; QL (4 EA per 1 day); BH
guanfacine hcl oral tablet 2 mg	PREV	MAIL; QL (2 EA per 1 day); BH
Antiadrenergics - Peripherally Acting**		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg	Tier 1	MAIL; QL (1 EA per 1 day)
doxazosin mesylate oral tablet 8 mg	Tier 1	MAIL; QL (2 EA per 1 day)
terazosin hcl oral capsule 1 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
terazosin hcl oral capsule 10 mg, 2 mg	Tier 1	MAIL; QL (2 EA per 1 day)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	PREV	MAIL; QL (6 EA per 1 day); BH

Drug Name	Formulary Status	Requirements/Limits
Antihypertensives - Misc.**		
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 4	MAIL
Beta Blocker & Diuretic Combinations**		
atenolol-chlorthalidone oral tablet 100-25 mg	Tier 1	MAIL; QL (1 EA per 1 day)
atenolol-chlorthalidone oral tablet 50-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg	Tier 1	MAIL; QL (4 EA per 1 day)
bisoprolol-hydrochlorothiazide oral tablet 2.5-6.25 mg, 5-6.25 mg	Tier 1	MAIL; QL (3 EA per 1 day)
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Direct Renin Inhibitors**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 2	PA; MAIL; QL (1 EA per 1 day)
Selective Aldosterone Receptor Antagonists (Saras)**		
eplerenone oral tablet 25 mg	Tier 1	MAIL; QL (4 EA per 1 day)
eplerenone oral tablet 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Vasodilators**		
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MAIL
minoxidil oral tablet 10 mg, 2.5 mg	Tier 1	MAIL
Anti-Infective Agents - Misc.		
Anti-Infective Agents - Misc.**		
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 4	PA
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 2	
tinidazole oral tablet 250 mg	Tier 2	QL (8 EA per 1 day); INF
tinidazole oral tablet 500 mg	Tier 2	QL (4 EA per 1 day); INF
metronidazole oral tablet 250 mg	Tier 1	
metronidazole oral tablet 500 mg	Tier 1	INF
trimethoprim oral tablet 100 mg	Tier 1	
Anti-Infective Misc. - Combinations**		
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	Tier 1	AGE (Max 12 Years)
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	Tier 1	
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	Tier 1	AGE (Max 12 Years)
Antiprotozoal Agents**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 4	PA
atovaquone oral suspension 750 mg/5ml	Tier 2	PA
nitazoxanide oral tablet 500 mg	Tier 2	PA

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Drug Name	Formulary Status	Requirements/Limits
Glycopeptides**		
vancomycin hcl oral capsule 125 mg, 250 mg	Tier 1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	Tier 1	
Leprostatics**		
dapsone oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
dapsone oral tablet 25 mg	Tier 1	QL (4 EA per 1 day)
Lincosamides**		
clindamycin hcl oral capsule 150 mg, 300 mg	Tier 1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Tier 1	AGE (Max 12 Years)
Monobactams**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 3	PA
Oxazolidinones**		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 2	PA
linezolid oral tablet 600 mg	Tier 2	PA
Urinary Anti-Infectives**		
fosfomycin tromethamine oral packet 3 gm	Tier 2	
nitrofurantoin oral suspension 25 mg/5ml	Tier 2	AGE (Max 12 Years)
methenamine hippurate oral tablet 1 gm	Tier 1	
nitrofurantoin macrocrystal oral capsule 100 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin macrocrystal oral capsule 50 mg	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	Tier 1	QL (2 EA per 1 day); AGE (Max 64 Years)
Antimalarials		
Antimalarial Combinations**		
COARTEM ORAL TABLET 20-120 MG (Artemether-Lumefantrine)	Tier 4	
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	Tier 1	QL (1 EA per 1 day)
Antimalarials**		
hydroxychloroquine sulfate oral tablet 200 mg	Tier 2	QL (4 EA per 1 day)
quinine sulfate oral capsule 324 mg	Tier 2	QL (30 EA per 25 days)
chloroquine phosphate oral tablet 250 mg	Tier 1	QL (20 EA per 25 days)
chloroquine phosphate oral tablet 500 mg	Tier 1	QL (10 EA per 25 days)
mefloquine hcl oral tablet 250 mg	Tier 1	QL (6 EA per 25 days)
primaquine phosphate oral tablet 26.3 (15 base) mg	Tier 1	PA; QL (21 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Antimyasthenic/Cholinergic Agents		
Antimyasthenic/Cholinergic Agents**		
pyridostigmine bromide oral tablet 60 mg	Tier 1	QL (6 EA per 1 day)
Antimycobacterial Agents		
Antimycobacterial Agents**		
PASER ORAL PACKET 4 GM (Aminosalicylic Acid)	Tier 4	
TRECATOR ORAL TABLET 250 MG (Ethionamide)	Tier 4	
SIRTURO ORAL TABLET 100 MG, 20 MG (Bedaquiline Fumarate)	Tier 3	
pyrazinamide oral tablet 500 mg	Tier 2	
rifabutin oral capsule 150 mg	Tier 2	
PRIFTIN ORAL TABLET 150 MG (Rifapentine)	Tier 2	QL (32 EA per 25 days)
cycloserine oral capsule 250 mg	Tier 1	
ethambutol hcl oral tablet 100 mg, 400 mg	Tier 1	
isoniazid oral syrup 50 mg/5ml	Tier 1	
isoniazid oral tablet 100 mg, 300 mg	Tier 1	
rifampin oral capsule 150 mg, 300 mg	Tier 1	
Antineoplastics And Adjunctive Therapies		
Androgen Biosynthesis Inhibitors**		
abiraterone acetate oral tablet 250 mg	Tier 3	QL (4 EA per 1 day)
abiraterone acetate oral tablet 500 mg	Tier 3	QL (2 EA per 1 day)
Antiadrenals**		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 3	
Antiandrogens**		
NUBEQA ORAL TABLET 300 MG (Darolutamide)	Tier 3	QL (4 EA per 1 Day)
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 3	QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 3	QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 3	QL (2 EA per 1 day)
bicalutamide oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 1	
Antiestrogens**		
toremifene citrate oral tablet 60 mg	Tier 2	QL (1 EA per 1 day)
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	MAIL; PREV for ages 35 and over
Antimetabolites**		
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 4	
capecitabine oral tablet 150 mg, 500 mg	Tier 3	
methotrexate sodium (pf) injection solution 250 mg/10ml	Tier 3	QL (10 ML per 25 days)
methotrexate sodium (pf) injection solution 50 mg/2ml	Tier 3	MAIL; QL (10 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	Tier 3	QL (10 ML per 25 days)
mercaptopurine oral tablet 50 mg	Tier 1	QL (3 EA per 1 day)
methotrexate sodium oral tablet 2.5 mg	Tier 1	MAIL
Antineoplastic - Alk Inhibitors**		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 3	QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 3	QL (2 EA per 1 day)
ZYKADIA ORAL TABLET 150 MG (Ceritinib)	Tier 3	QL (3 EA per 1 day)
Antineoplastic - Bcl-2 Inhibitors**		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (Venetoclax)	Tier 3	QL (1 EA per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (Venetoclax)	Tier 3	QL (1 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors**		
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	Tier 3	QL (1 EA per 1 day)
dasatinib oral tablet 20 mg	Tier 3	QL (3 EA per 1 day)
imatinib mesylate oral tablet 100 mg	Tier 3	QL (3 EA per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 3	QL (2 EA per 1 day)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	Tier 3	QL (4 EA per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 3	QL (1 EA per 1 day)
Antineoplastic - Braf Kinase Inhibitors**		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 3	QL (4 EA per 1 day)
Antineoplastic - Btk Inhibitors**		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 3	QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (Ibrutinib)	Tier 3	PA; QL (1 EA per 1 day)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG (Ibrutinib)	Tier 3	PA; QL (1 EA per 1 day)
Antineoplastic - Egfr Inhibitors**		
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 3	QL (1 EA per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 3	QL (3 EA per 1 day)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 3	QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 3	QL (1 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitors**		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 3	QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 3	QL (1 EA per 1 day)
Antineoplastic - Histone Deacetylase Inhibitors**		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 3	QL (6 EA per 17 days)

Drug Name	Formulary Status	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 3	QL (4 EA per 1 day)
Antineoplastic - Immunomodulators**		
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	Tier 3	QL (1 EA per 1 Day)
Antineoplastic - Mek Inhibitors**		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 3	QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 3	QL (1 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 3	QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 5 mg	Tier 3	QL (2 EA per 1 day)
everolimus oral tablet soluble 3 mg	Tier 3	QL (3 EA per 1 day)
Antineoplastic - Multikinase Inhibitors**		
lapatinib ditosylate oral tablet 250 mg	Tier 3	QL (6 EA per 1 day)
pazopanib hcl oral tablet 200 mg	Tier 3	QL (4 EA per 1 day)
pazopanib hcl oral tablet 400 mg	Tier 3	QL (2 EA per 1 Day)
sorafenib tosylate oral tablet 200 mg	Tier 3	QL (4 EA per 1 day)
sunitinib malate oral capsule 12.5 mg	Tier 3	QL (4 EA per 1 day)
sunitinib malate oral capsule 25 mg	Tier 3	QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	Tier 3	QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (Cabozantinib S-Malate)	Tier 3	PA; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 3	QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 3	QL (1 EA per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG (Cabozantinib S-Malate)	Tier 3	PA; QL (2 EA per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG (Cabozantinib S-Malate)	Tier 3	PA; QL (4 EA per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG (Cabozantinib S-Malate)	Tier 3	PA; QL (3 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 3	QL (3 EA per 1 day)
Antineoplastic - Tyrosine Kinase Inhibitors**		
INLYTA ORAL TABLET 1 MG, 5 MG (Axitinib)	Tier 3	QL (4 EA per 1 day)
Antineoplastics Misc.**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (Interferon Gamma-1B)	Tier 3	
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 3	
hydroxyurea oral capsule 500 mg	Tier 1	
Aromatase Inhibitors**		
exemestane oral tablet 25 mg	Tier 2	MAIL; PREV for ages 35 and over
anastrozole oral tablet 1 mg	Tier 1	MAIL; PREV for ages 35 and over

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Drug Name	Formulary Status	Requirements/Limits
letrozole oral tablet 2.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 3	QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 3	QL (1 EA per 1 day)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (Ribociclib Succinate)	Tier 3	QL (1 ea per 1 day)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (Ribociclib Succinate)	Tier 3	QL (2 ea per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (Ribociclib Succinate)	Tier 3	QL (3 ea per 1 day)
Estrogens-Antineoplastic**		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 4	
Folic Acid Antagonists Rescue Agents**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	Tier 1	
leucovorin calcium oral tablet 5 mg	Tier 1	MAIL
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (Leucovorin Calcium)	Tier 1	MAIL
Gonadotropin Releasing Hormone (Gnrh) Antagonists**		
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (Degarelix Acetate)	Tier 3	
Imidazotetrazines**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 3	
Janus Associated Kinase (Jak) Inhibitors**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 3	QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG (Ruxolitinib Phosphate)	Tier 3	QL (1 EA per 1 Day)
Lhrh Analogs**		
leuprolide acetate injection kit 1 mg/0.2ml	Tier 3	AGE (Min 18 Years)
Mitotic Inhibitors**		
etoposide oral capsule 50 mg	Tier 2	
Nitrogen Mustards And Related Analogues**		
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 4	
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 2	
melphalan oral tablet 2 mg	Tier 2	
Nitrosoureas**		
lomustine oral capsule 10 mg	Tier 3	QL (3 EA per 1 Day)
lomustine oral capsule 100 mg, 40 mg	Tier 3	QL (2 EA per 1 Day)
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 3	QL (2 EA per 1 day)

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Poly (Adp-Ribose) Polymerase (Parp) Inhibitors**		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 3	QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 3	QL (4 EA per 1 day)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (Niraparib Tosylate)	Tier 3	QL (1 EA per 1 day)
Progestins-Antineoplastic**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	
Retinoids**		
tretinoin oral capsule 10 mg	Tier 2	
Selective Retinoid X Receptor Agonists**		
bexarotene oral capsule 75 mg	Tier 3	
Vascular Endothelial Growth Factor (Vegf) Inhibitors**		
INLYTA ORAL TABLET 1 MG, 5 MG (Axitinib)	Tier 3	QL (4 EA per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 3	QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 3	QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 3	QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 3	QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 3	QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (Lenvatinib Mesylate)	Tier 3	QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 3	QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 3	QL (2 EA per 1 day)
Antiparkinson And Related Therapy Agents		
Antiparkinson Anticholinergics**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral solution 0.4 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	Tier 1	MAIL; AGE (Max 64 Years)
Antiparkinson Dopaminergics**		
bromocriptine mesylate oral capsule 5 mg	Tier 2	MAIL; QL (6 EA per 1 day)
bromocriptine mesylate oral tablet 2.5 mg	Tier 2	MAIL; QL (6 EA per 1 day)
amantadine hcl oral capsule 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
amantadine hcl oral solution 50 mg/5ml	Tier 1	MAIL

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Drug Name	Formulary Status	Requirements/Limits
amantadine hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Antiparkinson Monoamine Oxidase Inhibitors**		
rasagiline mesylate oral tablet 0.5 mg	Tier 2	MAIL; QL (2 EA per 1 day)
rasagiline mesylate oral tablet 1 mg	Tier 2	MAIL; QL (1 EA per 1 day)
selegiline hcl oral capsule 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
selegiline hcl oral tablet 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Central/Peripheral Comt Inhibitors**		
tolcapone oral tablet 100 mg	Tier 2	PA; MAIL
Decarboxylase Inhibitors**		
carbidopa oral tablet 25 mg	Tier 2	MAIL
Levodopa Combinations**		
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg	Tier 2	MAIL
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	Tier 2	MAIL; QL (8 EA per 1 day)
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Tier 2	MAIL; QL (6 EA per 1 day)
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	Tier 1	MAIL
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	MAIL
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	Tier 1	MAIL
Nonergoline Dopamine Receptor Agonists**		
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
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 3	PA
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	Tier 2	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	MAIL; BH
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	Tier 1	MAIL
Peripheral Comt Inhibitors**		
entacapone oral tablet 200 mg	Tier 2	MAIL; QL (8 EA per 1 day)
Antipsychotics/Antimanic Agents		
Antimanic Agents**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	PREV	MAIL; AGE (Min 6 Years); BH
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	PREV	MAIL; AGE (Min 6 Years); BH

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Drug Name	Formulary Status	Requirements/Limits
lithium carbonate oral tablet 300 mg	PREV	MAIL; AGE (Min 6 Years); BH
Antipsychotics - Misc.**		
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	PREV	PA; MAIL; BH
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	PREV	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years); BH
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG (Cariprazine HCl)	PREV	
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (Cariprazine HCl)	PREV	PA
Benzisoxazoles**		
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	PREV	PA; MAIL; BH
risperidone oral solution 1 mg/ml	PREV	MAIL; QL (16 ML per 1 day); AGE (Min 5 Years); BH
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	PREV	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years); BH
risperidone oral tablet 4 mg	PREV	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years); BH
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	PREV	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years); BH
risperidone oral tablet dispersible 4 mg	PREV	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years); BH
Butyrophenones**		
haloperidol lactate injection solution 5 mg/ml	PREV	AGE (Min 6 Years); BH
haloperidol lactate oral concentrate 2 mg/ml	PREV	MAIL; AGE (Min 6 Years); BH
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	PREV	MAIL; AGE (Min 6 Years); BH
Dibenzodiazepines**		
clozapine oral tablet 100 mg, 25 mg, 50 mg	PREV	QL (2 EA per 1 day); AGE (Min 6 Years); BH
clozapine oral tablet 200 mg	PREV	QL (4 EA per 1 day); AGE (Min 6 Years); BH
Dibenzo-Oxepino Pyrroles**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	PREV	MAIL; BH
Dibenzothiazepines**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg	PREV	MAIL; QL (1 EA per 1 day); AGE (Min 6 Years); BH
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg	PREV	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years); BH
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	PREV	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years); BH

Drug Name	Formulary Status	Requirements/Limits
Dibenzoxazepines**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	PREV	MAIL; AGE (Min 6 Years); BH
Phenothiazines**		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	PREV	MAIL; AGE (Min 6 Years); BH
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	PREV	MAIL; AGE (Min 6 Years); BH
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	PREV	MAIL; AGE (Min 6 Years and Max 64 Years); BH
prochlorperazine maleate oral tablet 10 mg, 5 mg	PREV	MAIL; AGE (Min 6 Years); BH
prochlorperazine rectal suppository 25 mg	PREV	AGE (Min 6 Years); BH
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	PREV	MAIL; AGE (Min 6 Years and Max 64 Years); BH
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	PREV	MAIL; AGE (Min 6 Years); BH
Prochlorperazine (Compro Rectal Suppository 25 Mg)	PREV	AGE (Min 6 Years); BH
Quinolinone Derivatives**		
aripiprazole oral solution 1 mg/ml	PREV	MAIL; AGE (Max 11 Years); BH
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	PREV	MAIL; QL (1 EA per 1 day); BH
aripiprazole oral tablet dispersible 10 mg, 15 mg	PREV	PA; MAIL; QL (1 EA per 1 day); AGE (Min 6 Years and Max 16 Years); BH
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Brexpiprazole)	PREV	
Thienbenzodiazepines**		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	PREV	MAIL; QL (1 EA per 1 day); AGE (Min 6 Years); BH
Thioxanthenes**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	PREV	MAIL; AGE (Min 6 Years); BH
Antiseptics & Disinfectants		
Chlorine Antiseptics**		
chlorhexidine gluconate external solution 4 %	Tier 1	OTC
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 % (Chlorhexidine Gluconate)	Tier 1	OTC
Antivirals		
Antiretroviral Combinations**		
triumeq pd oral tablet soluble 60-5-30 mg	Tier 2	QL (6 EA per 1 day); INF
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years); INF

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

Drug Name	Formulary Status	Requirements/Limits
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); INF
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day); INF
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 2	QL (1 EA per 1 day); INF
DESCOVY ORAL TABLET 120-15 MG (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day); INF; PREV when used for prevention
DESCOVY ORAL TABLET 200-25 MG (Emtricitabine-Tenofovir AF)	Tier 2	QL (1 EA per 1 day); PREV when used for prevention
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day); INF
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 2	QL (1 EA per 1 day); INF
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day); INF
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 2	QL (1 EA per 1 day); INF
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 2	QL (1 EA per 1 day); INF
PREZCOBIX ORAL TABLET 675-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day); INF
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 2	QL (1 EA per 1 day); INF
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day); INF
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day); INF
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (1 EA per 1 day); INF
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day); INF
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day); INF
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day); INF
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Tier 1	QL (1 EA per 1 day); INF; PREV when used for prevention
emtricitabine-tenofovir df oral tablet 200-300 mg	Tier 1	QL (1 EA per 1 day); PREV when used for prevention
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	Tier 1	
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day); INF
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 1	QL (1 ML per 1 day); INF
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (12 EA per 1 day); INF
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (6 EA per 1 day); INF
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**		
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 2	QL (900 ML per 30 days); INF

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Drug Name	Formulary Status	Requirements/Limits
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 2	QL (4 EA per 1 day); INF
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 2	QL (2 EA per 1 day); INF
maraviroc oral tablet 150 mg, 300 mg	Tier 1	QL (2 EA per 1 day); INF
Antiretrovirals - Gp120-Directed Attachment Inhibitor**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 2	QL (2 EA per 1 day); INF
Antiretrovirals - Integrase Inhibitors**		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day); INF
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 2	QL (1 EA per 1 day); INF
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 2	QL (2 EA per 1 day); INF
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 2	QL (180 EA per 30 days); INF
Antiretrovirals - Protease Inhibitors**		
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 2	QL (4 EA per 1 day); INF
NORVIR ORAL PACKET 100 MG (Ritonavir)	Tier 2	QL (4 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 2	QL (16 ML per 1 day); INF
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 2	QL (8 EA per 1 day); INF
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 2	QL (16 EA per 1 day); INF
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 2	QL (10 EA per 1 day); INF
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 2	QL (4 EA per 1 day); INF
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day); INF
atazanavir sulfate oral capsule 300 mg	Tier 1	QL (1 EA per 1 day); INF
darunavir oral tablet 600 mg	Tier 1	QL (2 EA per 1 day); INF
darunavir oral tablet 800 mg	Tier 1	QL (1 EA per 1 day); INF
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL (4 EA per 1 day); INF
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day); INF
Antiretrovirals - Rti-Non-Nucleoside Analogues**		
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day); INF
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day); INF
efavirenz oral capsule 200 mg	Tier 1	QL (3 EA per 1 day); INF
efavirenz oral capsule 50 mg	Tier 1	QL (12 EA per 1 day); INF
efavirenz oral tablet 600 mg	Tier 1	QL (1 EA per 1 day); INF
etravirine oral tablet 100 mg	Tier 1	QL (4 EA per 1 day); INF
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day); INF
nevirapine er oral tablet extended release 24 hour 100 mg	Tier 1	QL (4 EA per 1 day); INF

Drug Name	Formulary Status	Requirements/Limits
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	QL (1 EA per 1 day); INF
nevirapine oral suspension 50 mg/5ml	Tier 1	QL (40 ML per 1 day); INF
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day); INF
rilpivirine hcl oral tablet 25 mg	Tier 1	QL (1 EA per 1 Day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines**		
abacavir sulfate oral solution 20 mg/ml	Tier 1	QL (30 ML per 1 day); INF
abacavir sulfate oral tablet 300 mg	Tier 1	QL (2 EA per 1 day); INF
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day); INF
emtricitabine oral capsule 200 mg	Tier 1	QL (1 EA per 1 day); INF
lamivudine oral solution 10 mg/ml	Tier 1	QL (30 ML per 1 day); INF
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day); INF
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day); INF
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day); INF
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day); INF
zidovudine oral syrup 50 mg/5ml	Tier 1	QL (60 ML per 1 day); INF
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day); INF
Antiretrovirals - Rti-Nucleotide Analogues**		
VIREAD ORAL POWDER 40 MG/GM (Tenofovir Disoproxil Fumarate)	Tier 2	QL (7.5 GM per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (Tenofovir Disoproxil Fumarate)	Tier 2	QL (1 EA per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	QL (1 EA per 1 day); INF
Antiretrovirals Adjuvants**		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day); INF
Antiviral Combinations**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (Nirmatrelvir-Ritonavir)	PREV	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	PREV	QL (30 EA per 5 days)
Cmv Agents**		
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 2	PA
valganciclovir hcl oral tablet 450 mg	Tier 2	PA
Hepatitis B Agents**		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 4	PA; INF

Drug Name	Formulary Status	Requirements/Limits
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 4	PA; INF
adefovir dipivoxil oral tablet 10 mg	Tier 2	QL (1 EA per 1 day); INF
entecavir oral tablet 0.5 mg, 1 mg	Tier 2	QL (1 EA per 1 day); INF
lamivudine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day); INF
Hepatitis C Agent - Combinations**		
ledipasvir-sofosbuvir tablet 90-400 mg oral	Tier 3	PA; QL (1 EA per 1 day); Preferred
sofosbuvir-velpatasvir tablet 400-100 mg oral	Tier 3	PA; QL (1 EA per 1 day); Preferred
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 3	PA; QL (1 EA per 1 day); INF
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 3	PA; QL (1 EA per 1 day); INF
Hepatitis C Agents**		
ribavirin oral capsule 200 mg	Tier 3	INF
ribavirin oral tablet 200 mg	Tier 3	INF
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 3	PA; INF
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 3	PA; INF
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 3	PA; QL (1 EA per 1 day); INF
Herpes Agents - Purine Analogues**		
acyclovir oral capsule 200 mg	Tier 1	QL (5 EA per 1 day); INF
acyclovir oral suspension 200 mg/5ml	Tier 1	QL (25 ML per 1 day)
acyclovir oral tablet 400 mg, 800 mg	Tier 1	QL (5 EA per 1 day); INF
valacyclovir hcl oral tablet 1 gm, 500 mg	Tier 1	QL (8 EA per 1 day); INF
Herpes Agents - Thymidine Analogues**		
famciclovir oral tablet 125 mg, 250 mg, 500 mg	Tier 1	QL (3 EA per 1 day); INF
Influenza Agents**		
rimantadine hcl oral tablet 100 mg	Tier 1	QL (2 EA per 1 day)
Misc. Antivirals**		
LAGEVRIO ORAL CAPSULE 200 MG (Molnupiravir)	PREV	QL (40 EA per 5 days)
Neuraminidase Inhibitors**		
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (Zanamivir)	Tier 2	QL (40 EA per 365 days)
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (Oseltamivir Phosphate)	Tier 2	QL (2 EA per 1 day)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (Oseltamivir Phosphate)	Tier 2	QL (25 ML per 1 day); AGE (Max 12 Years)
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tier 1	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tier 1	QL (25 ML per 1 day); AGE (Max 12 Years)
Pa Endonuclease Inhibitors**		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (Baloxavir Marboxil)	Tier 1	QL (2 EA per 25 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (Baloxavir Marboxil)	Tier 1	QL (1 EA per 25 days)
Beta Blockers		
Alpha-Beta Blockers**		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	Tier 1	MAIL; QL (2 EA per 1 day)
labetalol hcl oral tablet 100 mg, 200 mg	Tier 1	MAIL; QL (4 EA per 1 day)
labetalol hcl oral tablet 300 mg	Tier 1	MAIL; QL (8 EA per 1 day)
Beta Blockers Cardio-Selective**		
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	Tier 2	MAIL
acebutolol hcl oral capsule 200 mg, 400 mg	Tier 1	MAIL
atenolol oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
betaxolol hcl oral tablet 10 mg	Tier 1	MAIL; QL (2 EA per 1 day)
betaxolol hcl oral tablet 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
bisoprolol fumarate oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 25 mg	Tier 1	MAIL; QL (3 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 200 mg	Tier 1	MAIL; QL (2 EA per 1 day)
metoprolol succinate er oral tablet extended release 24 hour 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Beta Blockers Non-Selective**		
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg	Tier 2	MAIL; QL (3 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 160 mg	Tier 2	MAIL; QL (2 EA per 1 day)
propranolol hcl er oral capsule extended release 24 hour 80 mg	Tier 2	MAIL; QL (4 EA per 1 day)
nadolol oral tablet 20 mg, 40 mg, 80 mg	Tier 1	MAIL
pindolol oral tablet 10 mg, 5 mg	Tier 1	MAIL
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	Tier 1	MAIL
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	MAIL
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	Tier 1	MAIL
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	Tier 1	MAIL
sotalol hydrochloride oral tablet 120 mg, 160 mg, 80 mg	Tier 1	MAIL
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
Sotalol HCl (Sorine Oral Tablet 120 Mg, 160 Mg, 240 Mg, 80 Mg)	Tier 1	MAIL
Calcium Channel Blockers		
Calcium Channel Blockers**		
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	Tier 2	PA; MAIL
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg	Tier 2	MAIL; QL (1 EA per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 2	MAIL; QL (2 EA per 1 day)
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 420 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg, 360 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 120 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 60 mg	Tier 1	MAIL; QL (6 EA per 1 day)
diltiazem hcl er oral capsule extended release 12 hour 90 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg	Tier 1	MAIL; QL (4 EA per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral tablet extended release 24 hour 420 mg	Tier 1	MAIL; QL (1 EA per 1 day)
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	Tier 1	MAIL; QL (4 EA per 1 day)
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltzac oral capsule extended release 24 hour 120 mg	Tier 1	MAIL; QL (2 EA per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	Tier 1	MAIL; QL (2 EA per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
isradipine oral capsule 2.5 mg	Tier 1	MAIL; QL (6 EA per 1 day)
isradipine oral capsule 5 mg	Tier 1	MAIL; QL (4 EA per 1 day)
nicardipine hcl oral capsule 20 mg	Tier 1	MAIL; QL (6 EA per 1 day)
nicardipine hcl oral capsule 30 mg	Tier 1	MAIL; QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg	Tier 1	MAIL; QL (1 EA per 1 day)
nifedipine er oral tablet extended release 24 hour 90 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	Tier 1	MAIL; QL (1 EA per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nifedipine oral capsule 10 mg, 20 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
nimodipine oral capsule 30 mg	Tier 1	
verapamil hcl er oral tablet extended release 120 mg, 240 mg	Tier 1	MAIL; QL (3 EA per 1 day)
verapamil hcl er oral tablet extended release 180 mg	Tier 1	MAIL; QL (2 EA per 1 day)
verapamil hcl oral tablet 120 mg	Tier 1	MAIL; QL (3 EA per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Cardiotonics		
Cardiac Glycosides**		
digoxin oral solution 0.05 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Cardiovascular Agents - Misc.		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL; QL (8 EA per 1 day)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	Tier 1	PA; MAIL
Peripheral Vasodilators**		
niacin flush free oral capsule 500 mg	Tier 1	MAIL; OTC
Prostaglandin Vasodilators**		
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 3	PA; QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 3	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 3	PA; QL (3 EA per 1 day)
Pulmonary Hypertension - Endothelin Receptor Antagonists**		
ambrisentan oral tablet 10 mg, 5 mg	Tier 3	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 3	PA; QL (2 EA per 1 day)
bosentan oral tablet soluble 32 mg	Tier 3	PA; QL (2 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 3	PA; QL (1 EA per 1 day)
Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
sildenafil citrate oral tablet 20 mg	Tier 3	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	Tier 3	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 3	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (Selexipag)	Tier 3	PA; QL (2 EA per 1 day)
Sinus Node Inhibitors*		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA; MAIL
ivabradine hcl oral tablet 5 mg, 7.5 mg	Tier 1	MAIL
Cephalosporins		
Cephalosporins - 1St Generation**		
cefadroxil oral capsule 500 mg	Tier 1	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	Tier 1	AGE (Max 12 Years)
cefadroxil oral tablet 1 gm	Tier 1	
cephalexin oral capsule 250 mg, 500 mg	Tier 1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
Cephalosporins - 2Nd Generation**		
cefaclor oral capsule 250 mg, 500 mg	Tier 1	
cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml	Tier 1	AGE (Max 12 Years)
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
cefprozil oral tablet 250 mg, 500 mg	Tier 1	

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

Drug Name	Formulary Status	Requirements/Limits
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	QL (20 EA per 10 days)
Cephalosporins - 3Rd Generation**		
cefixime oral capsule 400 mg	Tier 2	INF
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 2	AGE (Max 12 Years); INF
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	Tier 1	AGE (Max 12 Years)
cefpodoxime proxetil oral tablet 100 mg, 200 mg	Tier 1	
ceftriaxone sodium injection solution reconstituted 1 gm	Tier 1	INF
Contraceptives		
Biphasic Contraceptives - Oral**		
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Combination Contraceptives - Oral**		
alyacen 1/35 oral tablet 1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
briellyn oral tablet 0.4-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PREV	MAIL; QL (1 EA per 1 day)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	PREV	MAIL; QL (1 EA per 1 day)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)

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

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

Drug Name	Formulary Status	Requirements/Limits
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Delyla Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (Norethindrone Acet-Ethinyl Est)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	
Drospirenone-Ethinyl Estradiol (Nikki Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Norethindrone-Eth Estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Ocella Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Solia Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Syeda Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospiren-Eth Estrad-Levomefol (Tydemy Oral Tablet 3-0.03-0.451 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Vestura Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Combination Contraceptives - Transdermal**		
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	PREV	MAIL; QL (0.15 EA per 1 day)
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Combination Contraceptives - Vaginal**		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	MAIL; QL (0.05 EA per 1 day)
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
Continuous Contraceptives - Oral**		
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Amethyst Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Copper Contraceptives - Iud**		
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 IUD per 1 lifetime)
Emergency Contraceptives**		
levonorgestrel oral tablet 1.5 mg	PREV	OTC; QL (1 EA per 25 days)
AFTERA ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
MY CHOICE ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
MY WAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
NEW DAY ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
OPCICON ONE-STEP ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
OPTION 2 ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
REACT ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
TAKE ACTION ORAL TABLET 1.5 MG (Levonorgestrel)	PREV	OTC; QL (1 EA per 25 days)
Extended-Cycle Contraceptives - Oral**		
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	MAIL; QL (1 EA per 1 day)
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days)	PREV	MAIL
Levonorgest-Eth Estrad 91-Day (Setlakin Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Four Phase Contraceptives - Oral**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	MAIL; QL (1 EA per 1 day)
Progestin Contraceptives - Implants**		
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 implant per 1 lifetime)
Progestin Contraceptives - Injectable**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PREV	QL (1 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PREV	QL (1 ML per 75 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
Progestin Contraceptives - Iud**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY, 21 MCG/DAY (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 IUD per 1 lifetime)

Drug Name	Formulary Status	Requirements/Limits
Progestin Contraceptives - Oral**		
norethindrone oral tablet 0.35 mg	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
OPILL ORAL TABLET 0.075 MG (Norgestrel)	PREV	MAIL; OTC; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	
Triphasic Contraceptives - Oral**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PREV	MAIL; QL (1 EA per 1 day)
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (Norethin-Eth Estrad Triphasic)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Norgestim-Eth Estrad Triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (Desogestrel-Ethinyl Estradiol)	PREV	MAIL; QL (1 EA per 1 day)
Corticosteroids		
Glucocorticosteroids**		
budesonide oral capsule delayed release particles 3 mg	Tier 2	PA
dexamethasone oral elixir 0.5 mg/5ml	Tier 1	
dexamethasone oral solution 0.5 mg/5ml	Tier 1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	Tier 1	
dexamethasone sod phosphate pf injection solution 10 mg/ml	Tier 1	
dexamethasone sodium phosphate injection solution 10 mg/ml	Tier 1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Tier 1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	Tier 1	
methylprednisolone oral tablet therapy pack 4 mg	Tier 1	
prednisolone oral solution 15 mg/5ml	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml	Tier 1	
prednisone oral solution 5 mg/5ml	Tier 1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	Tier 1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	Tier 1	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
Mineralocorticoids**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	MAIL
Cough/Cold/Allergy		
Antitussive - Nonnarcotic**		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC
Antitussive - Opioid**		
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	Tier 1	
hydromet oral solution 5-1.5 mg/5ml	Tier 1	
Antitussive-Expectorant**		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
g tussin ac oral solution 100-10 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
mucus dm oral tablet extended release 12 hour 30-600 mg	Tier 1	OTC
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (Dextromethorphan-Guaifenesin)	Tier 1	OTC; QL (240 ML per 25 days)
Decongestant & Antihistamine**		
diphenhydramine-phenylephrine oral tablet 25-10 mg	Tier 2	OTC
allergy relief d oral tablet extended release 24 hour 10-240 mg	Tier 1	OTC; QL (1 EA per 1 day)
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
promethazine-phenylephrine oral syrup 6.25-5 mg/5ml	Tier 1	QL (240 ML per 25 days)
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
DIMETAPP NIGHT COLD/CONGESTION ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (1 EA per 1 day)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Loratadine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (Cetirizine-Pseudoephedrine)	Tier 1	OTC; QL (2 EA per 1 day)
Decongestant W/ Expectorant**		
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Tier 1	OTC
Expectorants**		
guaifenesin er oral tablet extended release 12 hour 600 mg	Tier 1	OTC; QL (2 EA per 1 day)
guaifenesin oral tablet 200 mg, 400 mg	Tier 1	OTC
mucus & chest congestion oral liquid 200 mg/10ml	Tier 1	OTC
refenesen 400 oral tablet 400 mg	Tier 1	OTC
scot-tussin expectorant oral liquid 100 mg/5ml	Tier 1	OTC
siltussin sa oral liquid 100 mg/5ml	Tier 1	OTC
tussin mucus & chest congest oral liquid 100 mg/5ml	Tier 1	OTC
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML (GuaiFENesin)	Tier 1	OTC
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML (GuaiFENesin)	Tier 1	OTC
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (GuaiFENesin)	Tier 1	OTC
XPECT ORAL TABLET 400 MG (GuaiFENesin)	Tier 1	OTC
Misc. Respiratory Inhalants**		
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	Tier 1	
Mucolytics**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
Non-Narc Antitussive-Antihistamine**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	QL (240 ML per 25 days)
Non-Narc Antitussive-Decongestant-Antihistamine**		
bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml	Tier 1	QL (240 ML per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Opioid Antitussive-Antihistamine**		
promethazine-codeine oral solution 6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Opioid Antitussive-Decongestant-Antihistamine**		
promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Dermatologicals		
Acne Antibiotics**		
clindamycin phos (once-daily) external gel 1 %	Tier 2	QL (60 ML per 25 days)
clindamycin phos (twice-daily) external gel 1 %	Tier 2	QL (60 GM per 25 days)
clindamycin phosphate external gel 1 %	Tier 2	QL (60 GM per 25 days)
clindamycin phosphate external lotion 1 %	Tier 1	QL (60 ML per 25 days)
clindamycin phosphate external solution 1 %	Tier 1	QL (60 ML per 25 days)
erythromycin external solution 2 %	Tier 1	QL (60 ML per 25 days)
sulfacetamide sodium (acne) external lotion 10 %	Tier 1	
Acne Combinations**		
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 2	PA
clindamycin phos-benzoyl perox external gel 1-5 %	Tier 2	PA
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 2	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Tier 1	PA
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 1	PA
Acne Products**		
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 2	PA
ISOtretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 2	PA
ISOtretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOtretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
ISOtretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 2	PA
acne foaming wash external liquid 10 %	Tier 1	OTC; QL (240 GM per 25 days)
acne treatment external gel 10 %	Tier 1	OTC
acne-clear external gel 10 %	Tier 1	OTC
adapalene treatment external gel 0.1 %	Tier 1	OTC
benzoyl peroxide external gel 10 %	Tier 1	
benzoyl peroxide external gel 5 %	Tier 1	OTC
benzoyl peroxide external lotion 10 %, 5 %	Tier 1	OTC
benzoyl peroxide wash external liquid 5 %	Tier 1	OTC; QL (240 GM per 25 days)
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)

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Drug Name	Formulary Status	Requirements/Limits
tretinoin external gel 0.01 %, 0.025 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 1	OTC
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (Benzoyl Peroxide)	Tier 1	OTC; QL (240 GM per 25 days)
Agents For External Genital And Perianal Warts**		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 4	PA; INF
Antibiotic Mixtures Topical**		
cvs antibiotic pain/scar external ointment 1 %	Tier 1	OTC
first aid antibiotic external ointment 3.5-500-10000	Tier 1	OTC
poly bacitracin external ointment 500-10000 unit/gm	Tier 1	OTC
LANABIOTIC EXTERNAL OINTMENT 5-500-10000 (Neomycin-Bacitracin-Polymyxin)	Tier 1	OTC
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (Neomy-Bacit-Polymyx-Pramoxine)	Tier 1	OTC
Antibiotics - Topical**		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 4	PA
antibiotic external ointment 500 unit/gm	Tier 1	OTC
bacitracin external ointment 500 unit/gm	Tier 1	OTC
bacitracin zinc external ointment 500 unit/gm	Tier 1	OTC
gentamicin sulfate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
gentamicin sulfate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
mupirocin external ointment 2 %	Tier 1	QL (44 GM per 25 days)
Antifungals - Topical Combinations**		
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 2	QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 2	QL (60 GM per 25 days)
clotrimazole-betamethasone external cream 1-0.05 %	Tier 1	QL (45 GM per 25 days)
clotrimazole-betamethasone external lotion 1-0.05 %	Tier 1	QL (60 ML per 25 days)
Antifungals - Topical**		
naftifine hcl external cream 1 %	Tier 2	PA
naftifine hcl external gel 2 %	Tier 2	PA
antifungal (tolnaftate) external cream 1 %	Tier 1	OTC
butenafine hcl external cream 1 %	Tier 1	OTC
ciclopirox external solution 8 %	Tier 1	QL (6.6 ML per 25 days)
ciclopirox olamine external cream 0.77 %	Tier 1	QL (90 GM per 25 days)
ciclopirox olamine external suspension 0.77 %	Tier 1	QL (60 ML per 25 days)
fungi-guard external cream 1 %	Tier 1	OTC
nystatin external cream 100000 unit/gm	Tier 1	QL (90 GM per 25 days)
nystatin external ointment 100000 unit/gm	Tier 1	QL (90 GM per 25 days)
nystatin external powder 100000 unit/gm	Tier 1	QL (30 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
terbinafine hcl external cream 1 %	Tier 1	OTC; QL (30 GM per 25 days)
tinaspore external solution 1 %	Tier 1	OTC
tolnaftate external aerosol powder 1 %	Tier 1	OTC
tolnaftate external cream 1 %	Tier 1	OTC
tolnaftate external powder 1 %	Tier 1	OTC
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	OTC
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Antihistamine-Topical Combinations**		
diphenhydramine-zinc acetate external cream 2-0.1 %	Tier 1	OTC
Anti-Inflammatory Agents - Topical**		
diclofenac sodium external gel 1 %	Tier 1	QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
Antineoplastic Antimetabolites - Topical**		
fluorouracil external cream 5 %	Tier 2	
Antineoplastic Retinoids - Topical**		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 4	PA
Antipsoriatics - Systemic**		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	QL (2 ML per 28 days); Preferred Brand
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	QL (1 ML per 28 days); Preferred Brand
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 3	QL (0.5 ML per 28 days); Preferred Brand
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (Secukinumab)	Tier 3	QL (2 ML per 28 days); Preferred Brand
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-ttwe)	Tier 3	QL (1 ML per 56 days)
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 3	QL (1 ML per 56 Days)
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-ttwe)	Tier 3	QL (1 ML per 56 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 3	QL (1.7 EA per 84 days); Preferred Brand
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 3	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 3	QL (1 ML per 84 days); Preferred Brand
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	Preferred Brand
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 3	Preferred Brand
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab-kfce)	Tier 3	QL (0.5 ML per 84 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab-kfce)	Tier 3	QL (1 ML per 56 days)
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 2	PA
Antipsoriatics**		
calcitriol external ointment 3 mcg/gm	Tier 2	PA; QL (100 GM per 25 days)
calcipotriene external cream 0.005 %	Tier 1	QL (120 GM per 25 days)
calcipotriene external ointment 0.005 %	Tier 1	QL (120 GM per 25 days)
calcipotriene external solution 0.005 %	Tier 1	QL (60 ML per 25 days)
tazarotene external cream 0.05 %, 0.1 %	Tier 1	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %, 0.1 %	Tier 1	PA; QL (100 GM per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 1	QL (120 GM per 25 days)
Antiseborrheic Products**		
anti-dandruff external shampoo 1 %	Tier 1	OTC
selenium sulfide external lotion 2.5 %	Tier 1	
Antivirals - Topical**		
acyclovir external ointment 5 %	Tier 2	PA
docosanol external cream 10 %	Tier 1	OTC; QL (2 GM per 25 days)
penciclovir external cream 1 %	Tier 1	PA
Burn Products**		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 4	QL (454 GM per 25 days)
silver sulfadiazine external cream 1 %	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Corticosteroids - Topical**		
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 4	PA
amcinonide external cream 0.1 %	Tier 2	
amcinonide external lotion 0.1 %	Tier 2	QL (60 ML per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 2	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
clobetasol propionate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 2	QL (50 ML per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 2	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 2	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 2	QL (60 GM per 25 days)
diflorasone diacetate external cream 0.05 %	Tier 2	QL (60 GM per 25 days)
diflorasone diacetate external ointment 0.05 %	Tier 2	QL (60 GM per 25 days)
fluocinolone acetonide body external oil 0.01 %	Tier 2	QL (120 ML per 25 days)
fluocinolone acetonide scalp external oil 0.01 %	Tier 2	QL (120 ML per 25 days)
halcinonide external cream 0.1 %	Tier 2	PA; QL (60 GM per 25 days)
halobetasol propionate external cream 0.05 %	Tier 2	QL (50 GM per 25 days)
halobetasol propionate external ointment 0.05 %	Tier 2	QL (50 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 2	QL (120 ML per 25 days)
ala-cort external cream 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)
alclometasone dipropionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
alclometasone dipropionate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
alphatrex external gel 0.05 %	Tier 1	QL (50 GM per 25 days)
amcinonide external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
anti-itch maximum strength external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
beta hc external lotion 1 %	Tier 1	OTC; QL (120 ML per 25 days)
betamethasone dipropionate aug external cream 0.05 %	Tier 1	QL (50 GM per 25 days)
betamethasone dipropionate aug external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
betamethasone dipropionate aug external ointment 0.05 %	Tier 1	QL (50 GM per 25 days)
betamethasone dipropionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
betamethasone dipropionate external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
betamethasone dipropionate external ointment 0.05 %	Tier 1	QL (45 GM per 25 days)
betamethasone valerate external cream 0.1 %	Tier 1	QL (454 GM per 25 days)
betamethasone valerate external lotion 0.1 %	Tier 1	
betamethasone valerate external ointment 0.1 %	Tier 1	QL (45 GM per 25 days)
clobetasol propionate external lotion 0.05 %	Tier 1	
desonide external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
desonide external lotion 0.05 %	Tier 1	
desonide external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinolone acetonide external cream 0.01 %	Tier 1	
fluocinolone acetonide external cream 0.025 %	Tier 1	QL (60 GM per 25 days)
fluocinolone acetonide external ointment 0.025 %	Tier 1	QL (60 GM per 25 days)
fluocinolone acetonide external solution 0.01 %	Tier 1	
fluocinonide emulsified base external cream 0.05 %	Tier 1	QL (60 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
fluocinonide external cream 0.05 %	Tier 1	QL (150 GM per 25 days)
fluocinonide external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinonide external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinonide external solution 0.05 %	Tier 1	QL (60 ML per 25 days)
fluticasone propionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
fluticasone propionate external ointment 0.005 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone acetate external ointment 1 %	Tier 1	OTC; QL (60 gm per 25 days)
hydrocortisone butyrate external ointment 0.1 %	Tier 1	
hydrocortisone external cream 0.5 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone external cream 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone external lotion 1 %	Tier 1	OTC; QL (120 GM per 25 days)
hydrocortisone external lotion 2.5 %	Tier 1	QL (60 ML per 25 days)
hydrocortisone external ointment 0.5 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone external ointment 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone valerate external cream 0.2 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone valerate external ointment 0.2 %	Tier 1	
mometasone furoate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external solution 0.1 %	Tier 1	QL (60 ML per 25 days)
prednicarbate external ointment 0.1 %	Tier 1	QL (60 GM per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external cream 0.5 %	Tier 1	QL (15 GM per 25 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	QL (60 ML per 25 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external ointment 0.5 %	Tier 1	QL (15 GM per 25 days)
AQUANIL HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 GM per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 1	OTC; QL (56 GM per 25 days)
DERMAREST ECZEMA EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
SARNOL-HC EXTERNAL LOTION 1 % (Hydrocortisone)	Tier 1	OTC; QL (120 ML per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 1	QL (15 GM per 25 days)

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Drug Name	Formulary Status	Requirements/Limits
Emollients**		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
ammonium lactate external cream 12 %	Tier 1	QL (280 GM per 25 days)
hydrophor external ointment	Tier 1	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 % (Ammonium Lactate)	Tier 1	OTC; QL (225 GM per 25 days)
AQUAPHOR ADVANCED THERAPY EXTERNAL OINTMENT (Emollient)	Tier 1	OTC
Enzymes - Topical**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 4	PA; QL (60 GM per 25 days)
Imidazole-Related Antifungals - Topical**		
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 4	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 4	PA
econazole nitrate external cream 1 %	Tier 2	PA
luliconazole external cream 1 %	Tier 2	PA
oxiconazole nitrate external cream 1 %	Tier 2	PA; QL (90 GM per 25 days)
sulconazole nitrate external cream 1 %	Tier 2	PA
sulconazole nitrate solution 1 % external	Tier 2	PA
antifungal external powder 2 %	Tier 1	OTC
athletes foot powder spray external aerosol powder 2 %	Tier 1	OTC
clotrimazole athletes foot external cream 1 %	Tier 1	OTC
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
ketoconazole external cream 2 %	Tier 1	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 1	QL (120 ML per 25 days)
micaderm external cream 2 %	Tier 1	OTC
miconazole nitrate external cream 2 %	Tier 1	
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
DESENEX EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
LOTRIMIN AF EXTERNAL AEROSOL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
ZEASORB-AF EXTERNAL POWDER 2 % (Miconazole Nitrate)	Tier 1	OTC
Immunomodulators Imidazoquinolinamines - Topical**		
imiquimod external cream 5 %	Tier 1	PA; QL (24 EA per 25 days); INF

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Drug Name	Formulary Status	Requirements/Limits
Keratolytic/Antimitotic/Vesicant Agents**		
podofilox external solution 0.5 %	Tier 1	QL (7 ML per 180 days); INF
Local Anesthetics - Topical**		
lidocaine external patch 5 %	Tier 2	PA; QL (90 EA per 25 days)
capsaicin external cream 0.1 %	Tier 1	OTC
lidocaine external cream 4 %	Tier 1	OTC; QL (90 GM per 25 days)
lidocaine hcl external solution 4 %	Tier 1	
lidocaine pain relief external patch 4 %	Tier 1	OTC; QL (90 EA per 25 days)
ANECREAM EXTERNAL CREAM 4 % (Lidocaine)	Tier 1	OTC; QL (90 GM per 25 days)
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 1	
REGENECARE HA EXTERNAL GEL 2 % (Lidocaine HCl)	Tier 1	OTC
Macrolide Immunosuppressants - Topical**		
pimecrolimus external cream 1 %	Tier 2	QL (100 GM per 25 days)
tacrolimus external ointment 0.03 %, 0.1 %	Tier 2	QL (100 GM per 25 days)
Misc. Topical**		
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
Oxaborole-Related Antifungals - Topical**		
tavaborole external solution 5 %	Tier 2	PA; QL (10 ML per 30 days)
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 4	PA; QL (100 GM per 30 days)
Rosacea Agents**		
brimonidine tartrate external gel 0.33 %	Tier 2	PA
azelaic acid external gel 15 %	Tier 1	QL (50 GM per 25 days)
ivermectin external cream 1 %	Tier 1	QL (45 gm per 25 days)
metronidazole external cream 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external gel 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external lotion 0.75 %	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
Scabicide Combinations**		
lice killing shampoo max str external shampoo 0.33-4 %	Tier 1	OTC
sb lice treatment external liquid 0.3-3 %	Tier 1	OTC; INF
stop lice complete treatment combination kit 0.33-4-0.5 %	Tier 1	OTC
stop lice maximum strength external liquid 0.33-4 %	Tier 1	OTC
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 % (Pyrethrins-Piperonyl Butoxide)	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
Scabicides & Pediculicides**		
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 4	PA; ST
ivermectin external lotion 0.5 %	Tier 2	PA; QL (117 GM per 25 days); INF
spinosad external suspension 0.9 %	Tier 2	QL (120 ML per 25 days); INF
lice control aerosol† 0.5 %	Tier 1	OTC; INF
lice treatment external liquid 1 %	Tier 1	OTC; INF
lindane external shampoo 1 %	Tier 1	QL (60 ML per 25 days); INF
malathion external lotion 0.5 %	Tier 1	QL (59 ML per 25 days); INF
permethrin external cream 5 %	Tier 1	QL (120 GM per 25 days); INF
permethrin lice treatment external lotion 1 %	Tier 1	OTC; INF
Seborrheic Keratosis Products*		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 4	PA
Skin Protectants**		
hydrocerin external cream	Tier 1	OTC
Topical Anesthetic Combinations**		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL (60 GM per 25 days)
Topical Selective Retinoid X Receptor Agonists**		
bexarotene external gel 1 %	Tier 3	PA
Topical Steroid Combinations**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 2	PA; QL (100 GM per 25 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 2	PA; QL (120 GM per 25 days)
Wound Care - Growth Factor Agents**		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 4	PA; QL (15 GM per 25 days)
Diagnostic Products		
Diagnostic Tests**		
ACCU-CHEK AVIVA PLUS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 Days)
ACCU-CHEK GUIDE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 Days)
ACCU-CHEK SMARTVIEW STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 Days)
CHEMSTRIP K IN VITRO STRIP (Acetone (Urine) Test)	DME	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 days)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	DME	OTC; QL (200 EA per 25 days)
Infection Tests**		
covid-19 at home antigen test in vitro kit	DME	OTC; QL (2 EA per 30 days)

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Drug Name	Formulary Status	Requirements/Limits
Digestive Aids		
Digestive Enzymes**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL; QL (6 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL
Diuretics		
Carbonic Anhydrase Inhibitors**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 2	MAIL; QL (4 EA per 1 day)
methazolamide oral tablet 25 mg, 50 mg	Tier 2	MAIL; QL (6 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Diuretic Combinations**		
amiloride-hydrochlorothiazide oral tablet 5-50 mg	Tier 1	MAIL
spironolactone-hctz oral tablet 25-25 mg	Tier 1	MAIL
triamterene-hctz oral capsule 37.5-25 mg	Tier 1	MAIL
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	Tier 1	MAIL
Loop Diuretics**		
ethacrynic acid oral tablet 25 mg	Tier 2	MAIL
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL
furosemide oral solution 10 mg/ml, 8 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	MAIL
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	Tier 1	MAIL
Potassium Sparing Diuretics**		
triamterene oral capsule 100 mg, 50 mg	Tier 2	MAIL
amiloride hcl oral tablet 5 mg	Tier 1	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	MAIL
Thiazides And Thiazide-Like Diuretics**		
chlorthalidone oral tablet 25 mg, 50 mg	Tier 1	MAIL
hydrochlorothiazide oral capsule 12.5 mg	Tier 1	MAIL
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	MAIL
indapamide oral tablet 1.25 mg, 2.5 mg	Tier 1	MAIL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
Endocrine And Metabolic Agents - Misc.		
Abortifacient - Progesterone Receptor Antagonists**		
mifepristone oral tablet 200 mg	PREV	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Bisphosphonates**		
risedronate sodium oral tablet 150 mg	Tier 2	MAIL; QL (0.036 EA per 1 day)
risedronate sodium oral tablet 30 mg	Tier 2	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 2	MAIL; QL (0.143 EA per 1 day)
risedronate sodium oral tablet 5 mg	Tier 2	MAIL; QL (1 EA per 1 day)
alendronate sodium oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	MAIL; QL (0.143 EA per 1 day)
ibandronate sodium oral tablet 150 mg	Tier 1	QL (0.036 EA per 1 day)
Calcimimetic Agents**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 3	PA
Calcitonins**		
calcitonin (salmon) nasal solution 200 unit/act	Tier 1	QL (1 ML per 1 day)
Carnitine Replenisher - Agents**		
levocarnitine oral solution 1 gm/10ml	Tier 1	MAIL
levocarnitine oral tablet 330 mg	Tier 1	MAIL
Dopamine Receptor Agonists**		
cabergoline oral tablet 0.5 mg	Tier 1	MAIL
Growth Hormone Receptor Antagonists**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (Pegvisomant)	Tier 3	PA
Growth Hormones**		
OMNITROPE SOLUTION CARTRIDGE 10 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SOLUTION CARTRIDGE 5 MG/1.5ML SUBCUTANEOUS (Somatropin)	Tier 3	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (Somatropin)	Tier 3	PA
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 2	PA
Homocystinuria Treatment - Agents**		
betaine oral powder	Tier 2	PA
Hyperparathyroid Treatment - Vitamin D Analogs**		
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 2	PA; MAIL
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 2	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	MAIL
Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
Lhrh/Gnrh Agonist Analog Pituitary Suppressants**		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 4	PA; AGE (Min 18 Years)
Parathyroid Hormone And Derivatives**		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml	Tier 3	PA
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML (Teriparatide)	Tier 3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 3	PA
Phenylketonuria Treatment - Agents**		
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Tier 3	PA
sapropterin dihydrochloride oral tablet 100 mg	Tier 3	PA
Selective Estrogen Receptor Modulators (Serms)**		
OSPHENA ORAL TABLET 60 MG (Ospemifene)	Tier 4	PA; QL (1 EA per 1 day)
raloxifene hcl oral tablet 60 mg	Tier 1	MAIL; QL (1 EA per 1 day); PREV for ages 35 and over
Selective Vasopressin V2-Receptor Antagonists**		
tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg	Tier 3	PA
tolvaptan oral tablet 15 mg, 30 mg	Tier 3	PA
Somatostatic Agents**		
octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 3	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	Tier 3	PA
Urea Cycle Disorder - Agents**		
sodium phenylbutyrate oral tablet 500 mg	Tier 3	PA
Vasopressin**		
desmopressin acetate nasal solution 1.5 mg/ml	Tier 3	PA
desmopressin ace spray refrig nasal solution 0.01 %	Tier 2	PA
desmopressin acetate spray nasal solution 0.01 %	Tier 2	PA
desmopressin acetate oral tablet 0.1 mg	Tier 1	QL (4 EA per 1 day)
desmopressin acetate oral tablet 0.2 mg	Tier 1	QL (5 EA per 1 day)
Estrogens		
Estrogen & Progestin**		
PREMPHASE ORAL TABLET 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (Conj Estrog-Medroxyprogest Ace)	Tier 2	MAIL; QL (1 EA per 1 day)
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	Tier 1	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
ACTIVELLA ORAL TABLET 1-0.5 MG (Estradiol-Norethindrone Acet)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estrogens**		
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL; AGE (Min 18 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	MAIL; QL (8 EA per 23 days); AGE (Min 18 Years)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	MAIL; QL (4 EA per 23 days); AGE (Min 18 Years)
estrogens conjugated oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	Tier 1	QL (1 EA per 1 day)
Estrogen-Selective Estrogen Receptor Modulator Comb**		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 4	MAIL; QL (1 EA per 1 day)
Fluoroquinolones		
Fluoroquinolones**		
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 4	PA
ofloxacin oral tablet 300 mg, 400 mg	Tier 2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	INF
levofloxacin oral solution 25 mg/ml	Tier 1	AGE (Max 12 Years); INF
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	INF
moxifloxacin hcl oral tablet 400 mg	Tier 1	INF
Gastrointestinal Agents - Misc.		
Antiflatulents**		
simethicone oral capsule 125 mg, 180 mg	Tier 1	OTC
simethicone oral suspension 40 mg/0.6ml	Tier 1	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 1	OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG (Simethicone)	Tier 1	OTC
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG (Simethicone)	Tier 1	OTC
PHAZYME ORAL TABLET CHEWABLE 125 MG (Simethicone)	Tier 1	OTC
Gallstone Solubilizing Agents**		
ursodiol oral capsule 300 mg	Tier 1	MAIL; QL (2 EA per 1 day)
ursodiol oral tablet 250 mg	Tier 1	MAIL; QL (4 EA per 1 day)
ursodiol oral tablet 500 mg	Tier 1	MAIL; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Gastrointestinal Chloride Channel Activators**		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 2	PA; MAIL
Gastrointestinal Stimulants**		
metoclopramide hcl +rfid injection solution 5 mg/ml	Tier 1	
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	Tier 1	
metoclopramide hcl oral tablet 10 mg, 5 mg	Tier 1	QL (6 EA per 1 day)
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 2	PA
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 2	PA
Inflammatory Bowel Agents**		
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 4	MAIL
mesalamine oral tablet delayed release 1.2 gm	Tier 2	
balsalazide disodium oral capsule 750 mg	Tier 1	QL (9 EA per 1 day)
mesalamine er oral capsule extended release 24 hour 0.375 gm	Tier 1	MAIL; QL (4 EA per 1 day)
mesalamine rectal enema 4 gm	Tier 1	
sulfasalazine oral tablet 500 mg	Tier 1	MAIL; QL (8 EA per 1 day)
sulfasalazine oral tablet delayed release 500 mg	Tier 1	MAIL; QL (8 EA per 1 day)
Interleukin Antagonists**		
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-ttwe (IV))	Tier 3	
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 3	Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 3	QL (1.2 ML per 56 days); Preferred Brand
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 3	QL (2.4 ML per 56 days); Preferred Brand
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (Guselkumab)	Tier 3	
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (Guselkumab)	Tier 3	
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab-kfce (IV))	Tier 3	
Intestinal Acidifiers**		
enulose oral solution 10 gm/15ml	Tier 1	MAIL
generlac oral solution 10 gm/15ml	Tier 1	MAIL
lactulose encephalopathy oral solution 10 gm/15ml	Tier 1	MAIL
Peripheral Opioid Receptor Antagonists**		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 4	PA
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (Methylnaltrexone Bromide)	Tier 4	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 4	PA
alvimopan oral capsule 12 mg	Tier 2	
Phosphate Binder Agents**		
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 4	PA; MAIL
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 2	ST; MAIL
sevelamer carbonate oral tablet 800 mg	Tier 2	ST; MAIL
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	MAIL; QL (12 EA per 1 day)
Tumor Necrosis Factor Alpha Blockers**		
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	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	Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (Certolizumab Pegol)	Tier 5	Medical Necessity PA; Prior use of appropriate Preferred Brands
Genitourinary Agents - Miscellaneous		
5-Alpha Reductase Inhibitors**		
dutasteride oral capsule 0.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
finasteride oral tablet 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Alpha 1-Adrenoceptor Antagonists**		
silodosin oral capsule 4 mg, 8 mg	Tier 2	PA; MAIL; QL (1 EA per 1 day)
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Citrates**		
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	Tier 1	QL (3 EA per 1 day)
potassium citrate-citric acid oral solution 1100-334 mg/5ml	Tier 1	
sod citrate-citric acid oral solution 500-334 mg/5ml	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
Cystinosis Agents**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 3	PA
Genitourinary Irrigants**		
acetic acid irrigation solution 0.25 %	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
Interstitial Cystitis Agents**		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 4	PA
Prostatic Hypertrophy Agent Combinations**		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 2	PA; MAIL; QL (1 EA per 1 day)
Urinary Analgesics**		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 1	QL (3 EA per 1 day)
Urinary Stone Agents**		
tiopronin oral tablet 100 mg	Tier 3	PA
Gout Agents		
Gout Agent Combinations**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Gout Agents**		
febuxostat oral tablet 40 mg, 80 mg	Tier 2	PA; MAIL; QL (1 EA per 1 day)
allopurinol oral tablet 100 mg, 300 mg	Tier 1	MAIL
colchicine oral tablet 0.6 mg	Tier 1	QL (30 EA per 90 days)
Uricosurics**		
probenecid oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Hematological Agents - Misc.		
Antihemophilic Products**		
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 3	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 3	PA
IXINITY SOLUTION RECONSTITUTED 1000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	
IXINITY SOLUTION RECONSTITUTED 1500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	
IXINITY SOLUTION RECONSTITUTED 2000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	
IXINITY SOLUTION RECONSTITUTED 250 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	
IXINITY SOLUTION RECONSTITUTED 3000 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	

Drug Name	Formulary Status	Requirements/Limits
IXINITY SOLUTION RECONSTITUTED 500 UNIT INTRAVENOUS (Coagulation Factor IX (Recomb))	Tier 3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 3	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihemophil Fact BD Truncated)	Tier 3	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 3	PA
Bradykinin B2 Receptor Antagonists**		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 3	PA
C1 Esterase Inhibitors**		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 3	PA
Direct-Acting P2y12 Inhibitors**		
ticagrelor oral tablet 60 mg, 90 mg	Tier 1	PA; MAIL; QL (2 EA per 1 day)
Hematorheologic Agents**		
pentoxifylline er oral tablet extended release 400 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Phosphodiesterase Iii Inhibitors**		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	MAIL
Platelet Aggregation Inhibitor Combinations**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 2	PA; MAIL
Platelet Aggregation Inhibitors**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	MAIL
Protease-Activated Receptor-1 (Par-1) Antagonists**		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 4	PA; MAIL; QL (1 EA per 1 day)
Quinazoline Agents**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	MAIL
Spleen Tyrosine Kinase (Syk) Inhibitors**		
TAVALISSE ORAL TABLET 100 MG, 150 MG (Fostamatinib Disodium)	Tier 3	PA; QL (2 EA per 1 day)
Thienopyridine Derivatives**		
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 2	MAIL; QL (1 EA per 1 day)
clopidogrel bisulfate oral tablet 75 mg	Tier 1	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Hematopoietic Agents		
Agents For Gaucher Disease**		
miglustat oral capsule 100 mg	Tier 3	PA
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 3	PA
Cobalamins**		
b-12 quick dissolve sublingual tablet sublingual 1000 mcg	Tier 1	OTC
cyanocobalamin injection solution 1000 mcg/ml	Tier 1	QL (10 ML per 25 days)
vitamin b-12 er oral tablet extended release 1000 mcg	Tier 1	OTC
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 500 mcg	Tier 1	OTC
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 500 mcg	Tier 1	OTC
Erythropoiesis-Stimulating Agents (Esas)**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 4	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 4	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 4	PA
Folic Acid/Folates**		
folic acid oral tablet 1 mg	Tier 1	MAIL
folic acid oral tablet 400 mcg, 800 mcg	Tier 1	MAIL; OTC; QL (1 EA per 1 day); PREV for ages under 55
FA-8 ORAL CAPSULE 0.8 MG (Folic Acid)	Tier 1	MAIL; OTC; QL (1 EA per 1 day); PREV for ages under 55
Granulocyte Colony-Stimulating Factors (G-Csf)**		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 3	PA; QL (7 ML per 12 Days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 3	PA; QL (11.2 ML per 12 Days)
Iron Combinations**		
ferotrinsic oral capsule	Tier 1	QL (2 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
foltrin oral capsule	Tier 1	QL (2 EA per 1 day)
poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	QL (2 EA per 1 day)
TRICON ORAL CAPSULE (Fe Fumarate-B12-Vit C-FA-IFC)	Tier 1	QL (2 EA per 1 day)
Iron**		
ferrous fumarate oral tablet 324 mg	Tier 1	MAIL; OTC
ferrous fumarate oral tablet 325 (106 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 324 (38 fe) mg	Tier 1	MAIL; OTC
ferrous sulfate er oral tablet extended release 50 mg	Tier 1	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 1	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	MAIL; OTC
ferrous sulfate oral tablet delayed release 324 mg	Tier 1	OTC
ferrous sulfate oral tablet delayed release 325 (65 fe) mg	Tier 1	MAIL; OTC
gnp iron oral tablet 200 (65 fe) mg	Tier 1	OTC
iron chews pediatric oral tablet chewable 15 mg	Tier 1	OTC
iron high-potency oral tablet extended release 45 mg	Tier 1	OTC
polysaccharide iron complex oral capsule 150 mg	Tier 1	OTC
slow iron oral tablet extended release 160 (50 fe) mg	Tier 1	OTC
slow release iron oral tablet extended release 45 mg	Tier 1	OTC
wee care oral suspension 15 mg/1.25ml	Tier 1	OTC
FERGON ORAL TABLET 240 (27 FE) MG (Ferrous Gluconate)	Tier 1	OTC
FERREX 150 ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 1	OTC
FERROCITE ORAL TABLET 324 MG (Ferrous Fumarate)	Tier 1	MAIL; OTC
NU-IRON ORAL CAPSULE 150 MG (Polysaccharide Iron Complex)	Tier 1	OTC
Thrombopoietin (Tpo) Receptor Agonists**		
eltrombopag olamine oral tablet 12.5 mg, 25 mg	Tier 3	PA; QL (1 tab per 1 day)
eltrombopag olamine oral tablet 50 mg, 75 mg	Tier 3	PA; QL (2 tab per 1 day)
DOPTELET ORAL TABLET 20 MG (Avatrombopag Maleate)	Tier 3	PA; QL (3 EA per 1 day)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (Avatrombopag Maleate)	Tier 3	PA; QL (2 EA per 1 day)
Hemostatics		
Hemostatics - Systemic**		
aminocaproic acid oral solution 0.25 gm/ml	Tier 1	QL (236.5 ML per 25 days); AGE (Max 12 Years)
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 1	PA

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Drug Name	Formulary Status	Requirements/Limits
tranexamic acid oral tablet 650 mg	Tier 1	
Hypnotics/Sedatives/Sleep Disorder Agents		
Antihistamine Hypnotics**		
diphenhydramine hcl (sleep) oral tablet 50 mg	PREV	OTC; BH
sleep aid (doxylamine) oral tablet 25 mg	PREV	MAIL; OTC; BH
SIMPLY SLEEP ORAL TABLET 25 MG (DiphenhydrAMINE HCl (Sleep))	PREV	OTC
Barbiturate Hypnotics**		
phenobarbital oral elixir 20 mg/5ml	PREV	QL (50 ML per 1 day); AGE (Max 12 Years); BH
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	PREV	QL (2 EA per 1 day); BH
phenobarbital oral tablet 64.8 mg	PREV	QL (3 EA per 1 day); BH
Benzodiazepine Hypnotics**		
estazolam oral tablet 1 mg, 2 mg	PREV	QL (1 EA per 1 day); AGE (Min 18 Years); BH
flurazepam hcl oral capsule 15 mg, 30 mg	PREV	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years); BH
temazepam oral capsule 15 mg, 30 mg	PREV	QL (1 EA per 1 day); AGE (Min 18 Years); BH
triazolam oral tablet 0.125 mg	PREV	QL (1 EA per 1 day); AGE (Min 18 Years); BH
triazolam oral tablet 0.25 mg	PREV	QL (2 EA per 1 day); AGE (Min 18 Years); BH
Hypnotics - Tricyclic Agents**		
doxepin hcl oral tablet 3 mg, 6 mg	PREV	PA; BH
Non-Benzodiazepine - Gaba-Receptor Modulators**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	PREV	QL (1 EA per 1 day); AGE (Min 18 Years); BH
zaleplon oral capsule 10 mg, 5 mg	PREV	QL (1 EA per 1 day); AGE (Min 18 Years); BH
zolpidem tartrate oral tablet 10 mg, 5 mg	PREV	QL (1 EA per 1 day); AGE (Min 18 Years); BH
Orexin Receptor Antagonists**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	PREV	PA; BH
Selective Melatonin Receptor Agonists**		
tasimelteon oral capsule 20 mg	Tier 3	PA
ramelteon oral tablet 8 mg	Tier 2	PA
Laxatives		
Bowel Evacuant Combinations**		
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 2	PREV for ages 40-74

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Drug Name	Formulary Status	Requirements/Limits
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Tier 2	PREV for ages 40-74
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Tier 2	PREV for ages 40-74
peg 3350/electrolytes oral solution reconstituted 240 gm	Tier 1	PREV for ages 40-74
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	PREV for ages 40-74
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	PREV for ages 40-74
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	PREV for ages 40-74
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	PREV for ages 40-74
Bulk Laxatives**		
clear fiber powder oral powder	Tier 1	OTC
cvs daily fiber oral packet 58.6 %	Tier 1	OTC
cvs fiber oral capsule 0.52 gm	Tier 1	OTC
daily fiber oral capsule 400 mg	Tier 1	OTC
daily fiber oral powder 43 %	Tier 1	OTC
eq fiber powder oral powder	Tier 1	OTC
fiber oral powder 28.3 %	Tier 1	OTC
fiber oral tablet 625 mg	Tier 1	OTC
fiber therapy oral tablet 500 mg	Tier 1	OTC
gnp best fiber oral powder	Tier 1	OTC
konsyl original daily fiber oral packet 100 %	Tier 1	OTC
natural fiber oral powder 58.6 %	Tier 1	OTC
psyllium oral powder 33 %	Tier 1	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
METAMUCIL 4 IN 1 FIBER ORAL PACKET 25 %, 51.7 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
REGULOID ORAL CAPSULE 400 MG (Psyllium)	Tier 1	OTC
REGULOID ORAL POWDER 28.3 % (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
WAL-MUCIL ORAL CAPSULE 0.52 GM (Psyllium)	Tier 1	OTC
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 58.6 % (Psyllium)	Tier 1	OTC
Electrolyte-Based Osmotic Laxative Mixtures**		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 4	PA

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Drug Name	Formulary Status	Requirements/Limits
enema ready-to-use rectal enema 19-7 gm/118ml, 7-19 gm/118ml	Tier 1	OTC
Electrolyte-Based Osmotic Laxatives**		
magnesium citrate oral solution 1.745 gm/30ml	Tier 1	OTC
milk of magnesia concentrate oral suspension 2400 mg/10ml	Tier 1	OTC
milk of magnesia oral suspension 7.75 %	Tier 1	OTC
CITROMA ORAL SOLUTION 1.745 GM/30ML (Magnesium Citrate)	Tier 1	OTC
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML (Magnesium Hydroxide)	Tier 1	OTC
Laxatives - Miscellaneous**		
constulose oral solution 10 gm/15ml	Tier 1	MAIL
gavilax oral powder 17 gm/scoop	Tier 1	OTC
glycerin (child) rectal suppository 1.2 gm	Tier 1	OTC
glycerin adult rectal suppository 2 gm	Tier 1	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm	Tier 1	OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 1	OTC
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
CVS PURELAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 1	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP (Polyethylene Glycol 3350)	Tier 1	OTC
HEALTHYLAX ORAL PACKET 17 GM (Polyethylene Glycol 3350)	Tier 1	OTC
Laxatives & Dss**		
senna plus oral capsule 50-8.6 mg	Tier 1	OTC
senna plus oral tablet 8.6-50 mg	Tier 1	MAIL; OTC
COLACE 2-IN-1 ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	MAIL; OTC
Lubricant Laxatives**		
gnp mineral oil oral oil	Tier 1	OTC
mineral oil heavy oil	Tier 1	
mineral oil heavy oral oil	Tier 1	
mineral oil rectal enema	Tier 1	OTC
Stimulant Laxatives**		
bisacodyl ec oral tablet delayed release 5 mg	Tier 1	OTC
bisacodyl rectal suppository 10 mg	Tier 1	OTC
chocolated laxative oral tablet chewable 15 mg	Tier 1	OTC
gentle laxative rectal suppository 10 mg	Tier 1	OTC
senna laxative oral tablet 8.6 mg	Tier 1	MAIL; OTC
senna maximum strength oral tablet 25 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
senna oral liquid 8.8 mg/5ml	Tier 1	OTC
senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml	Tier 1	OTC
womans laxative oral tablet delayed release 5 mg	Tier 1	OTC
ALOPHEN ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 1	OTC
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (Bisacodyl)	Tier 1	OTC
Surfactant Laxatives**		
cvs stool softener oral capsule 50 mg	Tier 1	OTC
docusate calcium oral capsule 240 mg	Tier 1	OTC
docusate sodium oral capsule 100 mg, 250 mg	Tier 1	OTC
docusate sodium oral liquid 100 mg/10ml	Tier 1	OTC
stool softener oral capsule 100 mg	Tier 1	OTC
stool softener oral tablet 100 mg	Tier 1	OTC
DOK ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 1	OTC
DOK ORAL TABLET 100 MG (Docusate Sodium)	Tier 1	OTC
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG (Docusate Sodium)	Tier 1	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
PROMOLAXIN ORAL TABLET 100 MG (Docusate Sodium)	Tier 1	OTC
SURFAK ORAL CAPSULE 240 MG (Docusate Calcium)	Tier 1	OTC
Macrolides		
Azithromycin**		
azithromycin oral packet 1 gm	Tier 1	QL (2 EA per 25 days); INF
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	AGE (Max 12 Years); INF
azithromycin oral tablet 250 mg	Tier 1	QL (12 EA per 25 days); INF
azithromycin oral tablet 500 mg	Tier 1	QL (6 EA per 25 days); INF
azithromycin oral tablet 600 mg	Tier 1	QL (2 EA per 1 day); INF
Clarithromycin**		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years); INF
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	INF
Erythromycins**		
erythromycin base oral tablet 250 mg, 500 mg	Tier 2	INF
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 2	AGE (Max 12 Years); INF
erythromycin ethylsuccinate oral tablet 400 mg	Tier 2	INF
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 2	INF

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

Drug Name	Formulary Status	Requirements/Limits
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 2	INF
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 2	INF
erythromycin stearate oral tablet 250 mg	Tier 1	INF
Fidaxomicin**		
fidaxomicin oral tablet 200 mg	Tier 1	PA
Medical Devices And Supplies		
Applicators,Cotton Balls,Etc**		
alcohol pads pad 70 %	Tier 1	OTC; QL (200 EA per 25 days)
Cervical Caps**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
Condoms - Female**		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
Condoms - Male**		
condoms	PREV	OTC; QL (12 EA per 45 days)
kimono micro thin	PREV	OTC; QL (12 EA per 45 days)
premium condoms lubricated	PREV	OTC; QL (12 EA per 45 days)
DUREX REALFEEL DEVICE (Condoms Non-Latex Lubricated)	PREV	OTC; QL (12 EA per 45 days)
Diaphragms**		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
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	

Drug Name	Formulary Status	Requirements/Limits
Glucose Monitoring Test Supplies**		
lancets	DME	OTC
ACCU-CHEK GUIDE KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 Days)
ACCU-CHEK GUIDE ME KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 Days)
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 15 DAY SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 30 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)
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 PLUS SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Glucose Receiver)	DME	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Glucose Sensor)	DME	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS 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 365 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	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	DME	OTC; QL (1 EA per 365 days)
Nebulizers**		
nebulizer	DME	
PARI LC PLUS NEBULIZER (Nebulizers)	DME	QL (1 EA per 25 days)
Needles & Syringes**		
aum mini insulin pen needle 32g x 8 mm	DME	OTC; QL (200 EA per 25 Days)
hypodermic needle 18g x 1-1/2"	DME	OTC
techlite insulin syringe 29g x 1/2" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 0.5 ml	DME	OTC; QL (5 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
techlite insulin syringe 29g x 1/2" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	DME	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	DME	OTC; QL (5 EA per 1 day)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	DME	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	DME	
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	DME	OTC; QL (200 EA per 25 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	DME	OTC; QL (5 EA per 1 day)
Peak Flow Meters**		
MINI WRIGHT PEAK FLOW METER DEVICE (Peak Flow Meter)	DME	OTC; QL (1 EA per 365 days)
Respiratory Therapy Supplies**		
nebulizer mask adult	DME	QL (1 EA per 365 days)
nebulizer mask child	DME	QL (1 EA per 365 days)
Spacer/Aerosol-Holding Chambers & Supplies**		
FLEXICHAMBER CHILD MASK/LARGE (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)
RITEFLO DEVICE (Spacer/Aero-Holding Chambers)	DME	QL (1 EA per 365 days)
Migraine Products		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**		
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (Atogepant)	Tier 4	PA; QL (1 tab per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 4	PA; QL (16 EA per 25 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies**		
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)

Drug Name	Formulary Status	Requirements/Limits
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**		
ergotamine-caffeine oral tablet 1-100 mg	Tier 2	PA
Migraine Products**		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 4	
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 2	PA
Selective Serotonin Agonists 5-Ht(1)**		
zolmitriptan nasal solution 2.5 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)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 2	ST; QL (9 EA per 25 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 2	ST; QL (9 EA per 25 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 2	ST; QL (9 EA per 25 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 2	QL (2 ML per 25 days)
zolmitriptan nasal solution 5 mg	Tier 2	ST; QL (6 EA per 25 days)
naratriptan hcl oral tablet 1 mg, 2.5 mg	Tier 1	QL (9 EA per 25 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	Tier 1	QL (12 EA per 25 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	Tier 1	QL (12 EA per 25 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (9 EA per 25 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	Tier 1	ST; QL (6 EA per 25 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	Tier 1	ST; QL (6 EA per 25 days)
Minerals & Electrolytes		
Calcium Combinations**		
calcium + d3 oral tablet 250-3 mg-mcg	Tier 1	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 1	MAIL; OTC
calcium 500 + d oral tablet 500-125 mg-unit	Tier 1	OTC
calcium 500 + d3 oral tablet 500-15 mg-mcg	Tier 1	OTC
calcium 500+d oral tablet 500-10 mg-mcg	Tier 1	MAIL; OTC
calcium 600 +d high potency oral tablet 600-10 mg-mcg	Tier 1	OTC
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	Tier 1	OTC
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	Tier 1	OTC
calcium 600+d3 plus minerals oral tablet chewable 600-800 mg-unit	Tier 1	OTC
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg	Tier 1	MAIL; OTC
calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg	Tier 1	OTC

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

Drug Name	Formulary Status	Requirements/Limits
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	Tier 1	OTC
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 1	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 1	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 1	OTC
calcium oral tablet chewable 500-2.5 mg-mcg	Tier 1	OTC
calcium-magnesium-zinc oral tablet 333.33-133.33-5 mg	Tier 1	OTC
calcium-vitamin d3 oral capsule 600-500 mg-unit	Tier 1	OTC
calcium-vitamin d3 oral tablet 250-125 mg-unit, 600-3.125 mg-mcg	Tier 1	OTC
calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit	Tier 1	OTC
kp calcium-magnesium-zinc oral tablet 333-133-5 mg	Tier 1	OTC
oyster calcium + d oral tablet 250-3.125 mg-mcg	Tier 1	OTC
risacal-d oral tablet 105-81-120 mg-mg-unit	Tier 1	OTC
CALTRATE 600+D ORAL TABLET CHEWABLE 600-400 MG-UNIT (Calcium Carbonate-Vitamin D)	Tier 1	OTC
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	MAIL; OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG (Calcium Carb-Cholecalciferol)	Tier 1	MAIL; OTC
Calcium**		
calcium 600 oral tablet 1500 (600 ca) mg, 600 mg	Tier 1	OTC
calcium carbonate oral tablet 1500 (600 ca) mg	Tier 1	MAIL; OTC
calcium carbonate oral tablet 500 mg	Tier 1	OTC
calcium citrate oral tablet 950 (200 ca) mg	Tier 1	MAIL; OTC
oyster shell calcium oral tablet 500 mg	Tier 1	MAIL; OTC
Electrolytes Oral**		
pediatric electrolyte oral solution	Tier 1	OTC
Fluoride**		
fluoritab oral tablet chewable 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
fluoritab oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	Tier 1	MAIL; QL (50 ML per 25 days); PREV for less than 6 years old
sodium fluoride oral tablet 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
sodium fluoride oral tablet chewable 2.2 (1 f) mg	Tier 1	MAIL; QL (1 EA per 1 day)
Sodium Fluoride (Ludent Oral Tablet Chewable 0.55 (0.25 F) Mg, 1.1 (0.5 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day); PREV for less than 6 years old
Sodium Fluoride (Ludent Oral Tablet Chewable 2.2 (1 F) Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Magnesium**		
cvs magnesium oxide oral tablet 500 mg	Tier 1	OTC
magnesium gluconate oral tablet 27.5 mg	Tier 1	OTC
magnesium oral tablet 250 mg	Tier 1	OTC
magnesium oxide -mg supplement oral tablet 250 mg	Tier 1	OTC
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG (Magnesium Chloride)	Tier 1	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (Magnesium Oxide)	Tier 1	OTC
Phosphate**		
virt-phos 250 neutral oral tablet 155-852-130 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium**		
potassium chloride oral solution 10 %, 40 meq/15ml (20%)	Tier 2	MAIL
k-effervescent oral tablet effervescent 25 meq	Tier 1	QL (4 EA per 1 Day)
k-vescent oral tablet effervescent 25 meq	Tier 1	QL (4 EA per 1 Day)
potassium bicarbonate oral tablet effervescent 25 meq	Tier 1	QL (4 EA per 1 Day)
potassium chloride crys er oral tablet extended release 10 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride crys er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
potassium chloride er oral capsule extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 10 meq, 8 meq	Tier 1	MAIL; QL (4 EA per 1 day)
potassium chloride er oral tablet extended release 20 meq	Tier 1	MAIL; QL (5 EA per 1 day)
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ (Potassium Bicarbonate)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)

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Drug Name	Formulary Status	Requirements/Limits
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1	MAIL; QL (5 EA per 1 day)
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	QL (4 EA per 1 Day)
Sodium**		
sodium chloride oral tablet 1 gm	Tier 1	OTC
Zinc**		
zinc sulfate oral capsule 220 (50 zn) mg	Tier 1	OTC
Miscellaneous Therapeutic Classes		
Antileprotics**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 3	QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 3	QL (2 EA per 1 day)
Chelating Agents**		
penicillamine oral tablet 250 mg	Tier 1	
Cyclosporine Analogs**		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 1	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	MAIL
Immunomodulators For Myelodysplastic Syndromes**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 3	QL (1 EA per 1 day)
Inosine Monophosphate Dehydrogenase Inhibitors**		
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 2	MAIL
mycophenolate mofetil oral capsule 250 mg	Tier 1	MAIL
mycophenolate mofetil oral tablet 500 mg	Tier 1	MAIL
Irrigation Solutions**		
sterile water for irrigation irrigation solution	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
PHYSIOLYTE IRRIGATION SOLUTION (Irrigation Solns Physiological)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	
Macrolide Immunosuppressants**		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 2	PA
sirolimus oral solution 1 mg/ml	Tier 2	MAIL
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 2	MAIL
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	MAIL
Potassium Removing Agents**		
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 4	QL (3 EA per 1 day)
Sodium Polystyrene Sulfonate (Sps (Sodium Polystyrene Sulf) Combination Suspension 15 Gm/60Ml)	Tier 4	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (Sodium Polystyrene Sulfonate)	Tier 4	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 4	QL (1 EA per 1 day)
sodium polystyrene sulfonate combination suspension 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate rectal suspension 50 gm/200ml	Tier 1	
Sodium Polystyrene Sulfonate (Sps Oral Suspension 15 Gm/60Ml)	Tier 1	
Purine Analogs**		
azathioprine oral tablet 50 mg	Tier 1	MAIL; QL (8 EA per 1 day)
Mouth/Throat/Dental Agents		
Anesthetics Topical Oral**		
lidocaine viscous hcl mouth/throat solution 2 %	Tier 1	
Anti-Infectives - Throat**		
ORAVIG BUCCAL TABLET 50 MG (Miconazole)	Tier 4	PA
clotrimazole mouth/throat troche 10 mg	Tier 1	QL (70 EA per 10 days)
nystatin mouth/throat suspension 100000 unit/ml	Tier 1	
Antiseptics - Mouth/Throat**		
chlorhexidine gluconate mouth/throat solution 0.12 %	Tier 1	
Chlorhexidine Gluconate (Paroex Mouth/Throat Solution 0.12 %)	Tier 1	
Chlorhexidine Gluconate (Periogard Mouth/Throat Solution 0.12 %)	Tier 1	
Fluoride Dental Products**		
dentagel dental gel 1.1 %	Tier 1	MAIL
sf dental gel 1.1 %	Tier 1	MAIL

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

Drug Name	Formulary Status	Requirements/Limits
sodium fluoride 5000 plus dental cream 1.1 %	Tier 1	MAIL
sodium fluoride 5000 ppm dental gel 1.1 %	Tier 1	MAIL
sodium fluoride dental gel 1.1 %	Tier 1	MAIL
DENTA 5000 PLUS DENTAL CREAM 1.1 % (Sodium Fluoride)	Tier 1	MAIL
Saliva Stimulants**		
cevimeline hcl oral capsule 30 mg	Tier 2	PA
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Tier 1	MAIL
Steroids - Mouth/Throat/Dental**		
triamcinolone acetonide mouth/throat paste 0.1 %	Tier 1	
Triamcinolone Acetonide (Oralone Mouth/Throat Paste 0.1 %)	Tier 1	
Multivitamins		
B-Complex W/ C & Folic Acid**		
folbee plus oral tablet	Tier 1	OTC
kp b complex-c oral tablet	Tier 1	OTC
rena-vite oral tablet	Tier 1	OTC
reno caps oral capsule 1 mg	Tier 1	OTC
Multiple Vitamins W/ Iron**		
daily vitamin/iron oral tablet	Tier 1	OTC
Multiple Vitamins W/ Minerals**		
gnp one daily maximum oral tablet	Tier 1	OTC
multipro oral capsule	Tier 1	
multivit/multimineral adult oral liquid	Tier 1	OTC
MACUVITE/LUTEIN ORAL TABLET (Multiple Vitamins-Minerals)	Tier 1	OTC
OCUVITE EXTRA ORAL TABLET (Multiple Vitamins-Minerals)	Tier 1	OTC
Multivitamins**		
antioxidant formula oral capsule 250-10000-200	Tier 1	OTC
daily vitamins oral tablet	Tier 1	OTC
quintabs oral tablet	Tier 1	OTC
Ped Multi Vitamins W/Fl & Fe**		
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
Ped Multiple Vitamins W/ Minerals**		
complete multi-vitamin oral tablet chewable	Tier 1	OTC
Ped Mv W/ Fluoride**		
multi-vit/fluoride oral solution 0.25 mg/ml	Tier 1	QL (50 ML per 25 days)
multivitamin w/fluoride oral tablet chewable 0.25 mg	Tier 1	QL (1 EA per 1 day)
phluorivit oral solution 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.5 MG (Pediatric Multivitamins-Fl)	Tier 1	QL (1 EA per 1 day)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 1 MG (Pediatric Multivitamins-Fl)	Tier 1	QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (Pediatric Multivitamins-Fl)	Tier 1	QL (50 ML per 25 days)
Ped Mv W/ Iron**		
multivitamin infant & toddler oral solution 11 mg/ml	Tier 2	OTC
baby vitamin/iron oral solution	Tier 1	OTC
childrens animal shapes oral tablet chewable 18 mg	Tier 1	OTC
childrens multivitamin/iron oral tablet chewable 15 mg	Tier 1	OTC
multivitamins plus iron child oral tablet chewable 18 mg	Tier 1	OTC
Ped Vitamins Acd W/ Fluoride**		
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
Pediatric Multiple Vitamins W/ C**		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
Pediatric Multiple Vitamins**		
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
poly-vite pediatric oral solution	Tier 1	OTC; QL (50 ML per 25 days)
LAND BEFORE TIME MULTIVITAMIN TABLET CHEWABLE ORAL (Pediatric Multiple Vitamins)	Tier 1	OTC
Pediatric Vitamins A & D W/ C**		
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10 (Pediatric Vitamins ADC)	Tier 2	OTC
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	Tier 1	OTC; QL (50 ML per 25 days)
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Tier 1	OTC; QL (50 ML per 25 days)
Prenatal Mv & Min W/Fe-Fa**		
kpn prenatal oral tablet 0.1 mg	Tier 1	OTC; QL (1 EA per 1 day)
pnv prenatal plus multivitamin oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal (w/iron & fa) oral tablet 27-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal 19 oral tablet	Tier 1	OTC; QL (1 EA per 1 day)
prenatal 19 oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal 19 oral tablet chewable 29-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal complete oral tablet 14-0.4 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal formula a-free oral tablet 9-0.267 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal formula oral capsule 28-0.8-235 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal forte oral tablet	Tier 1	OTC; QL (1 EA per 1 day)
prenatal multi +dha oral capsule 27-0.8-228 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal oral tablet 27-0.8 mg	Tier 1	QL (1 EA per 1 day)
prenatal oral tablet 28-0.8 mg, 6.75-0.2 mg	Tier 1	OTC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
prenatal vitamin and mineral oral tablet 28-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
thrivite rx oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
trinatal rx 1 oral tablet 60-1 mg	Tier 1	QL (1 EA per 1 day)
ATABEX OB ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
CO-NATAL FA ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK 28-0.8 & 450 MG (Prenatal-Fe Bisgly-FA-Omega 3)	Tier 1	OTC
INATAL GT ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	
Prenatal Vit-Fe Fumarate-FA (Natalcare Three Oral Tablet)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Natatab Fa Oral Tablet)	Tier 1	QL (1 EA per 1 day)
NESTABS ORAL TABLET 32-1 MG (Prenat-Fe Bisgly-FA-w/o Vit A)	Tier 1	QL (1 EA per 1 day)
NIVA-PLUS ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-Fe Fumarate-FA (Nutrinate Oral Tablet Chewable)	Tier 1	QL (1 EA per 1 day)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 1	OTC; QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Mv & Min W/Fe-Fa-Dha**		
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal+dha oral 28-0.975 & 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (2 EA per 1 day)
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
Prenatal Mv & Minerals W/ Fa-Omega Fatty Acids W/O Iron**		
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	Tier 1	OTC; QL (1 EA per 1 day)
Prenatal Mv & Minerals W/Fa Without Iron**		
prenatal + complete multi oral therapy pack 0.267 & 373 mg	Tier 1	OTC
Musculoskeletal Therapy Agents		
Central Muscle Relaxants**		
metaxalone oral tablet 800 mg	Tier 2	PA
baclofen oral tablet 10 mg	Tier 1	MAIL; QL (3 EA per 1 day)
baclofen oral tablet 20 mg, 5 mg	Tier 1	QL (4 EA per 1 day)
carisoprodol oral tablet 350 mg	Tier 1	QL (4 EA per 1 day)
chlorzoxazone oral tablet 500 mg	Tier 1	QL (6 EA per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Tier 1	QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
methocarbamol oral tablet 500 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)
methocarbamol oral tablet 750 mg	Tier 1	QL (10 EA per 1 day); AGE (Max 64 Years)
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	Tier 1	QL (2 EA per 1 day)
tizanidine hcl oral tablet 2 mg	Tier 1	MAIL; QL (8 EA per 1 day); AGE (Max 64 Years)
tizanidine hcl oral tablet 4 mg	Tier 1	MAIL; QL (9 EA per 1 day); AGE (Max 64 Years)
Direct Muscle Relaxants**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Muscle Relaxant Combinations**		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 2	PA; QL (8 EA per 1 day)
Viscosupplements**		
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (6 ML per 180 days)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 4	PA; QL (7.5 ML per 180 days)
Nasal Agents - Systemic And Topical		
Nasal Agents - Misc.**		
deep sea nasal spray nasal solution 0.65 %	Tier 1	OTC
saline nasal spray nasal solution 0.65 %	Tier 1	OTC
AYR NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
BABY AYR SALINE NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
NASAL MOIST NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
OCEAN FOR KIDS NASAL SOLUTION 0.65 % (Saline)	Tier 1	OTC
Nasal Anticholinergics**		
ipratropium bromide nasal solution 0.03 %	Tier 1	MAIL; QL (30 ML per 25 days)
ipratropium bromide nasal solution 0.06 %	Tier 1	MAIL; QL (15 ML per 25 days)
Nasal Antihistamines**		
olopatadine hcl nasal solution 0.6 %	Tier 2	ST; QL (30.5 GM per 25 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Tier 1	ST; QL (30 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Nasal Mast Cell Stabilizers**		
cromolyn sodium nasal aerosol solution 5.2 mg/act	Tier 1	OTC; QL (52 ML per 25 days)
Nasal Steroids**		
OMNARIS NASAL SUSPENSION 50 MCG/ACT (Ciclesonide)	Tier 4	PA
allergy relief nasal suspension 50 mcg/act	Tier 1	MAIL; OTC; QL (16 ML per 25 days); AGE (Min 4 Years)
budesonide nasal suspension 32 mcg/act	Tier 1	OTC; QL (8.43 ML per 25 days)
flunisolide nasal solution 25 mcg/act (0.025%)	Tier 1	ST; QL (25 ML per 25 days)
fluticasone propionate nasal suspension 50 mcg/act	Tier 1	MAIL; QL (16 GM per 25 days); AGE (Min 4 Years)
triamcinolone acetonide nasal aerosol 55 mcg/act	Tier 1	OTC; QL (16.9 ML per 25 days)
Systemic Decongestants**		
SUDAFED CHILDRENS ORAL LIQUID 15 MG/5ML (Pseudoephedrine HCl)	Tier 2	OTC
phenylephrine hcl oral tablet 10 mg	Tier 1	OTC
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Tier 1	OTC
pseudoephedrine hcl oral tablet 30 mg, 60 mg	Tier 1	OTC
SUDAFED PE CHILDRENS ORAL SOLUTION 2.5 MG/5ML (Phenylephrine HCl)	Tier 1	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG (Pseudoephedrine HCl)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (Pseudoephedrine HCl)	Tier 1	OTC
SUDOGEST PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 1	OTC
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG (Pseudoephedrine HCl)	Tier 1	OTC
WAL-PHED PE ORAL TABLET 10 MG (Phenylephrine HCl)	Tier 1	OTC
Topical Decongestants**		
gnp nasal spray nasal solution 0.05 %	Tier 1	OTC
oxymetazoline hcl nasal solution 0.05 %	Tier 1	OTC
ra 12 hour nasal spray nasal solution 0.05 %	Tier 1	OTC
QLEARQUIL NASAL SOLUTION 0.05 % (Oxymetazoline HCl)	Tier 1	OTC
Neuromuscular Agents		
Benzathiazoles**		
riluzole oral tablet 50 mg	Tier 2	PA; MAIL; QL (2 EA per 1 day)
Nutrients		
Misc. Nutritional Substances**		
fish oil extra strength oral capsule 1200 mg	Tier 1	OTC
fish oil oral capsule 1000 mg, 300 mg, 500 mg	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
fish oil oral capsule delayed release 1200 mg	Tier 1	OTC
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	Tier 1	OTC
prenatal dha oral capsule 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
Ophthalmic Agents		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 4	MAIL; QL (8 ML per 25 days)
Artificial Tear And Lubricant Combinations**		
artificial tears ophthalmic solution 0.1-0.3 %, 0.5-0.6 %, 1-0.3 %	Tier 1	OTC
artificial tears ophthalmic solution 0.2-0.2-1 %	Tier 1	MAIL; OTC
artificial tears pf ophthalmic solution 0.1-0.3 %	Tier 1	OTC
for sty relief ophthalmic ointment 31.9-57.7 %	Tier 1	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Tier 1	OTC
lubricant eye nighttime ophthalmic ointment	Tier 1	OTC
lubrifresh p.m. ophthalmic ointment	Tier 1	OTC
ALTALUBE OPHTHALMIC OINTMENT 85-15 % (White Petrolatum-Mineral Oil)	Tier 1	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (White Petrolatum-Mineral Oil)	Tier 1	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (White Petrolatum-Mineral Oil)	Tier 1	OTC
Artificial Tear Inserts**		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 4	PA
Artificial Tear Solutions**		
artificial tears ophthalmic solution	Tier 1	MAIL; OTC
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (Artificial Tear Solution)	Tier 1	MAIL; OTC
SOOTHE XP OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 1	MAIL; OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (Artificial Tear Solution)	Tier 1	MAIL; OTC
Artificial Tears And Lubricants**		
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 1	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 1	MAIL; OTC

Drug Name	Formulary Status	Requirements/Limits
polyvinyl alcohol ophthalmic solution 1.4 %	Tier 1	MAIL; OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC
Beta-Blockers - Ophthalmic Combinations**		
brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	Tier 1	QL (60 EA per 30 days)
Beta-Blockers - Ophthalmic**		
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	Tier 2	MAIL; QL (5 ML per 25 days)
betaxolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL
carteolol hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
levobunolol hcl ophthalmic solution 0.5 %	Tier 1	MAIL; QL (15 ML per 25 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
Cycloplegic Mydriatics**		
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 % (Atropine Sulfate)	Tier 2	MAIL; QL (15 ML per 25 days)
atropine sulfate ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
cyclopentolate hcl ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
Miotics - Cholinesterase Inhibitors**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
Miotics - Direct Acting**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 1	MAIL
Ophthalmic Antiallergic**		
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; OTC
bepotastine besilate ophthalmic solution 1.5 %	Tier 2	PA
epinastine hcl ophthalmic solution 0.05 %	Tier 2	QL (5 ML per 25 days)
azelastine hcl ophthalmic solution 0.05 %	Tier 1	QL (6 ML per 25 days)
cromolyn sodium ophthalmic solution 4 %	Tier 1	QL (10 ML per 25 days)
ketotifen fumarate ophthalmic solution 0.035 %	Tier 1	MAIL; OTC; QL (5 ML per 30 days)

Drug Name	Formulary Status	Requirements/Limits
olopatadine hcl solution 0.1 % ophthalmic (otc)	Tier 1	QL (5 ML per 25 days)
olopatadine hcl solution 0.2 % ophthalmic (rx)	Tier 1	QL (2.5 ML per 25 days)
ALAWAY OPHTHALMIC SOLUTION 0.035 % (Ketotifen Fumarate)	Tier 1	MAIL; OTC; QL (5 ML per 25 days)
Ophthalmic Antibiotics**		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA; INF
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 4	PA; INF
besifloxacin hcl ophthalmic suspension 0.6 %	Tier 2	PA
bacitracin ophthalmic ointment 500 unit/gm	Tier 1	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	INF
erythromycin ophthalmic ointment 5 mg/gm	Tier 1	INF
gatifloxacin ophthalmic solution 0.5 %	Tier 1	PA; INF
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days); INF
levofloxacin ophthalmic solution 0.5 %	Tier 1	INF
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days)
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days); INF
ofloxacin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days); INF
tobramycin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days); INF
Ophthalmic Antifungal**		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 4	PA
Ophthalmic Anti-Infective Combinations**		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Tier 1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	Tier 1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	QL (10 ML per 25 days)
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
Ophthalmic Antivirals**		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 4	PA
trifluridine ophthalmic solution 1 %	Tier 1	QL (7.5 ML per 25 days)
Ophthalmic Carbonic Anhydrase Inhibitors**		
brinzolamide ophthalmic suspension 1 %	Tier 1	MAIL; QL (10 ML per 25 days)
dorzolamide hcl ophthalmic solution 2 %	Tier 1	MAIL; QL (10 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Ophthalmic Hyperosmolar Products**		
sodium chloride (hypertonic) ophthalmic ointment 5 %	Tier 1	OTC
sodium chloride (hypertonic) ophthalmic solution 5 %	Tier 1	OTC
Ophthalmic Immunomodulators**		
cyclosporine (pf) ophthalmic emulsion 0.05 %	Tier 2	PA
cyclosporine ophthalmic emulsion 0.05 %	Tier 2	PA
Ophthalmic Local Anesthetics**		
proparacaine hcl ophthalmic solution 0.5 %	Tier 1	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**		
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 4	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 2	
diclofenac sodium ophthalmic solution 0.1 %	Tier 1	
flurbiprofen sodium ophthalmic solution 0.03 %	Tier 1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	Tier 1	QL (10 ML per 25 days)
Ophthalmic Selective Alpha Adrenergic Agonists**		
brimonidine tartrate ophthalmic solution 0.15 %	Tier 2	MAIL; QL (15 ML per 25 days)
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
brimonidine tartrate ophthalmic solution 0.2 %	Tier 1	MAIL; QL (15 ML per 25 days)
Ophthalmic Steroid Combinations**		
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	Tier 2	QL (10 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 2	QL (3.5 GM per 25 days)
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %	Tier 1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	Tier 1	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	Tier 1	QL (10 ML per 25 days)
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
Ophthalmic Steroids**		
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 4	PA
difluprednate ophthalmic emulsion 0.05 %	Tier 2	PA

Drug Name	Formulary Status	Requirements/Limits
loteprednol etabonate ophthalmic gel 0.5 %	Tier 2	PA
loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %	Tier 2	PA
dexasol ophthalmic solution 0.1 %	Tier 1	QL (5 ML per 25 days)
fluorometholone ophthalmic suspension 0.1 %	Tier 1	QL (15 ML per 25 days)
prednisolone acetate ophthalmic suspension 1 %	Tier 1	
Ophthalmic Sulfonamides**		
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	QL (15 ML per 25 days)
Ophthalmics - Cystinosis Agents*		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 3	PA
Prostaglandins - Ophthalmic**		
bimatoprost ophthalmic solution 0.03 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)
latanoprost ophthalmic solution 0.005 %	Tier 1	MAIL; QL (5 ML per 25 days)
tafluprost (pf) ophthalmic solution 0.0015 %	Tier 1	ST; MAIL; QL (30 EA per 25 days)
travoprost (bak free) ophthalmic solution 0.004 %	Tier 1	ST; MAIL; QL (5 ML per 25 days)
Otic Agents		
Otic Agents - Miscellaneous**		
acetic acid otic solution 2 %	Tier 1	
ear drops for swimmers otic liquid 95-5 %	Tier 1	OTC
ear wax removal drops otic solution 6.5 %	Tier 1	OTC
instant ear-dry otic liquid 95-5 %	Tier 1	OTC
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
MURINE EAR OTIC SOLUTION 6.5 % (Carbamide Peroxide)	Tier 1	OTC
Otic Anti-Infectives**		
ciprofloxacin hcl otic solution 0.2 %	Tier 1	QL (14 EA per 25 days)
ofloxacin otic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
Otic Steroid-Anti-Infective Combinations**		
ciprofloxacin-hydrocortisone otic suspension 0.2-1 %	Tier 4	PA
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 2	PA
ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %	Tier 2	QL (14 EA per 7 days); AGE (Max 18 Years)
neomycin-polymyxin-hc otic solution 1 %	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
Otic Steroids**		
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 1	

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Drug Name	Formulary Status	Requirements/Limits
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	
Oxytocics		
Oxytocics**		
methylergonovine maleate oral tablet 0.2 mg	Tier 2	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 2	
Passive Immunizing And Treatment Agents		
Antiviral Monoclonal Antibodies**		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Nirsevimab-alip)	PREV	
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 105 MG/0.7ML (Clesrovimab-cfor)	PREV	
Immune Serums**		
CUVITRU SUBCUTANEOUS SOLUTION 2 GM/10ML (Immune Globulin (Human))	Tier 3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/100ML (Immune Globulin (Human))	Tier 3	
GAMASTAN INTRAMUSCULAR SOLUTION (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	
HYPERRHO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 3	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 3	
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 3	

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

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

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Drug Name	Formulary Status	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 3	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 3	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 3	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 3	
Multiple Sclerosis Agents - Nrf2 Pathway Activators**		
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 1	
Multiple Sclerosis Agents - Potassium Channel Blockers**		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 3	
Multiple Sclerosis Agents**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml	Tier 3	
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/Ml)	Tier 3	
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 2	PA; MAIL
memantine hcl oral solution 10 mg/5ml, 2 mg/ml	Tier 1	MAIL
memantine hcl oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 1	QL (49 EA per 365 days)
Phenothiazines & Tricyclic Agents**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	PREV	PA; MAIL; AGE (Max 64 Years); BH
Psychotherapeutic And Neurological Agents - Misc.**		
ergoloid mesylates oral tablet 1 mg	Tier 2	PA
pimozide oral tablet 1 mg	Tier 1	MAIL; QL (10 EA per 1 day); BH
pimozide oral tablet 2 mg	Tier 1	MAIL; QL (5 EA per 1 day); BH
Smoking Deterrents**		
apo-varenicline oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day); BH

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Drug Name	Formulary Status	Requirements/Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PREV	QL (2 EA per 1 day); BH
gnp nicotine transdermal patch 24 hour 21 mg/24hr	PREV	OTC; QL (1 EA per 1 day); BH
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PREV	OTC; QL (8 EA per 1 day); BH
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PREV	OTC; QL (8 EA per 1 day); BH
nicotine transdermal kit 21-14-7 mg/24hr	PREV	OTC; QL (56 EA per 25 days); BH
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PREV	OTC; QL (1 EA per 1 day); BH
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PREV	QL (106 EA per 365 days)
varenicline tartrate oral tablet 0.5 mg	PREV	MAIL; QL (2 EA per 1 day); BH
varenicline tartrate oral tablet 1 mg	PREV	QL (2 EA per 1 day); BH
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day); BH
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days); BH
THRIVE MOUTH/THROAT GUM 2 MG (Nicotine Polacrilex)	PREV	OTC; QL (8 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulators**		
fingolimod hcl oral capsule 0.5 mg	Tier 3	
Respiratory Agents - Misc.		
Cftr Potentiators**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 3	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 3	PA
Hydrolytic Enzymes**		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (Dornase Alfa)	Tier 3	QL (150 ML per 25 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors**		
nintedanib esylate oral capsule 100 mg, 150 mg	Tier 3	PA
Pulmonary Fibrosis Agents**		
pirfenidone oral capsule 267 mg	Tier 3	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 3	PA
Sulfonamides		
Sulfonamides**		
sulfadiazine oral tablet 500 mg	Tier 2	
Tetracyclines		
Tetracyclines**		
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 2	
tetracycline hcl oral capsule 250 mg	Tier 2	
tetracycline hcl oral capsule 500 mg	Tier 2	INF

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Drug Name	Formulary Status	Requirements/Limits
avidoxy oral tablet 100 mg	Tier 1	INF
doxycycline hyclate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline hyclate oral tablet 100 mg, 20 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg	Tier 1	INF
doxycycline monohydrate oral capsule 50 mg	Tier 1	
doxycycline monohydrate oral tablet 100 mg	Tier 1	INF
doxycycline monohydrate oral tablet 50 mg, 75 mg	Tier 1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
Doxycycline Monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	Tier 1	INF
Thyroid Agents		
Antithyroid Agents**		
methimazole oral tablet 10 mg, 5 mg	Tier 1	MAIL
propylthiouracil oral tablet 50 mg	Tier 1	MAIL
Thyroid Hormones**		
ADTHYZA ORAL TABLET 130 MG (Thyroid)	Tier 2	MAIL
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
EVEXITHROID ORAL TABLET 45 MG, 75 MG (Thyroid)	Tier 2	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 2	MAIL
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	PREV	MAIL; BH
Toxoids		
Toxoid Combinations**		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	

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Drug Name	Formulary Status	Requirements/Limits
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 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	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (Diphth-Acell Pertussis-Tetanus)	PREV	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (Diphth-Acell Pertussis-Tetanus)	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 SUSPENSION 5-2 LF/0.5ML (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		
Antispasmodics**		
dicyclomine hcl oral capsule 10 mg	Tier 1	AGE (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml	Tier 1	AGE (Max 64 Years)
dicyclomine hcl oral tablet 20 mg	Tier 1	AGE (Max 64 Years)
Belladonna Alkaloids**		
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral elixir 0.125 mg/5ml	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral tablet 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
hyosyne oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
H-2 Antagonists**		
cimetidine 200 oral tablet 200 mg	Tier 1	OTC

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Drug Name	Formulary Status	Requirements/Limits
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	MAIL
famotidine oral suspension reconstituted 40 mg/5ml	Tier 1	MAIL; QL (5 ML per 1 day); AGE (Max 12 Years)
famotidine oral tablet 10 mg	Tier 1	OTC
famotidine oral tablet 20 mg, 40 mg	Tier 1	MAIL
nizatidine oral capsule 150 mg, 300 mg	Tier 1	MAIL
Misc. Anti-Ulcer**		
sucralfate oral tablet 1 gm	Tier 1	MAIL; QL (4 EA per 1 day)
Proton Pump Inhibitors**		
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
rabeprazole sodium oral tablet delayed release 20 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
esomeprazole magnesium oral capsule delayed release 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 15 mg	Tier 1	MAIL; QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 30 mg	Tier 1	MAIL; QL (1 EA per 1 day)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Tier 1	OTC; QL (2 EA per 1 day)
omeprazole magnesium oral tablet delayed release 20 mg	Tier 1	OTC; QL (2 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE 20 MG (Omeprazole Magnesium)	Tier 1	OTC; QL (2 EA per 1 day)
Quaternary Anticholinergics**		
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 2	
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
Ulcer Anti-Infective W/ Bismuth Combinations**		
bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg	Tier 2	QL (120 EA per 10 days)
Ulcer Drugs - Prostaglandins**		
misoprostol oral tablet 100 mcg, 200 mcg	PREV	MAIL; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Urinary Antispasmodics		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic)**		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg	Tier 2	ST; MAIL; QL (2 EA per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 2	PA; MAIL; QL (1 EA per 1 day)
solifenacin succinate oral tablet 10 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
solifenacin succinate oral tablet 5 mg	Tier 2	ST; MAIL; QL (2 EA per 1 day)
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 2	ST; MAIL; QL (1 EA per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; OTC; QL (8 EA per 25 days)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; QL (8 EA per 25 days)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	MAIL; QL (20 ML per 1 day)
oxybutynin chloride oral tablet 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
trospium chloride oral tablet 20 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Tier 2	PA; QL (1 EA per 1 day)
Urinary Antispasmodics - Cholinergic Agonists**		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	QL (4 EA per 1 day)
Urinary Antispasmodics - Direct Muscle Relaxants**		
flavoxate hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Vaccines		
Bacterial Vaccines**		
penmenvy intramuscular suspension reconstituted	PREV	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (Haemophilus B Polysac Conj Vac)	PREV	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Recomb OMV Adj)	PREV	
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Pneumococcal 21-Valent Conjuga)	PREV	AGE (Min 18 Years)

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

Drug Name	Formulary Status	Requirements/Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (Haemophilus B Polysac Conj Vac)	PREV	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (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 SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Meningococcal B Vac (Recomb))	PREV	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 injections per 1 lifetime)
Viral Vaccine Combinations**		
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**		
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 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
novavax covid-19 vaccine intramuscular suspension prefilled syringe 5 mcg/0.5ml	PREV	AGE (Min 12 Years)
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	

Drug Name	Formulary Status	Requirements/Limits
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (RSV Pre-Fusion F A&B Vac Rcmb)	PREV	
AFLURIA INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 injection per 1 lifetime); AGE (Min 50 Years)
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 5 Years)
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 injections per 1 lifetime)
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B Surf Ant Adj)	PREV	QL (1 ML per 365 days); AGE (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recombinant HA)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Tiss-Cult Subunt)	PREV	QL (1 ML per 365 days)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
FLUMIST NASAL LIQUID (Influenza Virus Vaccine Live)	PREV	QL (1 EA per 365 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split High-Dose)	PREV	QL (0.5 ML per 180 days); AGE (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION (Influenza Virus Vaccine Split)	PREV	QL (1 ML per 365 days)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Virus Vacc Split PF)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)

Drug Name	Formulary Status	Requirements/Limits
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (Rabies Virus Vaccine, HDC)	PREV	QL (4 EA per 365 days)
IPOL INJECTION SUSPENSION (Poliovirus Vaccine Inactivated)	PREV	
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML (COVID-19 mRNA Virus Vaccine)	PREV	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (RSV mRNA Pre-F Virus Vaccine)	PREV	AGE (Min 60 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (Rabies Vaccine, PCEC)	PREV	QL (4 EA per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 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 PREFILLED SYRINGE 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (Varicella Virus Vaccine Live)	PREV	
Vaginal And Related Products		
Imidazole-Related Antifungals**		
terconazole vaginal suppository 80 mg	Tier 2	INF
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	INF
clotrimazole 3 vaginal cream 2 %	Tier 1	OTC; INF
clotrimazole vaginal cream 1 %	Tier 1	OTC; INF
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC; INF
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC; INF
miconazole 3 vaginal cream 4 %	Tier 1	OTC; INF
miconazole 3 vaginal suppository 200 mg	Tier 1	QL (3 EA per 25 days)
miconazole 7 vaginal cream 2 %	Tier 1	OTC; INF
miconazole 7 vaginal suppository 100 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	INF
tioconazole-1 vaginal ointment 6.5 %	Tier 1	OTC; INF
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC; INF
Spermicides**		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (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 GEL 4 % (Nonoxynol-9)	PREV	OTC
Vaginal Anti-Infectives**		
clindamycin phosphate vaginal cream 2 %	Tier 1	QL (40 GM per 25 days); INF
metronidazole vaginal gel 0.75 %	Tier 1	QL (70 GM per 25 days); INF
Vaginal Contraceptive Ph Modulator - Combinations**		
PHEXX VAGINAL GEL 1.8-1-0.4 % (Lactic Ac-Citric Ac-Pot Bitart)	PREV	
Vaginal Estrogens**		
estradiol vaginal tablet 10 mcg	Tier 2	MAIL; QL (2 EA per 1 day)
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 2	MAIL; QL (30 GM per 25 days)
Estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 2	MAIL; QL (2 EA per 1 day)
estradiol vaginal cream 0.01 %, 0.1 mg/gm	Tier 1	MAIL; QL (42.5 GM per 25 days)
Vaginal Progestins**		
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 4	PA
Vasopressors		
Anaphylaxis Therapy Agents**		
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	Tier 1	QL (2 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Neurogenic Orthostatic Hypotension (Noh) - Agents**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 3	PA
Vasopressors**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	
Vitamins		
Vitamin B-1**		
b1 oral tablet 100 mg	Tier 1	OTC
b-1 oral tablet 100 mg	Tier 1	OTC
vitamin b-1 oral tablet 250 mg	Tier 1	OTC
vitamin b1 oral tablet 50 mg	Tier 1	OTC
Vitamin B-2**		
b-2 oral tablet 100 mg	Tier 1	OTC
Vitamin B-3**		
niacin er oral capsule extended release 250 mg	Tier 1	OTC
niacin er oral tablet extended release 1000 mg	Tier 1	OTC; QL (2 EA per 1 day)
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	Tier 1	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg	Tier 1	OTC
niacinamide oral tablet 500 mg	Tier 1	OTC
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 1	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG (Niacin)	Tier 1	OTC
Vitamin B-6**		
b-6 oral tablet 100 mg, 50 mg	Tier 1	OTC
pyridoxine hcl oral tablet 25 mg	Tier 1	OTC
vitamin b-6 oral tablet 25 mg	Tier 1	OTC
Vitamin C**		
ascorbic acid oral tablet 500 mg	Tier 1	OTC
vitamin c oral tablet 500 mg	Tier 1	OTC
Vitamin D**		
d 1000 oral capsule 25 mcg (1000 ut)	Tier 1	OTC
d 10000 oral capsule 250 mcg (10000 ut)	Tier 1	OTC
d 5000 oral capsule 125 mcg (5000 ut)	Tier 1	OTC
d3 2000 oral capsule 50 mcg (2000 ut)	Tier 1	OTC
d3 oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)	Tier 1	OTC
delta d3 oral tablet 10 mcg (400 unit)	Tier 1	OTC
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)	Tier 1	OTC
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
vitamin d oral tablet 50 mcg (2000 ut)	Tier 1	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Tier 1	OTC
vitamin d3 oral liquid 10 mcg/ml	Tier 1	OTC
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut)	Tier 1	OTC
vitamin d3 oral tablet chewable 10 mcg (400 unit), 25 mcg (1000 ut)	Tier 1	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (Cholecalciferol)	Tier 1	OTC
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT) (Cholecalciferol)	Tier 1	OTC
Vitamin K**		
phytonadione oral tablet 5 mg	Tier 1	QL (5 EA per 1 day)

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