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

Affinity by Molina Healthcare Essential Plan

Notice:

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

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

Aviso:

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

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

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  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language

If you need these services, contact Affinity by Molina Healthcare Member Services at 1-800-223-7242 or TTY: 711.

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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (310) 507-6186.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-223-7242 (TTY: 711).

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French Creole ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-223-7242 (TTY: 711).

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-223-7242 (TTY: 711) 번으로 전화해 주십시오.

Italian ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-223-7242 (TTY: 711).

Yiddish אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-223-7242 (TTY: 711).

Bengali লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-223-7242 (TTY: 711)।

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-223-7242 (TTY: 711).

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-223-7242 (رقم هاتف الصم والبكم: 711).

French ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-223-7242 (ATS: 711).

Urdu خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-800-223-7242 (TTY: 711).

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-223-7242 (TTY: 711).

Greek ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-223-7242 (TTY: 711).

Albanian KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-223-7242 (TTY: 711).

Nepali ध्यान दिनुहोस्: तपाईले नेपाली बोल्नुहुन्छ भने तपाईको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-223-7242 (टिटिवाइ: 711) ।

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Affinity by Molina Healthcare Essentials Plan (EP)

2024 List of Covered Drugs

PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Members must use network pharmacies to get their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change.

What is the Affinity by Molina Healthcare Essentials Plan (EP) Drug List?

A drug list is a list of covered drugs. Affinity by Molina Healthcare works with a team of healthcare providers to choose drugs that provide quality treatment. The plan covers drugs on the drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your subscriber contract.

Can the Drug List change?

We tell affected members about changes at least 60 days before they become effective. Some examples of changes are:

- Removing drugs from our list of covered drugs
- Adding the need for prior approval or authorization (when your doctor needs to explain why you need a specific drug and provide reasons why a preferred drug will not work for you)
- Adding quantity limits (when you can only get a specific amount of a drug at onetime)
- Adding step therapy restrictions (when you have to try one type of drug as a first step in treating your condition, before you try another type of drug)
- Moving a medicine to a higher cost-sharing tier (when you have to cover more of the drug cost)

What else could result in changes to the covered drug list?

We remove drugs from our drug list right away and will let members know when:

- The US Food and Drug Administration (FDA) decides that a drug is unsafe
- The drug maker removes the drug from the market

The enclosed drug list is up to date as of **January 1st, 2024**. To get updated information about the drugs covered by Affinity by Molina Healthcare Essentials Plan (EP), please visit: https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx or call Molina Customer Service at 1 (800) 223-7242 Monday through Friday between 8:00 am and 6:00pm EST. TTY/TDD users, please call 711.

How do I use the Drug List?

There are 2 ways to find your drug on the drug list:

1. Medical Condition

The drug list starts on page **20**. The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under "ANTIHYPERTENSIVES".

- If you know what your drug is used for, look for the category name in the list that starts on page **20**.
- Then look under the category name for your drug.

2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the document. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.
- Next to your drug, see the page number where you can find coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

The Essentials Plan covers both brand-name drugs and generic drugs as listed on formulary. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment.

Are there any restrictions on my coverage?

Some covered drugs may have more requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** The plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from the plan before you fill your prescriptions. If you don't get approval, the plan may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that it will cover. For example, the plan provides 15 tabs per 25 days of zolpidem.
- **Step Therapy:** The plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, the plan may not cover Drug B unless you try Drug a first. If Drug A does not work for you, the plan will then cover Drug B.

You can find out if your drug has any special requirements or limits by looking on the drug list that starts on page **20**. You can also get more information about the restrictions for specific covered drugs by visiting https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx. You can ask the plan to make an exception to these restrictions or limits. See the section, "How do I ask for an exception to the Affinity by Molina Healthcare Essentials Plan (EP) drug list?" on page **4**.

What are over-the-counter (OTC) drugs?

OTC drugs are nonprescription drugs that are not usually covered by a prescription drug plan. The plan pays for certain OTC drugs, but your cost may differ among the covered OTC drugs. Please see the Drug List Table that starts on page **20** for more information. If your plan allows for additional covered OTC drugs you may find a list on the Pharmacy Plan page at https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx

Does the Plan cover prescription drugs that are considered "Preventive Services" under the Affordable Care Act?

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of

preventive services for $0 member cost share and are designated as tier 0 on this document. These items may include:

- Aspirin to Prevent Cardiovascular Disease
- Fluoride and/or Iron Supplementation in Children
- Folic Acid Supplementation for Women Expecting or planning to be Pregnant
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Women's Health Preventive Services (i.e., birth control, emergency contraception)
- Other drugs as required by state law (e.g., mifepristone and misoprostol)

A list of the preventive services covered under the Plan will be mailed to you upon request. You may request the list by calling 1 (800) 223-7242 (Customer Service).

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and make sure that your drug is not covered. If you learn that the plan drug list does not cover your drug, you have 2 choices:

- You can ask Customer Service for a list of similar drugs that are covered by the Essentials Plan (EP). When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the Essentials Plan (EP).
- You can ask Affinity by Molina Healthcare Essentials Plan (EP) to make an exception and cover your drug. Read on for information about how to ask for an exception.

How do I ask for an exception to the Essentials Plan (EP) Drug List?

You can ask the Essentials Plan (EP) to make an exception to coverage rules. There are many types of exceptions that you can ask us to make:

- You can ask us to cover your drug, even if it is not on our drug list.
- You can ask us to override coverage restrictions or limits on your drug. For example, for certain drugs, the plan limits the amount of the drug that we will cover. If your drug has this quantity limit, you can ask us to override the limit and cover more for your healthcare need.

How likely is it that I will get an exception?

Generally, the Essentials Plan (EP) will only approve your request for an exception if the preferred drugs included on the plan’s drug list would:

- Not be as effective in treating your condition
- Cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list exception, please send a statement from your doctor that supports your request. Then:

- We will make our decision within 3 business days of receipt of the information necessary to make a decision.
- You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 3 business days for a decision.

- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your doctor's supporting statement.

For more information

For more information about your plan's prescription drug coverage, please look at your subscriber contract and other plan materials.

If you have any other questions about the Essentials Plan, please call Customer Service at 1 (800) 223-7242, 8:00 am to 6:00 pm, Monday through Friday. TTY/TDD users, please call 711. Or visit https://www.molinahealthcare.com/members/ny/en-us/mem/affinity/ep/overvw/coverd/presdrugs.aspx

Affinity by Molina Healthcare Essentials Plan (EP) Drug List

The drug list that starts on page **20** gives coverage information about some of the drugs covered by the Essentials Plan (EP). If you have trouble finding your drug on the list, turn to the Index at the end of this document. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA). Generic drugs are listed in lower-case italics (e.g., *metformin*). The information in the Requirements/Limits column tells you if the plan has any special requirements for coverage of your drug.

The table below tells you the copayment* or coinsurance amount (i.e., the share of the drug's cost that you will pay) for drugs in each tier.

This is NY State specific for 3-Tier structure	Preferred Retail Network pharmacy (Up to a 30-day supply)	Specialty and Mail pharmacy (Up to a 90-day supply)
Cost-Sharing Tier 1 (Generic Drugs)	**$0-$6**	**$0-$15**
Cost-Sharing Tier 2 (Preferred Brand Drugs)	**$0-$15**	**$0-$37.50**
Cost-Sharing Tier 3 (Non-preferred Brand Drugs and Specialty Tier Drugs)	**$0-$30**	**$0-$75**
Preventative (PREV) and other drugs with $0 cost-sharing	**$0**	**$0**

*Copays will vary by plan design; you can contact Customer Service at 1 (800) 223-7242 between 8:00am and 6:00pm EST Monday through Friday. TTY/TDD users, please call 711 for member specific copayment information.

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2024 Formulary Changes Effective January 1, 2024

Drug Name	Description of Formulary Change	Comment/Alternative
*ALCOHOL SWABS***	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
*RESPIRATORY THERAPY SUPPLIES - DEVICES**	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list	Covered under medical
ABREVA CRE 10%	Remove Brand Version from Formulary	Generic Covered
Acetaminophen Suppos 325 MG	Add to formulary, preferred generic tier	
ADULT MASK MIS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Advair Diskus AEPB 100-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair Diskus AEPB 250-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair Diskus AEPB 500-50MCG/DOSE	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 115-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 230-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered
Advair HFA AERO 45-21MCG/ACT	Remove Brand Version from Formulary	Generic Covered

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Drug Name	Description of Formulary Change	Comment/Alternative
APOKYN INJ 10MG/ML	Remove Brand Version from Formulary	Generic Covered
ARISTADA INJ 1064MG	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 441MG/1.	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 662MG/2	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ 882MG/3	Remove provider-administered drug from prescription drug list	Covered under medical
ARISTADA INJ INITIO	Remove provider-administered drug from prescription drug list	Covered under medical
AUBAGIO TAB 14MG	Remove Brand Version from Formulary	Generic Covered
AUBAGIO TAB 7MG	Remove Brand Version from Formulary	Generic Covered
AVSOLA INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
Benadryl Allergy Con Ultratabs TABS 25-10MG	Add to formulary, preferred brand tier	Over-the-Counter covered with prescription
BOTOX INJ 100UNIT	Remove provider-administered drug from prescription drug list	Covered under medical
BOTOX INJ 200UNIT	Remove provider-administered drug from prescription drug list	Covered under medical
BROVANA NEB 15MCG	Remove Brand Version from Formulary	Generic Covered
Brukinsa CAPS 80MG	Remove from formulary	
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit	
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit	
Butenafine HCl CREA 1%	Add to formulary, preferred generic tier	Over-the-counter product covered with prescription
Cabometyx TABS 20MG	Remove from formulary	
Cabometyx TABS 40MG	Remove from formulary	
Cabometyx TABS 60MG	Remove from formulary	

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Drug Name	Description of Formulary Change	Comment/Alternative
CHANTIX PAK 0.5& 1MG	Remove Brand Version from Formulary	Generic Covered
CHANTIX PAK 1MG	Remove Brand Version from Formulary	Generic Covered
CHANTIX TAB 0.5MG	Remove Brand Version from Formulary	Generic Covered
CHEMSTRIP K TEST STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Clomid TABS 50MG	Add to formulary, non-preferred brand tier, Max Days Supply of 5 days	
COMETRIQ KIT 100MG	Remove from formulary	
COMETRIQ KIT 140MG	Remove from formulary	
COMETRIQ KIT 60MG	Remove from formulary	
COPAXONE 20 MG	Remove Brand Version from Formulary	Generic Covered; Please note COPAXONE 40 MG remains on formulary for 2024
CRIXIVAN CAP 200MG	Remove Brand Version from Formulary	Generic Covered
CRIXIVAN CAP 400MG	Remove Brand Version from Formulary	Generic Covered
CYSTADANE POW	Remove Brand Version from Formulary	Generic Covered
DALIRESP TAB 250MCG	Remove Brand Version from Formulary	Generic Covered
DALIRESP TAB 500MCG	Remove Brand Version from Formulary	Generic Covered
DENAVIR CRE 1%	Remove Brand Version from Formulary	Generic Covered
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan

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Drug Name	Description of Formulary Change	Comment/Alternative
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G5 MIS TRANSMIT	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS RECEIVER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
DEXCOM G6 MIS TRANSMIT	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Dupixent SOSY 100MG/0.67ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 200/1.14ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 200MG	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 300/2ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
DUPIXENT INJ 300/2ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
ESBRIET CAP 267MG	Remove Brand Version from Formulary	Generic Covered
ESBRIET TAB 267MG	Remove Brand Version from Formulary	Generic Covered
ESBRIET TAB 801MG	Remove Brand Version from Formulary	Generic Covered

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Drug Name	Description of Formulary Change	Comment/Alternative
Eucrisa OINT 2%	Add to formulary, non-preferred brand tier, Prior Authorization Required, Quantity Limit	100 gm per 30 days
Fasenra SOSY 30MG/ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
Fasenra Pen SOAJ 30MG/ML	Remove from formulary	Nucala/Xolair/Eucrisa/Pimecrolimus Covered
FIBRICOR TAB 35MG	Remove from formulary	Generic fenofibrate covered
FLUPHENAZ DE INJ 25MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit	
FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit	
Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit	
FORTEO SOL 600/2.4	Remove Brand Version from Formulary	Generic Covered
FREESTY LIBR KIT 2 SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTY LIBR MIS 2 READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with

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Drug Name	Description of Formulary Change	Comment/Alternative
		"Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FreeStyle Libre 3 Sensor MISC	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE MIS READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
FREESTYLE MIS READER	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
GILENYA CAP 0.5MG	Remove Brand Version from Formulary	Generic Covered
GLATIRAMER 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier	
GLATOPA 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier	
HALOPER DEC INJ 100MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
HALOPER DEC INJ 50MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
Herzuma SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Herzuma SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
HETLIOZ CAP 20MG	Remove Brand Version from Formulary	Generic Covered
Humira Pediatric Crohns Start PSKT 80 MG/0.8ML &40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered

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Drug Name	Description of Formulary Change	Comment/Alternative
Humira Pediatric Crohns Start PSKT 80MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 40MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen PNKT 80MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
Humira Pen-Psor/Uveit Starter PNKT 80 MG/0.8ML &40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 10MG/0.1ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 10MG/0.2ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 20MG/0.2ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 20MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 40MG/0.4ML	Remove Brand from Formulary	Biosimilar Covered
Humira PSKT 40MG/0.8ML	Remove Brand from Formulary	Biosimilar Covered
HYDROXY CAPR INJ 1.25/5ML	Remove provider-administered drug from prescription drug list	Covered under medical
HYDROXYPROG INJ 250MG/ML	Remove from formulary; no longer FDA-approved	
INFLECTRA INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 117/0.75	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 156MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 234/1.5	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 39/0.25	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA SUST INJ 78/0.5ML	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 273MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 410MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 546MG	Remove provider-administered drug from prescription drug list	Covered under medical
INVEGA TRINZ INJ 819MG	Remove provider-administered drug from prescription drug list	Covered under medical

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Drug Name	Description of Formulary Change	Comment/Alternative
KALETRA TAB 100-25MG	Remove Brand Version from Formulary	Generic Covered
KALETRA TAB 200-50MG	Remove Brand Version from Formulary	Generic Covered
Kanjinti SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Kanjinti SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
KISQALI TAB 200DOSE	Remove from formulary	
KISQALI TAB 400DOSE	Remove from formulary	
KISQALI TAB 600DOSE	Remove from formulary	
KISQALI 200 PAK FEMARA	Remove from formulary	
KISQALI 400 PAK FEMARA	Remove from formulary	
KISQALI 600 PAK FEMARA	Remove from formulary	
Kuvan PACK 100MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 120MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 20MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 40MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 60MG	Remove Brand Version from Formulary	Generic Covered
LATUDA TAB 80MG	Remove Brand Version from Formulary	Generic Covered
LONSURF TAB 15-6.14	Remove from formulary	
LONSURF TAB 20-8.19	Remove from formulary	
LOTEMAX GEL 0.5%	Remove Brand Version from Formulary	Generic Covered
LUPANETA KIT 11.25-5	Remove provider-administered drug from prescription drug list	Covered under medical
LUPANETA KIT 3.75-5	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical

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Drug Name	Description of Formulary Change	Comment/Alternative
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 15MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 3M 30MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPR DEP-PED INJ 7.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 22.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 3.75MG	Remove provider-administered drug from prescription drug list	Covered under medical
LUPRON DEPOT INJ 7.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
MAG64 TAB 64MG	Remove Brand Version from Formulary	Generic Covered
Magdelay TBEC 70MG	Remove Brand Version from Formulary	Generic Covered
MAYZENT TAB 0.25MG	Remove from formulary	Fingolimod Covered
MAYZENT TAB 2MG	Remove from formulary	Fingolimod Covered
MIRVASO GEL 0.33%	Remove Brand Version from Formulary	Generic Covered
Naftin GEL 1%	Add to formulary, non-preferred brand tier	
NARCAN SPR	Remove Brand Version from Formulary	Generic Covered
NEXAVAR TAB 200MG	Remove Brand Version from Formulary	Generic Covered
NP THYROID TAB 120MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TAB 15MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 30MG	No longer generic; Tier change from generic to preferred brand tier	

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Drug Name	Description of Formulary Change	Comment/Alternative
NP THYROID TABS 60MG	No longer generic; Tier change from generic to preferred brand tier	
NP THYROID TABS 90MG	No longer generic; Tier change from generic to preferred brand tier	
Ogivri SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ogivri SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ontruzant SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ontruzant SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
ORFADIN CAP 20MG	Remove Brand Version from Formulary	Generic Covered
Pimecrolimus CREA 1%	Add to formulary, non-preferred generic tier, Quantity Limit	100 gm per 30 days
PROLIA SOL 60MG/ML	Remove provider-administered drug from prescription drug list	Covered under medical
Regenecare HA Spray GEL 2%	Add to formulary, preferred generic tier	
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
RENFLEXIS INJ 100MG	Remove provider-administered drug from prescription drug list	Covered under medical
RIFATER TAB	Remove Brand Version from Formulary	Generic Covered
Rinvoq TB24 15MG	Remove from Formulary	
Rinvoq TB24 30MG	Remove from Formulary	
Rinvoq TB24 45MG	Remove from Formulary	
RISPERDAL INJ 12.5MG	Remove provider-administered drug from prescription drug list	Covered under medical

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Drug Name	Description of Formulary Change	Comment/Alternative
RISPERDAL INJ 25MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 37.5MG	Remove provider-administered drug from prescription drug list	Covered under medical
RISPERDAL INJ 50MG	Remove provider-administered drug from prescription drug list	Covered under medical
Ruxience SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list	Covered under medical
Ruxience SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list	Covered under medical
SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE (BASE EQUIV)	Add pending generic (SEREVENT), preferred generic tier, Quantity Limit	
SANDOSTATIN KIT LAR 10MG	Remove provider-administered drug from prescription drug list	Covered under medical
SANDOSTATIN KIT LAR 20MG	Remove provider-administered drug from prescription drug list	Covered under medical
SANDOSTATIN KIT LAR 30MG	Remove provider-administered drug from prescription drug list	Covered under medical
SAPROPTERIN POW 500MG	Add generic to formulary, specialty tier, Prior Authorization Required	
SEREVENT DIS AER 50MCG	Remove Brand Version from Formulary	
SIDESTREAM MIS PED MASK	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML	Remove from Formulary	
Skyrizi Pen SOAJ 150MG/ML	Remove from Formulary	
Skyrizi SOCT 180MG/1.2ML	Remove from Formulary	
Skyrizi SOCT 360MG/2.4ML	Remove from Formulary	
Skyrizi SOLN 600MG/10ML	Remove from Formulary	
Skyrizi SOSY 150MG/ML	Remove from Formulary	
SPIRIVA HANDIHALER	Remove Brand Version from Formulary	

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Drug Name	Description of Formulary Change	Comment/Alternative
Spiriva Respimat AERS 1.25MCG/ACT	Change tier to non-preferred brand tier, add prior authorization	Incruse Ellipta, Trelegy Ellipta (3-combo), and Breztri (3-combo) covered
Spiriva Respimat AERS 2.5MCG/ACT	Change tier to non-preferred brand tier, add prior authorization	Incruse Ellipta, Trelegy Ellipta (3-combo), and Breztri (3-combo) covered
Sudafed Childrens LIQD 15MG/5ML	Add to formulary, preferred brand tier	Over-the-Counter covered with prescription
SUPREP BOWEL SOL PREP KIT	Remove Brand Version from Formulary	Generic Covered
SYMBICORT AER 160-4.5	Remove Brand Version from Formulary	Generic Covered
SYMBICORT AER 80-4.5	Remove Brand Version from Formulary	Generic Covered
TARGRETIN GEL 1%	Remove Brand Version from Formulary	Generic Covered
Tavaborole SOLN 5%	Add to formulary, non-preferred generic tier, Quantity Limit	10 mL per 30 days
TAZORAC CRE 0.05%	Remove Brand Version from Formulary	Generic Covered
TAZORAC GEL 0.05%	Remove Brand Version from Formulary	Generic Covered
TAZORAC GEL 0.1%	Remove Brand Version from Formulary	Generic Covered
THYROGEN INJ 1.1MG	Remove provider-administered drug from prescription drug list	Covered under medical
Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	Add pending generic (SPIRIVA HANDIHALER), preferred generic tier, Quantity Limit	
TOVIAZ TAB 4MG	Remove Brand Version from Formulary	Generic Covered
TOVIAZ TAB 8MG	Remove Brand Version from Formulary	Generic Covered
Trazimera SOLR 150MG	Remove provider-administered drug from prescription drug list	Covered under medical
Trazimera SOLR 420MG	Remove provider-administered drug from prescription drug list	Covered under medical
TRELSTAR MIX INJ 11.25MG	Remove provider-administered drug from prescription drug list	Covered under medical
TRELSTAR MIX INJ 3.75MG	Remove provider-administered drug from prescription drug list	Covered under medical

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Drug Name	Description of Formulary Change	Comment/Alternative
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier	Covered as preferred on prescription drug benefit with "Durable Medical Equipment" cost-sharing rate under plan
Truxima SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list	Covered under medical
Truxima SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list	Covered under medical
TYSABRI INJ 300/15ML	Remove provider-administered drug from prescription drug list	Covered under medical
VELTIN GEL	Remove Brand Version from Formulary	Generic Covered
VIMPAT SOL 10MG/ML	Remove Brand Version from Formulary	Generic Covered
VRAYLAR CAP 1.5MG	Remove from formulary	
VRAYLAR CAP 3MG	Remove from formulary	
VRAYLAR CAP 4.5MG	Remove from formulary	
VRAYLAR CAP 6MG	Remove from formulary	
Vumerity CPDR 231MG	Remove from formulary	Dimethyl Fumarate Covered
Vumerity (Starter) CPDR 231MG	Remove from formulary	Dimethyl Fumarate Covered
XGEVA INJ	Remove provider-administered drug from prescription drug list	Covered under medical
XYREM SOL 500MG/ML	Remove Brand Version from Formulary	Generic Covered
ZIOPTAN DRO 0.0015%	Remove Brand Version from Formulary	Generic Covered
ZOLADEX IMP 10.8MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZOLADEX IMP 3.6MG	Remove provider-administered drug from prescription drug list	Covered under medical
Zomig SOLN 2.5MG	Add to formulary, non-preferred brand tier, Step Therapy, Quantity Limit	Prior use of TWO: naratriptan, rizatriptan, sumatriptan

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Drug Name	Description of Formulary Change	Comment/Alternative
ZYPREXA RELP INJ 210MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZYPREXA RELP INJ 300MG	Remove provider-administered drug from prescription drug list	Covered under medical
ZYPREXA RELP INJ 405MG	Remove provider-administered drug from prescription drug list	Covered under medical

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

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

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

Drug Name	Formulary Status	Requirements/Limits
methylphenidate hcl oral solution 5 mg/5ml	Tier 1	QL (15 ML per 1 day); AGE (Min 6 Years and Max 18 Years)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
modafinil oral tablet 100 mg	Tier 1	PA; QL (1 EA per 1 day)
modafinil oral tablet 200 mg	Tier 1	PA; QL (2 EA per 1 day)
Methylphenidate HCl (Metadate Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 10 Mg)	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Er Oral Tablet Extended Release 20 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
Methylphenidate HCl (Methylin Oral Tablet 10 Mg, 20 Mg, 5 Mg)	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 18 Years)
***Alternative Medicines* - Vitamins And Minerals**		
Alternative Medicine - Me's - Vitamins And Minerals**		
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
melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg	Tier 1	OTC
melatonin oral tablet dispersible 5 mg	Tier 1	OTC
Alternative Medicine Combinations - Two Ingredients - Vitamins And Minerals**		
melatonin oral tablet 3-2 mg	Tier 1	OTC
melatonin tr with vitamin b6 oral tablet extended release 3-10 mg	Tier 1	OTC
melatonin-pyridoxine er oral tablet extended release 10-10 mg	Tier 1	OTC
melatonin-pyridoxine oral tablet 1-10 mg	Tier 1	OTC
melatonin-vitamin b-6 oral tablet 3-1 mg	Tier 1	OTC
***Aminoglycosides* - Drugs For Infections**		
Aminoglycosides - Antibiotics**		
HUMATIN ORAL CAPSULE 250 MG (Paromomycin Sulfate)	Tier 3	
neomycin sulfate oral tablet 500 mg	Tier 1	
tobramycin inhalation nebulization solution 300 mg/5ml	Tier 1	PA
tobramycin pak inhalation nebulization solution 300 mg/5ml	Tier 1	PA

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

Drug Name	Formulary Status	Requirements/Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (Golimumab)	Tier 3	PA
Cyclooxygenase 2 (Cox-2) Inhibitors - Arthritis And Pain Drugs**		
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 - Arthritis And Pain Drugs**		
RIDAURA ORAL CAPSULE 3 MG (Auranofin)	Tier 3	PA; MAIL
Interleukin-1 Blockers - Arthritis And Pain Drugs**		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (Rilonacept)	Tier 3	PA
Interleukin-1 Receptor Antagonist (Il-1Ra) - Arthritis And Pain Drugs**		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (Anakinra)	Tier 3	PA
Interleukin-6 Receptor Inhibitors - Arthritis And Pain Drugs**		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (Tocilizumab)	Tier 3	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (Tocilizumab)	Tier 3	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (Tocilizumab)	Tier 3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 3	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (Sarilumab)	Tier 3	PA
Nonsteroidal Anti-Inflammatory Agent Combinations - Arthritis And Pain Drugs**		
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg	Tier 1	QL (2 EA per 1 day)
Nonsteroidal Anti-Inflammatory Agents (Nsaids) - Arthritis And Pain Drugs**		
meclofenamate sodium oral capsule 100 mg, 50 mg	Tier 3	PA; MAIL
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)
diclofenac sodium oral tablet delayed release 75 mg	Tier 1	MAIL; QL (2 EA per 1 day)
ec-naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
etodolac oral capsule 200 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)
fenoprofen calcium oral tablet 600 mg	Tier 1	PA; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
flurbiprofen oral tablet 100 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
ibuprofen 100 junior strength oral tablet chewable 100 mg	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
ibuprofen childrens oral suspension 100 mg/5ml	Tier 1	OTC; AGE (Max 12 Years)
ibuprofen infants drops oral suspension 50 mg/1.25ml	Tier 1	OTC; AGE (Max 12 Years)
ibuprofen junior strength oral tablet 100 mg	Tier 1	OTC; QL (4 EA per 1 day)
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)
ibuprofen oral tablet chewable 100 mg	Tier 1	OTC; QL (6 EA per 1 day); AGE (Max 12 Years)
indomethacin oral capsule 25 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
ketoprofen oral capsule 50 mg	Tier 1	PA; QL (4 EA per 1 day)
ketorolac tromethamine oral tablet 10 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
mefenamic acid oral capsule 250 mg	Tier 1	PA
meloxicam oral tablet 15 mg	Tier 1	MAIL; QL (1 EA per 1 day)
meloxicam oral tablet 7.5 mg	Tier 1	MAIL; QL (2 EA per 1 day)
nabumetone oral tablet 500 mg, 750 mg	Tier 1	MAIL; QL (4 EA per 1 day)
naproxen dr oral tablet delayed release 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen kit oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral suspension 125 mg/5ml	Tier 1	AGE (Max 12 Years)
naproxen oral tablet 250 mg, 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen oral tablet delayed release 375 mg, 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
naproxen sodium oral tablet 220 mg	Tier 1	OTC; QL (3 EA per 1 day)
oxaprozin oral tablet 600 mg	Tier 1	PA; 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)
tolmetin sodium oral capsule 400 mg	Tier 1	
tolmetin sodium oral tablet 600 mg	Tier 1	
Diclofenac Potassium (Cataflam Oral Tablet 50 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Fenoprofen Calcium (Profeno Oral Tablet 600 Mg)	Tier 1	PA; QL (4 EA per 1 day)
Nabumetone (Relafen Oral Tablet 500 Mg, 750 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)
Phosphodiesterase 4 (Pde4) Inhibitors - Arthritis And Pain Drugs**		
OTEZLA ORAL TABLET 30 MG (Apremilast)	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (Apremilast)	Tier 3	PA
Pyrimidine Synthesis Inhibitors - Arthritis And Pain Drugs**		
leflunomide oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Selective Costimulation Modulators - Arthritis And Pain Drugs**		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (Abatacept)	Tier 3	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (Abatacept)	Tier 3	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (Abatacept)	Tier 3	PA
Soluble Tumor Necrosis Factor Receptor Agents - Arthritis And Pain Drugs**		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (Etanercept)	Tier 3	PA; QL (4 ML per 24 days)
***Analgesics - Nonnarcotic* - Drugs For Pain And Fever**		
Analgesics Other - Arthritis And Pain Drugs**		
acetaminophen childrens oral solution 160 mg/5ml	Tier 1	OTC
acetaminophen childrens oral suspension 160 mg/5ml	Tier 1	OTC
acetaminophen childrens oral tablet chewable 160 mg	Tier 1	OTC
acetaminophen er oral tablet extended release 650 mg	Tier 1	OTC
acetaminophen extra strength oral liquid 500 mg/15ml	Tier 1	OTC
acetaminophen extra strength oral tablet 500 mg	Tier 1	OTC
acetaminophen junior strength oral tablet dispersible 160 mg	Tier 1	OTC
acetaminophen oral capsule 500 mg	Tier 1	OTC
acetaminophen oral elixir 160 mg/5ml	Tier 1	OTC
acetaminophen oral liquid 160 mg/5ml	Tier 1	OTC
acetaminophen oral solution 160 mg/5ml	Tier 1	OTC
acetaminophen oral suspension 80 mg/0.8ml	Tier 1	OTC
acetaminophen oral tablet 325 mg	Tier 1	OTC
acetaminophen oral tablet chewable 80 mg	Tier 1	OTC
acetaminophen rapid tabs child oral tablet dispersible 80 mg	Tier 1	OTC
acetaminophen rectal suppository 120 mg, 325 mg, 650 mg	Tier 1	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG (Acetaminophen)	Tier 1	OTC
Analgesics-Sedatives - Arthritis And Pain Drugs**		
butalbital compound/asa oral capsule 50-325-40 mg	Tier 1	QL (6 EA per 1 day); AGE (Max 64 Years)

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

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

Drug Name	Formulary Status	Requirements/Limits
oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg, 80 mg	Tier 1	PA
oxycodone hcl oral solution 5 mg/5ml	Tier 1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (6 EA per 1 day)
oxymorphone hcl oral tablet 10 mg, 5 mg	Tier 1	PA
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)
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 12 Years)
Methadone HCl (Methadose Oral Tablet 10 Mg, 5 Mg)	Tier 1	QL (360 EA per 25 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG (OxyCODONE HCl)	Tier 1	PA
Opioid Combinations - Arthritis And Pain Drugs**		
oxycodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	Tier 1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	Tier 1	QL (8 EA per 1 day)
Oxycodone-Acetaminophen (Endocet Oral Tablet 10-325 Mg, 7.5-325 Mg)	Tier 1	QL (6 EA per 1 day)
Oxycodone-Acetaminophen (Endocet Oral Tablet 2.5-325 Mg, 5-325 Mg)	Tier 1	QL (8 EA per 1 day)
Oxycodone-Acetaminophen (Roxicet Oral Tablet 5-325 Mg)	Tier 1	QL (8 EA per 1 day)
Opioid Partial Agonists - Arthritis And Pain Drugs**		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	Tier 1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg	Tier 1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	Tier 1	PA
butorphanol tartrate nasal solution 10 mg/ml	Tier 1	PA; QL (15 ML per 25 days)
Tramadol Combinations - Arthritis And Pain Drugs**		
tramadol-acetaminophen oral tablet 37.5-325 mg	Tier 1	QL (10 EA per 1 day); AGE (Min 12 Years)
***Androgens-Anabolic* - Hormones**		
Anabolic Steroids - Drugs For Men**		
oxandrolone oral tablet 2.5 mg	Tier 3	PA
Androgens - Drugs For Men**		
methitest oral tablet 10 mg	Tier 3	PA
danazol oral capsule 100 mg, 200 mg	Tier 1	QL (4 EA per 1 day)
danazol oral capsule 50 mg	Tier 1	QL (2 EA per 1 day)
methyltestosterone oral capsule 10 mg	Tier 1	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	Tier 1	QL (10 ML per 25 days)
testosterone enanthate intramuscular solution 200 mg/ml	Tier 1	QL (10 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Testosterone Cypionate (Depo-Testosterone Intramuscular Solution 100 Mg/Ml, 200 Mg/Ml)	Tier 1	QL (10 ML per 25 days)
***Anorectal And Related Products* - Rectal Preparations**		
Intrarectal Steroids - Rectal Preparations**		
hydrocortisone rectal enema 100 mg/60ml	Tier 1	QL (1680 ML per 25 days)
Hydrocortisone (Colocort Rectal Enema 100 Mg/60Ml)	Tier 1	QL (1680 ML per 25 days)
Nitrate Vasodilating Agents - Rectal Preparations**		
RECTIV RECTAL OINTMENT 0.4 % (Nitroglycerin)	Tier 3	
Rectal Anesthetic Combinations - Rectal Preparations**		
hemorrhoidal external cream 1-0.25-14.4-15 %	Tier 1	OTC
Rectal Local Anesthetics - Rectal Preparations**		
dibucaine rectal ointment 1 %	Tier 1	OTC
Rectal Steroids - Rectal Preparations**		
hemorrhoidal-hc rectal cream 2.5 %	Tier 1	
hydrocortisone (perianal) external cream 2.5 %	Tier 1	
hydrocortisone rectal cream 2.5 %	Tier 1	
Hydrocortisone (Proctocare-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocare-Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctocream Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Kit Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Procto-Med Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctosol Hc Rectal Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc External Cream 2.5 %)	Tier 1	
Hydrocortisone (Proctozone-Hc Rectal Cream 2.5 %)	Tier 1	
***Antacids* - Drugs For The Stomach**		
Antacid & Simethicone - Drugs For Ulcers And Stomach Acid**		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml, 400-400-40 mg/5ml	Tier 1	OTC
antacid plus oral tablet chewable 200-200-25 mg	Tier 1	OTC
Antacid Combinations - Drugs For Ulcers And Stomach Acid**		
antacid extra strength oral tablet chewable 160-105 mg, 675-135 mg	Tier 1	OTC
antacid oral tablet chewable 80-20 mg	Tier 1	OTC
calcium rich supreme antacid oral suspension 400-135 mg/5ml	Tier 1	OTC
gavis-care oral suspension 95-358 mg/15ml	Tier 1	OTC
Antacids - Bicarbonate - Drugs For Ulcers And Stomach Acid**		
sodium bicarbonate oral tablet 325 mg, 650 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Antacids - Calcium Salts - Drugs For Ulcers And Stomach Acid**		
calcium antacid ultra oral tablet chewable 1000 mg	Tier 1	OTC
calcium carbonate antacid oral suspension 1250 mg/5ml	Tier 1	OTC
calcium carbonate antacid oral tablet chewable 500 mg	Tier 1	OTC
calcium carbonate oral tablet chewable 750 mg	Tier 1	OTC
childrens pepto oral tablet chewable 400 mg	Tier 1	OTC
Antacids - Magnesium Salts - Drugs For Ulcers And Stomach Acid**		
magnesium oxide oral tablet 250 mg, 420 mg	Tier 1	OTC
***Anthelmintics* - Drugs For Infections**		
Anthelmintics - Drugs For Parasites**		
benznidazole oral tablet 100 mg, 12.5 mg	Tier 2	
albendazole oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
ivermectin oral tablet 3 mg	Tier 1	QL (16 EA per 2 days)
pinworm medicine oral suspension 144 (50 base) mg/ml	Tier 1	OTC
praziquantel oral tablet 600 mg	Tier 1	PA
***Antianginal Agents* - Drugs For The Heart**		
Antianginals-Other - Drugs For Angina**		
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	Tier 1	QL (2 EA per 1 day)
Nitrates - Drugs For Angina**		
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)
Nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	Tier 1	MAIL; QL (1 EA per 1 day)
Nitroglycerin (Nitroquick Sublingual Tablet Sublingual 0.3 Mg, 0.4 Mg, 0.6 Mg)	Tier 1	MAIL
***Antianxiety Agents* - Drugs For The Nervous System**		
Antianxiety Agents - Misc. - Drugs For Anxiety**		
buspirone hcl oral tablet 10 mg	Tier 1	QL (6 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 15 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
buspirone hcl oral tablet 30 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)

Drug Name	Formulary Status	Requirements/Limits
buspirone hcl oral tablet 5 mg, 7.5 mg	Tier 1	QL (8 EA per 1 day); AGE (Min 6 Years)
hydroxyzine hcl oral solution 10 mg/5ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral syrup 10 mg/5ml	Tier 1	QL (60 ML per 1 day); AGE (Max 64 Years)
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 100 mg	Tier 1	QL (4 EA per 1 day); AGE (Max 64 Years)
hydroxyzine pamoate oral capsule 25 mg, 50 mg	Tier 1	QL (8 EA per 1 day); AGE (Max 64 Years)
meprobamate oral tablet 200 mg, 400 mg	Tier 1	QL (3 EA per 1 day)
Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain**		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 18 Years)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
clorazepate dipotassium oral tablet 7.5 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years and Max 64 Years)
diazepam oral concentrate 5 mg/ml	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years)
diazepam oral solution 1 mg/ml	Tier 1	QL (120 EA per 25 days); AGE (Max 64 Years)
diazepam oral solution 5 mg/5ml	Tier 1	QL (120 ML per 25 days); AGE (Max 64 Years)
diazepam oral tablet 10 mg, 2 mg, 5 mg	Tier 1	QL (3 EA per 1 day); AGE (Max 64 Years)
lorazepam oral concentrate 1 mg/0.5ml	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
lorazepam oral concentrate 2 mg/ml	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 12 Years)
oxazepam oral capsule 10 mg, 15 mg	Tier 1	QL (3 EA per 1 day); AGE (Min 6 Years)
oxazepam oral capsule 30 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
Diazepam (Diazepam Intensol Oral Concentrate 5 Mg/Ml)	Tier 1	QL (30 ML per 25 days); AGE (Max 64 Years)
LORazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	Tier 1	QL (3 ML per 1 day); AGE (Min 12 Years)

Drug Name	Formulary Status	Requirements/Limits
***Antiarrhythmics* - Drugs For The Heart**		
Antiarrhythmics Type I-A - Drugs For Abnormal Heart Rhythms**		
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 - Drugs For Abnormal Heart Rhythms**		
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	Tier 1	MAIL
Antiarrhythmics Type I-C - Drugs For Abnormal Heart Rhythms**		
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 - Drugs For Abnormal Heart Rhythms**		
MULTAQ ORAL TABLET 400 MG (Dronedarone HCl)	Tier 3	PA; MAIL
amiodarone hcl oral tablet 200 mg	Tier 1	MAIL
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	Tier 1	
Amiodarone HCl (Pacerone Oral Tablet 200 Mg)	Tier 1	MAIL
***Antiasthmatic And Bronchodilator Agents* - Drugs For The Lungs**		
5-Lipoxygenase Inhibitors - Drugs For Asthma/Copd**		
zileuton er oral tablet extended release 12 hour 600 mg	Tier 1	PA
Adrenergic Combinations - Drugs For Asthma/Copd**		
budesonide-formoterol fumarate aerosol 160-4.5 mcg/act inhalation	Tier 3	
budesonide-formoterol fumarate aerosol 80-4.5 mcg/act inhalation	Tier 3	QL (20.4 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT, 62.5-25 MCG/INH (Umeclidinium-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BEVESPI INHALATION AEROSOL 9-4.8 MCG/ACT (Glycopyrrolate-Formoterol)	Tier 2	MAIL; QL (10.7 GM per 25 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (Fluticasone Furoate-Vilanterol)	Tier 2	MAIL; QL (2 EA per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (Budeson-Glycopyrrol-Formoterol)	Tier 2	MAIL; QL (10.8 GM per 25 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (Ipratropium-Albuterol)	Tier 2	MAIL; QL (4 GM per 25 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (Tiotropium Bromide-Olodaterol)	Tier 2	MAIL; QL (4 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT, 200-62.5-25 MCG/INH (Fluticasone-Umeclidin-Vilant)	Tier 2	MAIL; QL (60 EA per 25 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	Tier 1	MAIL; QL (1 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 100-50 mcg/dose, 250-50 mcg/act, 250-50 mcg/dose, 500-50 mcg/act, 500-50 mcg/dose	Tier 1	MAIL; QL (1 EA per 25 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	Tier 1	MAIL; QL (360 ML per 25 days)
Fluticasone-Salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 100-50 Mcg/Dose, 250-50 Mcg/Act, 250-50 Mcg/Dose, 500-50 Mcg/Act, 500-50 Mcg/Dose)	Tier 1	MAIL; QL (1 EA per 25 days)
Anti-Ige Monoclonal Antibodies - Drugs For Asthma/Copd**		
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)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (Omalizumab)	Tier 3	PA; QL (5 EA per 24 days)
Anti-Inflammatory Agents - Drugs For Asthma/Copd**		
cromolyn sodium inhalation nebulization solution 20 mg/2ml	Tier 1	
Beta Adrenergics - Drugs For Asthma/Copd**		
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	MAIL; QL (6.7 GM per 30 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 inhalation nebulization solution 2.5 mg/0.5ml	Tier 1	MAIL; QL (150 EA per 25 days)
albuterol sulfate oral syrup 2 mg/5ml	Tier 1	MAIL
albuterol sulfate oral tablet 2 mg, 4 mg	Tier 1	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Tier 1	QL (120 ML per 25 days)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	Tier 1	ST; MAIL; QL (150 ML per 25 days)
terbutaline sulfate oral tablet 2.5 mg	Tier 1	QL (8 EA per 1 day)
terbutaline sulfate oral tablet 5 mg	Tier 1	QL (6 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Bronchodilators - Anticholinergics - Drugs For Asthma/Copd**		
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 3	PA; MAIL; QL (4 GM per 25 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (Tiotropium Bromide Monohydrate)	Tier 3	PA; MAIL; QL (4 EA per 25 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (Ipratropium Bromide HFA)	Tier 2	MAIL; QL (12.9 GM per 25 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT, 62.5 MCG/INH (Umeclidinium Bromide)	Tier 2	MAIL; QL (1 EA per 1 day)
ipratropium bromide inhalation solution 0.02 %	Tier 1	MAIL; QL (10 ML per 1 day)
Interleukin-5 Antagonists (Igg1 Kappa) - Drugs For Asthma/Copd**		
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 - Drugs For Asthma/Copd**		
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)
zafirlukast oral tablet 10 mg, 20 mg	Tier 1	QL (2 EA per 1 day)
Selective Phosphodiesterase 4 (Pde4) Inhibitors - Drugs For Asthma/Copd**		
roflumilast oral tablet 250 mcg, 500 mcg	Tier 1	PA
Steroid Inhalants - Drugs For Asthma/Copd**		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH (Mometasone Furoate)	Tier 2	MAIL; QL (1 EA per 25 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (Mometasone Furoate)	Tier 2	MAIL; QL (13 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
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)
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	Tier 1	QL (120 ML per 25 days); AGE (Max 9 Years)
fluticasone propionate hfa aerosol 110 mcg/act inhalation	Tier 1	QL (12 GM per 30 days); AGE (Max 11 Years)
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Tier 1	QL (10.6 GM per 30 days); AGE (Max 11 Years)
Xanthines - Drugs For Asthma/Copd**		
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
Theophylline (Elixophyllin Oral Elixir 80 Mg/15Ml)	Tier 1	MAIL
Theophylline (Theochron Oral Tablet Extended Release 12 Hour 300 Mg, 450 Mg)	Tier 1	MAIL
***Anticoagulants* - Drugs For The Blood**		
Coumarin Anticoagulants - Drugs To Prevent Blood Clots**		
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Tier 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 - Drugs To Prevent Blood Clots**		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (Apixaban)	Tier 2	QL (74 EA per 28 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (Apixaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (Rivaroxaban)	Tier 2	MAIL; QL (310 ML per 30 days); AGE (Max 11 Years)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG (Rivaroxaban)	Tier 2	MAIL; QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG (Rivaroxaban)	Tier 2	MAIL; QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (Rivaroxaban)	Tier 2	QL (51 EA per 365 days)
Heparins And Heparinoid-Like Agents - Drugs To Prevent Blood Clots**		
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml	Tier 1	PA
heparin sodium (porcine) pf injection solution 5000 unit/0.5ml	Tier 1	PA

Drug Name	Formulary Status	Requirements/Limits
Low Molecular Weight Heparins - Drugs To Prevent Blood Clots**		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (Dalteparin Sodium)	Tier 3	PA
enoxaparin sodium injection solution 300 mg/3ml	Tier 1	QL (3 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	Tier 1	QL (2 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	Tier 1	QL (1.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	Tier 1	QL (0.6 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	Tier 1	QL (0.8 ML per 1 day)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	Tier 1	QL (1.2 ML per 1 day)
Synthetic Heparinoid-Like Agents - Drugs To Prevent Blood Clots**		
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Tier 1	PA
***Anticonvulsants* - Drugs For The Nervous System**		
Ampa Glutamate Receptor Antagonists - Drugs For Seizures /Personality Disorder/Nerve Pain**		
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Perampanel)	Tier 3	
Anticonvulsants - Benzodiazepines - Drugs For Seizures /Personality Disorder/Nerve Pain**		
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (Diazepam)	Tier 2	QL (10 EA per 25 days); AGE (Min 6 Years)
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)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	Tier 1	QL (2 EA per 25 days)
Anticonvulsants - Misc. - Drugs For Seizures /Personality Disorder/Nerve Pain**		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (Eslicarbazepine Acetate)	Tier 3	MAIL
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (Stiripentol)	Tier 3	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG (Stiripentol)	Tier 3	PA
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	Tier 1	MAIL
carbamazepine oral suspension 100 mg/5ml	Tier 1	MAIL
carbamazepine oral tablet 200 mg	Tier 1	MAIL
carbamazepine oral tablet chewable 100 mg	Tier 1	MAIL
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Tier 1	MAIL
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Tier 1	MAIL
gabapentin oral tablet 600 mg, 800 mg	Tier 1	MAIL
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
lamotrigine oral tablet chewable 25 mg, 5 mg	Tier 1	MAIL
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	MAIL
levetiracetam oral solution 100 mg/ml	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
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Tier 1	MAIL
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	Tier 1	PA; QL (3 EA per 1 day)
pregabalin oral capsule 225 mg, 300 mg	Tier 1	PA; QL (2 EA per 1 day)
primidone oral tablet 250 mg, 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
rufinamide oral suspension 40 mg/ml	Tier 1	
rufinamide oral tablet 200 mg, 400 mg	Tier 1	
topiramate oral capsule sprinkle 15 mg, 25 mg	Tier 1	MAIL
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	MAIL
zonisamide oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
CarBAMazepine (Epitol Oral Tablet 200 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Oral Tablet 1000 Mg, 500 Mg, 750 Mg)	Tier 1	MAIL
LevETIRAcetam (Roweepra Xr Oral Tablet Extended Release 24 Hour 500 Mg, 750 Mg)	Tier 1	MAIL
LamoTRIgine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	Tier 1	MAIL
Topiramate (Topiragen Oral Tablet 100 Mg, 200 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
Carbamates - Drugs For Seizures /Personality Disorder/Nerve Pain**		
felbamate oral suspension 600 mg/5ml	Tier 1	
felbamate oral tablet 400 mg, 600 mg	Tier 1	
Gaba Modulators - Drugs For Seizures /Personality Disorder/Nerve Pain**		
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
vigabatrin oral packet 500 mg	Tier 1	QL (6 EA per 1 day)
vigabatrin oral tablet 500 mg	Tier 1	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Packet 500 Mg)	Tier 1	QL (6 EA per 1 day)
Vigabatrin (Vigadrone Oral Tablet 500 Mg)	Tier 1	QL (6 EA per 1 day)
Hydantoins - Drugs For Seizures /Personality Disorder/Nerve Pain**		
DILANTIN ORAL CAPSULE 100 MG, 30 MG (Phenytoin Sodium Extended)	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
Phenytoin Sodium Extended (Phenytek Oral Capsule 200 Mg, 300 Mg)	Tier 1	MAIL
Phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	Tier 1	MAIL
Succinimides - Drugs For Seizures /Personality Disorder/Nerve Pain**		
CELONTIN ORAL CAPSULE 300 MG (Methsuximide)	Tier 3	MAIL
ethosuximide oral capsule 250 mg	Tier 1	MAIL
ethosuximide oral solution 250 mg/5ml	Tier 1	MAIL
Valproic Acid - Drugs For Seizures /Personality Disorder/Nerve Pain**		
divalproex sodium er oral tablet delayed release 500 mg	Tier 1	MAIL
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Tier 1	MAIL
divalproex sodium oral capsule delayed release sprinkle 125 mg	Tier 1	MAIL
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Tier 1	MAIL
valproic acid oral capsule 250 mg	Tier 1	MAIL
valproic acid oral solution 250 mg/5ml	Tier 1	MAIL
***Antidepressants* - Drugs For The Nervous System**		
Alpha-2 Receptor Antagonists (Tetracyclics) - Drugs For Depression**		
mirtazapine oral tablet 15 mg	Tier 1	MAIL; QL (2 EA per 1 day)
mirtazapine oral tablet 30 mg, 45 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Antidepressants - Misc. - Drugs For Depression**		
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg	Tier 1	MAIL; QL (2 EA per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	Tier 1	MAIL; QL (3 EA per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Tier 1	MAIL; QL (1 EA per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	Tier 1	MAIL; QL (4 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
Serotonin-Norepinephrine Reuptake Inhibitors (Snris) - Drugs For Depression**		
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (Levomilnacipran HCl)	Tier 3	PA; MAIL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (Levomilnacipran HCl)	Tier 3	PA
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (1 EA per 1 day)
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Tier 1	MAIL; QL (2 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
venlafaxine hcl er oral capsule extended release 24 hour 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Tricyclic Agents - Drugs For Depression**		
amitriptyline hcl oral tablet 10 mg, 25 mg	Tier 1	MAIL; QL (6 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 100 mg, 150 mg	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
amitriptyline hcl oral tablet 50 mg, 75 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Max 64 Years)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	Tier 1	MAIL
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Tier 1	QL (6 EA per 1 day)
desipramine hcl oral tablet 10 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
desipramine hcl oral tablet 100 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day)
desipramine hcl oral tablet 150 mg	Tier 1	MAIL; QL (2 EA per 1 day)
desipramine hcl oral tablet 25 mg	Tier 1	MAIL; QL (4 EA per 1 day)
doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	Tier 1	MAIL; QL (3 EA per 1 day); AGE (Max 64 Years)
doxepin hcl oral capsule 150 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Max 64 Years)
doxepin hcl oral concentrate 10 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	Tier 1	MAIL; QL (6 EA per 1 day)
nortriptyline hcl oral capsule 10 mg, 25 mg	Tier 1	MAIL; QL (6 EA per 1 day)
nortriptyline hcl oral capsule 50 mg	Tier 1	MAIL; QL (4 EA per 1 day)
nortriptyline hcl oral capsule 75 mg	Tier 1	MAIL; QL (2 EA per 1 day)
protriptyline hcl oral tablet 10 mg	Tier 1	QL (6 EA per 1 day)
protriptyline hcl oral tablet 5 mg	Tier 1	QL (4 EA per 1 day)
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
***Antidiabetics* - Hormones**		
Alpha-Glucosidase Inhibitors - Drugs For Diabetes**		
miglitol oral tablet 100 mg	Tier 3	MAIL; QL (3 EA per 1 day)
miglitol oral tablet 25 mg	Tier 3	MAIL; QL (12 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
miglitol oral tablet 50 mg	Tier 3	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 - Drugs For Diabetes**		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (Pramlintide Acetate)	Tier 3	PA; MAIL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (Pramlintide Acetate)	Tier 3	PA; MAIL
Biguanides - Drugs For Diabetes**		
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 - Drugs For Diabetes**		
glucose instant energy oral tablet chewable 4-6 gm-mg	Tier 1	OTC
Diabetic Other - Drugs For Diabetes**		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (Glucagon)	Tier 2	QL (2 EA per 25 days)
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
GLUCAGEN INJECTION SOLUTION RECONSTITUTED 1 MG (Glucagon HCl (rDNA))	Tier 2	QL (2 EA per 25 days)
diazoxide oral suspension 50 mg/ml	Tier 1	
glucagon emergency kit 1 mg injection	Tier 1	QL (2 EA per 30 days)
glucose oral tablet chewable 4 gm	Tier 1	OTC
Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors - Drugs For Diabetes**		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	Tier 3	ST; MAIL; QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (SitaGLIPtin Phosphate)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations - Drugs For Diabetes**		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	Tier 3	ST; MAIL; QL (2 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (SitaGLIPtin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (SitaGLIPtin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (SitaGLIPtin-MetFORMIN HCl)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
Dopamine Receptor Agonists - Ergot Derivatives - Drugs For Diabetes**		
CYCLOSET ORAL TABLET 0.8 MG (Bromocriptine Mesylate)	Tier 2	MAIL; QL (6 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Dpp-4 Inhibitor-Thiazolidinedione Combinations - Drugs For Diabetes**		
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	Tier 3	ST; MAIL; QL (1 EA per 1 day)
Human Insulin - Drugs For Diabetes**		
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (Insulin Regular Human)	Tier 3	MAIL
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin aspart injection solution 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin aspart penfill subcutaneous solution cartridge 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
insulin degludec subcutaneous solution 100 unit/ml	Tier 2	MAIL; QL (30 ML per 25 days)
BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin Glargine)	Tier 2	MAIL; QL (30 ML per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (15 ML per 25 days)
FIASP INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (15 ML per 25 days)
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Aspart (w/Niacinamide))	Tier 2	MAIL; QL (30 ML per 25 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (20 ML per 25 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (Insulin Regular Human)	Tier 2	MAIL; QL (18 ML per 25 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Detemir)	Tier 2	MAIL; QL (30 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
NOVOLIN 70/30 FLEXPEN RELION SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Isophane & Regular)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN N FLEXPEN RELION SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (OTC) (Insulin NPH Human (Isophane))	Tier 2	MAIL; QL (30 ML per 30 days)
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS (Insulin NPH Human (Isophane))	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION (Insulin Regular Human)	Tier 2	MAIL; OTC; QL (30 ML per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (Insulin Aspart Prot & Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (Insulin Aspart)	Tier 2	MAIL; QL (30 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 2	MAIL; QL (18 ML per 25 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (Insulin Glargine)	Tier 2	MAIL; QL (18 ML per 25 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (Insulin Degludec)	Tier 2	MAIL; QL (30 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Incretin Mimetic Agents (Glp-1 Receptor Agonists) - Drugs For Diabetes**		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 25 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 25 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (Semaglutide)	Tier 2	ST; MAIL; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (Semaglutide)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (Dulaglutide)	Tier 2	ST; MAIL; QL (2 ML per 24 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (Liraglutide)	Tier 2	ST; MAIL; QL (9 ML per 25 days)
Insulin-Incretin Mimetic Combinations - Drugs For Diabetes**		
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 - Drugs For Diabetes**		
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 - Drugs For Diabetes**		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (Empagliflozin-Linaglip-Metform)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations - Drugs For Diabetes**		
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 - Drugs For Diabetes**		
FARXIGA ORAL TABLET 10 MG, 5 MG (Dapagliflozin Propanediol)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
JARDIANCE ORAL TABLET 10 MG, 25 MG (Empagliflozin)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb - Drugs For Diabetes**		
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (Empagliflozin-Metformin HCl)	Tier 2	ST; MAIL

Drug Name	Formulary Status	Requirements/Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (Dapagliflozin Prop-metFORMIN)	Tier 2	ST; MAIL; QL (2 EA per 1 day)
Sulfonylurea-Biguanide Combinations - Drugs For Diabetes**		
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 - Drugs For Diabetes**		
tolazamide oral tablet 250 mg, 500 mg	Tier 2	
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
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 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
tolbutamide oral tablet 500 mg	Tier 1	
Thiazolidinediones - Drugs For Diabetes**		
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	Tier 1	MAIL; QL (1 EA per 1 day)
***Antidiarrheal/Probiotic Agents* - Drugs For The Stomach**		
Antidiarrheal/Probiotic Agents - Misc. - Drugs For Diarrhea**		
bismuth subsalicylate oral suspension 262 mg/15ml, 525 mg/30ml	Tier 1	OTC
bismuth subsalicylate oral tablet chewable 262 mg	Tier 1	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
KAOPECTATE ORAL TABLET 262 MG (Bismuth Subsalicylate)	Tier 1	OTC
MAALOX TOTAL RELIEF MAX ST ORAL SUSPENSION 525 MG/15ML (Bismuth Subsalicylate)	Tier 1	OTC
Antiperistaltic Agents - Drugs For Diarrhea**		
MOTOFEN ORAL TABLET 1-0.025 MG (Difenoxin-Atropine)	Tier 3	PA; QL (100 EA per 30 days)
anti-diarrheal oral capsule 2 mg	Tier 1	OTC
diphenatol oral tablet 2.5-0.025 mg	Tier 1	
diphenoxylate-atropine oral tablet 0.025-2.5 mg, 2.5-0.025 mg	Tier 1	
lofene oral tablet 2.5-0.025 mg	Tier 1	
loperamide hcl oral capsule 2 mg	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
loperamide hcl oral liquid 1 mg/7.5ml	Tier 1	OTC
loperamide hcl oral suspension 1 mg/7.5ml	Tier 1	OTC
loperamide hcl oral tablet 2 mg	Tier 1	OTC
Diphenoxylate-Atropine (Lonox Oral Tablet 2.5-0.025 Mg)	Tier 1	
***Antidotes And Specific Antagonists* - Drugs For Overdose Or Poisoning**		
Antidotes - Chelating Agents - Drugs For Overdose Or Poisoning**		
CHEMET ORAL CAPSULE 100 MG (Succimer)	Tier 3	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	Tier 1	PA
deferiprone oral tablet 1000 mg, 500 mg	Tier 1	PA
Opioid Antagonists - Drugs For Overdose Or Poisoning**		
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (Naltrexone)	Tier 3	QL (1 EA per 25 days)
naloxone hcl injection solution 0.4 mg/ml	Tier 1	QL (4 ML per 25 days)
naloxone hcl injection solution cartridge 0.4 mg/ml	Tier 1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	Tier 1	
naloxone hcl nasal liquid 4 mg/0.1ml	Tier 1	
naltrexone hcl oral tablet 50 mg	Tier 1	QL (2 EA per 1 day)
Naltrexone HCl (Depade Oral Tablet 50 Mg)	Tier 1	QL (2 EA per 1 day)
***Antiemetics* - Drugs For The Stomach**		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea**		
ANZEMET ORAL TABLET 50 MG (Dolasetron Mesylate)	Tier 3	PA
granisetron hcl oral tablet 1 mg	Tier 1	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 - Drugs For Vomiting And Nausea**		
AKYNZEO ORAL CAPSULE 300-0.5 MG (Netupitant-Palonosetron)	Tier 3	PA
anti-nausea oral solution 1.87-1.87-21.5	Tier 1	OTC
Antiemetics - Anticholinergic - Drugs For Vomiting And Nausea**		
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)
motion sickness relief oral tablet 50 mg	Tier 1	OTC
scopolamine transdermal patch 72 hour 1 mg/3days	Tier 1	QL (4 EA per 25 days)
trimethobenzamide hcl oral capsule 300 mg	Tier 1	
DRAMAMINE MOTION SICKNESS ORAL TABLET CHEWABLE 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
DRAMAMINE ORAL TABLET 25 MG (Meclizine HCl)	Tier 1	OTC; QL (4 EA per 1 day)
Antiemetics - Miscellaneous - Drugs For Vomiting And Nausea**		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	Tier 1	PA
Substance P/Neurokinin 1 (Nk1) Receptor Antagonists - Drugs For Vomiting And Nausea**		
aprepitant oral 80 & 125 mg	Tier 1	PA
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	Tier 1	PA
***Antifungals* - Drugs For Infections**		
Antifungals - Drugs For Fungus**		
flucytosine oral capsule 250 mg, 500 mg	Tier 1	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 - Drugs For Fungus**		
ketoconazole oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Triazoles - Drugs For Fungus**		
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)
itraconazole oral capsule 100 mg	Tier 1	QL (4 EA per 1 day)
voriconazole oral tablet 200 mg, 50 mg	Tier 1	PA
***Antihistamines* - Drugs For The Lungs**		
Antihistamines - Alkylamines - Drugs For Allergies**		
dexchlorpheniramine maleate oral solution 2 mg/5ml	Tier 3	PA
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
Antihistamines - Ethanolamines - Drugs For Allergies**		
allergy relief childrens oral tablet dispersible 12.5 mg	Tier 1	OTC
carbinoxamine maleate oral tablet 4 mg	Tier 1	
clemastine fumarate oral tablet 1.34 mg	Tier 1	OTC
clemastine fumarate oral tablet 2.68 mg	Tier 1	
diphedryl oral elixir 12.5 mg/5ml	Tier 1	OTC; AGE (Max 12 Years)
diphen oral elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 Years)
di-phen oral elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 Years)
di-phen oral liquid 12.5 mg/5ml	Tier 1	AGE (Max 12 Years)
diphendryl oral capsule 25 mg	Tier 1	OTC
diphenhydramine hcl injection solution 50 mg/ml	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
diphenhydramine hcl oral capsule 25 mg, 50 mg	Tier 1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	Tier 1	AGE (Max 12 Years)
diphenhydramine hcl oral liquid 12.5 mg/5ml	Tier 1	OTC; AGE (Max 12 Years)
diphenhydramine hcl oral tablet 25 mg, 50 mg	Tier 1	OTC
diphenhydramine hcl oral tablet chewable 12.5 mg	Tier 1	OTC; AGE (Max 12 Years)
kp diphenhydramine hcl oral capsule 50 mg	Tier 1	OTC
Carbinoxamine Maleate (Arbinoxa Oral Solution 4 Mg/5Ml)	Tier 1	
Carbinoxamine Maleate (Arbinoxa Oral Tablet 4 Mg)	Tier 1	
Antihistamines - Non-Sedating - Drugs For Allergies**		
cetirizine hcl allergy child oral solution 5 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl childrens alrgy oral syrup 1 mg/ml	Tier 1	OTC; QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	Tier 1	QL (10 ML per 1 day); AGE (Max 12 Years)
cetirizine hcl oral syrup 1 mg/ml, 5 mg/5ml	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)
desloratadine oral tablet 5 mg	Tier 1	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)
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)
Antihistamines - Phenothiazines - Drugs For Allergies**		
promethazine hcl oral solution 6.25 mg/5ml	Tier 1	AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral syrup 6.25 mg/5ml	Tier 1	AGE (Min 2 Years and Max 64 Years)
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	Tier 1	AGE (Min 2 Years and Max 64 Years)
promethazine hcl rectal suppository 12.5 mg, 25 mg	Tier 1	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Promethazine HCl (Phenergan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)

Drug Name	Formulary Status	Requirements/Limits
Promethazine HCl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	Tier 1	QL (24 EA per 25 days); AGE (Min 2 Years and Max 64 Years)
Antihistamines - Piperidines - Drugs For Allergies**		
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* - Drugs For The Heart**		
Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb - Drugs For Cholesterol**		
NEXLIZET ORAL TABLET 180-10 MG (Bempedoic Acid-Ezetimibe)	Tier 3	PA; MAIL
Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors - Drugs For Cholesterol**		
NEXLETOL ORAL TABLET 180 MG (Bempedoic Acid)	Tier 3	PA; MAIL
Antihyperlipidemics - Misc. - Drugs For Cholesterol**		
omega-3-acid ethyl esters oral capsule 1 gm	Tier 1	QL (4 EA per 1 day)
triklo oral capsule 1 gm	Tier 1	QL (4 EA per 1 day)
Bile Acid Sequestrants - Drugs For Cholesterol**		
cholestyramine light oral powder 4 gm/dose	Tier 1	MAIL; QL (240 GM per 25 days)
cholestyramine oral powder 4 gm/dose	Tier 1	MAIL; QL (378 GM per 25 days)
colesevelam hcl oral packet 3.75 gm	Tier 1	QL (1 EA per 1 day)
colesevelam hcl oral tablet 625 mg	Tier 1	QL (6 EA per 1 day)
colestipol hcl oral tablet 1 gm	Tier 1	MAIL; QL (16 EA per 1 day)
micronized 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 - Drugs For Cholesterol**		
choline fenofibrate oral capsule delayed release 135 mg	Tier 1	QL (1 EA per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	Tier 1	QL (1 EA per 1 day)
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Tier 1	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)
fenofibric acid oral capsule delayed release 135 mg, 45 mg	Tier 1	QL (1 EA per 1 day)
gemfibrozil oral tablet 600 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Hmg Coa Reductase Inhibitors - Drugs For Cholesterol**		
atorvastatin calcium oral tablet 10 mg, 20 mg, 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)
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Tier 1	QL (1 EA per 1 day)
fluvastatin sodium oral capsule 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
lovastatin oral tablet 10 mg, 20 mg	Tier 1	MAIL; QL (1.5 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
Ace Inhibitors - Drugs For High Blood Pressure**		
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 - Drugs For High Blood Pressure**		
phenoxybenzamine hcl oral capsule 10 mg	Tier 1	
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb - Drugs For High Blood Pressure**		
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Tier 1	QL (1 EA per 1 day)
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like - Drugs For High Blood Pressure**		
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	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 - Drugs For High Blood Pressure**		
eprosartan mesylate oral tablet 600 mg	Tier 3	ST; MAIL; QL (1.5 EA per 1 day)
EDARBI ORAL TABLET 40 MG, 80 MG (Azilsartan Medoxomil)	Tier 3	ST; MAIL; QL (1 EA per 1 day)
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	Tier 1	QL (2 EA per 1 day)
candesartan cilexetil oral tablet 32 mg	Tier 1	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)

Drug Name	Formulary Status	Requirements/Limits
olmesartan medoxomil oral tablet 20 mg, 40 mg	Tier 1	QL (1 EA per 1 day)
olmesartan medoxomil oral tablet 5 mg	Tier 1	QL (2 EA per 1 day)
telmisartan oral tablet 20 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
telmisartan oral tablet 80 mg	Tier 1	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 - Drugs For High Blood Pressure**		
clonidine hcl oral tablet 0.1 mg, 0.2 mg	Tier 1	MAIL; QL (6 EA per 1 day)
clonidine hcl oral tablet 0.3 mg	Tier 1	MAIL; QL (4 EA per 1 day)
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	Tier 1	QL (4 EA per 25 days)
guanfacine hcl oral tablet 1 mg	Tier 1	MAIL; QL (4 EA per 1 day)
guanfacine hcl oral tablet 2 mg	Tier 1	MAIL; QL (2 EA per 1 day)
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)
Antiadrenergics - Peripherally Acting - Drugs For High Blood Pressure**		
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)
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	Tier 1	MAIL; QL (6 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)
Antihypertensives - Misc. - Drugs For High Blood Pressure**		
INVERSINE ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 3	MAIL
VECAMYL ORAL TABLET 2.5 MG (Mecamylamine HCl)	Tier 3	MAIL
Beta Blocker & Diuretic Combinations - Drugs For High Blood Pressure**		
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 - Drugs For High Blood Pressure**		
aliskiren fumarate oral tablet 150 mg, 300 mg	Tier 1	PA; QL (1 EA per 1 day)
Selective Aldosterone Receptor Antagonists (Saras) - Drugs For High Blood Pressure**		
eplerenone oral tablet 25 mg	Tier 1	MAIL; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
eplerenone oral tablet 50 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Vasodilators - Drugs For High Blood Pressure**		
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.* - Drugs For Infections**		
Anti-Infective Agents - Misc. - Drugs For Infections**		
XIFAXAN ORAL TABLET 200 MG, 550 MG (Rifaximin)	Tier 3	PA
metronidazole oral tablet 250 mg, 500 mg	Tier 1	
pentamidine isethionate inhalation solution reconstituted 300 mg	Tier 1	
tinidazole oral tablet 250 mg	Tier 1	QL (8 EA per 1 day)
tinidazole oral tablet 500 mg	Tier 1	QL (4 EA per 1 day)
trimethoprim oral tablet 100 mg	Tier 1	
Anti-Infective Misc. - Combinations - Antibiotics**		
smz-tmp ds oral tablet 800-160 mg	Tier 1	
sulfamethoxazole-tmp ds oral tablet 800-160 mg	Tier 1	
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	
sulfatrim oral suspension 200-40 mg/5ml	Tier 1	AGE (Max 12 Years)
Sulfamethoxazole-Trimethoprim (Sulfatrim Pediatric Oral Suspension 200-40 Mg/5Ml)	Tier 1	AGE (Max 12 Years)
Antiprotozoal Agents - Drugs For Parasites**		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (Nitazoxanide)	Tier 3	PA
atovaquone oral suspension 750 mg/5ml	Tier 1	PA
nitazoxanide oral tablet 500 mg	Tier 1	PA
Glycopeptides - Antibiotics**		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (Vancomycin HCl)	Tier 2	
Leprostatics - Antibiotics**		
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 - Antibiotics**		
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 - Antibiotics**		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (Aztreonam Lysine)	Tier 3	PA
Oxazolidinones - Antibiotics**		
linezolid oral suspension reconstituted 100 mg/5ml	Tier 1	PA
linezolid oral tablet 600 mg	Tier 1	PA

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

Drug Name	Formulary Status	Requirements/Limits
rifampin oral capsule 150 mg, 300 mg	Tier 1	
***Antineoplastics And Adjunctive Therapies* - Drugs For Cancer**		
Androgen Biosynthesis Inhibitors - Drugs For Cancer**		
abiraterone acetate oral tablet 250 mg	Tier 1	PA; ONC; QL (4 EA per 1 day)
abiraterone acetate oral tablet 500 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
Antiadrenals - Drugs For Cancer**		
LYSODREN ORAL TABLET 500 MG (Mitotane)	Tier 3	PA; ONC
Antiandrogens - Drugs For Cancer**		
XTANDI ORAL CAPSULE 40 MG (Enzalutamide)	Tier 3	PA; ONC; QL (4 EA per 1 day)
XTANDI ORAL TABLET 40 MG (Enzalutamide)	Tier 3	PA; ONC; QL (4 EA per 1 day)
XTANDI ORAL TABLET 80 MG (Enzalutamide)	Tier 3	PA; ONC; QL (2 EA per 1 day)
EULEXIN ORAL CAPSULE 125 MG (Flutamide)	Tier 2	
bicalutamide oral tablet 50 mg	Tier 1	ONC; QL (3 EA per 1 day)
nilutamide oral tablet 150 mg	Tier 1	PA; ONC
Antiestrogens - Drugs For Cancer**		
tamoxifen citrate oral tablet 10 mg, 20 mg	Tier 1	MAIL; ONC
toremifene citrate oral tablet 60 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
Antimetabolites - Drugs For Cancer**		
TABLOID ORAL TABLET 40 MG (Thioguanine)	Tier 3	PA; ONC
capecitabine oral tablet 150 mg, 500 mg	Tier 1	PA; ONC
mercaptopurine oral tablet 50 mg	Tier 1	ONC
methotrexate oral tablet 2.5 mg	Tier 1	
methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml	Tier 1	QL (10 ML per 25 days)
methotrexate sodium injection solution 250 mg/10ml	Tier 1	QL (10 ML per 30 days)
methotrexate sodium injection solution 50 mg/2ml	Tier 1	QL (10 ML per 25 days)
methotrexate sodium oral tablet 2.5 mg	Tier 1	
Antineoplastic - Alk Inhibitors - Drugs For Cancer**		
ALECENSA ORAL CAPSULE 150 MG (Alectinib HCl)	Tier 3	PA; ONC; QL (8 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG (Crizotinib)	Tier 3	PA; ONC; QL (2 EA per 1 day)
ZYKADIA ORAL CAPSULE 150 MG (Ceritinib)	Tier 3	PA; QL (3 EA per 1 day)
Antineoplastic - Bcr-Abl Kinase Inhibitors - Drugs For Cancer**		
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (PONATinib HCl)	Tier 3	PA; ONC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (Dasatinib)	Tier 3	PA; ONC; QL (1 EA per 1 day)
SPRYCEL ORAL TABLET 20 MG (Dasatinib)	Tier 3	PA; ONC; QL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (Nilotinib HCl)	Tier 3	PA; ONC; QL (4 EA per 1 day)
imatinib mesylate oral tablet 100 mg	Tier 1	PA; ONC; QL (3 EA per 1 day)
imatinib mesylate oral tablet 400 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
Antineoplastic - Braf Kinase Inhibitors - Drugs For Cancer**		
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (Dabrafenib Mesylate)	Tier 3	PA; ONC; QL (4 EA per 1 day)
Antineoplastic - Btk Inhibitors - Drugs For Cancer**		
IMBRUVICA ORAL CAPSULE 140 MG (Ibrutinib)	Tier 3	PA; ONC; QL (3 EA per 1 day)
Antineoplastic - Egfr Inhibitors - Drugs For Cancer**		
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (Afatinib Dimaleate)	Tier 3	PA; ONC; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 40 MG, 80 MG (Osimertinib Mesylate)	Tier 3	PA; ONC; QL (1 EA per 1 day)
erlotinib hcl oral tablet 100 mg, 150 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
erlotinib hcl oral tablet 25 mg	Tier 1	PA; ONC; QL (3 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitors - Drugs For Cancer**		
ERIVEDGE ORAL CAPSULE 150 MG (Vismodegib)	Tier 3	PA; ONC; QL (1 EA per 1 day)
ODOMZO ORAL CAPSULE 200 MG (Sonidegib Phosphate)	Tier 3	PA; ONC; QL (1 EA per 1 day)
Antineoplastic - Histone Deacetylase Inhibitors - Drugs For Cancer**		
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (Panobinostat Lactate)	Tier 3	PA; QL (6 EA per 17 days)
ZOLINZA ORAL CAPSULE 100 MG (Vorinostat)	Tier 3	PA; ONC; QL (4 EA per 1 day)
Antineoplastic - Immunomodulators - Drugs For Cancer**		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (Pomalidomide)	Tier 3	PA; ONC; QL (1 EA per 1 day)
Antineoplastic - Mek Inhibitors - Drugs For Cancer**		
MEKINIST ORAL TABLET 0.5 MG (Trametinib Dimethyl Sulfoxide)	Tier 3	PA; ONC; QL (3 EA per 1 day)
MEKINIST ORAL TABLET 2 MG (Trametinib Dimethyl Sulfoxide)	Tier 3	PA; ONC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antineoplastic - Mtor Kinase Inhibitors - Drugs For Cancer**		
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
everolimus oral tablet soluble 2 mg, 5 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
everolimus oral tablet soluble 3 mg	Tier 1	PA; ONC; QL (3 EA per 1 day)
Antineoplastic - Multikinase Inhibitors - Drugs For Cancer**		
vandetanib oral tablet 100 mg	Tier 3	PA; ONC; QL (2 EA per 1 day)
vandetanib oral tablet 300 mg	Tier 3	PA; ONC; QL (1 EA per 1 day)
CAPRELSA ORAL TABLET 100 MG (Vandetanib)	Tier 3	PA; ONC; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (Vandetanib)	Tier 3	PA; ONC; QL (1 EA per 1 day)
STIVARGA ORAL TABLET 40 MG (Regorafenib)	Tier 3	PA; ONC; QL (3 EA per 1 day)
VOTRIENT ORAL TABLET 200 MG (PAZOPanib HCl)	Tier 3	PA; ONC; QL (4 EA per 1 day)
lapatinib ditosylate oral tablet 250 mg	Tier 1	PA; ONC; QL (6 EA per 1 day)
sorafenib tosylate oral tablet 200 mg	Tier 1	PA; ONC; QL (4 EA per 1 day)
sunitinib malate oral capsule 12.5 mg	Tier 1	PA; ONC; QL (4 EA per 1 day)
sunitinib malate oral capsule 25 mg	Tier 1	PA; ONC; QL (2 EA per 1 day)
sunitinib malate oral capsule 37.5 mg, 50 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
Antineoplastics Misc. - Drugs For Cancer**		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (Interferon Gamma-1B)	Tier 3	PA
MATULANE ORAL CAPSULE 50 MG (Procarbazine HCl)	Tier 3	PA; ONC
hydroxyurea oral capsule 500 mg	Tier 1	ONC
Aromatase Inhibitors - Drugs For Cancer**		
anastrozole oral tablet 1 mg	Tier 1	MAIL
exemestane oral tablet 25 mg	Tier 1	
letrozole oral tablet 2.5 mg	Tier 1	ONC; QL (1 EA per 1 day)
Cyclin-Dependent Kinases (Cdk) Inhibitors - Drugs For Cancer**		
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 3	PA; ONC; QL (1 EA per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (Palbociclib)	Tier 3	PA; ONC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (Abemaciclib)	Tier 3	PA; ONC; QL (2 EA per 1 day)
Estrogens-Antineoplastic - Drugs For Cancer**		
EMCYT ORAL CAPSULE 140 MG (Estramustine Phosphate Sodium)	Tier 3	PA; ONC
Folic Acid Antagonists Rescue Agents - Drugs For Cancer**		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	Tier 1	ONC
Imidazotetrazines - Drugs For Cancer**		
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	Tier 1	PA; ONC
Janus Associated Kinase (Jak) Inhibitors - Drugs For Cancer**		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (Ruxolitinib Phosphate)	Tier 3	PA; ONC; QL (2 EA per 1 day)
Lhrh Analogs - Drugs For Cancer**		
leuprolide acetate injection kit 1 mg/0.2ml	Tier 1	PA
Mitotic Inhibitors - Drugs For Cancer**		
etoposide oral capsule 50 mg	Tier 3	PA; ONC
Nitrogen Mustards And Related Analogues - Drugs For Cancer**		
melphalan oral tablet 2 mg	Tier 3	PA; ONC
LEUKERAN ORAL TABLET 2 MG (Chlorambucil)	Tier 3	PA; ONC
cyclophosphamide oral capsule 25 mg, 50 mg	Tier 1	PA; ONC
Nitrosoureas - Drugs For Cancer**		
lomustine oral capsule 10 mg, 100 mg, 40 mg	Tier 3	PA; ONC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (Lomustine)	Tier 3	PA; ONC
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors - Drugs For Cancer**		
ZYDELIG ORAL TABLET 100 MG, 150 MG (Idelalisib)	Tier 3	PA; ONC; QL (2 EA per 1 day)
Poly (Adp-Ribose) Polymerase (Parp) Inhibitors - Drugs For Cancer**		
LYNPARZA ORAL TABLET 100 MG, 150 MG (Olaparib)	Tier 3	PA; ONC; QL (4 EA per 1 day)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (Rucaparib Camsylate)	Tier 3	PA; ONC; QL (4 EA per 1 day)
ZEJULA ORAL CAPSULE 100 MG (Niraparib Tosylate)	Tier 3	PA; QL (3 EA per 1 day)
Progestins-Antineoplastic - Drugs For Cancer**		
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	Tier 1	ONC
megestrol acetate oral tablet 20 mg, 40 mg	Tier 1	ONC
Retinoids - Drugs For Cancer**		
tretinoin oral capsule 10 mg	Tier 1	PA; ONC

Drug Name	Formulary Status	Requirements/Limits
Selective Retinoid X Receptor Agonists - Drugs For Cancer**		
bexarotene oral capsule 75 mg	Tier 1	PA; ONC
Vascular Endothelial Growth Factor (Vegf) Inhibitors - Drugs For Cancer**		
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (1 EA per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (3 EA per 1 day)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (2 EA per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (3 EA per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (2 EA per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (3 EA per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (1 EA per 1 day)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG (Lenvatinib Mesylate)	Tier 3	PA; ONC; QL (2 EA per 1 day)
***Antiparkinson And Related Therapy Agents* - Drugs For The Nervous System**		
Antiparkinson Anticholinergics - Drugs For Parkinson**		
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	Tier 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 - Drugs For Parkinson**		
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
amantadine hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
bromocriptine mesylate oral capsule 5 mg	Tier 1	QL (6 EA per 1 day)
bromocriptine mesylate oral tablet 2.5 mg	Tier 1	QL (6 EA per 1 day)
Antiparkinson Monoamine Oxidase Inhibitors - Drugs For Parkinson**		
rasagiline mesylate oral tablet 0.5 mg	Tier 1	QL (2 EA per 1 day)
rasagiline mesylate oral tablet 1 mg	Tier 1	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 - Drugs For Parkinson**		
tolcapone oral tablet 100 mg	Tier 1	PA
Decarboxylase Inhibitors - Drugs For Parkinson**		
carbidopa oral tablet 25 mg	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
Levodopa Combinations - Drugs For Parkinson**		
atamet oral tablet 25-250 mg	Tier 1	MAIL
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
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-200-75 mg, 18.75-75-200 mg	Tier 1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg	Tier 1	QL (8 EA per 1 day)
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg	Tier 1	QL (6 EA per 1 day)
Nonergoline Dopamine Receptor Agonists - Drugs For Parkinson**		
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (Rotigotine)	Tier 3	PA; MAIL
apomorphine hcl subcutaneous solution cartridge 30 mg/3ml	Tier 1	PA
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	Tier 1	MAIL
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 - Drugs For Parkinson**		
entacapone oral tablet 200 mg	Tier 1	QL (8 EA per 1 day)
***Antipsychotics/Antimanic Agents* - Drugs For The Nervous System**		
Antimanic Agents - Drugs For Severe Mental Disorders**		
lithium carbonate er oral tablet extended release 300 mg, 450 mg	Tier 1	MAIL; AGE (Min 6 Years)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	Tier 1	MAIL; AGE (Min 6 Years)
lithium carbonate oral tablet 300 mg	Tier 1	MAIL; AGE (Min 6 Years)
Antipsychotics - Misc. - Drugs For Severe Mental Disorders**		
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
Benzisoxazoles - Drugs For Severe Mental Disorders**		
risperidone oral tablet dispersible 0.25 mg	Tier 3	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (Iloperidone)	Tier 3	PA
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (Iloperidone)	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg	Tier 1	PA
risperidone oral solution 1 mg/ml	Tier 1	MAIL; QL (16 ML per 1 day); AGE (Min 5 Years)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet 4 mg	Tier 1	MAIL; QL (4 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
risperidone oral tablet dispersible 4 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 0.5 Mg, 1 Mg, 2 Mg, 3 Mg)	Tier 1	QL (2 EA per 1 day); AGE (Min 5 Years)
RisperiDONE (Risperidone M-Tab Oral Tablet Dispersible 4 Mg)	Tier 1	QL (4 EA per 1 day); AGE (Min 5 Years)
Butyrophenones - Drugs For Severe Mental Disorders**		
haloperidol lactate injection solution 5 mg/ml	Tier 1	AGE (Min 6 Years)
haloperidol lactate oral concentrate 2 mg/ml	Tier 1	MAIL; AGE (Min 6 Years)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Dibenzodiazepines - Drugs For Severe Mental Disorders**		
clozapine oral tablet 100 mg, 25 mg, 50 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 6 Years)
clozapine oral tablet 200 mg	Tier 1	QL (4 EA per 1 day); AGE (Min 6 Years)
Dibenzo-Oxepino Pyrroles - Drugs For Severe Mental Disorders**		
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Tier 1	PA; MAIL
Dibenzothiazepines - Drugs For Severe Mental Disorders**		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	Tier 1	MAIL; QL (2 EA per 1 day); AGE (Min 6 Years)
Dibenzoxazepines - Drugs For Severe Mental Disorders**		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years)
Phenothiazines - Drugs For Severe Mental Disorders**		
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	Tier 1	AGE (Min 6 Years)
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)

Drug Name	Formulary Status	Requirements/Limits
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
prochlorperazine maleate oral tablet 10 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
prochlorperazine rectal suppository 25 mg	Tier 1	AGE (Min 6 Years)
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	Tier 1	MAIL; AGE (Min 6 Years and Max 64 Years)
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
Prochlorperazine (Compazine Rectal Suppository 25 Mg)	Tier 1	AGE (Min 6 Years)
Prochlorperazine (Compro Rectal Suppository 25 Mg)	Tier 1	AGE (Min 6 Years)
Quinolinone Derivatives - Drugs For Severe Mental Disorders**		
aripiprazole oral solution 1 mg/ml	Tier 1	AGE (Max 11 Years)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
aripiprazole oral tablet dispersible 10 mg, 15 mg	Tier 1	PA; QL (1 EA per 1 day)
Thienbenzodiazepines - Drugs For Severe Mental Disorders**		
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 6 Years)
Thioxanthenes - Drugs For Severe Mental Disorders**		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	Tier 1	MAIL; AGE (Min 6 Years)
***Antiseptics & Disinfectants* - Antiseptics And Disinfectants**		
Chlorine Antiseptics - Antiseptics And Disinfectants**		
chlorhexidine gluconate external liquid 4 %	Tier 1	OTC
***Antivirals* - Drugs For Infections**		
Antiretroviral Combinations - Drugs For Viral Infections**		
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	Tier 2	QL (2 EA per 1 day)
BIKTARVY ORAL TABLET 30-120-15 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day); AGE (Max 12 Years)
BIKTARVY ORAL TABLET 50-200-25 MG (Bictegravir-Emtricitab-Tenofov)	Tier 2	QL (1 EA per 1 day)
CIMDUO ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
COMPLERA ORAL TABLET 200-25-300 MG (Emtricitab-Rilpivir-Tenofovir)	Tier 2	QL (1 EA per 1 day)
DELSTRIGO ORAL TABLET 100-300-300 MG (Doravirin-Lamivudin-Tenofov DF)	Tier 2	QL (1 EA per 1 day)
DOVATO ORAL TABLET 50-300 MG (Dolutegravir-lamiVUDine)	Tier 2	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG (Atazanavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG (Elviteg-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
JULUCA ORAL TABLET 50-25 MG (Dolutegravir-Rilpivirine)	Tier 2	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG (Emtricitab-Rilpivir-Tenofov AF)	Tier 2	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
PREZCOBIX ORAL TABLET 800-150 MG (Darunavir-Cobicistat)	Tier 2	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (Elviteg-Cobic-Emtricit-TenofDF)	Tier 2	QL (1 EA per 1 day)
SYMTUZA ORAL TABLET 800-150-200-10 MG (Darun-Cobic-Emtricit-TenofAF)	Tier 2	QL (1 EA per 1 day)
TEMIXYS ORAL TABLET 300-300 MG (Lamivudine-Tenofovir)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ ORAL TABLET 600-50-300 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (Abacavir-Dolutegravir-Lamivud)	Tier 2	QL (6 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG (Abacavir-Lamivudine-Zidovudine)	Tier 2	QL (2 EA per 1 day)
abacavir sulfate-lamivudine oral tablet 600-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg	Tier 1	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	Tier 1	QL (1 EA per 1 day)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	Tier 1	QL (1 EA per 1 day)
lamivudine-zidovudine oral tablet 150-300 mg	Tier 1	QL (2 EA per 1 day)
lopinavir-ritonavir oral solution 400-100 mg/5ml	Tier 1	QL (1 ML per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	Tier 1	QL (12 EA per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	Tier 1	QL (6 EA per 1 day)
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor) - Drugs For Viral Infections**		
SELZENTRY ORAL SOLUTION 20 MG/ML (Maraviroc)	Tier 2	QL (900 ML per 30 days)
SELZENTRY ORAL TABLET 25 MG (Maraviroc)	Tier 2	QL (4 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG (Maraviroc)	Tier 2	QL (2 EA per 1 day)
maraviroc oral tablet 150 mg, 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretrovirals - Fusion Inhibitors - Drugs For Viral Infections**		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (Enfuvirtide)	Tier 3	PA
Antiretrovirals - Gp120-Directed Attachment Inhibitor - Drugs For Viral Infections**		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (Fostemsavir Tromethamine)	Tier 2	QL (2 EA per 1 day)
Antiretrovirals - Integrase Inhibitors - Drugs For Viral Infections**		
ISENTRESS HD ORAL TABLET 600 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL PACKET 100 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET 400 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (Raltegravir Potassium)	Tier 2	QL (2 EA per 1 day)
TIVICAY ORAL TABLET 10 MG, 25 MG (Dolutegravir Sodium)	Tier 2	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
TIVICAY ORAL TABLET 50 MG (Dolutegravir Sodium)	Tier 2	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (Dolutegravir Sodium)	Tier 2	QL (180 EA per 30 days)
Antiretrovirals - Protease Inhibitors - Drugs For Viral Infections**		
PREZISTA ORAL SUSPENSION 100 MG/ML (Darunavir)	Tier 3	QL (16 ML per 1 day)
PREZISTA ORAL TABLET 150 MG (Darunavir)	Tier 3	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 600 MG (Darunavir)	Tier 3	QL (2 EA per 1 day)
PREZISTA ORAL TABLET 75 MG (Darunavir)	Tier 3	QL (16 EA per 1 day)
PREZISTA ORAL TABLET 800 MG (Darunavir)	Tier 3	QL (1 EA per 1 day)
APTIVUS ORAL CAPSULE 250 MG (Tipranavir)	Tier 2	QL (4 EA per 1 day)
INVIRASE ORAL TABLET 500 MG (Saquinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG (Nelfinavir Mesylate)	Tier 2	QL (10 EA per 1 day)
VIRACEPT ORAL TABLET 625 MG (Nelfinavir Mesylate)	Tier 2	QL (4 EA per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	Tier 1	QL (2 EA per 1 day)
atazanavir sulfate oral capsule 300 mg	Tier 1	QL (1 EA per 1 day)
fosamprenavir calcium oral tablet 700 mg	Tier 1	QL (4 EA per 1 day)
ritonavir oral tablet 100 mg	Tier 1	QL (12 EA per 1 day)
Antiretrovirals - Rti-Non-Nucleoside Analogues - Drugs For Viral Infections**		
EDURANT ORAL TABLET 25 MG (Rilpivirine HCl)	Tier 2	QL (1 EA per 1 day)
INTELENCE ORAL TABLET 25 MG (Etravirine)	Tier 2	QL (16 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG (Doravirine)	Tier 2	QL (1 EA per 1 day)
efavirenz oral capsule 200 mg	Tier 1	QL (3 EA per 1 day)
efavirenz oral capsule 50 mg	Tier 1	QL (12 EA per 1 day)
efavirenz oral tablet 600 mg	Tier 1	QL (1 EA per 1 day)
etravirine oral tablet 100 mg	Tier 1	QL (4 EA per 1 day)
etravirine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 100 mg	Tier 1	QL (4 EA per 1 day)
nevirapine er oral tablet extended release 24 hour 400 mg	Tier 1	QL (1 EA per 1 day)
nevirapine oral suspension 50 mg/5ml	Tier 1	QL (40 ML per 1 day)
nevirapine oral tablet 200 mg	Tier 1	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Purines - Drugs For Viral Infections**		
abacavir sulfate oral solution 20 mg/ml	Tier 1	QL (30 ML per 1 day)
abacavir sulfate oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines - Drugs For Viral Infections**		
EMTRIVA ORAL SOLUTION 10 MG/ML (Emtricitabine)	Tier 2	QL (24 ML per 1 day)
emtricitabine oral capsule 200 mg	Tier 1	QL (1 EA per 1 day)
lamivudine oral solution 10 mg/ml	Tier 1	QL (30 ML per 1 day)
lamivudine oral tablet 150 mg	Tier 1	QL (2 EA per 1 day)
lamivudine oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines - Drugs For Viral Infections**		
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	Tier 1	QL (2 EA per 1 day)
zidovudine oral capsule 100 mg	Tier 1	QL (6 EA per 1 day)
zidovudine oral syrup 50 mg/5ml	Tier 1	QL (60 ML per 1 day)
zidovudine oral tablet 300 mg	Tier 1	QL (2 EA per 1 day)
Antiretrovirals - Rti-Nucleotide Analogues - Drugs For Viral Infections**		
tenofovir disoproxil fumarate oral tablet 300 mg	Tier 1	QL (1 EA per 1 day)
Antiretrovirals Adjuvants - Drugs For Viral Infections**		
TYBOST ORAL TABLET 150 MG (Cobicistat)	Tier 2	QL (1 EA per 1 day)
Antiviral Combinations - Drugs For Infections**		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 2	QL (30 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 2	QL (30 EA per 5 days)
PAXLOVID ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG, 20 X 150 MG & 10 X 100MG (Nirmatrelvir-Ritonavir)	Tier 2	QL (30 EA per 5 days)
Cmv Agents - Drugs For Viral Infections**		
valganciclovir hcl oral solution reconstituted 50 mg/ml	Tier 1	PA
valganciclovir hcl oral tablet 450 mg	Tier 1	PA
Hepatitis B Agents - Drugs For Viral Infections**		
BARACLUDE ORAL SOLUTION 0.05 MG/ML (Entecavir)	Tier 3	PA
VEMLIDY ORAL TABLET 25 MG (Tenofovir Alafenamide Fumarate)	Tier 3	PA
adefovir dipivoxil oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
entecavir oral tablet 0.5 mg, 1 mg	Tier 1	QL (1 EA per 1 day)
lamivudine oral tablet 100 mg	Tier 1	QL (3 EA per 1 day)
Hepatitis C Agent - Combinations - Drugs For Viral Infections**		
ledipasvir-sofosbuvir tablet 90-400 mg oral	Tier 3	PA; QL (1 EA per 1 day)
sofosbuvir-velpatasvir tablet 400-100 mg oral	Tier 3	PA; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (Sofosbuv-Velpatasv-Voxilaprev)	Tier 3	PA; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (Elbasvir-Grazoprevir)	Tier 3	PA; QL (1 EA per 1 day)
Hepatitis C Agents - Drugs For Viral Infections**		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 3	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (Peginterferon alfa-2a)	Tier 3	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (Peginterferon alfa-2a)	Tier 3	PA
SOVALDI ORAL TABLET 400 MG (Sofosbuvir)	Tier 3	PA; QL (1 EA per 1 day)
ribavirin oral capsule 200 mg	Tier 1	

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

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

Drug Name	Formulary Status	Requirements/Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 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 24 hour 120 mg, 180 mg, 240 mg, 360 mg	Tier 1	MAIL; QL (2 EA per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 300 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, 180 mg, 240 mg, 300 mg, 360 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)
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	
nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg	Tier 1	PA
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	QL (1 EA per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	Tier 1	QL (2 EA per 1 day)
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)
NIFEdipine (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Diltiazem HCl Coated Beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 30 Mg, 60 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
NIFEdipine (Nifediac Cc Oral Tablet Extended Release 24 Hour 90 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
NIFEdipine (Nifedical Xl Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
NIFEdipine (Nifedical Xl Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	Tier 1	MAIL; QL (2 EA per 1 day)
Diltiazem HCl ER Beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 420 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
***Cardiotonics* - Drugs For The Heart**		
Cardiac Glycosides - Drugs For The Heart**		
LANOXIN ORAL TABLET 125 MCG, 250 MCG (Digoxin)	Tier 2	MAIL; QL (1 EA per 1 day)
digoxin oral solution 0.05 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
digoxin oral tablet 125 mcg, 250 mcg	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
***Cardiovascular Agents - Misc.* - Drugs For The Heart**		
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb - Drugs For High Blood Pressure**		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (Sacubitril-Valsartan)	Tier 2	PA; MAIL
Peripheral Vasodilators - Drugs For High Blood Pressure**		
niacin flush free oral capsule 500 mg	Tier 1	MAIL; OTC
Prostaglandin Vasodilators - Drugs For High Blood Pressure**		
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (Treprostinil Diolamine)	Tier 3	PA; QL (3 EA per 1 day)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (Iloprost)	Tier 3	PA
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	Tier 1	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc) - Drugs For High Blood Pressure**		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (Riociguat)	Tier 3	PA; QL (3 EA per 1 day)
Pulmonary Hypertension - Endothelin Receptor Antagonists - Drugs For High Blood Pressure**		
OPSUMIT ORAL TABLET 10 MG (Macitentan)	Tier 3	PA; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (Bosentan)	Tier 3	PA; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	Tier 1	PA; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	Tier 1	PA; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Pulmonary Hypertension - Phosphodiesterase Inhibitors - Drugs For High Blood Pressure**		
sildenafil citrate oral tablet 20 mg	Tier 1	PA; QL (3 EA per 1 day)
tadalafil (pah) oral tablet 20 mg	Tier 1	PA; QL (2 EA per 1 day)
Tadalafil (PAH) (Alyq Oral Tablet 20 Mg)	Tier 1	PA; QL (2 EA per 1 day)
Pulmonary Hypertension - Prostacyclin Receptor Agonist - Drugs For High Blood Pressure**		
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (Selexipag)	Tier 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** - Drugs For High Blood Pressure**		
CORLANOR ORAL SOLUTION 5 MG/5ML (Ivabradine HCl)	Tier 2	PA; MAIL
CORLANOR ORAL TABLET 5 MG, 7.5 MG (Ivabradine HCl)	Tier 2	PA; MAIL
***Cephalosporins* - Drugs For Infections**		
Cephalosporins - 1St Generation - Antibiotics**		
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 - Antibiotics**		
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	
cefuroxime axetil oral tablet 250 mg, 500 mg	Tier 1	QL (20 EA per 10 days)
Cephalosporins - 3Rd Generation - Antibiotics**		
cefdinir oral capsule 300 mg	Tier 1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
cefixime oral capsule 400 mg	Tier 1	
cefixime oral suspension reconstituted 100 mg/5ml, 200 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	

Drug Name	Formulary Status	Requirements/Limits
***Contraceptives* - Drugs For Women**		
Biphasic Contraceptives - Oral - Birth Control Pills**		
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Bekyree Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Kimidess Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (Norethin-Eth Estrad-Fe Biphas)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	PREV	MAIL; QL (1 EA per 1 day)
Combination Contraceptives - Oral - Birth Control Pills**		
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)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
marlissa oral tablet 0.15-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1-20 mg-mcg(24), 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	PREV	MAIL; QL (1 EA per 1 day)
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norethindrone acet-ethinyl est oral tablet chewable 1-20 mg-mcg(24)	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)

Drug Name	Formulary Status	Requirements/Limits
norgestrel-ethinyl estradiol oral tablet 0.3-30 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)
Levonorgestrel-Ethinyl Estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (Levonorgest-Eth Estrad-Fe Bisg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Chateal Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Cyclafem 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
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)
Levonorgestrel-Ethinyl Estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Layolis Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lillow Oral Tablet 0.15-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Loestrin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Norethin Ace-Eth Estrad-FE (Lomedia 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Loryna Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestrel-Ethinyl Estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgestrel-Ethinyl Estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Melodetta 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Merzee Oral Capsule 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Mibelas 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone Acet-Ethinyl Est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin 24 Fe Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin Ace-Eth Estrad-FE (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Mononessa Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Necon 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
NEXTSTELLIS ORAL TABLET 3-14.2 MG (Drospirenone-Estetrol)	PREV	
Drospirenone-Ethinyl Estradiol (Nikki Oral Tablet 3-0.02 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestimate-Eth Estradiol (Nymyo Oral Tablet 0.25-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
Norethindrone-Eth Estradiol (Zenchent Oral Tablet 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estradiol-Fe (Zeosa Oral Tablet Chewable 0.4-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Ethynodiol Diac-Eth Estradiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Drospirenone-Ethinyl Estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Combination Contraceptives - Transdermal - Birth Control Pills**		
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (Levonorgestrel-Eth Estradiol)	PREV	
Norelgestromin-Eth Estradiol (Xulane Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	QL (3 EA per 28 days)
Norelgestromin-Eth Estradiol (Zafemy Transdermal Patch Weekly 150-35 Mcg/24Hr)	PREV	MAIL; QL (0.15 EA per 1 day)
Combination Contraceptives - Vaginal - Birth Control Pills**		
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	PREV	MAIL; QL (0.05 EA per 1 day)
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (Segesterone-Ethinyl Estradiol)	PREV	
Etonogestrel-Ethinyl Estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
Etonogestrel-Ethinyl Estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	PREV	MAIL; QL (0.05 EA per 1 day)
Continuous Contraceptives - Oral - Birth Control Pills**		
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)
Levonorgestrel-Ethinyl Estrad (Dolishale Oral Tablet 90-20 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Copper Contraceptives - Iud - Birth Control Pills**		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (Copper)	PREV	QL (1 EA per 999 days)
Emergency Contraceptives - Birth Control Pills**		
levonorgestrel oral tablet 1.5 mg	PREV	OTC; QL (1 EA per 25 days)
ELLA ORAL TABLET 30 MG (Ulipristal Acetate)	PREV	QL (1 EA per 25 days)
Extended-Cycle Contraceptives - Oral - Birth Control Pills**		
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Amethia Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Amethia Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Fayosim Oral Tablet 42-21-21-7 Days)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Iclevia Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Introvale Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Jolessa Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Quasense Oral Tablet 0.15-0.03 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorgest-Eth Estrad 91-Day (Rivelsa Oral Tablet 42-21-21-7 Days)	PREV	MAIL; QL (1 EA per 1 day)
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 - Birth Control Pills**		
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (Estradiol Valerate-Dienogest)	PREV	MAIL; QL (1 EA per 1 day)
Progestin Contraceptives - Implants - Birth Control Pills**		
IMPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 EA per 999 days)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (Etonogestrel)	PREV	QL (1 EA per 999 days)
Progestin Contraceptives - Injectable - Birth Control Pills**		
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	PREV	QL (1 ML per 75 days)
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	PREV	QL (1 ML per 75 days)

Drug Name	Formulary Status	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (MedroxyPROGESTERone Acetate)	PREV	QL (0.65 ML per 75 days)
Progestin Contraceptives - Iud - Birth Control Pills**		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (Levonorgestrel)	PREV	QL (1 EA per 999 days)
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 18.6 MCG/DAY, 19.5 MCG/DAY, 20.1 MCG/DAY (Levonorgestrel)	PREV	QL (1 EA per 999 days)
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24HR, 20 MCG/DAY (Levonorgestrel)	PREV	QL (1 EA per 999 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (Levonorgestrel)	PREV	QL (1 EA per 999 days)
Progestin Contraceptives - Oral - Birth Control Pills**		
norethindrone oral tablet 0.35 mg	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Camila Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Deblitane Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Errin Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Heather Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Incassia Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jencycla Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Jolivette Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyleq Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Lyza Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Nora-Be Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyda Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Norlyroc Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindrone (Sharobel Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
SLYND ORAL TABLET 4 MG (Drospirenone)	PREV	
Norethindrone (Tulana Oral Tablet 0.35 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Triphasic Contraceptives - Oral - Birth Control Pills**		
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg	PREV	MAIL; QL (1 EA per 1 day)
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	PREV	MAIL; QL (1 EA per 1 day)
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Aranelle Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Caziant Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)
Desogestrel-Ethinyl Estradiol (Cesia Oral Tablet 0.1/0.125/0.15 -0.025 Mg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Norethin-Eth Estrad Triphasic (Cyclafem 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Levonorg-Eth Estrad Triphasic (Myzilra Oral Tablet 50-30/75-40/ 125-30 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Necon 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethin-Eth Estrad Triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norethindron-Ethinyl Estrad-Fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Trinessa Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Nymyo Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)
Norgestim-Eth Estrad Triphasic (Tri-Previfem Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	PREV	MAIL; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
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* - Hormones**		
Glucocorticosteroids - Drugs For Inflammation**		
cortisone acetate oral tablet 25 mg	Tier 3	
budesonide oral capsule delayed release particles 3 mg	Tier 1	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 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	
prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) 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	
PrednisoLONE Sodium Phosphate (Asmalpred Oral Solution 15 Mg/5Ml)	Tier 1	
PrednisoLONE Sodium Phosphate (Asmalpred Plus Oral Solution 15 Mg/5Ml)	Tier 1	
Dexamethasone (Baycadron Oral Elixir 0.5 Mg/5Ml)	Tier 1	
Dexamethasone (Decadron Oral Elixir 0.5 Mg/5Ml)	Tier 1	
Dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	Tier 1	
PrediniSONE (Deltasone Oral Tablet 20 Mg)	Tier 1	
Mineralocorticoids - Drugs For Inflammation**		
fludrocortisone acetate oral tablet 0.1 mg	Tier 1	MAIL
***Cough/Cold/Allergy* - Drugs For The Lungs**		
Antitussive - Nonnarcotic - Drugs For Allergies**		
benzonatate oral capsule 100 mg, 200 mg	Tier 1	
ROBITUSSIN CHILDRENS COUGH LA ORAL SYRUP 7.5 MG/5ML (Dextromethorphan HBr)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Antitussive - Opioid - Drugs For Cough And Cold**		
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 - Drugs For Cough And Cold**		
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 20-200 mg/10ml	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)
gani-tuss dm nr oral liquid† 100-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
gani-tuss nr oral liquid† 100-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
guaifenesin ac oral syrup 100-10 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
guaifenesin dm cough & chest oral liquid† 10-200 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
guaifenesin dm nr oral liquid† 100-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
guaifenesin nr oral liquid† 100-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
mucus dm oral tablet extended release 12 hour 30-600 mg	Tier 1	OTC
myci-gc oral solution 100-10 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
mytussin ac oral syrup 100-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
pulexn dm oral syrup 100-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
robafen ac oral syrup 100-10 mg/5ml	Tier 1	OTC; QL (240 ML per 25 days)
Guaifenesin-Codeine (Romilar Ac Oral Solution 100-10 Mg/5Ml)	Tier 1	QL (240 ML per 25 days)
Decongestant & Antihistamine - Drugs For Cough And Cold**		
diphenhydramine-phenylephrine oral tablet 25-10 mg	Tier 2	OTC
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Tier 1	OTC; QL (2 EA per 1 day)
loratadine-pseudoephedrine er oral tablet extended release 24 hour 10-240 mg	Tier 1	OTC; QL (1 EA per 1 day)
promethazine vc plain oral solution 6.25-5 mg/5ml	Tier 1	QL (240 ML per 25 days)
promethazine vc plain oral syrup 6.25-5 mg/5ml	Tier 1	QL (240 ML per 25 days)
BROMALINE ORAL SOLUTION 1-15 MG/5ML (Brompheniramine-Pseudoeph)	Tier 1	OTC
DELSYM NIGHT TIME COUGH/COLD ORAL LIQUID 6.25-2.5 MG/5ML (Diphenhydramine-Phenylephrine)	Tier 1	OTC; QL (240 ML per 25 days)
Decongestant W/ Expectorant - Drugs For Cough And Cold**		
pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 60-600 mg	Tier 1	OTC
Expectorants - Drugs For Cough And Cold**		
ganidin-nr oral liquid† 100 mg/5ml	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
guaifenesin er oral tablet extended release 12 hour 600 mg	Tier 1	OTC; QL (2 EA per 1 day)
guaifenesin nr oral liquid† 100 mg/5ml	Tier 1	
guaifenesin oral liquid 100 mg/5ml	Tier 1	OTC
guaifenesin oral tablet 200 mg, 400 mg	Tier 1	OTC
GuaiFENesin (Organidin Nr Oral Tablet 200 Mg)	Tier 1	
Misc. Respiratory Inhalants - Drugs For Allergies**		
sodium chloride inhalation nebulization solution 0.9 %, 3 %, 7 %	Tier 1	
Sodium Chloride (Nebusal Inhalation Nebulization Solution 3 %)	Tier 1	
Sodium Chloride (Pulmosal Inhalation Nebulization Solution 7 %)	Tier 1	
Mucolytics - Drugs For The Lungs**		
acetylcysteine inhalation solution 10 %, 20 %	Tier 1	
Non-Narc Antitussive-Antihistamine - Drugs For Cough And Cold**		
promethazine-dm oral syrup 6.25-15 mg/5ml	Tier 1	QL (240 ML per 25 days)
Non-Narc Antitussive-Decongestant-Antihistamine - Drugs For Cough And Cold**		
genebrom dm oral syrup 30-2-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Bromfed Dm Oral Syrup 30-2-10 Mg/5Ml)	Tier 1	QL (240 ML per 25 days)
Pseudoeph-Bromphen-DM (Decon-Dm Oral Syrup 30-2-10 Mg/5Ml)	Tier 1	QL (240 ML per 25 days)
DIMETANE DX ORAL SYRUP 30-2-10 MG/5ML (Pseudoeph-Bromphen-DM)	Tier 1	OTC; QL (240 ML per 25 days)
Opioid Antitussive-Antihistamine - Drugs For Cough And Cold**		
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 - Drugs For Cough And Cold**		
phenyleph-promethazine-cod oral syrup 5-6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
promethazine-pe-codeine oral syrup 5-6.25-10 mg/5ml	Tier 1	QL (240 ML per 25 days)
***Dermatologicals* - Drugs For The Skin**		
Acne Antibiotics - Drugs For The Skin**		
clindamycin phosphate external gel 1 %	Tier 1	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)
sodium sulfacetamide external lotion 10 %	Tier 1	
sulfacetamide sodium (acne) external lotion 10 %	Tier 1	
sulfacetamide sodium external suspension 10 %	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
Clindamycin Phosphate (Clindamax External Gel 1 %)	Tier 1	QL (60 GM per 25 days)
Clindamycin Phosphate (Clindamax External Lotion 1 %)	Tier 1	QL (60 ML per 25 days)
Acne Combinations - Drugs For The Skin**		
benzoyl peroxide-erythromycin external gel 5-3 %	Tier 1	PA
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Tier 1	PA
clindamycin-tretinoin external gel 1.2-0.025 %	Tier 1	PA
sulfacetamide-sulfur wash external emulsion 10-4 %	Tier 1	
Sulfacetamide-Sulfur in Urea (Claris Clarifying Wash External Emulsion 10-4 %)	Tier 1	
Clindamycin-Benzoyl Per (Refr) (Neuac External Gel 1.2-5 %)	Tier 1	PA
Acne Products - Drugs For The Skin**		
acne medication-5 external gel 5 %	Tier 1	
adapalene treatment external gel 0.1 %	Tier 1	OTC
benzoyl peroxide external gel 10 %	Tier 1	
benzoyl peroxide external gel 5 %	Tier 1	OTC
benzoyl peroxide external liquid 10 %, 5 %	Tier 1	QL (240 EA per 25 days)
benzoyl peroxide external lotion 10 %, 5 %	Tier 1	OTC
benzoyl peroxide wash external liquid 10 %	Tier 1	QL (240 GM per 25 days)
benzoyl peroxide wash external liquid 5 %	Tier 1	OTC; QL (240 GM per 25 days)
bp foaming wash external liquid 10 %	Tier 1	QL (240 GM per 25 days)
bp gel external gel 10 %	Tier 1	OTC
bp wash external liquid 10 %	Tier 1	OTC; QL (240 GM per 25 days)
del-aqua external gel 5 %	Tier 1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Tier 1	PA
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
tretinoin external gel 0.01 %, 0.025 %	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
ISOtretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
ISOtretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	Tier 1	PA
Tretinoin (Avita External Cream 0.025 %)	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
Tretinoin (Avita External Gel 0.025 %)	Tier 1	QL (45 GM per 25 days); AGE (Max 35 Years)
ISOtretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
Benzoyl Peroxide (Clearplex X External Gel 10 %)	Tier 1	
DIFFERIN EXTERNAL GEL 0.1 % (Adapalene)	Tier 1	OTC
DIFFERIN EXTERNAL LOTION 0.1 % (Adapalene)	Tier 1	ST; QL (59 ML per 25 days); AGE (Min 10 Years and Max 35 Years)

Drug Name	Formulary Status	Requirements/Limits
Benzoyl Peroxide (Ethexderm Bpw-10 External Liquid† 10 %)	Tier 1	QL (240 GM per 25 days)
Benzoyl Peroxide (Ethexderm Bpw-5 External Liquid† 5 %)	Tier 1	QL (240 GM per 25 days)
ISOtretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
Benzoyl Peroxide (Soluclenz Rx External Gel 5 %)	Tier 1	
ISOtretinoin (Sotret Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
ISOtretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	Tier 1	PA
Agents For External Genital And Perianal Warts - Drugs For The Skin**		
VEREGEN EXTERNAL OINTMENT 15 % (Sinecatechins)	Tier 3	PA
Antibiotic Mixtures Topical - Drugs For The Skin**		
bacitracin-polymyxin b external ointment 500-10000 unit/gm	Tier 1	OTC
triple antibiotic pain relief external ointment 1 %	Tier 1	OTC
triple antibiotic plus external ointment 1 %	Tier 1	OTC
triple antibiotic plus max st external ointment 1 %	Tier 1	OTC
Antibiotics - Topical - Drugs For The Skin**		
ALTABAX EXTERNAL OINTMENT 1 % (Retapamulin)	Tier 3	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 - Drugs For The Skin**		
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)
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	Tier 1	QL (60 GM per 25 days)
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	Tier 1	QL (60 GM per 25 days)
Antifungals - Topical - Drugs For The Skin**		
naftifine hcl external cream 1 %	Tier 3	PA
NAFTIN EXTERNAL GEL 2 % (Naftifine HCl)	Tier 3	
antifungal (tolnaftate) external cream 1 %	Tier 1	OTC
antifungal external solution 1 %	Tier 1	OTC
antifungal foot external cream 1 %	Tier 1	OTC; QL (30 GM per 25 days)
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)

Drug Name	Formulary Status	Requirements/Limits
naftifine hcl external gel 1 %	Tier 1	PA
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)
pedi-dri external powder 100000 unit/gm	Tier 1	QL (30 GM per 25 days)
terbinafine hcl external cream 1 %	Tier 1	OTC; QL (30 GM per 25 days)
tolnaftate external aerosol powder 1 %	Tier 1	OTC
tolnaftate external cream 1 %	Tier 1	OTC
tolnaftate external powder 1 %	Tier 1	OTC
tolnaftate external solution 1 %	Tier 1	
Ciclopirox Olamine (Ciclodan External Cream 0.77 %)	Tier 1	QL (90 GM per 25 days)
Ciclopirox (Ciclodan External Solution 8 %)	Tier 1	QL (6.6 ML per 25 days)
MYCOZYL AL EXTERNAL SOLUTION 1 % (Tolnaftate)	Tier 1	
NAFTIN EXTERNAL GEL 1 % (Naftifine HCl)	Tier 1	PA
Nystatin (Nyamyc External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nyata External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Nystatin (Nystop External Powder 100000 Unit/Gm)	Tier 1	QL (30 GM per 25 days)
Antihistamine-Topical Combinations - Drugs For The Skin**		
diphenhydramine-zinc acetate external cream 2-0.1 %	Tier 1	OTC
Anti-Inflammatory Agents - Topical - Drugs For The Skin**		
VOLTAREN ARTHRITIS PAIN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	OTC; QL (200 GM per 25 days)
VOLTAREN EXTERNAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
VOLTAREN TRANSDERMAL GEL 1 % (Diclofenac Sodium)	Tier 1	QL (200 GM per 25 days)
Antineoplastic Antimetabolites - Topical - Drugs For The Skin**		
fluorouracil external cream 5 %	Tier 1	
Antineoplastic Retinoids - Topical - Drugs For The Skin**		
PANRETIN EXTERNAL GEL 0.1 % (Alitretinoin)	Tier 3	PA
Antipsoriatics - Systemic - Drugs For The Skin**		
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (2 ML per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Secukinumab)	Tier 3	PA; QL (1 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (Secukinumab)	Tier 3	PA; QL (0.5 ML per 28 days)

Drug Name	Formulary Status	Requirements/Limits
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 EA per 84 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (Risankizumab-rzaa)	Tier 3	PA; QL (1 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (Ustekinumab)	Tier 3	PA; QL (0.5 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (Ustekinumab)	Tier 3	PA; QL (1 ML per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (Guselkumab)	Tier 3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Guselkumab)	Tier 3	PA
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	Tier 1	PA
Antipsoriatics - Drugs For The Skin**		
calcitriol external ointment 3 mcg/gm	Tier 3	PA; QL (100 GM per 30 days)
tazarotene external gel 0.1 %	Tier 3	PA
calcipotriene external ointment 0.005 %	Tier 1	PA
calcipotriene external solution 0.005 %	Tier 1	PA
tazarotene external cream 0.1 %	Tier 1	PA; QL (60 GM per 25 days)
tazarotene external gel 0.05 %	Tier 1	PA; QL (100 GM per 25 days)
Calcipotriene (Calcitrene External Ointment 0.005 %)	Tier 1	PA
Antiseborrheic Products - Drugs For The Skin**		
anti-dandruff external shampoo 1 %	Tier 1	OTC
selenium sulfide external lotion 2.5 %	Tier 1	
Antivirals - Topical - Drugs For The Skin**		
acyclovir external ointment 5 %	Tier 1	PA
docosanol external cream 10 %	Tier 1	OTC; QL (2 GM per 25 days)
penciclovir external cream 1 %	Tier 1	PA
Burn Products - Drugs For The Skin**		
SULFAMYLON EXTERNAL CREAM 85 MG/GM (Mafenide Acetate)	Tier 3	QL (454 GM per 25 days)
mafenide acetate external packet 5 %	Tier 1	
silver sulfadiazine external cream 1 %	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd (Silver Sulfadiazine) External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd Af External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Ssd External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Silver Sulfadiazine (Thermazene External Cream 1 %)	Tier 1	QL (400 GM per 25 days)
Corticosteroids - Topical - Drugs For The Skin**		
amcinonide external lotion 0.1 %	Tier 3	QL (60 ML per 25 days)
amcinonide external ointment 0.1 %	Tier 3	QL (60 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
diflorasone diacetate external cream 0.05 %	Tier 3	PA; QL (60 GM per 25 days)
APEXICON E EXTERNAL CREAM 0.05 % (Diflorasone Diacet Emoll Base)	Tier 3	PA; QL (60 GM per 25 days)
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (Flurandrenolide)	Tier 3	PA
HALOG EXTERNAL OINTMENT 0.1 % (Halcinonide)	Tier 3	PA; QL (60 GM per 25 days)
ala-cort external cream 1 %, 2.5 %	Tier 1	QL (60 GM per 25 days)
ala-cort external lotion 1 %	Tier 1	QL (120 ML 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)
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 ointment 0.1 %	Tier 1	QL (45 GM per 25 days)
clobetasol prop emollient base external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate e external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
clobetasol propionate external solution 0.05 %	Tier 1	QL (50 ML per 25 days)
del-beta external lotion 0.05 %	Tier 1	QL (60 ML per 25 days)
desonide external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
desonide external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external cream 0.05 %, 0.25 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external gel 0.05 %	Tier 1	QL (60 GM per 25 days)
desoximetasone external ointment 0.05 %, 0.25 %	Tier 1	QL (60 GM per 25 days)
diflorasone diacetate external ointment 0.05 %	Tier 1	QL (60 GM per 25 days)
fluocinolone acetonide body external oil 0.01 %	Tier 1	QL (120 ML per 25 days)
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 scalp external oil 0.01 %	Tier 1	QL (120 ML per 25 days)
fluocinonide emulsified base external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
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)
fluocinonide-e external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
flurandrenolide external cream 0.05 %	Tier 1	QL (30 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
flurandrenolide external lotion 0.05 %	Tier 1	QL (120 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)
halcinonide external cream 0.1 %	Tier 1	PA; QL (60 GM per 25 days)
halobetasol propionate external cream 0.05 %	Tier 1	QL (50 GM per 25 days)
halobetasol propionate external ointment 0.05 %	Tier 1	QL (50 GM per 25 days)
hydrocortisone acetate external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone anti-itch external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
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 %, 5 mg/ml	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 intensive heal external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone max st external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone max st external ointment 1 %	Tier 1	OTC; QL (60 GM per 25 days)
hydrocortisone valerate external cream 0.2 %	Tier 1	QL (60 GM per 25 days)
hydrocortisone/aloe max str external cream 1 %	Tier 1	OTC; QL (60 GM per 25 days)
isovate external cream 0.05 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external cream 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external ointment 0.1 %	Tier 1	QL (60 GM per 25 days)
mometasone furoate external solution 0.1 %	Tier 1	QL (60 ML per 25 days)
prednicarbate external ointment 0.1 %	Tier 1	QL (60 GM per 30 days)
triamcinolone acetonide external cream 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external cream 0.5 %	Tier 1	QL (15 GM per 25 days)
triamcinolone acetonide external lotion 0.025 %, 0.1 %	Tier 1	QL (60 ML per 25 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	Tier 1	QL (454 GM per 25 days)
triamcinolone acetonide external ointment 0.5 %	Tier 1	QL (15 GM per 25 days)
Diflorasone Diacetate (Apexicon External Ointment 0.05 %)	Tier 1	QL (60 GM per 25 days)
Betamethasone Valerate (Beta-Val External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Clobetasol Propionate (Cormax External Cream 0.05 %)	Tier 1	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Ointment 0.05 %)	Tier 1	QL (60 GM per 25 days)
Clobetasol Propionate (Cormax External Solution 0.05 %)	Tier 1	QL (50 ML per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Clobetasol Propionate (Cormax Scalp Application External Solution 0.05 %)	Tier 1	QL (50 ML per 25 days)
CORTIZONE-10 EXTERNAL GEL 1 % (Hydrocortisone)	Tier 1	OTC; QL (56 GM per 25 days)
Hydrocortisone (Hydrocortisone In Absorbase External Ointment 1 %)	Tier 1	QL (60 GM per 25 days)
Flurandrenolide (Nolix External Cream 0.05 %)	Tier 1	QL (30 GM per 25 days)
Flurandrenolide (Nolix External Lotion 0.05 %)	Tier 1	QL (120 ML per 25 days)
Hydrocortisone (Procto-Kit External Cream 1 %)	Tier 1	QL (60 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.1 %)	Tier 1	QL (454 GM per 25 days)
Triamcinolone Acetonide (Triderm External Cream 0.5 %)	Tier 1	QL (15 GM per 25 days)
Triamcinolone Acetonide (Triderm External Ointment 0.1 %)	Tier 1	QL (454 GM per 25 days)
Emollients - Drugs For The Skin**		
LAC-HYDRIN FIVE EXTERNAL LOTION 5 % (Ammonium Lactate)	Tier 2	OTC; QL (226 GM per 25 days)
ammonium lactate external cream 12 %	Tier 1	QL (280 GM per 25 days)
ammonium lactate external lotion 12 %	Tier 1	QL (225 GM per 25 days)
petrolatum & lanolin external ointment	Tier 1	OTC
AMLACTIN EXTERNAL CREAM 12 % (Ammonium Lactate)	Tier 1	OTC; QL (280 GM per 25 days)
Enzymes - Topical - Drugs For The Skin**		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (Collagenase)	Tier 3	PA; QL (60 GM per 25 days)
Imidazole-Related Antifungals - Topical - Drugs For The Skin**		
luliconazole external cream 1 %	Tier 3	PA
sulconazole nitrate external cream 1 %	Tier 3	PA
sulconazole nitrate solution 1 % external	Tier 3	PA
ERTACZO EXTERNAL CREAM 2 % (Sertaconazole Nitrate)	Tier 3	PA
OXISTAT EXTERNAL LOTION 1 % (Oxiconazole Nitrate)	Tier 3	PA
antifungal external cream 2 %	Tier 1	OTC
antifungal external powder 2 %	Tier 1	OTC
clotrimazole af external cream 1 %	Tier 1	OTC
clotrimazole anti-fungal external cream 1 %	Tier 1	
clotrimazole athletes foot external cream 1 %	Tier 1	OTC
clotrimazole external cream 1 %	Tier 1	
clotrimazole external solution 1 %	Tier 1	
econazole nitrate external cream 1 %	Tier 1	PA
ketoconazole external cream 2 %	Tier 1	QL (60 GM per 25 days)
ketoconazole external shampoo 2 %	Tier 1	QL (120 ML per 25 days)
miconazole nitrate external aerosol powder 2 %	Tier 1	OTC
miconazole nitrate external cream 2 %	Tier 1	
oxiconazole nitrate external cream 1 %	Tier 1	PA; QL (90 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION 1 % (Clotrimazole)	Tier 1	OTC
Ketoconazole (Kuric External Cream 2 %)	Tier 1	QL (60 GM per 25 days)
Miconazole Nitrate (Nuzole External Cream 2 %)	Tier 1	
TRIPLE PASTE AF EXTERNAL OINTMENT 2 % (Miconazole Nitrate)	Tier 1	OTC
Immunomodulators Imidazoquinolinamines - Topical - Drugs For The Skin**		
imiquimod external cream 5 %	Tier 1	PA; QL (24 EA per 25 days)
Keratolytic/Antimitotic Agents - Drugs For The Skin**		
podofilox external solution 0.5 %	Tier 1	QL (7 ML per 180 days)
Local Anesthetics - Topical - Drugs For The Skin**		
capsaicin external cream 0.1 %	Tier 1	OTC
lidocaine external cream 4 %	Tier 1	OTC; QL (90 GM per 25 days)
lidocaine external patch 5 %	Tier 1	PA; QL (90 EA per 25 days)
lidocaine hcl external solution 4 %	Tier 1	
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Tier 1	
lidocaine pain relief external patch 4 %	Tier 1	OTC; QL (90 EA per 25 days)
lidocaine pain relieving external patch 4 %	Tier 1	OTC; QL (90 EA per 25 days)
Lidocaine HCl (Glydo External Prefilled Syringe 2 %)	Tier 1	
REGENECARE HA GEL 2 % EXTERNAL (Lidocaine HCl)	Tier 1	OTC
Macrolide Immunosuppressants - Topical - Drugs For The Skin**		
pimecrolimus external cream 1 %	Tier 1	PA; QL (100 GM per 30 days)
tacrolimus external ointment 0.03 %, 0.1 %	Tier 1	PA; QL (30 GM per 25 days)
Misc. Topical Combinations - Drugs For The Skin**		
CALADROX EXTERNAL OINTMENT 0.44-20 % (Menthol-Zinc Oxide)	Tier 1	OTC
Misc. Topical - Drugs For The Skin**		
aluminum chloride external solution 20 %	Tier 1	QL (60 EA per 25 days)
DRYSOL EXTERNAL SOLUTION 20 % (Aluminum Chloride)	Tier 1	QL (60 ML per 25 days)
Oxaborole-Related Antifungals - Topical - Drugs For The Skin**		
tavaborole external solution 5 %	Tier 1	
Phosphodiesterase 4 (Pde4) Inhibitors - Topical - Drugs For The Skin**		
EUCRISA EXTERNAL OINTMENT 2 % (Crisaborole)	Tier 3	PA; QL (100 GM per 30 days)
Rosacea Agents - Drugs For The Skin**		
brimonidine tartrate external gel 0.33 %	Tier 1	PA

Drug Name	Formulary Status	Requirements/Limits
metronidazole external cream 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external gel 0.75 %	Tier 1	QL (45 GM per 25 days)
metronidazole external lotion 0.75 %	Tier 1	QL (59 ML per 25 days)
MetroNIDAZOLE (Rosadan External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Rosadan External Gel 0.75 %)	Tier 1	QL (45 GM per 25 days)
MetroNIDAZOLE (Vitazol External Cream 0.75 %)	Tier 1	QL (45 GM per 25 days)
Scabicide Combinations - Drugs For The Skin**		
lice killing external shampoo 0.33-4 %	Tier 1	OTC
lice killing maximum strength external liquid 0.33-4 %	Tier 1	OTC
lice killing maximum strength external shampoo 0.33-4 %	Tier 1	OTC
lice solution combination kit 0.33-4-0.5 %	Tier 1	OTC
lice solution complete combination kit 0.33-4-0.5 %	Tier 1	OTC
lice treatment external liquid 0.33-4 %	Tier 1	OTC
lice treatment max st combination kit 0.33-4-0.5 %	Tier 1	OTC
sb lice treatment external liquid 0.3-3 %	Tier 1	OTC
Scabicides & Pediculicides - Drugs For The Skin**		
spinosad external suspension 0.9 %	Tier 3	QL (120 ML per 25 days)
EURAX EXTERNAL CREAM 10 % (Crotamiton)	Tier 3	PA; ST
cvs ivermectin lice treatment external lotion 0.5 %	Tier 1	PA; OTC; QL (117 GM per 25 days)
ivermectin external lotion 0.5 %	Tier 1	PA; QL (117 GM per 25 days)
lice control aerosol† 0.5 %	Tier 1	OTC
lice treatment external liquid 1 %	Tier 1	OTC
lindane external shampoo 1 %	Tier 1	QL (60 ML per 25 days)
malathion external lotion 0.5 %	Tier 1	QL (59 ML per 25 days)
permethrin external cream 5 %	Tier 1	QL (120 GM per 25 days)
permethrin external liquid 1 %	Tier 1	OTC
permethrin external lotion 1 %	Tier 1	OTC
permethrin lice treatment external lotion 1 %	Tier 1	OTC
Permethrin (Acticin External Cream 5 %)	Tier 1	QL (120 GM per 25 days)
***Seborrheic Keratosis Products** - Drugs For The Skin**		
ESKATA EXTERNAL SOLUTION 40 % (Hydrogen Peroxide)	Tier 3	PA
Skin Protectants - Drugs For The Skin**		
dry skin external cream	Tier 1	OTC
BAZA PROTECT EXTERNAL CREAM (Skin Protectants, Misc.)	Tier 1	OTC
Topical Anesthetic Combinations - Drugs For The Skin**		
lidocaine-prilocaine external cream 2.5-2.5 %	Tier 1	QL (60 GM per 25 days)
lidopril external cream 2.5-2.5 %	Tier 1	QL (60 EA per 25 days)
Lidocaine-Prilocaine (Relador Pak External Cream 2.5-2.5 %)	Tier 1	QL (60 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Topical Selective Retinoid X Receptor Agonists - Drugs For The Skin**		
bexarotene external gel 1 %	Tier 1	PA
Topical Steroid Combinations - Drugs For The Skin**		
calcipotriene-betameth diprop external ointment 0.005-0.064 %	Tier 1	PA; QL (100 GM per 30 days)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	Tier 1	PA; QL (120 GM per 25 days)
Wound Care - Growth Factor Agents - Drugs For The Skin**		
REGRANEX EXTERNAL GEL 0.01 % (Becaplermin)	Tier 3	PA; QL (15 GM per 25 days)
Diagnostic Products		
Diagnostic Tests**		
RELION KETONE IN VITRO STRIP (Acetone (Urine) Test)	Tier 7	OTC
RELION KETONE TEST IN VITRO STRIP (Acetone (Urine) Test)	Tier 7	OTC
RELION TRUE METRIX TEST STRIPS STRIP IN VITRO (Glucose Blood)	Tier 7	OTC; QL (200 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (Glucose Blood)	Tier 7	OTC; QL (200 EA per 30 days)
Infection Tests**		
covid-19 at home antigen test in vitro kit	Tier 7	OTC; QL (2 EA per 30 days)
***Digestive Aids* - Drugs For The Stomach**		
Digestive Enzymes - Drugs For The Stomach**		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL; QL (6 EA per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT (Pancrelipase (Lip-Prot-Amyl))	Tier 2	MAIL; QL (6 EA per 1 day)
***Diuretics* - Drugs For The Heart**		
Carbonic Anhydrase Inhibitors - Drugs For High Blood Pressure**		
acetazolamide er oral capsule extended release 12 hour 500 mg	Tier 1	QL (4 EA per 1 day)
acetazolamide oral tablet 125 mg, 250 mg	Tier 1	MAIL; QL (4 EA per 1 day)
methazolamide oral tablet 25 mg, 50 mg	Tier 1	QL (6 EA per 1 day)
Diuretic Combinations - Drugs For High Blood Pressure**		
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 - Drugs For High Blood Pressure**		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
ethacrynic acid oral tablet 25 mg	Tier 1	
furosemide oral solution 10 mg/ml, 40 mg/4ml, 8 mg/ml	Tier 1	MAIL; AGE (Max 12 Years)
furosemide oral tablet 20 mg, 40 mg, 80 mg	Tier 1	MAIL
torsemide oral tablet 10 mg, 100 mg, 5 mg	Tier 1	MAIL
torsemide oral tablet 20 mg	Tier 1	PA; MAIL
Potassium Sparing Diuretics - Drugs For High Blood Pressure**		
amiloride hcl oral tablet 5 mg	Tier 1	MAIL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Tier 1	PA; MAIL
triamterene oral capsule 100 mg, 50 mg	Tier 1	PA
Thiazides And Thiazide-Like Diuretics - Drugs For High Blood Pressure**		
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.* - Hormones**		
Abortifacient - Progesterone Receptor Antagonists - Drugs For Women**		
mifepristone oral tablet 200 mg	Tier 3	QL (1 EA per 1 day)
Bisphosphonates - Drugs For Menopause And Bone Loss**		
alendronate sodium oral tablet 10 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
alendronate sodium oral tablet 35 mg, 70 mg	Tier 1	MAIL; QL (0.143 EA per 1 day)
etidronate disodium oral tablet 200 mg, 400 mg	Tier 1	
ibandronate sodium oral tablet 150 mg	Tier 1	QL (0.036 EA per 1 day)
risedronate sodium oral tablet 150 mg	Tier 1	QL (0.036 EA per 1 day)
risedronate sodium oral tablet 30 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
risedronate sodium oral tablet 35 mg	Tier 1	QL (0.143 EA per 1 day)
Calcimimetic Agents - Drugs For Menopause And Bone Loss**		
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Tier 1	PA
Calcitonins - Drugs For Menopause And Bone Loss**		
calcitonin (salmon) nasal solution 200 unit/act	Tier 1	QL (1 ML per 1 day)
Carnitine Replenisher - Agents - Drugs For Menopause And Bone Loss**		
levocarnitine oral solution 1 gm/10ml	Tier 1	MAIL
levocarnitine oral tablet 330 mg	Tier 1	MAIL
levocarnitine sf oral solution 1 gm/10ml	Tier 1	MAIL
MCCARNITINE ORAL TABLET 330 MG (LevOCARNitine)	Tier 1	MAIL; OTC

Drug Name	Formulary Status	Requirements/Limits
Dopamine Receptor Agonists - Drugs For Women**		
cabergoline oral tablet 0.5 mg	Tier 1	
Growth Hormone Receptor Antagonists - Drugs For Growth**		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG (Pegvisomant)	Tier 3	PA
Growth Hormones - Drugs For Growth**		
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 - Drugs For Menopause And Bone Loss**		
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	Tier 1	PA
Homocystinuria Treatment - Agents - Drugs For Menopause And Bone Loss**		
betaine oral powder	Tier 1	PA
Hyperparathyroid Treatment - Vitamin D Analogs - Drugs For Menopause And Bone Loss**		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Tier 1	MAIL
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	Tier 1	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	Tier 1	PA
Insulin-Like Growth Factors (Somatomedins) - Hormones**		
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (Mecasermin)	Tier 3	PA
Lhrh/Gnrh Agonist Analog Pituitary Suppressants - Drugs For Women**		
SYNAREL NASAL SOLUTION 2 MG/ML (Nafarelin Acetate)	Tier 3	PA
Ovulation Stimulants-Synthetic - Drugs For Women**		
CLOMID ORAL TABLET 50 MG (ClomiPHENE Citrate)	Tier 2	QL (2 EA per 1 day)
clomiphene citrate oral tablet 50 mg	Tier 1	QL (2 EA per 1 day)
Parathyroid Hormone And Derivatives - Drugs For Menopause And Bone Loss**		
teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml	Tier 3	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML (Teriparatide (Recombinant))	Tier 3	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (Abaloparatide)	Tier 3	PA
Phenylketonuria Treatment - Agents - Drugs For Menopause And Bone Loss**		
sapropterin dihydrochloride oral packet 500 mg	Tier 3	
sapropterin dihydrochloride oral packet 100 mg	Tier 1	PA

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

Drug Name	Formulary Status	Requirements/Limits
Norethindrone-Eth Estradiol (Jevantique Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Norethindrone-Eth Estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Lopreeza Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estradiol-Norethindrone Acet (Mimvey Oral Tablet 1-0.5 Mg)	Tier 1	MAIL; QL (1 EA per 1 day)
Estrogens - Drugs For Women**		
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG (Esterified Estrogens)	Tier 2	MAIL; QL (1 EA per 1 day)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (Estrogens Conjugated)	Tier 2	MAIL; QL (1 EA per 1 day)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	PA; MAIL
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	QL (8 EA per 23 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Tier 1	QL (4 EA per 23 days)
Estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 1	QL (8 EA per 23 days)
Estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.0375 Mg/24Hr, 0.05 Mg/24Hr, 0.075 Mg/24Hr, 0.1 Mg/24Hr)	Tier 1	QL (8 EA per 23 days)
Estrogen-Selective Estrogen Receptor Modulator Comb - Drugs For Women**		
DUAVEE ORAL TABLET 0.45-20 MG (Conj Estrogens-Bazedoxifene)	Tier 3	MAIL; QL (1 EA per 1 day)
***Fluoroquinolones* - Drugs For Infections**		
Fluoroquinolones - Antibiotics**		
ofloxacin oral tablet 300 mg	Tier 3	
BAXDELA ORAL TABLET 450 MG (Delafloxacin Meglumine)	Tier 3	PA
FACTIVE ORAL TABLET 320 MG (Gemifloxacin Mesylate)	Tier 3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
levofloxacin oral solution 25 mg/ml	Tier 1	AGE (Max 12 Years)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	Tier 1	
moxifloxacin hcl oral tablet 400 mg	Tier 1	
ofloxacin oral tablet 400 mg	Tier 1	
***Gastrointestinal Agents - Misc.* - Drugs For The Stomach**		
Antiflatulents - Drugs For The Stomach**		
simethicone drops infants oral liquid 20 mg/0.3ml	Tier 1	OTC
simethicone drops infants oral suspension 20 mg/0.3ml	Tier 1	OTC
simethicone extra strength oral capsule 125 mg	Tier 1	OTC
simethicone oral capsule 125 mg, 180 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml	Tier 1	OTC
simethicone oral tablet chewable 125 mg, 80 mg	Tier 1	OTC
simethicone ultra strength oral capsule 180 mg	Tier 1	OTC
Gallstone Solubilizing Agents - Drugs For The Stomach**		
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)
Gastrointestinal Chloride Channel Activators - Drugs For Irritable Bowel Syndrome**		
lubiprostone oral capsule 24 mcg, 8 mcg	Tier 1	PA
Gastrointestinal Stimulants - Drugs For The Stomach**		
metoclopramide hcl injection solution 5 mg/ml	Tier 1	
metoclopramide hcl oral solution 1 mg/ml, 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 - Drugs For Constipation**		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (Linaclotide)	Tier 2	PA; MAIL
Ibs Agent - Selective 5-Ht3 Receptor Antagonists - Drugs For Irritable Bowel Syndrome**		
alosetron hcl oral tablet 0.5 mg, 1 mg	Tier 1	PA
Inflammatory Bowel Agents - Drugs For Inflammatory Bowel Disease**		
mesalamine oral tablet delayed release 800 mg	Tier 3	
DIPENTUM ORAL CAPSULE 250 MG (Olsalazine Sodium)	Tier 3	MAIL
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)
SulfaSALAzine (Sulfazine Ec Oral Tablet Delayed Release 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
SulfaSALAzine (Sulfazine Oral Tablet 500 Mg)	Tier 1	MAIL; QL (8 EA per 1 day)
Interleukin Antagonists - Drugs For Inflammatory Bowel Disease**		
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (Risankizumab-rzaa)	Tier 3	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (Risankizumab-rzaa)	Tier 3	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (Risankizumab-rzaa)	Tier 3	PA; QL (2.4 ML per 56 days)

Drug Name	Formulary Status	Requirements/Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (Ustekinumab)	Tier 3	PA
Intestinal Acidifiers - Drugs For The Stomach**		
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 - Drugs For The Stomach**		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (Naloxegol Oxalate)	Tier 3	PA
RELISTOR ORAL TABLET 150 MG (Methylnaltrexone Bromide)	Tier 3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (Methylnaltrexone Bromide)	Tier 3	PA
SYMPROIC ORAL TABLET 0.2 MG (Naldemedine Tosylate)	Tier 3	PA
Phosphate Binder Agents - Drugs For The Stomach**		
VELPHORO ORAL TABLET CHEWABLE 500 MG (Sucroferric Oxyhydroxide)	Tier 3	PA; MAIL
calcium acetate (phos binder) oral capsule 667 mg	Tier 1	MAIL; QL (12 EA per 1 day)
calcium acetate oral capsule 667 mg	Tier 1	MAIL; QL (12 EA per 1 day)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Tier 1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Tier 1	
sevelamer carbonate oral tablet 800 mg	Tier 1	
Tumor Necrosis Factor Alpha Blockers - Drugs For Inflammatory Bowel Disease**		
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 3	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (Certolizumab Pegol)	Tier 3	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (Certolizumab Pegol)	Tier 3	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (Certolizumab Pegol)	Tier 3	PA
***Genitourinary Agents - Miscellaneous* - Drugs For The Urinary System**		
5-Alpha Reductase Inhibitors - Drugs For The Prostate**		
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 - Drugs For The Prostate**		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Tier 1	QL (1 EA per 1 day)
silodosin oral capsule 4 mg, 8 mg	Tier 1	PA; QL (1 EA per 1 day)
tamsulosin hcl oral capsule 0.4 mg	Tier 1	MAIL; QL (2 EA per 1 day)
Citrates - Drugs For Infections**		
citric acid-sodium citrate oral solution 334-500 mg/5ml	Tier 1	
cytra-2 oral solution 500-334 mg/5ml	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
cytra-k oral solution 1100-334 mg/5ml	Tier 1	OTC
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	
virtrate-2 oral solution 500-334 mg/5ml	Tier 1	
virtrate-k oral solution 1100-334 mg/5ml	Tier 1	
Sod Citrate-Citric Acid (Liqui-Dualcitra Oral Solution 500-334 Mg/5Ml)	Tier 1	
Cystinosis Agents - Drugs For The Urinary System**		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (Cysteamine Bitartrate)	Tier 3	PA
Genitourinary Irrigants - Drugs For The Urinary System**		
acetic acid irrigation solution 0.25 %	Tier 1	
sodium chloride irrigation solution 0.9 %	Tier 1	
Sodium Chloride (GU Irrigant) (Argyle Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
Sodium Chloride (GU Irrigant) (Curity Sterile Saline Irrigation Solution 0.9 %)	Tier 1	
Interstitial Cystitis Agents - Drugs For The Urinary System**		
ELMIRON ORAL CAPSULE 100 MG (Pentosan Polysulfate Sodium)	Tier 3	PA
Prostatic Hypertrophy Agent Combinations - Drugs For The Prostate**		
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Tier 1	PA; QL (1 EA per 1 day)
Urinary Analgesics - Drugs For Infections**		
phenazopyridine hcl oral tablet 100 mg, 200 mg	Tier 1	QL (3 EA per 1 day)
Phenazopyridine HCl (Phenazo Oral Tablet 200 Mg)	Tier 1	QL (3 EA per 1 day)
***Gout Agents* - Drugs For Pain And Fever**		
Gout Agent Combinations - Gout Drugs**		
colchicine-probenecid oral tablet 0.5-500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
Gout Agents - Gout Drugs**		
allopurinol oral tablet 100 mg, 300 mg	Tier 1	MAIL
colchicine oral tablet 0.6 mg	Tier 1	QL (30 EA per 90 days)
febuxostat oral tablet 40 mg, 80 mg	Tier 1	PA; QL (1 EA per 1 day)
Uricosurics - Gout Drugs**		
probenecid oral tablet 500 mg	Tier 1	MAIL; QL (3 EA per 1 day)
***Hematological Agents - Misc.* - Drugs For The Blood**		
Antihemophilic Products - Drugs To Prevent Bleeding**		
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT (Coagulation Factor IX)	Tier 3	PA
BENEFIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Coagulation Factor IX (Recomb))	Tier 3	PA
HELIXATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 3	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Coagulation Factor IX (Recomb))	Tier 3	PA
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 3	PA
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor)	Tier 3	PA
KOGENATE FS BIO-SET INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
MONOCLATE-P INTRAVENOUS KIT 1000 UNIT (Antihemophilic Factor)	Tier 3	
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (Coagulation Factor IX)	Tier 3	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (Antihem Factor Recomb (rFVIII))	Tier 3	PA
REFACTO INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (Antihemophilic Factor (Recomb))	Tier 3	PA
Bradykinin B2 Receptor Antagonists - Drugs For The Blood**		
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	Tier 1	PA
Icatibant Acetate (Sajazir Subcutaneous Solution Prefilled Syringe 30 Mg/3Ml)	Tier 1	PA
C1 Esterase Inhibitors - Drugs For The Blood**		
BERINERT INTRAVENOUS KIT 500 UNIT (C1 Esterase Inhibitor (Human))	Tier 3	PA
Direct-Acting P2y12 Inhibitors - Drugs For The Blood**		
BRILINTA ORAL TABLET 60 MG, 90 MG (Ticagrelor)	Tier 3	PA; MAIL; QL (2 EA per 1 day)
Hematorheologic Agents - Drugs For The Blood**		
pentopak oral tablet extended release 400 mg	Tier 1	MAIL; QL (4 EA per 1 day)
pentoxifylline er oral tablet extended release 400 mg	Tier 1	MAIL; QL (4 EA per 1 day)
Pentoxifylline (Pentoxil Oral Tablet Extended Release 400 Mg)	Tier 1	MAIL; QL (4 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Phosphodiesterase Iii Inhibitors - Drugs For The Blood**		
cilostazol oral tablet 100 mg, 50 mg	Tier 1	MAIL
Platelet Aggregation Inhibitor Combinations - Drugs For The Blood**		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	Tier 1	PA
Platelet Aggregation Inhibitors - Drugs For The Blood**		
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	Tier 1	MAIL
Protease-Activated Receptor-1 (Par-1) Antagonists - Drugs For The Blood**		
ZONTIVITY ORAL TABLET 2.08 MG (Vorapaxar Sulfate)	Tier 3	PA; MAIL; QL (1 EA per 1 day)
Quinazoline Agents - Drugs For The Blood**		
anagrelide hcl oral capsule 0.5 mg, 1 mg	Tier 1	MAIL
Thienopyridine Derivatives - Drugs For The Blood**		
clopidogrel bisulfate oral tablet 75 mg	Tier 1	MAIL; QL (1 EA per 1 day)
prasugrel hcl oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day)
***Hematopoietic Agents* - Drugs For Nutrition**		
Agents For Gaucher Disease - Drugs For Nutrition**		
CERDELGA ORAL CAPSULE 84 MG (Eliglustat Tartrate)	Tier 3	PA
miglustat oral capsule 100 mg	Tier 1	PA
Cobalamins - Drugs For Nutrition**		
b-12 oral tablet 100 mcg, 250 mcg	Tier 1	OTC
cobal-1000 injection solution 1000 mcg/ml	Tier 1	QL (10 ML per 25 days)
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
Cyanocobalamin (Dodex Injection Solution 1000 Mcg/Ml)	Tier 1	QL (10 ML per 25 days)
Erythropoiesis-Stimulating Agents (Esas) - Drugs For Nutrition**		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (Darbepoetin Alfa)	Tier 3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (Darbepoetin Alfa)	Tier 3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (Epoetin Alfa)	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa)	Tier 3	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (Epoetin Alfa-epbx)	Tier 3	PA
Folic Acid/Folates - Drugs For Nutrition**		
folic acid oral capsule 0.8 mg	Tier 1	MAIL; OTC; QL (1 EA per 1 day)
folic acid oral tablet 1 mg	Tier 1	MAIL
folic acid oral tablet 400 mcg	Tier 1	OTC; QL (1 EA per 1 day)
folic acid oral tablet 800 mcg	Tier 1	MAIL; OTC; QL (1 EA per 1 day)
kp folic acid oral tablet 1 mg	Tier 1	MAIL; OTC
Granulocyte Colony-Stimulating Factors (G-Csf) - Drugs For Nutrition**		
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML (Filgrastim-sndz)	Tier 3	PA; QL (7 ML per 12 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML (Filgrastim-sndz)	Tier 3	PA; QL (11.2 ML per 12 days)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (Pegfilgrastim-bmez)	Tier 3	PA; QL (0.6 ML per 11 days)
Iron Combinations - Drugs For Nutrition**		
ferocon oral capsule	Tier 1	QL (2 EA per 1 day)
ferotrin oral capsule	Tier 1	QL (2 EA per 1 day)
ferotrinsic oral capsule	Tier 1	QL (2 EA per 1 day)
ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	OTC; QL (2 EA per 1 day)
foltrin oral capsule	Tier 1	QL (2 EA per 1 day)
martinic oral capsule	Tier 1	QL (2 EA per 1 day)
myferon 150 forte oral capsule 150-25-1 mg-mcg-mg	Tier 1	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)
tl icon oral capsule	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Conison Oral Capsule)	Tier 1	QL (2 EA per 1 day)
Iron Polysacch Cmplx-B12-FA (Iferex 150 Forte Oral Capsule 150-25-1 Mg-Mcg-Mg)	Tier 1	QL (2 EA per 1 day)
Fe Fumarate-B12-Vit C-FA-IFC (Tricon Oral Capsule)	Tier 1	QL (2 EA per 1 day)
Iron - Drugs For Nutrition**		
ferrous fumarate oral tablet 324 mg, 325 (106 fe) mg	Tier 1	OTC
ferrous gluconate oral tablet 239 (27 fe) mg, 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	Tier 1	OTC
ferrous sulfate cr oral tablet extended release 160 (50 fe) mg	Tier 1	OTC
ferrous sulfate er oral tablet extended release 50 mg	Tier 1	OTC
ferrous sulfate iron oral tablet 200 (65 fe) mg	Tier 1	OTC
ferrous sulfate oral elixir 220 (44 fe) mg/5ml	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
ferrous sulfate oral liquid 220 (44 fe) mg/5ml	Tier 1	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 75 (15 fe) mg/ml	Tier 1	OTC
ferrous sulfate oral tablet 325 (65 fe) mg	Tier 1	OTC
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg	Tier 1	OTC
iron (ferrous sulfate) oral tablet extended release 142 (45 fe) mg	Tier 1	OTC
iron chews pediatric oral tablet chewable 15 mg	Tier 1	OTC
iron oral tablet extended release 142 (45 fe) mg	Tier 1	OTC
polysaccharide iron complex oral capsule 150 mg	Tier 1	OTC
polysaccharide iron oral capsule 150 mg	Tier 1	
ra slow release iron oral tablet extended release 47.5 mg	Tier 1	OTC
slow release iron oral tablet extended release 45 mg	Tier 1	OTC
wee care oral suspension 15 mg/1.25ml	Tier 1	OTC
Iron-B12-Folate - Drugs For Nutrition**		
FERREX 150 FORTE ORAL CAPSULE 150-1-25 MG-MG-MCG (Polysaccharide Iron-FA-B12)	Tier 1	OTC
Thrombopoietin (Tpo) Receptor Agonists - Drugs For Nutrition**		
PROMACTA ORAL TABLET 12.5 MG (Eltrombopag Olamine)	Tier 3	PA; QL (1 EA per 1 day)
PROMACTA ORAL TABLET 25 MG, 50 MG, 75 MG (Eltrombopag Olamine)	Tier 3	PA; QL (2 EA per 1 day)
***Hemostatics* - Drugs For The Blood**		
Hemostatics - Systemic - Drugs To Prevent Bleeding**		
aminocaproic acid oral solution 0.25 gm/ml	Tier 1	QL (236.5 ML per 30 days); AGE (Max 12 Years)
aminocaproic acid oral tablet 1000 mg, 500 mg	Tier 1	PA
tranexamic acid oral tablet 650 mg	Tier 1	
***Hypnotics/Sedatives/Sleep Disorder Agents* - Drugs For The Nervous System**		
Antihistamine Hypnotics - Drugs For Insomnia**		
diphenhydramine hcl (sleep) oral tablet 25 mg, 50 mg	Tier 1	OTC
nitetime sleep-aid oral tablet 25 mg	Tier 1	OTC
sleep aid (doxylamine) oral tablet 25 mg	Tier 1	OTC
Barbiturate Hypnotics - Drugs For Insomnia**		
phenobarbital oral elixir 20 mg/5ml	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral solution 20 mg/5ml	Tier 1	QL (50 ML per 1 day); AGE (Max 12 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 97.2 mg	Tier 1	QL (2 EA per 1 day)
phenobarbital oral tablet 64.8 mg	Tier 1	QL (3 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
Benzodiazepine Hypnotics - Drugs For Seizures /Personality Disorder/Nerve Pain**		
estazolam oral tablet 1 mg, 2 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
flurazepam hcl oral capsule 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 15 Years and Max 64 Years)
temazepam oral capsule 15 mg, 30 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.125 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
triazolam oral tablet 0.25 mg	Tier 1	QL (2 EA per 1 day); AGE (Min 18 Years)
Hypnotics - Tricyclic Agents - Drugs For Insomnia**		
doxepin hcl oral tablet 3 mg, 6 mg	Tier 1	PA
Non-Benzodiazepine - Gaba-Receptor Modulators - Drugs For Insomnia**		
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
zaleplon oral capsule 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
zolpidem tartrate oral tablet 10 mg, 5 mg	Tier 1	QL (1 EA per 1 day); AGE (Min 18 Years)
Orexin Receptor Antagonists - Drugs For Insomnia**		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (Suvorexant)	Tier 3	PA
Selective Melatonin Receptor Agonists - Drugs For Insomnia**		
ramelteon oral tablet 8 mg	Tier 1	PA
tasimelteon oral capsule 20 mg	Tier 1	PA
***Laxatives* - Drugs For The Stomach**		
Bowel Evacuant Combinations - Drugs To Prevent Constipation**		
PREPOPIK ORAL PACKET 10-3.5-12 MG-GM-GM (Sod Picosulfate-Mag Ox-Cit Acd)	Tier 3	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Tier 1	
peg 3350/electrolytes oral solution reconstituted 240 gm	Tier 1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	Tier 1	
peg-3350/electrolytes oral solution reconstituted 236 gm	Tier 1	
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	Tier 1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	Tier 1	
PEG 3350-KCl-NaBcb-NaCl-NaSulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
PEG 3350-KCl-Na Bicarb-NaCl (Gavilyte-N With Flavor Pack Oral Solution Reconstituted 420 Gm)	Tier 1	
PEG 3350-KCl-Na Bicarb-NaCl (Trilyte Oral Solution Reconstituted 420 Gm)	Tier 1	
Bulk Laxatives - Drugs To Prevent Constipation**		
clear fiber powder oral powder	Tier 1	OTC
clear soluble fiber oral powder	Tier 1	OTC
cvs daily fiber oral packet 58.6 %	Tier 1	OTC
cvs natural fiber supplement oral packet 58.6 %	Tier 1	OTC
daily fiber oral capsule 400 mg	Tier 1	OTC
daily fiber oral powder 43 %	Tier 1	OTC
fiber laxative oral capsule 0.52 gm	Tier 1	OTC
fiber oral capsule 0.52 gm	Tier 1	OTC
fiber oral powder 28.3 %, 48.57 %, 58.6 %	Tier 1	OTC
fiber oral tablet 625 mg	Tier 1	OTC
fiber therapy oral capsule 0.52 gm	Tier 1	OTC
fiber therapy oral tablet 500 mg	Tier 1	OTC
konsyl original daily fiber oral packet 100 %	Tier 1	OTC
natural vegetable fiber oral powder 48.57 %	Tier 1	OTC
psyllium husk oral powder 100 %	Tier 1	OTC
psyllium oral powder 33 %	Tier 1	OTC
KONSYL ORAL POWDER 95 % (Psyllium)	Tier 1	OTC
METAMUCIL MULTIHEALTH FIBER ORAL PACKET 58.12 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL PACKET 28 % (Psyllium)	Tier 1	OTC
METAMUCIL ORAL WAFER (Psyllium)	Tier 1	OTC
METAMUCIL SMOOTH TEXTURE ORAL PACKET 28 % (Psyllium)	Tier 1	OTC
UNIFIBER ORAL POWDER (Cellulose)	Tier 1	OTC
Laxatives - Miscellaneous - Drugs To Prevent Constipation**		
constulose oral solution 10 gm/15ml	Tier 1	MAIL
glycerin (adult) rectal suppository 80.7 %	Tier 1	OTC
glycerin (child) rectal suppository 1.2 gm	Tier 1	OTC
glycerin (infant) rectal suppository 80.7 %	Tier 1	OTC
glycerin (infants & children) rectal suppository 1.2 gm	Tier 1	OTC
glycerin (pediatric) 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
peg 3350 oral packet 17 gm	Tier 1	OTC; QL (2 EA per 1 day)
peg 3350 oral powder 17 gm/scoop	Tier 1	OTC; QL (527 GM per 25 days)
polyethylene glycol 3350 oral packet 17 gm	Tier 1	QL (2 EA per 1 day)
polyethylene glycol 3350 oral powder 17 gm/scoop	Tier 1	QL (527 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
polyethylene glycol 3350-grx oral powder	Tier 1	OTC; QL (527 GM per 25 days)
COLACE ADULT SUPPOSITORY 2.1 GM (Glycerin (Laxative))	Tier 1	OTC
Polyethylene Glycol 3350 (Pegylax Oral Powder 17 Gm/Scoop)	Tier 1	QL (527 GM per 25 days)
Laxatives & Dss - Drugs To Prevent Constipation**		
senna plus oral capsule 50-8.6 mg	Tier 1	OTC
senna s oral tablet 8.6-50 mg	Tier 1	OTC
DOK PLUS ORAL TABLET 8.6-50 MG (Sennosides-Docusate Sodium)	Tier 1	OTC
Lubricant Laxatives - Drugs To Prevent Constipation**		
mineral oil heavy oral oil	Tier 1	
mineral oil oral oil	Tier 1	OTC
mineral oil rectal enema	Tier 1	OTC
Saline Laxative Mixtures - Drugs To Prevent Constipation**		
OSMOPREP ORAL TABLET 1.102-0.398 GM (Sod Phos Mono-Sod Phos Dibasic)	Tier 3	PA
enema disposable enema 19-7 gm/118ml	Tier 1	OTC
Saline Laxatives - Drugs To Prevent Constipation**		
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 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Tier 1	OTC
Stimulant Laxatives - Drugs To Prevent Constipation**		
bisacodyl ec oral tablet delayed release 5 mg	Tier 1	
bisacodyl laxative 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
senna laxative oral tablet 8.6 mg	Tier 1	OTC
senna maximum strength oral tablet 25 mg	Tier 1	OTC
senna oral liquid 8.8 mg/5ml	Tier 1	OTC
senna oral syrup 8.8 mg/5ml	Tier 1	
Surfactant Laxatives - Drugs To Prevent Constipation**		
docusate calcium oral capsule 240 mg	Tier 1	OTC
docusate sodium oral capsule 100 mg	Tier 1	OTC
docusate sodium oral capsule 250 mg	Tier 1	
docusate sodium oral liquid 100 mg/10ml, 150 mg/15ml, 50 mg/5ml	Tier 1	OTC
docusate sodium oral syrup 60 mg/15ml	Tier 1	OTC
docusate sodium oral tablet 100 mg	Tier 1	OTC
stool softener oral capsule 250 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
COLACE ORAL CAPSULE 50 MG (Docusate Sodium)	Tier 1	OTC
DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA 20-283 MG (Benzocaine-Docusate Sodium)	Tier 1	OTC
DOK ORAL CAPSULE 250 MG (Docusate Sodium)	Tier 1	OTC
PEDIA-LAX ORAL LIQUID 50 MG/15ML (Docusate Sodium)	Tier 1	OTC
***Macrolides* - Drugs For Infections**		
Azithromycin - Antibiotics**		
azithromycin oral packet 1 gm	Tier 1	QL (2 EA per 25 days)
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Tier 1	AGE (Max 12 Years)
azithromycin oral tablet 250 mg	Tier 1	QL (12 EA per 25 days)
azithromycin oral tablet 500 mg	Tier 1	QL (6 EA per 25 days)
azithromycin oral tablet 600 mg	Tier 1	QL (2 EA per 1 day)
Clarithromycin - Antibiotics**		
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	Tier 1	AGE (Max 12 Years)
clarithromycin oral tablet 250 mg, 500 mg	Tier 1	
Erythromycins - Antibiotics**		
erythromycin ethylsuccinate oral tablet 400 mg	Tier 3	
erythromycin stearate oral tablet 250 mg	Tier 3	
E.E.S. 400 ORAL TABLET 400 MG (Erythromycin Ethylsuccinate)	Tier 3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (Erythromycin Stearate)	Tier 3	
erythromycin base oral tablet 250 mg, 500 mg	Tier 1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	Tier 1	AGE (Max 12 Years)
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	Tier 1	
Erythromycin Base (Ery-Tab Oral Tablet Delayed Release 250 Mg, 333 Mg, 500 Mg)	Tier 1	
Fidaxomicin - Antibiotics**		
DIFICID ORAL TABLET 200 MG (Fidaxomicin)	Tier 3	PA
***Medical Devices And Supplies* - Medical Supplies And Durable Medical Equipment**		
Applicators,Cotton Balls,Etc - Medical Supplies And Durable Medical Equipment**		
alcohol pads pad 70 %	Tier 1	OTC; QL (200 EA per 25 days)
alcohol wipes pad	Tier 1	QL (200 EA per 25 days)
ALCOH-GLOVE CONTOURED WIPE PAD (Alcohol Swabs)	Tier 1	QL (200 EA per 25 days)

Drug Name	Formulary Status	Requirements/Limits
Cervical Caps - Medical Supplies And Durable Medical Equipment**		
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (Cervical Caps)	PREV	
PRENTIF CAVITY-RIM CERV CAP VAGINAL DEVICE 22 MM (Cervical Caps)	PREV	
Condoms - Female - Medical Supplies And Durable Medical Equipment**		
FC FEMALE CONDOM (Condoms - Female)	PREV	OTC; QL (12 EA per 45 days)
Condoms - Male - Medical Supplies And Durable Medical Equipment**		
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 - Medical Supplies And Durable Medical Equipment**		
CAYA VAGINAL DIAPHRAGM (Diaphragm Arc-Spring)	PREV	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (Diaphragms)	PREV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (Diaphragm Wide Seal)	PREV	
Glucose Monitoring Test Supplies - Medical Supplies And Durable Medical Equipment**		
lancets	Tier 7	OTC
lancets 28g	Tier 7	OTC
lancets 30g	Tier 7	OTC
lancets 33g	Tier 7	OTC

Drug Name	Formulary Status	Requirements/Limits
DEXCOM G6 RECEIVER DEVICE (Continuous Blood Gluc Receiver)	Tier 7	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR (Continuous Blood Gluc Sensor)	Tier 7	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER (Continuous Blood Gluc Transmit)	Tier 7	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER DEVICE (Continuous Blood Gluc Receiver)	Tier 7	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR (Continuous Blood Gluc Sensor)	Tier 7	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (Continuous Blood Gluc Receiver)	Tier 7	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (Continuous Blood Gluc Sensor)	Tier 7	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE 2 READER DEVICE (Continuous Blood Gluc Receiver)	Tier 7	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR (Continuous Blood Gluc Sensor)	Tier 7	PA; QL (3 EA per 30 days)
FREESTYLE LIBRE READER DEVICE (Continuous Blood Gluc Receiver)	Tier 7	PA; QL (1 EA per 365 days)
RELION TRUE MET AIR GLUC METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	Tier 7	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER DEVICE (Blood Glucose Monitoring Suppl)	Tier 7	OTC; QL (1 EA per 365 days)
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	Tier 7	OTC; QL (1 EA per 365 days)
TRUE METRIX METER KIT W/DEVICE (Blood Glucose Monitoring Suppl)	Tier 7	OTC; QL (1 EA per 365 days)
Nebulizers - Medical Supplies And Durable Medical Equipment**		
aura portaneb	Tier 7	
bentley the bear ped nebulizer	Tier 7	
captain eagle ped nebulizer	Tier 7	
compressor nebulizer	Tier 7	
compressor/nebulizer	Tier 7	OTC
medneb neb-with dispo neb kit	Tier 7	
neb-rite4	Tier 7	
nebulizer	Tier 7	
nebulizer compressor	Tier 7	
nebulizer ped frog	Tier 7	
nebulizer ped frog kit	Tier 7	
nebulizer system all-in-one	Tier 7	
nebulizer updraft-style	Tier 7	
pediatric compressor nebulizer	Tier 7	
soothe neb mesh nebulizer	Tier 7	
sootheneb compressor nebulizer	Tier 7	
sparky the dog ped nebulizer	Tier 7	
AEROECLIPSE II NEBULIZER (Nebulizers)	Tier 7	

Drug Name	Formulary Status	Requirements/Limits
AERONEB GO COMPLETE SYSTEM (Nebulizers)	Tier 7	
AERONEB GO CONVENIENCE UNIT (Nebulizers)	Tier 7	
AERONEB GO HANDSET/CABLE (Nebulizers)	Tier 7	
AERONEB GO NEBULIZER HANDSET (Nebulizers)	Tier 7	
AIRIAL COMPACT COMPRESSOR NEB (Nebulizers)	Tier 7	
AIRIAL COMPACT MINI NEBULIZER (Nebulizers)	Tier 7	
AIRIAL COMPRESS PED NEBULIZER (Nebulizers)	Tier 7	
AIRIAL PEDIATRIC NEBULIZER (Nebulizers)	Tier 7	
AIRIAL VOYAGER NEBULIZER (Nebulizers)	Tier 7	
BESTMED COMPRESSOR NEBULIZER (Nebulizers)	Tier 7	
BESTMED ULTRASONIC NEBULIZER (Nebulizers)	Tier 7	
CLEVER CHOICE NEBULIZER (Nebulizers)	Tier 7	
CLEVER CHOICE WHIS AIR PED NEB (Nebulizers)	Tier 7	
CLEVER CHOICE WHISPER AIRE NEB (Nebulizers)	Tier 7	
CLEVER CHOICE WHISPER AIRE PED (Nebulizers)	Tier 7	
COMP AIR COMPRESSOR NEBULIZER (Nebulizers)	Tier 7	
COMP AIR ELITE COMPACT NEB (Nebulizers)	Tier 7	
COMP A-I-R NEBULIZER (Nebulizers)	Tier 7	
COMP-AIR ELITE COMPACT NEB (Nebulizers)	Tier 7	
COMPAIR NEBULIZER (Nebulizers)	Tier 7	
COMPAIR XL NEBULIZER (Nebulizers)	Tier 7	
COMPAIR XLT NEBULIZER (Nebulizers)	Tier 7	
DEVILBISS PULMO-AIDE DEVICE (Nebulizers)	Tier 7	
DEVILBISS TRAVELER NEBULIZER (Nebulizers)	Tier 7	
EFLOW SCF ELECTRONIC NEBULIZER (Nebulizers)	Tier 7	
EFLOW SCF NEBULIZER HANDSET (Nebulizers)	Tier 7	
ELITE NEBULIZER SYSTEM (Nebulizers)	Tier 7	
FLYP NEBULIZER (Nebulizers)	Tier 7	
HEALTHY LIVING COMPRESSOR/NEB DEVICE (Nebulizers)	Tier 7	
INNOSPIRE ELEGANCE NEBULIZER (Nebulizers)	Tier 7	
INNOSPIRE ESSENCE NEBULIZER (Nebulizers)	Tier 7	
INNOSPIRE MINI COMPRESSOR NEB (Nebulizers)	Tier 7	
INSPIRATION ELITE COMPRESS/NEB (Nebulizers)	Tier 7	
INSPIRATION ELITE NEBULIZER (Nebulizers)	Tier 7	
INSPIRATION NEBULIZER SYSTEM (Nebulizers)	Tier 7	
LEXAN POCKET NEBULIZER (Nebulizers)	Tier 7	
LUMINEB II PISTON NEBULIZER (Nebulizers)	Tier 7	
MABIS COSMOCOMP NEBULIZER (Nebulizers)	Tier 7	
MICRO AIR NEBULIZER (Nebulizers)	Tier 7	
MICRO PLUS NEBULIZER (Nebulizers)	Tier 7	
MICROAIR VIBRATING MESH NEBUL (Nebulizers)	Tier 7	

Drug Name	Formulary Status	Requirements/Limits
MICROELITE COMPRESSOR NEB SYS (Nebulizers)	Tier 7	
MICRONEB (Nebulizers)	Tier 7	
MINI COMPRESSOR (Nebulizers)	Tier 7	
MINI PLUS NEBULIZER (Nebulizers)	Tier 7	
MINIELITE COMPRESSOR NEB SYS (Nebulizers)	Tier 7	
MISTERNEB COMPRESSOR NEBULIZER (Nebulizers)	Tier 7	
MY MDI PORTABLE NEBULISER (Nebulizers)	Tier 7	
OPTIONHOME NEBULIZER SYSTEM (Nebulizers)	Tier 7	
PARI ALTERA NEBULIZER SYSTEM (Nebulizers)	Tier 7	
PARI BABY DEVICE (Nebulizers)	Tier 7	
PARI BABY SIZE 1/PARI LC PLUS DEVICE (Nebulizers)	Tier 7	
PARI ERAPID NEBULIZER SYSTEM (Nebulizers)	Tier 7	
PARI LC D NEBULIZER (Nebulizers)	Tier 7	
PARI LC PLUS (Nebulizers)	Tier 7	
PARI LC PLUS NEB SET PED MASK (Nebulizers)	Tier 7	
PARI LC PLUS NEBULIZER (Nebulizers)	Tier 7	
PARI LC PLUS VIOS PRO NEB (Nebulizers)	Tier 7	
PARI LC SPRINT NEBULIZER SET (Nebulizers)	Tier 7	
PARI LC STAR (Nebulizers)	Tier 7	
PARI LC STAR NEBULIZER (Nebulizers)	Tier 7	
PARI PRONEB MAX LC PLUS (Nebulizers)	Tier 7	
PARI PRONEB MAX LC SPRINT (Nebulizers)	Tier 7	
PARI PRONEB ULTRA II (Nebulizers)	Tier 7	
PARI SINUS AEROSOL SYSTEM (Nebulizers)	Tier 7	
PARI TREK S COMPACT COMPRESSOR DEVICE (Nebulizers)	Tier 7	
PARI TREK S W/12V DC ADAPTOR DEVICE (Nebulizers)	Tier 7	
PARI VIOS PRO LC PLUS SYSTEM (Nebulizers)	Tier 7	
PARI VIOS PRO LC SPRINT SYSTEM (Nebulizers)	Tier 7	
PRONEB ULTRA II DELUXE/LC STAR (Nebulizers)	Tier 7	
PRONEB ULTRA II DELUXE/LCD DEVICE (Nebulizers)	Tier 7	
PRONEB ULTRA II DELX/LC SPRINT DEVICE (Nebulizers)	Tier 7	
PRONEB ULTRA II PEDIATRIC DEVICE (Nebulizers)	Tier 7	
PRONEB ULTRA II/LC PLUS DEVICE (Nebulizers)	Tier 7	
PRONEB ULTRA II/LC SPRINT (Nebulizers)	Tier 7	
PULMOMATE COMP/MICRO-MIST NEB (Nebulizers)	Tier 7	
PULMONEB LT (Nebulizers)	Tier 7	
SIDESTREAM NEBULIZER-DISP (Nebulizers)	Tier 7	
SIDESTREAM NEBULIZER-REUSABLE (Nebulizers)	Tier 7	
SIDESTREAM PLUS NEBULIZER (Nebulizers)	Tier 7	
VENTSTREAM NEBULIZER (Nebulizers)	Tier 7	
VIOS AEROSOL DELIVERY SYSTEM (Nebulizers)	Tier 7	

Drug Name	Formulary Status	Requirements/Limits
VIOS LC PLUS (Nebulizers)	Tier 7	
VIOS LC PLUS DELUXE (Nebulizers)	Tier 7	
VIOS LC PLUS PEDIATRIC (Nebulizers)	Tier 7	
VIOS LC SPRINT (Nebulizers)	Tier 7	
VIOS LC SPRINT DELUXE (Nebulizers)	Tier 7	
VIOS LC SPRINT PEDIATRIC (Nebulizers)	Tier 7	
VIXONE DISPOSABLE NEBULIZER (Nebulizers)	Tier 7	
ZOEY INSPIRATION NEBULIZER SYS (Nebulizers)	Tier 7	
Needles & Syringes - Medical Supplies And Durable Medical Equipment**		
carepoint poly hub needle 18g x 1-1/2"	Tier 7	
carepoint syringe luer lock 3 ml	Tier 7	
hypodermic needle 18g x 1-1/2"	Tier 7	OTC
syringe disposable 3 ml	Tier 7	OTC
techlite insulin syringe 29g x 1/2" 0.3 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 0.5 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 29g x 1/2" 1 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 0.3 ml	Tier 7	OTC; QL (150 EA per 30 days)
techlite insulin syringe 30g x 1/2" 0.5 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 1/2" 1 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.3 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 30g x 5/16" 0.5 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.3 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 0.5 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 15/64" 1 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.3 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 0.5 ml	Tier 7	OTC; QL (5 EA per 1 day)
techlite insulin syringe 31g x 5/16" 1 ml	Tier 7	OTC; QL (5 EA per 1 day)
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (Insulin Syringe/Needle U-500)	Tier 7	QL (5 EA per 1 day)
BD SYRINGE LUER-LOK 3 ML (Syringe (Disposable))	Tier 7	
BD SYRINGE SLIP TIP 3 ML (Syringe (Disposable))	Tier 7	
MONOJECT BLUNTIP SYR/CANNULA 3 ML (Syringe (Disposable))	Tier 7	
MONOJECT HYPODERMIC NEEDLE 18G X 1-1/2" (Needle (Disp))	Tier 7	
MONOJECT MAGELLAN SAFETY NDL 18G X 1-1/2" (Needle (Disp))	Tier 7	
MONOJECT PHARMACY TRAY 3 ML (Syringe (Disposable))	Tier 7	
MONOJECT SAFETY SYRINGE/SHIELD 3 ML (Syringe (Disposable))	Tier 7	
MONOJECT SYRINGE 3 ML (Syringe (Disposable))	Tier 7	

Drug Name	Formulary Status	Requirements/Limits
MONOJECT SYRINGE REG LUER 3 ML (Syringe (Disposable))	Tier 7	
MONOJECT SYRINGE REGULAR TIP 3 ML (Syringe (Disposable))	Tier 7	
TECHLITE PEN NEEDLES 29G X 10MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 29G X 12MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 6 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TECHLITE PEN NEEDLES 32G X 8 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TERUMO SURGUARD2 SAFETY NEEDLE 18G X 1-1/2" (Needle (Disp))	Tier 7	
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM (Insulin Pen Needle)	Tier 7	OTC; QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML (Insulin Syringe-Needle U-100)	Tier 7	OTC; QL (5 EA per 1 day)
Peak Flow Meters - Medical Supplies And Durable Medical Equipment**		
peak flow meter device	Tier 7	QL (1 EA per 365 days)
peak flow meter universal rang device	Tier 7	OTC; QL (1 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (Peak Flow Meter)	Tier 7	OTC; QL (1 EA per 365 days)
TRUZONE PEAK FLOW METER DEVICE (Peak Flow Meter)	Tier 7	QL (1 EA per 365 days)
Respiratory Therapy Supplies - Medical Supplies And Durable Medical Equipment**		
adult aerosol mask	Tier 7	OTC; QL (1 EA per 365 days)
Spacer/Aerosol-Holding Chambers & Supplies - Medical Supplies And Durable Medical Equipment**		
breathe ease large device	Tier 7	QL (1 EA per 365 days)
breathe ease medium device	Tier 7	QL (1 EA per 365 days)
breathe ease small device	Tier 7	QL (1 EA per 365 days)
eq space chamber anti-static device	Tier 7	QL (1 EA per 365 days)
eq space chamber anti-static l device	Tier 7	QL (1 EA per 365 days)
eq space chamber anti-static m device	Tier 7	QL (1 EA per 365 days)
eq space chamber anti-static s device	Tier 7	QL (1 EA per 365 days)
prochamber vhc device	Tier 7	QL (1 EA per 365 days)
valved holding chamber device	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK LARGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK MEDIUM (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER MAX W/MASK SMALL (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER MV (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
AEROCHAMBER PLUS FLO-VU W/MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK LARGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER PLUS W/MASK SMALL (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AEROVENT PLUS DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
AIRIAL CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	OTC; QL (1 EA per 365 days)
BREATHERITE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE COLL SPACER ADULT (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE COLL SPACER CHILD (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE COLL SPACER INFANT (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE RIGID SPACER/MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE SPACER NEONATE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE SPACER SMALL CHILD (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE/LARGE MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE/MEDIUM MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
BREATHERITE/SMALL MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
COMPACT SPACE CHAMBER/LG MASK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
EASIVENT (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
EASIVENT MASK LARGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
EASIVENT MASK SMALL (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
E-Z SPACER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
E-Z SPACER THE BODY GUARDS PK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
E-Z SPACER/MASK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
FLEXICHAMBER ADULT MASK/SMALL (Spacer/Aero-Hold Chamber Mask)	Tier 7	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (Spacer/Aero-Hold Chamber Mask)	Tier 7	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (Spacer/Aero-Hold Chamber Mask)	Tier 7	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
INSPIRACHAMBER/LARGE DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
INSPIRACHAMBER/MEDIUM DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
INSPIRACHAMBER/SMALL DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
INSPIREASE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
LITEAIRE DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
MASK VORTEX (Spacer/Aero-Hold Chamber Mask)	Tier 7	OTC; QL (1 EA per 365 days)
MICROCHAMBER (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
MICROCHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
MICROSPACER (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE-LG MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE-MED MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER ADVANTAGE-SM MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)

Drug Name	Formulary Status	Requirements/Limits
OPTICHAMBER DIAMOND-LG MASK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTIHALER (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
OPTIHALER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (Spacer/Aero-Hold Chamber Mask)	Tier 7	OTC; QL (1 EA per 365 days)
POCKET CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
POCKET SPACER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
PRIMEAIRE HOLDING CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
RITEFLO DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
VORTEX HOLDING CHAMBER/MASK DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
WATCHHALER DEVICE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
ZOEY OPTICHAMBER ADVANTAGE (Spacer/Aero-Holding Chambers)	Tier 7	QL (1 EA per 365 days)
***Migraine Products* - Drugs For The Nervous System**		
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp) - Drugs For Migraine Headaches**		
UBRELVY ORAL TABLET 100 MG, 50 MG (Ubrogepant)	Tier 3	PA; QL (16 EA per 25 days)
Cgrp Receptor Antagonists - Monocolonal Antibodies - Drugs For Migraine Headaches**		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (Fremanezumab-vfrm)	Tier 3	PA; QL (4.5 ML per 75 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (3 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (Galcanezumab-gnlm)	Tier 3	PA; QL (2 ML per 24 days)
Ergot Combinations - Drugs For Migraine Headaches**		
ergotamine-caffeine oral tablet 1-100 mg	Tier 1	PA

Drug Name	Formulary Status	Requirements/Limits
Migraine Products - Drugs For Migraine Headaches**		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (Ergotamine Tartrate)	Tier 3	PA
dihydroergotamine mesylate injection solution 1 mg/ml	Tier 1	PA
Selective Serotonin Agonists 5-Ht(1) - Drugs For Migraine Headaches**		
zolmitriptan nasal solution 2.5 mg	Tier 3	QL (6 EA per 25 days)
ZOMIG NASAL SOLUTION 2.5 MG (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
ZOMIG SOLUTION 2.5 MG NASAL (ZOLMitriptan)	Tier 3	ST; QL (6 EA per 25 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	Tier 1	QL (9 EA per 25 days)
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Tier 1	QL (9 EA per 25 days)
frovatriptan succinate oral tablet 2.5 mg	Tier 1	QL (9 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)
sumatriptan succinate refill subcutaneous solution 6 mg/0.5ml	Tier 1	QL (2 ML per 25 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	Tier 1	QL (2 ML per 25 days)
zolmitriptan nasal solution 5 mg	Tier 1	QL (6 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)
Selective Serotonin Agonists 5-Ht(1F) - Drugs For Migraine Headaches**		
REYVOW ORAL TABLET 100 MG, 50 MG (Lasmiditan Succinate)	Tier 3	PA; QL (8 EA per 25 days)
***Minerals & Electrolytes* - Drugs For Nutrition**		
Calcium Combinations - Drugs For Nutrition**		
calcium + d3 oral tablet 600-200 mg-unit	Tier 1	OTC
calcium + vitamin d3 oral tablet 600-10 mg-mcg, 600-5 mg-mcg	Tier 1	OTC
calcium 500 + d oral tablet 500-125 mg-unit, 500-200 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	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 chewable 500-10 mg-mcg	Tier 1	OTC
calcium carbonate w/vitamin d oral tablet 600-400 mg-unit	Tier 1	OTC
calcium carbonate-vitamin d oral capsule 600-200 mg-unit	Tier 1	OTC
calcium carbonate-vitamin d oral tablet 600-200 mg-unit	Tier 1	OTC
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-200 mg-unit, 315-5 mg-mcg, 315-6.25 mg-mcg	Tier 1	OTC

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

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

Drug Name	Formulary Status	Requirements/Limits
Potassium Chloride (Kaon-Cl-10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con 10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride Crys ER (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride Crys ER (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	Tier 1	MAIL; QL (5 EA per 1 day)
Potassium Chloride (Klor-Con Oral Tablet Extended Release 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Chloride (Klor-Con Sprinkle Oral Capsule Extended Release 10 Meq, 8 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Bicarbonate (Klor-Con/Ef Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
Potassium Chloride (Klotrix Oral Tablet Extended Release 10 Meq)	Tier 1	MAIL; QL (4 EA per 1 day)
Potassium Bicarbonate (K-Prime Oral Tablet Effervescent 25 Meq)	Tier 1	MAIL; QL (2 EA per 1 day)
Potassium Chloride (K-Sol Oral Solution 20 Meq/15Ml (10%), 40 Meq/15Ml (20%))	Tier 1	
Sodium - Drugs For Nutrition**		
sodium chloride oral tablet 1 gm	Tier 1	OTC
Zinc - Drugs For Nutrition**		
zincate oral capsule 220 mg	Tier 1	
ORAZINC ORAL CAPSULE 220 (50 ZN) MG (Zinc Sulfate)	Tier 1	OTC
***Miscellaneous Therapeutic Classes* - Vitamins And Minerals**		
Antileprotics - Vitamins And Minerals**		
THALOMID ORAL CAPSULE 100 MG, 50 MG (Thalidomide)	Tier 3	PA; ONC; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (Thalidomide)	Tier 3	PA; ONC; QL (2 EA per 1 day)
Chelating Agents - Vitamins And Minerals**		
d-penamine oral tablet 125 mg	Tier 2	
penicillamine oral tablet 250 mg	Tier 1	
Cyclosporine Analogs - Vitamins And Minerals**		
NEORAL ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE Modified)	Tier 2	MAIL
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (CycloSPORINE)	Tier 2	MAIL
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	Tier 1	MAIL
cyclosporine modified oral solution 100 mg/ml	Tier 1	MAIL
cyclosporine oral capsule 100 mg, 25 mg	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Capsule 100 Mg, 25 Mg, 50 Mg)	Tier 1	MAIL
CycloSPORINE Modified (Gengraf Oral Solution 100 Mg/Ml)	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
Immunomodulators For Myelodysplastic Syndromes - Vitamins And Minerals**		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Tier 1	PA; ONC; QL (1 EA per 1 day)
Inosine Monophosphate Dehydrogenase Inhibitors - Vitamins And Minerals**		
mycophenolate mofetil oral capsule 250 mg	Tier 1	MAIL
mycophenolate mofetil oral tablet 500 mg	Tier 1	MAIL
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Tier 1	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Tier 1	
Irrigation Solutions - Vitamins And Minerals**		
sterile water for irrigation irrigation solution	Tier 1	
water for irrigation, sterile irrigation solution	Tier 1	
Water For Irrigation, Sterile (Argyle Sterile Water Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiolyte Irrigation Solution)	Tier 1	
Irrigation Solns Physiological (Physiosol Irrigation Irrigation Solution)	Tier 1	
Macrolide Immunosuppressants - Vitamins And Minerals**		
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Tier 1	PA
sirolimus oral solution 1 mg/ml	Tier 1	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	Tier 1	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Tier 1	MAIL
Tacrolimus (Hecoria Oral Capsule 0.5 Mg, 1 Mg, 5 Mg)	Tier 1	MAIL
Potassium Removing Agents - Vitamins And Minerals**		
LOKELMA ORAL PACKET 10 GM, 5 GM (Sodium Zirconium Cyclosilicate)	Tier 3	QL (3 EA per 1 day)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (Patiromer Sorbitex Calcium)	Tier 3	QL (1 EA per 1 day)
kalexate oral powder	Tier 1	
sodium polystyrene sulfonate oral powder	Tier 1	
sodium polystyrene sulfonate oral suspension 15 gm/60ml	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Oral Powder)	Tier 1	
Sodium Polystyrene Sulfonate (Kionex Oral Suspension 15 Gm/60Ml)	Tier 1	
SPS ORAL SUSPENSION 15 GM/60ML (Sodium Polystyrene Sulfonate)	Tier 1	
Purine Analogs - Vitamins And Minerals**		
azathioprine oral tablet 50 mg	Tier 1	QL (8 EA per 1 day)

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

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

Drug Name	Formulary Status	Requirements/Limits
genesupp-500 oral capsule	Tier 1	
genetect plus oral capsule	Tier 1	
genetical oral capsule	Tier 1	
multi vitamin/minerals oral tablet	Tier 1	OTC
multi-b-plus oral tablet	Tier 1	
multipro oral capsule	Tier 1	
multivit/multimineral adult oral liquid	Tier 1	OTC
therobec plus oral tablet	Tier 1	
v-c forte oral capsule	Tier 1	
vica forte oral capsule	Tier 1	
vicap forte oral capsule	Tier 1	
vit b3-azelac-turm-fa-b6-zn-cu oral tablet	Tier 1	
vitamin forte oral capsule	Tier 1	
vitamins/minerals oral tablet	Tier 1	OTC
Multiple Vitamins-Minerals (Corvite Free Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Lysiplex Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Megavite Rx Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Nutravance Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Nutrifac Zx Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Strovite Plus Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Vic-Forte Oral Capsule)	Tier 1	
Multiple Vitamins-Minerals (Vita S Forte Oral Tablet)	Tier 1	
Multiple Vitamins-Minerals (Vitacel Oral Tablet)	Tier 1	
Multivitamins - Drugs For Nutrition**		
daily vitamins oral tablet	Tier 1	OTC
folika-v oral tablet	Tier 1	
multivitamins oral capsule	Tier 1	OTC
novite oral capsule	Tier 1	
vitaxyme oral tablet	Tier 1	
AMLADEX ORAL TABLET (Multiple Vitamin)	Tier 1	
GENICIN VITA-Q ORAL TABLET (Multiple Vitamin)	Tier 1	
Ped Multi Vitamins W/Fl & Fe - Drugs For Nutrition**		
multi-vit/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
multivitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	OTC; QL (50 ML per 25 days)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
phluorivit + fe oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
poly-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
polyvits/fluoride/iron oral solution 0.25-10 mg/ml	Tier 1	QL (50 ML per 25 days)
Ped Multivitamins-Fl-Iron (Escavite Lq Oral Solution 0.25-10 Mg/Ml)	Tier 1	QL (50 ML per 25 days)

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

Drug Name	Formulary Status	Requirements/Limits
multivitamin select/fluoride oral solution 0.25 mg/ml	Tier 1	OTC; QL (50 ML per 25 days)
triple-vitamin/fluoride oral solution 0.25 mg/ml	Tier 1	QL (50 ML per 25 days)
tri-vit/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
tri-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	Tier 1	QL (50 ML per 25 days)
vitamins acd-fluoride oral solution 0.25 mg/ml	Tier 1	QL (50 ML per 25 days)
Pediatric Multiple Vitamins W/ C - Drugs For Nutrition**		
POLY-VI-SOL ORAL SOLUTION 50 MG/ML (Pediatric Multiple Vit-Vit C)	Tier 2	OTC
Pediatric Multiple Vitamins W/ Extra C & Fa - Drugs For Nutrition**		
childrens multivitamins oral tablet chewable w/extra c & fa	Tier 1	OTC
Pediatric Multiple Vitamins - Drugs For Nutrition**		
multivitamin infant & toddler oral solution	Tier 2	OTC; QL (50 ML per 25 days)
POLY-VI-SOL ORAL SOLUTION (Pediatric Multiple Vitamins)	Tier 2	OTC; QL (50 EA per 25 days)
Pediatric Vitamins A & D W/ C - Drugs For Nutrition**		
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	Tier 2	OTC; QL (50 ML per 25 days)
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10 (Pediatric Vitamins ADC)	Tier 1	OTC
Prenatal Mv & Min W/Fe-Fa - Drugs For Nutrition**		
completenate oral tablet chewable 29-1 mg	Tier 1	QL (1 EA per 1 day)
jenliva prenatal/postnatal oral capsule 1 mg	Tier 1	QL (1 EA per 1 day)
m-natal plus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
mynatal plus oral tablet	Tier 1	QL (1 EA per 1 day)
mynatal-z oral tablet	Tier 1	QL (1 EA per 1 day)
natal-v rx oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
neonatal complete oral tablet 27-1 mg, 29-1 mg	Tier 1	QL (1 EA per 1 day)
neonatal prenatal oral tablet 27-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
nutri-tab ob oral tablet 32-1 mg	Tier 1	QL (1 EA per 1 day)
one vite womens plus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
pnv fe fum/docusate/folic acid oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
pnv folic acid + iron oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
pnv prenatal plus multivitamin oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
pnv tabs 29-1 oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
prenacare oral tablet 90-1 mg	Tier 1	QL (1 EA per 1 day)
prenaplus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatabs fa oral tablet	Tier 1	QL (1 EA per 1 day)
prenatabs fa oral tablet 29-1 mg	Tier 1	OTC; QL (1 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
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 oral capsule 28-0.8-235 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal formula oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal forte oral tablet	Tier 1	OTC; QL (1 EA per 1 day)
prenatal low iron oral tablet 27-1 mg	Tier 1	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, 27-1 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)
prenatal plus iron oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal plus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal plus vitamin/mineral oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal plus/iron oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal vitamin and mineral oral tablet 28-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal vitamin oral tablet 27-0.8 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal vitamin plus low iron oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatal vitamins plus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
prenatvite rx oral tablet 0.8 mg	Tier 1	QL (1 EA per 1 day)
preplus oral tablet 27-1 mg	Tier 1	QL (1 EA per 1 day)
pretab oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
re prenatal multivitamin/iron oral tablet chewable 29-1 mg	Tier 1	QL (1 EA per 1 day)
re-nata 29 ob oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
se-natal 19 oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
se-natal 19 oral tablet chewable 29-1 mg	Tier 1	QL (1 EA per 1 day)
se-natal one oral tablet 60-1 mg	Tier 1	QL (1 EA per 1 day)
thrivite 19 oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
thrivite rx oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
tl folate oral tablet 27-0.5-0.5 mg	Tier 1	QL (30 EA per 30 days)
triadvance oral tablet 90-1 mg	Tier 1	QL (1 EA per 1 day)
trinatal gt oral tablet 90-1 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)
trinatal ultra oral tablet 90-1 mg	Tier 1	QL (1 EA per 1 day)
ultra natal oral tablet	Tier 1	QL (1 EA per 1 day)
ultra tabs oral tablet	Tier 1	
ultra-natal oral tablet	Tier 1	
venatal-fa oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
vil-rx oral tablet 29-1 mg	Tier 1	QL (1 EA per 1 day)
vinate ultra oral tablet	Tier 1	QL (1 EA per 1 day)
virt-advance oral tablet 90-1 mg	Tier 1	QL (1 EA per 1 day)

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

Drug Name	Formulary Status	Requirements/Limits
O-CAL FA ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL 28-0.8 & 223 MG, 28-0.8 & 440 MG (Prenatal Vit-Fe Fum-FA-Omega)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATABS RX ORAL TABLET 29-1 MG (Prenatal Vit-Iron Carbonyl-FA)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL AD ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Vit-DSS-Fe Cbn-FA (Prenatal Advantage Oral Tablet)	Tier 1	QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN-ULTRA ORAL TABLET (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
PRENATAL/FOLIC ACID ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRIX ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
PRENATRYL ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	OTC; QL (1 EA per 1 day)
TRICARE ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
ULTRA NATALCARE ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	QL (1 EA per 1 day)
VINATE AZ EXTRA ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
VINATE GT ORAL TABLET 90-1 MG (Prenatal Vit-DSS-Fe Cbn-FA)	Tier 1	
VINATE II ORAL TABLET 29-1 MG (Prenatal Vit w/ Fe Bisg-FA)	Tier 1	QL (1 EA per 1 day)
VINATE ONE ORAL TABLET 60-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITAFOL-OB ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITAFOL-PN ORAL TABLET (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (Prenatal Vit-Fe Fumarate-FA)	Tier 1	QL (1 EA per 1 day)
Prenatal Mv & Min W/Fe-Fa-Dha - Drugs For Nutrition**		
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	Tier 1	OTC; QL (1 EA per 1 day)
prenatal+dha oral 28-0.975 & 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
BRAINSTRONG PRENATAL ORAL 33-0.8 & 350 MG (Prenatal MV-Min-Fe Cbn-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL 27-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (2 EA per 1 day)
THERANATAL PLUS ORAL 27-1 & 300 MG (Prenatal MV-Min-Fe Fum-FA-DHA)	Tier 1	OTC; QL (1 EA per 1 day)
Prenatal Mv & Minerals W/Fa Without Iron - Drugs For Nutrition**		
prenatal + complete multi oral therapy pack 0.267 & 373 mg	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
***Musculoskeletal Therapy Agents* - Drugs For Muscles, Ligaments, Tendons, And Bones**		
Central Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones**		
baclofen oral tablet 10 mg	Tier 1	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)
ed baclofen oral tablet 10 mg	Tier 1	QL (3 EA per 1 day)
metaxalone oral tablet 800 mg	Tier 1	PA
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	QL (8 EA per 1 day); AGE (Max 64 Years)
tizanidine hcl oral tablet 4 mg	Tier 1	QL (9 EA per 1 day); AGE (Max 64 Years)
Metaxalone (Metaxall Oral Tablet 800 Mg)	Tier 1	PA
Carisoprodol (Vanadom Oral Tablet 350 Mg)	Tier 1	QL (4 EA per 1 day)
Direct Muscle Relaxants - Drugs For Muscles, Ligaments, Tendons, And Bones**		
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	Tier 1	
Muscle Relaxant Combinations - Drugs For Muscles, Ligaments, Tendons, And Bones**		
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg	Tier 3	PA; QL (8 EA per 1 day)
Viscosupplements - Drugs For Muscles, Ligaments, Tendons, And Bones**		
sodium hyaluronate (viscosup) intra-articular solution prefilled syringe 20 mg/2ml	Tier 3	PA; QL (6 ML per 180 days)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
SUPARTZ INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (Sodium Hyaluronate (Viscosup))	Tier 3	PA; QL (6 ML per 180 days)

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

Drug Name	Formulary Status	Requirements/Limits
Topical Decongestants - Allergy**		
oxymetazoline hcl nasal solution 0.05 %	Tier 1	OTC
***Neuromuscular Agents* - Drugs For Nerves And Muscles**		
Benzathiazoles - Drugs For Nerves And Muscles**		
riluzole oral tablet 50 mg	Tier 1	PA; QL (2 EA per 1 day)
***Nutrients* - Drugs For Nutrition**		
Misc. Nutritional Substances - Drugs For Nutrition**		
dha oral capsule 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
fish oil extra strength oral capsule 1200 mg	Tier 1	OTC
fish oil omega-3 oral capsule 1000 mg	Tier 1	OTC
fish oil oral capsule 1000 mg	Tier 1	
fish oil oral capsule 300 mg, 500 mg	Tier 1	OTC
fish oil oral capsule delayed release 1000 mg, 1200 mg	Tier 1	OTC
omega-3 fish oil concentrate oral capsule delayed release 1000 mg	Tier 1	OTC
omega-3 fish oil oral capsule 500 mg	Tier 1	OTC
omega-3 oral capsule 300 mg	Tier 1	OTC
prenatal dha oral capsule 200 mg	Tier 1	OTC; QL (1 EA per 1 day)
***Ophthalmic Agents* - Drugs For The Eye**		
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb - Drugs For Glaucoma**		
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (Brinzolamide-Brimonidine)	Tier 3	MAIL; QL (8 ML per 25 days)
Artificial Tear And Lubricant Combinations - Drugs For The Eye**		
artificial eye ophthalmic ointment 83-15 %	Tier 1	OTC
artificial tears ophthalmic ointment 83-15 %	Tier 1	OTC
artificial tears ophthalmic solution 0.1-0.3 %, 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %	Tier 1	OTC
artificial tears pf ophthalmic solution 0.1-0.3 %	Tier 1	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Tier 1	OTC
Artificial Tear Inserts - Drugs For The Eye**		
LACRISERT OPHTHALMIC INSERT 5 MG (Artificial Tear Insert)	Tier 3	PA
Artificial Tear Solutions - Drugs For The Eye**		
artificial tears ophthalmic solution	Tier 1	OTC
Artificial Tears And Lubricants - Drugs For The Eye**		
artificial tears ophthalmic solution 1.4 %	Tier 1	OTC
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	Tier 1	OTC
carboxymethylcellulose sodium ophthalmic solution 0.5 %	Tier 1	OTC
eye drops ophthalmic solution 0.5 %	Tier 1	OTC
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (Hypromellose)	Tier 1	OTC

Drug Name	Formulary Status	Requirements/Limits
Beta-Blockers - Ophthalmic Combinations - Drugs For Glaucoma**		
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)
Beta-Blockers - Ophthalmic - Drugs For Glaucoma**		
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 gel forming solution 0.25 %, 0.5 %	Tier 1	QL (5 ML per 25 days)
timolol maleate ophthalmic solution 0.25 %, 0.5 %	Tier 1	MAIL; QL (10 ML per 25 days)
Cycloplegic Mydriatics - Drugs For The Eye**		
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)
atropine-care 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)
cylate ophthalmic solution 1 %	Tier 1	MAIL; QL (15 ML per 25 days)
mydral ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
tropicamide ophthalmic solution 0.5 %, 1 %	Tier 1	MAIL
Cyclopentolate HCl (Ak-Pentolate Ophthalmic Solution 1 %)	Tier 1	MAIL; QL (15 ML per 25 days)
Miotics - Cholinesterase Inhibitors - Drugs For Glaucoma**		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (Echothiophate Iodide)	Tier 2	MAIL
Miotics - Direct Acting - Drugs For Glaucoma**		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Tier 1	MAIL
piloptic-1 ophthalmic solution 1 %	Tier 1	MAIL
piloptic-2 ophthalmic solution 2 %	Tier 1	MAIL
piloptic-4 ophthalmic solution 4 %	Tier 1	MAIL
Ophthalmic Antiallergic - Drugs For Itchy Eye**		
ALOCRIL OPHTHALMIC SOLUTION 2 % (Nedocromil Sodium)	Tier 3	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Lodoxamide Tromethamine)	Tier 3	PA
LASTACAFT OPHTHALMIC SOLUTION 0.25 % (Alcaftadine)	Tier 3	PA
azelastine hcl ophthalmic solution 0.05 %	Tier 1	QL (6 ML per 25 days)
bepotastine besilate ophthalmic solution 1.5 %	Tier 1	PA

Drug Name	Formulary Status	Requirements/Limits
cromolyn sodium ophthalmic solution 4 %	Tier 1	QL (10 ML per 25 days)
epinastine hcl ophthalmic solution 0.05 %	Tier 1	QL (5 ML per 25 days)
ketotifen fumarate ophthalmic solution 0.035 %	Tier 1	OTC; QL (5 ML per 30 days)
kp ketotifen fumarate ophthalmic solution 0.025 %	Tier 1	OTC; QL (5 ML per 25 days)
PATADAY SOLUTION 0.1 % OPHTHALMIC (Olopatadine HCl)	Tier 1	OTC; QL (5 ML per 30 days)
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC) (Olopatadine HCl)	Tier 1	QL (2.5 ML per 30 days)
Ophthalmic Antibiotics - Anti-Infective/Anti-Inflammatories**		
AZASITE OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (Besifloxacin HCl)	Tier 3	PA
KLARITY-A OPHTHALMIC SOLUTION 1 % (Azithromycin)	Tier 3	PA
bacitracin ophthalmic ointment 500 unit/gm	Tier 1	
ciprofloxacin hcl ophthalmic solution 0.3 %	Tier 1	
erythromycin ophthalmic ointment 5 mg/gm	Tier 1	
gatifloxacin ophthalmic solution 0.5 %	Tier 1	PA
gentamicin sulfate ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
gentasol ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
levofloxacin ophthalmic solution 0.5 %	Tier 1	
moxifloxacin hcl ophthalmic solution 0.5 %	Tier 1	QL (3 ML per 25 days)
ofloxacin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
romycin ophthalmic ointment 5 mg/gm	Tier 1	
tobramycin ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
tobramycin sulfate ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
tobrasol ophthalmic solution 0.3 %	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Genoptic Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Gentamicin Sulfate (Gentak Ophthalmic Solution 0.3 %)	Tier 1	QL (5 ML per 25 days)
Erythromycin (Ilotycin Ophthalmic Ointment 5 Mg/Gm)	Tier 1	
Ophthalmic Antifungal - Drugs For The Eye**		
NATACYN OPHTHALMIC SUSPENSION 5 % (Natamycin)	Tier 3	PA
Ophthalmic Anti-Infective Combinations - Anti-Infective/Anti-Inflammatories**		
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	Tier 1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm, 500-100000 unit/gm	Tier 1	
neocin ophthalmic ointment 5-400-10000	Tier 1	
neocin-pg ophthalmic solution 0.025-2.5-10000	Tier 1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Tier 1	
neomycin-polymyxin-gramicidin ophthalmic solution 2.5-10000-0.025	Tier 1	
polycin b ophthalmic ointment 500-10000 unit/gm	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	Tier 1	QL (10 ML per 25 days)
triple antibiotic ophthalmic ointment 5-400-10000	Tier 1	
Neomycin-Bacitracin Zn-Polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	Tier 1	
Bacitracin-Polymyxin B (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	Tier 1	
Ophthalmic Antivirals - Anti-Infective/Anti-Inflammatories**		
ZIRGAN OPHTHALMIC GEL 0.15 % (Ganciclovir)	Tier 3	PA
trifluridine ophthalmic solution 1 %	Tier 1	QL (7.5 ML per 25 days)
Ophthalmic Carbonic Anhydrase Inhibitors - Drugs For Glaucoma**		
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)
Ophthalmic Hyperosmolar Products - Drugs For The Eye**		
sodium chloride (hypertonic) ophthalmic ointment 5 %	Tier 1	OTC
sodium chloride (hypertonic) ophthalmic solution 5 %	Tier 1	OTC
Ophthalmic Immunomodulators - Anti-Infective/Anti-Inflammatories**		
cyclosporine ophthalmic emulsion 0.05 %	Tier 1	PA
Ophthalmic Local Anesthetics - Drugs For The Eye**		
parcaine ophthalmic solution 0.5 %	Tier 1	
proparacaine hcl ophthalmic solution 0.5 %	Tier 1	
Ophthalmic Nonsteroidal Anti-Inflammatory Agents - Anti-Infective/Anti-Inflammatories**		
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (Nepafenac)	Tier 3	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	Tier 1	
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 - Drugs For Glaucoma**		
apraclonidine hcl ophthalmic solution 0.5 %	Tier 1	
brimonidine tartrate ophthalmic solution 0.15 %	Tier 1	QL (15 ML per 25 days)
brimonidine tartrate ophthalmic solution 0.2 %	Tier 1	MAIL; QL (15 ML per 25 days)
Ophthalmic Steroid Combinations - Anti-Infective/Anti-Inflammatories**		
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (Loteprednol-Tobramycin)	Tier 3	QL (10 ML per 30 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (Tobramycin-Dexamethasone)	Tier 2	QL (3.5 GM per 25 days)

Drug Name	Formulary Status	Requirements/Limits
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Tier 1	
methadex ophthalmic suspension 3.5-10000-1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Tier 1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	Tier 1	
poly-dex ophthalmic ointment 3.5-10000-0.1	Tier 1	
poly-dex ophthalmic suspension 3.5-10000-0.1	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)
triple antibiotic ophthalmic ointment 0.35-10000-0.1	Tier 1	
Bacitracin-Polymyx-Neo-HC (Neo-Polycin Hc Ophthalmic Ointment 1 %)	Tier 1	
Ophthalmic Steroids - Anti-Infective/Anti-Inflammatories**		
loteprednol etabonate ophthalmic gel 0.5 %	Tier 3	
ALREX OPHTHALMIC SUSPENSION 0.2 % (Loteprednol Etabonate)	Tier 3	PA
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (Loteprednol Etabonate)	Tier 3	PA
dexasol ophthalmic solution 0.1 %	Tier 1	QL (5 ML per 25 days)
difluprednate ophthalmic emulsion 0.05 %	Tier 1	PA
fluorometholone ophthalmic suspension 0.1 %	Tier 1	QL (15 ML per 25 days)
loteprednol etabonate ophthalmic suspension 0.5 %	Tier 1	PA
prednisolone acetate ophthalmic suspension 1 %	Tier 1	
Fluorometholone (Fluor-Op Ophthalmic Suspension 0.1 %)	Tier 1	QL (15 ML per 25 days)
Ophthalmic Sulfonamides - Anti-Infective/Anti-Inflammatories**		
sulfacetamide sodium ophthalmic solution 10 %	Tier 1	QL (15 ML per 25 days)
***Ophthalmics - Cystinosis Agents** - Drugs For The Eye**		
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (Cysteamine HCl)	Tier 3	PA
Prostaglandins - Ophthalmic - Drugs For Glaucoma**		
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (Bimatoprost)	Tier 3	ST; MAIL; QL (5 ML per 25 days)
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* - Drugs For The Ear**		
Otic Agents - Miscellaneous - Wax Removal**		
acetic acid otic solution 2 %	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
carbamoxide ear drops otic solution 6.5 %	Tier 1	OTC
ear drops for swimmers otic liquid 95-5 %	Tier 1	OTC
instant ear-dry otic liquid 95-5 %	Tier 1	OTC
DEBROX SWIMMERS EAR OTIC LIQUID 95-5 % (Isopropyl Alcohol-Glycerin)	Tier 1	OTC
Otic Anti-Infectives - Antibiotics**		
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 - Anti-Infective/Anti-Inflammatories**		
CIPRO HC OTIC SUSPENSION 0.2-1 % (Ciprofloxacin-Hydrocortisone)	Tier 3	PA
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (Neomycin-Colist-HC-Thonzonium)	Tier 3	
antibiotic ear otic solution 3.5-10000-1	Tier 1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	Tier 1	PA
cortomycin otic solution 3.5-10000-1	Tier 1	
cortomycin otic suspension 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	Tier 1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	Tier 1	
Otic Steroids - Anti-Infective/Anti-Inflammatories**		
fluocinolone acetonide otic oil 0.01 %	Tier 1	
hydrocortisone-acetic acid otic solution 1-2 %	Tier 1	
ACETASOL HC OTIC SOLUTION 2-1 % (Hydrocortisone-Acetic Acid)	Tier 1	
Fluocinolone Acetonide (Flac Otic Oil 0.01 %)	Tier 1	
***Oxytocics* - Hormones**		
Oxytocics - Drugs For Women**		
methylergonovine maleate oral tablet 0.2 mg	Tier 1	
Methylergonovine Maleate (Methergine Oral Tablet 0.2 Mg)	Tier 1	
***Passive Immunizing And Treatment Agents* - Biological Agents**		
Antiviral Monoclonal Antibodies - Biological Agents**		
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (Palivizumab)	Tier 3	PA
Immune Serums - Biological Agents**		
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
FLEBOGAMMA INTRAVENOUS SOLUTION 0.5 GM/10ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA

Drug Name	Formulary Status	Requirements/Limits
GAMASTAN INTRAMUSCULAR INJECTABLE (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
GAMUNEX INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 3	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML (Immune Globulin (Human))	Tier 3	PA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (Immune Globulin (Human))	Tier 3	PA
OCTAGAM INTRAVENOUS SOLUTION 20 GM/200ML, 5 GM/100ML (Immune Globulin (Human))	Tier 3	PA
POLYGAM S/D INTRAVENOUS SOLUTION RECONSTITUTED 10 GM (Immune Globulin (Human))	Tier 3	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML (Immune Globulin (Human))	Tier 3	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (Rho D Immune Globulin)	Tier 2	
Passive Immunizing Agents - Combinations - Biological Agents**		
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (Immune Globulin-Hyaluronidase)	Tier 3	PA
***Penicillins* - Drugs For Infections**		
Aminopenicillins - Antibiotics**		
amoxicillin oral capsule 250 mg, 500 mg	Tier 1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	Tier 1	AGE (Max 12 Years)
amoxicillin oral tablet 500 mg, 875 mg	Tier 1	
amoxicillin oral tablet chewable 125 mg, 250 mg	Tier 1	AGE (Max 12 Years)
ampicillin oral capsule 500 mg	Tier 1	
Amoxicillin (Amoxil Oral Capsule 500 Mg)	Tier 1	
Amoxicillin (Amoxil Oral Suspension Reconstituted 250 Mg/5Ml)	Tier 1	AGE (Max 12 Years)

Drug Name	Formulary Status	Requirements/Limits
Amoxicillin (Trimox Oral Capsule 500 Mg)	Tier 1	
Natural Penicillins - Antibiotics**		
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	
Penicillin V Potassium (Veetids Oral Solution Reconstituted 125 Mg/5Ml)	Tier 1	AGE (Max 12 Years)
Penicillin V Potassium (Veetids Oral Tablet 250 Mg, 500 Mg)	Tier 1	
Penicillin Combinations - Antibiotics**		
amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg	Tier 3	AGE (Max 12 Years)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (Amoxicillin-Pot Clavulanate)	Tier 3	AGE (Max 12 Years)
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 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 - Antibiotics**		
dicloxacillin sodium oral capsule 250 mg, 500 mg	Tier 1	
***Progestins* - Hormones**		
Progestins - Drugs For Women**		
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	PA; QL (1 EA per 1 day)
progesterone oral capsule 200 mg	Tier 1	QL (2 EA per 1 day)
***Psychotherapeutic And Neurological Agents - Misc.* - Drugs For The Nervous System**		
Alcohol Deterrents - Drugs For The Nervous System**		
acamprosate calcium oral tablet delayed release 333 mg	Tier 1	MAIL
disulfiram oral tablet 250 mg, 500 mg	Tier 1	MAIL; QL (1 EA per 1 day)
Anti-Cataplectic Agents - Drugs For Sleep Disorder**		
sodium oxybate oral solution 500 mg/ml	Tier 1	PA
XYREM ORAL SOLUTION 500 MG/ML (Sodium Oxybate)	Tier 1	PA
Benzodiazepines & Tricyclic Agents - Drugs For Seizures /Personality Disorder/Nerve Pain**		
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	Tier 3	AGE (Max 64 Years)
Cholinomimetics - Ache Inhibitors - Drugs For Alzheimer's Disease**		
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

Drug Name	Formulary Status	Requirements/Limits
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	Tier 1	MAIL
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	Tier 1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	Tier 1	PA
Fibromyalgia Agent - Snris - Drugs For Seizures /Personality Disorder/Nerve Pain**		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (Milnacipran HCl)	Tier 3	PA; MAIL
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (Milnacipran HCl)	Tier 3	PA
Movement Disorder Drug Therapy - Drugs For The Nervous System**		
tetrabenazine oral tablet 12.5 mg, 25 mg	Tier 1	PA
Ms Agents - Pyrimidine Synthesis Inhibitors - Drugs For Multiple Sclerosis**		
teriflunomide oral tablet 14 mg, 7 mg	Tier 1	PA
Multiple Sclerosis Agents - Interferons - Drugs For Multiple Sclerosis**		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
EXTAVIA KIT 0.3 MG SUBCUTANEOUS (Interferon Beta-1b)	Tier 3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (Peginterferon Beta-1a)	Tier 3	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 3	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (Interferon Beta-1a)	Tier 3	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (Interferon Beta-1a)	Tier 3	PA
Multiple Sclerosis Agents - Nrf2 Pathway Activators - Drugs For Multiple Sclerosis**		
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	Tier 3	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	Tier 1	PA

Drug Name	Formulary Status	Requirements/Limits
dimethyl fumarate starter pack oral 120 & 240 mg	Tier 1	PA
Multiple Sclerosis Agents - Potassium Channel Blockers - Drugs For Multiple Sclerosis**		
dalfampridine er oral tablet extended release 12 hour 10 mg	Tier 1	PA
Multiple Sclerosis Agents - Drugs For Multiple Sclerosis**		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	Tier 3	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (Glatiramer Acetate)	Tier 3	PA
Glatiramer Acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/Ml)	Tier 3	PA
N-Methyl-D-Aspartate (Nmda) Receptor Antagonists - Drugs For Alzheimer's Disease**		
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	Tier 1	PA
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 - Drugs For Depression**		
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	Tier 3	PA; MAIL; AGE (Max 64 Years)
Psychotherapeutic And Neurological Agents - Misc. - Drugs For Severe Mental Disorders**		
ergoloid mesylates oral tablet 1 mg	Tier 3	PA
pimozide oral tablet 1 mg	Tier 1	MAIL; QL (10 EA per 1 day)
pimozide oral tablet 2 mg	Tier 1	MAIL; QL (5 EA per 1 day)
Smoking Deterrents - Drugs For Depression**		
apo-varenicline oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	PREV	QL (2 EA per 1 day)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	PREV	OTC; QL (8 EA per 1 day)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	PREV	OTC; QL (8 EA per 1 day)
nicotine transdermal kit 21-14-7 mg/24hr	PREV	OTC; QL (56 EA per 25 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	PREV	OTC; QL (1 EA per 1 day)
varenicline tartrate oral tablet 0.5 mg, 1 mg	PREV	QL (2 EA per 1 day)
varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	PREV	QL (106 EA per 365 days)
BuPROPion HCl (Smoking Deter) (Buproban Oral Tablet Extended Release 12 Hour 150 Mg)	PREV	QL (2 EA per 1 day)
NICOTROL INHALATION INHALER 10 MG (Nicotine)	PREV	QL (16 EA per 1 day)
NICOTROL NS NASAL SOLUTION 10 MG/ML (Nicotine)	PREV	QL (40 ML per 30 days)

Drug Name	Formulary Status	Requirements/Limits
Sphingosine 1-Phosphate (S1p) Receptor Modulators - Drugs For Multiple Sclerosis**		
fingolimod hcl oral capsule 0.5 mg	Tier 1	PA
***Respiratory Agents - Misc.* - Drugs For The Lungs**		
Alpha-Proteinase Inhibitor (Human) - Drugs For Asthma/Copd**		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (Alpha1-Proteinase Inhibitor)	Tier 3	PA
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (Alpha1-Proteinase Inhibitor)	Tier 3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (Alpha1-Proteinase Inhibitor)	Tier 3	PA
Cftr Potentiators - Drugs For Cystic Fibrosis**		
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG (Ivacaftor)	Tier 3	PA
KALYDECO ORAL TABLET 150 MG (Ivacaftor)	Tier 3	PA
Hydrolytic Enzymes - Drugs For The Lungs**		
PULMOZYME INHALATION SOLUTION 1 MG/ML, 2.5 MG/2.5ML (Dornase Alfa)	Tier 3	PA; QL (75 ML per 25 days)
Pulmonary Fibrosis Agents - Kinase Inhibitors - Drugs For The Lungs**		
OFEV ORAL CAPSULE 100 MG, 150 MG (Nintedanib Esylate)	Tier 3	PA
Pulmonary Fibrosis Agents - Drugs For The Lungs**		
pirfenidone oral capsule 267 mg	Tier 1	PA
pirfenidone oral tablet 267 mg, 801 mg	Tier 1	PA
***Sulfonamides* - Drugs For Infections**		
Sulfonamides - Antibiotics**		
sulfadiazine oral tablet 500 mg	Tier 3	
***Tetracyclines* - Drugs For Infections**		
Tetracyclines - Antibiotics**		
avidoxy oral tablet 100 mg	Tier 1	
demeclocycline hcl oral tablet 150 mg, 300 mg	Tier 1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	Tier 1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	Tier 1	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	Tier 1	
tetracycline hcl oral capsule 250 mg, 500 mg	Tier 1	
Doxycycline Monohydrate (Mondoxyne Nl Oral Capsule 100 Mg, 50 Mg)	Tier 1	
Doxycycline Monohydrate (Okebo Oral Capsule 100 Mg)	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
***Thyroid Agents* - Hormones**		
Antithyroid Agents - Drugs For Thyroid**		
methimazole oral tablet 10 mg, 5 mg	Tier 1	MAIL
propylthiouracil oral tablet 50 mg	Tier 1	MAIL
Methimazole (Northyx Oral Tablet 10 Mg, 5 Mg)	Tier 1	MAIL
Thyroid Hormones - Drugs For Thyroid**		
thyroid oral tablet 120 mg, 130 mg, 15 mg, 30 mg, 32.5 mg, 60 mg, 65 mg, 90 mg	Tier 2	MAIL
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
NATURE-THROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (Thyroid)	Tier 2	MAIL
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (Levothyroxine Sodium)	Tier 2	MAIL
WESTHROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
WESTHROID-P ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
WP THYROID ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG (Thyroid)	Tier 2	MAIL
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	Tier 1	MAIL
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Tier 1	MAIL
Levothyroxine Sodium (Euthyrox Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levo-T Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levothroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Levoxyl Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Direct Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL
Levothyroxine Sodium (Unithroid Oral Tablet 100 Mcg, 112 Mcg, 125 Mcg, 137 Mcg, 150 Mcg, 175 Mcg, 200 Mcg, 25 Mcg, 300 Mcg, 50 Mcg, 75 Mcg, 88 Mcg)	Tier 1	MAIL

Drug Name	Formulary Status	Requirements/Limits
***Toxoids* - Biological Agents**		
Toxoid Combinations - Vaccines**		
tetanus-diphtheria toxoids td intramuscular suspension 2-2 lf/0.5ml	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (Tetanus-Diphth-Acell Pertussis)	PREV	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (Tetanus-Diphtheria Toxoids Td)	PREV	QL (1 ML per 365 days); AGE (Min 7 Years)
***Ulcer Drugs/Antispasmodics/Anticholinergics* - Drugs For The Stomach**		
Antispasmodics - Drugs For Stomach Cramps**		
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 - Drugs For Stomach Cramps**		
colidrops oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
ed-spaz oral tablet dispersible 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
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 sl sublingual tablet sublingual 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 elixir 0.125 mg/5ml	Tier 1	MAIL; AGE (Max 64 Years)
hyosyne oral solution 0.125 mg/ml	Tier 1	MAIL; AGE (Max 64 Years)
oscimin oral tablet 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
oscimin oral tablet dispersible 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
oscimin sr oral tablet extended release 12 hour 0.375 mg	Tier 1	MAIL; AGE (Max 64 Years)
oscimin sublingual tablet sublingual 0.125 mg	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax Oral Tablet 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Ft Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Hyomax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)

Drug Name	Formulary Status	Requirements/Limits
Hyoscyamine Sulfate (Nulev Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Spacol T/S Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax Fastabs Oral Tablet Dispersible 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-Sl Sublingual Tablet Sublingual 0.125 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
Hyoscyamine Sulfate (Symax-Sr Oral Tablet Extended Release 12 Hour 0.375 Mg)	Tier 1	MAIL; AGE (Max 64 Years)
H-2 Antagonists - Drugs For Ulcers And Stomach Acid**		
cimetidine 200 oral tablet 200 mg	Tier 1	OTC
cimetidine oral tablet 200 mg	Tier 1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	Tier 1	MAIL
famotidine maximum strength oral tablet 20 mg	Tier 1	MAIL; OTC
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 - Drugs For Ulcers And Stomach Acid**		
sucralfate oral tablet 1 gm	Tier 1	MAIL; QL (4 EA per 1 day)
Proton Pump Inhibitors - Drugs For Ulcers And Stomach Acid**		
cvs lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Tier 1	QL (1 EA per 1 day)
eq lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
eql lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
esomeprazole magnesium oral capsule delayed release 20 mg	Tier 1	MAIL; QL (2 EA per 1 day)
gnp lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
goodsense lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
heartburn treatment 24 hour oral capsule delayed release 15 mg	Tier 1	OTC
hm lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
kls lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
lansoprazole oral capsule delayed release 15 mg	Tier 1	QL (2 EA per 1 day)
lansoprazole oral capsule delayed release 30 mg	Tier 1	QL (1 EA per 1 day)
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	Tier 1	OTC; QL (60 EA per 30 days)
omeprazole magnesium oral tablet delayed release 20 mg	Tier 1	OTC; QL (2 EA per 1 day)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)
pantoprazole sodium oral tablet delayed release 20 mg	Tier 1	MAIL; QL (1 EA per 1 day)
pantoprazole sodium oral tablet delayed release 40 mg	Tier 1	MAIL; QL (2 EA per 1 day)

Drug Name	Formulary Status	Requirements/Limits
qc lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
ra lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
rabeprazole sodium oral tablet delayed release 20 mg	Tier 1	QL (1 EA per 1 day)
sm lansoprazole oral capsule delayed release 15 mg	Tier 1	OTC
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
HEARTBURN RELIEF 24 HOUR ORAL CAPSULE DELAYED RELEASE 15 MG (Lansoprazole)	Tier 1	OTC
NEXIUM 24HR CLEAR MINIS ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; OTC; QL (2 EA per 1 day)
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG (Esomeprazole Magnesium)	Tier 1	MAIL; QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (Omeprazole)	Tier 1	MAIL; QL (150 ML per 25 days); AGE (Max 12 Years)
Quaternary Anticholinergics - Drugs For Stomach Cramps**		
glycopyrrolate oral tablet 1 mg, 2 mg	Tier 1	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	Tier 1	
Ulcer Anti-Infective W/ Proton Pump Inhibitors - Drugs For Ulcers And Stomach Acid**		
amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg	Tier 1	QL (20 EA per 10 days)
Ulcer Drugs - Prostaglandins - Drugs For Ulcers And Stomach Acid**		
misoprostol oral tablet 100 mcg, 200 mcg	Tier 3	QL (4 EA per 1 day)
***Urinary Antispasmodics* - Drugs For The Urinary System**		
Urinary Antispasmodic - Antimuscarinic (Anticholinergic) - Drugs For The Bladder**		
oxybutynin transdermal patch twice weekly 3.9 mg/24hr	Tier 2	MAIL; QL (8 EA per 25 days)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	ST; MAIL; OTC; QL (8 EA per 25 days)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (Oxybutynin)	Tier 2	MAIL; QL (8 EA per 25 days)
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg	Tier 1	QL (1 EA per 1 day)
darifenacin hydrobromide er oral tablet extended release 24 hour 7.5 mg	Tier 1	QL (2 EA per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	Tier 1	PA; QL (1 EA per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	Tier 1	MAIL; QL (1 EA per 1 day)
oxybutynin chloride oral solution 5 mg/5ml	Tier 1	QL (600 ML per 30 days)
oxybutynin chloride oral syrup 5 mg/5ml	Tier 1	MAIL; QL (20 ML per 1 day)

Drug Name	Formulary Status	Requirements/Limits
oxybutynin chloride oral tablet 5 mg	Tier 1	MAIL; QL (3 EA per 1 day)
solifenacin succinate oral tablet 10 mg	Tier 1	QL (1 EA per 1 day)
solifenacin succinate oral tablet 5 mg	Tier 1	QL (2 EA per 1 day)
tolterodine tartrate oral tablet 1 mg, 2 mg	Tier 1	ST; MAIL; QL (2 EA per 1 day)
trospium chloride er oral capsule extended release 24 hour 60 mg	Tier 1	QL (1 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 - Drugs For The Bladder**		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (Mirabegron)	Tier 3	PA; MAIL; QL (1 EA per 1 day)
Urinary Antispasmodics - Cholinergic Agonists - Drugs For The Bladder**		
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 - Drugs For The Bladder**		
flavoxate hcl oral tablet 100 mg	Tier 1	MAIL; QL (4 EA per 1 day)
***Vaccines* - Biological Agents**		
Bacterial Vaccines - Vaccines**		
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (Pneumococcal Vac Polyvalent)	PREV	QL (2 ML per 365 days)
PREVNAR 13 INTRAMUSCULAR SUSPENSION (Pneumococcal 13-Val Conj Vacc)	PREV	QL (4 ML per 365 days)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 20-Val Conj Vacc)	PREV	QL (1 ML per 365 days)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Pneumococcal 15-Val Conj Vacc)	PREV	QL (4 ML per 999 days)
Viral Vaccine Combinations - Vaccines**		
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (Hepatitis A-Hep B Recomb Vac)	PREV	QL (3 ML per 365 days); AGE (Min 18 Years)
Viral Vaccines - Vaccines**		
janssen covid-19 vaccine intramuscular suspension 0.5 ml	PREV	
moderna covid-19 bival booster intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 bivalent intramuscular suspension 50 mcg/0.5ml	PREV	
moderna covid-19 vaccine intramuscular suspension 100 mcg/0.5ml	PREV	
pfizer covid-19 vac bival 5-11 intramuscular suspension 10 mcg/0.2ml	PREV	
pfizer covid-19 vac bivalent intramuscular suspension 30 mcg/0.3ml	PREV	
pfizer-biont covid-19 vac-tris intramuscular suspension 30 mcg/0.3ml	PREV	

Drug Name	Formulary Status	Requirements/Limits
pfizer-biontech covid-19 vacc intramuscular suspension 30 mcg/0.3ml	PREV	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (RSVPreF3 Vac Recomb Adjuvanted)	PREV	QL (1 EA per 999 days); AGE (Min 60 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (COVID-19 mRNA Virus Vaccine)	PREV	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 999 days)
ENGERIX-B INTRAMUSCULAR INJECTABLE 10 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (Influenza Vac A&B SA Adj Quad)	PREV	QL (1 ML per 365 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (Influenza Vac Recomb HA Quad)	PREV	QL (1 ML per 365 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (Influenza Vac Subunit Quad)	PREV	QL (1 ML per 365 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Subunit Quad)	PREV	QL (1 ML per 365 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (Influenza Virus Vac Live Quad)	PREV	QL (1 EA per 365 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (Influenza Vac High-Dose Quad)	PREV	QL (0.7 ML per 180 days); AGE (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION , 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (Influenza Vac Split Quad)	PREV	QL (1 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (HPV 9-Valent Recomb Vaccine)	PREV	QL (3 ML per 365 days)

Drug Name	Formulary Status	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 999 days)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (Hepatitis B Vac Recomb Adj)	PREV	QL (3 ML per 365 days)
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 5 MCG/0.5ML (Hepatitis B Vac Recombinant)	PREV	QL (3 ML per 365 days)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG, 50 MCG/0.5ML (Zoster Vac Recomb Adjuvanted)	PREV	QL (2 EA per 365 days); AGE (Min 18 Years)
SPIKEVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 100 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (COVID-19 mRNA Virus Vaccine)	PREV	AGE (Min 6 Months)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (Hepatitis A Vaccine)	PREV	QL (2 ML per 365 days)
***Vaginal And Related Products* - Drugs For Women**		
Imidazole-Related Antifungals - Drugs For Infections**		
GYNAZOLE-1 VAGINAL CREAM 2 % (Butoconazole Nitrate (1 Dose))	Tier 2	
clotrimazole 3 vaginal cream 2 %	Tier 1	OTC
clotrimazole vaginal cream 1 %	Tier 1	OTC
clotrimazole vaginal cream 2 %	Tier 1	
miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Tier 1	OTC
miconazole 3 vaginal cream 4 %	Tier 1	OTC
miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Tier 1	
miconazole 7 vaginal cream 2 %	Tier 1	OTC
miconazole nitrate vaginal suppository 100 mg	Tier 1	OTC
terconazole vaginal cream 0.4 %, 0.8 %	Tier 1	
terconazole vaginal suppository 80 mg	Tier 1	
tioconazole-1 vaginal ointment 6.5 %	Tier 1	OTC
MONISTAT 1-DAY VAGINAL OINTMENT 6.5 % (Tioconazole)	Tier 1	OTC
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM) (Miconazole Nitrate)	Tier 1	OTC
MONISTAT 7 COMPLETE THERAPY VAGINAL KIT 100-2 MG-% (Miconazole Nitrate-Wipes)	Tier 1	OTC
Terconazole (Zazole Vaginal Cream 0.4 %, 0.8 %)	Tier 1	
Terconazole (Zazole Vaginal Suppository 80 Mg)	Tier 1	
Spermicides - Birth Control Pills**		
ENCARE VAGINAL SUPPOSITORY 100 MG (Nonoxynol-9)	PREV	OTC
GYNOL II EXTRA STRENGTH VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC

Drug Name	Formulary Status	Requirements/Limits
GYNOL II VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (Nonoxynol-9)	PREV	OTC
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL 2 % (Nonoxynol-9)	PREV	OTC
TODAY SPONGE VAGINAL 1000 MG (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM 12.5 % (Nonoxynol-9)	PREV	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (Nonoxynol-9)	PREV	OTC
Vaginal Anti-Infectives - Drugs For Infections**		
clindamycin phosphate vaginal cream 2 %	Tier 1	QL (40 GM per 25 days)
metronidazole vaginal gel 0.75 %	Tier 1	QL (70 GM per 25 days)
Clindamycin Phosphate (Clindamax Vaginal Cream 2 %)	Tier 1	QL (40 GM per 25 days)
Vaginal Estrogens - Drugs For Women**		
PREMARIN VAGINAL CREAM 0.625 MG/GM (Estrogens, Conjugated)	Tier 2	MAIL; QL (30 GM per 25 days)
estradiol vaginal cream 0.1 mg/gm	Tier 1	MAIL; QL (42.5 GM per 25 days)
estradiol vaginal tablet 10 mcg	Tier 1	QL (2 EA per 1 day)
Estradiol (Yuvafem Vaginal Tablet 10 Mcg)	Tier 1	QL (2 EA per 1 day)
Vaginal Progestins - Drugs For Women**		
FIRST-PROGESTERONE VGS 100 VAGINAL SUPPOSITORY 100 MG (Progesterone)	Tier 3	PA
FIRST-PROGESTERONE VGS 200 VAGINAL SUPPOSITORY 200 MG (Progesterone)	Tier 3	PA
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (Progesterone)	Tier 3	PA
***Vasopressors* - Drugs For The Heart**		
Anaphylaxis Therapy Agents - Drugs For Serious Allergic Reaction**		
epinephrine injection solution prefilled syringe 0.3 mg/0.3ml	Tier 2	QL (2 EA per 25 days)
EPIPEN 2-PAK SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)
EPIPEN JR 2-PAK SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML INJECTION (EPINEPHrine)	Tier 2	QL (2 EA per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML (EPINEPHrine)	Tier 2	QL (2 EA per 25 days)
Neurogenic Orthostatic Hypotension (Noh) - Agents - Drugs For Serious Allergic Reaction**		
droxidopa oral capsule 100 mg, 200 mg, 300 mg	Tier 1	PA
Vasopressors - Drugs For Serious Allergic Reaction**		
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	Tier 1	

Drug Name	Formulary Status	Requirements/Limits
***Vitamins* - Drugs For Nutrition**		
Vitamin B-1 - Drugs For Nutrition**		
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 - Drugs For Nutrition**		
b-2 oral tablet 100 mg	Tier 1	OTC
Vitamin B-3 - Drugs For Nutrition**		
niacin er oral capsule extended release 250 mg, 500 mg	Tier 1	OTC
niacin er oral tablet extended release 250 mg, 500 mg, 750 mg	Tier 1	OTC
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	Tier 1	OTC
niacinamide oral tablet 500 mg	Tier 1	OTC
Vitamin B-6 - Drugs For Nutrition**		
b-6 oral tablet 100 mg, 50 mg	Tier 1	OTC
pyridoxine hcl oral tablet 25 mg	Tier 1	OTC
ra vitamin b-6 cr oral tablet extended release 200 mg	Tier 1	OTC
vitamin b-6 oral tablet 25 mg	Tier 1	OTC
Vitamin C - Drugs For Nutrition**		
ascorbic acid oral tablet 500 mg	Tier 1	OTC
vitamin c oral tablet 500 mg	Tier 1	OTC
Vitamin D - Drugs For Nutrition**		
d 1000 oral capsule 25 mcg (1000 ut)	Tier 1	OTC
d 1000 oral tablet 25 mcg (1000 ut)	Tier 1	OTC
d 1000 oral tablet chewable 25 mcg (1000 ut)	Tier 1	OTC
d 10000 oral capsule 250 mcg (10000 ut)	Tier 1	OTC
d 2000 oral tablet 50 mcg (2000 ut)	Tier 1	OTC
d 400 oral tablet 10 mcg (400 unit)	Tier 1	OTC
d 400 oral tablet chewable 10 mcg (400 unit)	Tier 1	OTC
d 5000 oral capsule 125 mcg (5000 ut)	Tier 1	OTC
d 5000 oral tablet 125 mcg (5000 ut)	Tier 1	OTC
d2000 ultra strength oral capsule 50 mcg (2000 ut)	Tier 1	OTC
d3 2000 oral capsule 50 mcg (2000 ut)	Tier 1	OTC
d3 5000 oral capsule 125 mcg (5000 ut)	Tier 1	OTC
d3 high potency oral capsule 25 mcg (1000 ut)	Tier 1	OTC
d3 maximum strength oral liquid 5000 unit/ml	Tier 1	OTC
d3 vitamin oral liquid 10 mcg/ml	Tier 1	OTC
ergocalciferol oral capsule 1.25 mg (50000 ut)	Tier 1	
vitamin d (cholecalciferol) oral tablet chewable 10 mcg (400 unit)	Tier 1	OTC

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

Index